

WISCONSIN HOSPITAL ASSOCIATION, INC.



Date: May 3, 2017
To: Members of the Assembly Committee on Rural Development and Mining
From: Eric Borgerding, President/CEO
Re: Support of Rural Wisconsin Initiative Health Care Legislation

On behalf of nearly 140 hospitals and health systems in our state, the Wisconsin Hospital Association appreciates the opportunity to testify in support of several pieces of *Rural Wisconsin Initiative* legislation designed to invest resources into three key areas of health care in rural communities; workforce, quality improvement and population health. The legislation before you was crafted in cooperation with the staff and members of the Wisconsin Hospital Association, an organization that has represented the core of Wisconsin's health care delivery system since 1920 and has been a leading voice on health care policy.

Wisconsin's hospitals and health systems are critical components of the state's economy. When asked by employers what factors are most important when determining where to locate or expand their business, access to high quality health care consistently ranks in the top two or three infrastructure investments. Wisconsin is home to some of the highest quality health care in the country, which is a result of dedicated hospital leaders, physicians and staff but also public policy that supports high quality health care.

Today, you are hearing four pieces of legislation that have received national attention among other hospital associations across country as a unique focus on improving access to high quality health care in rural America. We applaud the authors for developing this legislation and we applaud Chair VanderMeer and members of the Committee for hearing these bills today.

Innovative Workforce Investments for Rural Health Care Providers

Assembly Bill 224 and **Assembly Bill 227** both provide grant funding to support health care provider training in rural communities. Modeled after a successful initiative put forward by Governor Walker in the 2013-15 biennial budget to support physician residency programs, the legislation before you incentivizes hospitals and health systems to offer new training opportunities for advanced practice clinicians and allied health professionals.

According to *WHA's 2016 Workforce Report*, hospital staff vacancy rates for advanced practice clinicians continue to climb – with nurse practitioners and physician assistants at 11.2% and 10.8%, respectively. This is the highest vacancy rate since at least 2009, which is the result of a strengthened economy resulting in more retirements but also an increase in the utility of these roles on the patient care team. Many of our members are using advanced practice clinicians in innovative roles, like advanced practice nurse prescriber hospitalists, to meet the needs of patients in Wisconsin's rural communities.

When thinking of the evolution of health care professional roles, the breadth of this analysis should not be limited to nurse practitioners and physician assistants. Allied health professionals, a significant segment of the hospital and health system workforce, is large, diverse and critical to key functions of care delivery – especially as we move towards population health. In Wisconsin, hospitals are experiencing some of the highest vacancy rates since 2009 for surgical techs, lab techs, pharmacy techs, and certified nursing assistants.

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The demand for dietitians and nutritionists spiked in 2016, with a hospital vacancy rate that nearly tripled from 2015. As hospitals continue to look at value-based payment and population health, demand for roles like dietitians/nutritionists, patient care navigators and social workers will continue to increase.

Assembly Bill 224 provides matching grants to hospitals, health systems and educational entities that form consortia for the purposes of training allied health professionals. The definition of allied health professional can range from a master's prepared therapist to a pharmacy technician who receives on the job training. AB 224 is designed to incent educational entities and health care employers to come together and offer training that is flexible and meets the needs that exist today – which may be different from the needs that have existed in the past or will exist in the future.

Assembly Bill 227, the Rural Education for Advanced Clinicians in Health Care (REACH) Act, creates an incentive for a hospital or clinic in a rural community to offer clinical training for advanced practice clinicians, defined in the bill as advanced practice nurses and physician assistants. We know from research done with physician residency programs that a provider who trains in an area is more likely to practice in that area. The legislation not only provides matching grant funds for the cost of clinical rotations, but also provides incentives for students to train in rural communities (e.g. tuition forgiveness, travel costs, reasonable living expenses) – with a matching contribution from a sponsoring organization.

The REACH Act will be the first of its kind in Wisconsin – possibly the first of its kind across the nation – by providing state support for the training of professionals that are increasingly important to ensure rural Wisconsin citizens have access to the high quality, high value health care Wisconsin is known for.

Strengthening Wisconsin's Commitment to Quality Improvement

Wisconsin enjoys some of the highest quality health care in the country. In fact, in nine of the last ten years – Wisconsin's quality ratings from the federal Agency for Healthcare Research and Quality have ranked among the top four states in the country. This high quality care does not come by chance, it comes from the dedicated leadership, physicians and staff at our state's hospitals and health systems.

WHA is proud to be a partner in our members' well documented quality success. Since 2008, WHA has staffed an in-house quality improvement team to work on various projects that improve patient care outcomes, lower cost and drive efficiency in the overall health care system. **Assembly Bill 255** provides \$100,000 in additional funding to the Wisconsin Hospital Association Foundation's Quality Improvement Fund to increase participation by rural hospitals in quality improvement work or broaden the scope of quality improvement activities provided by the Association. The bill also requires the Association to report the results of these quality improvement activities back to both houses of the state legislature.

Population Health Improvement and Wellness in Rural Communities

As our members look to the future, they see the need and the desire to pay for wellness and not sickness. Keeping people out of the hospital may someday be just as significant to hospital reimbursement as how many people come through their hospital doors. While paying for wellness is the desired outcome by many, this goal is much more difficult to accomplish in rural communities that have scarcer resources for population health and wellness services. When coupled with medical services that are part of a patient's care plan, medical wellness programs can provide critical rehabilitation and prevention services and can improve overall health care outcomes for patients.

Assembly Bill 222 provides for one-time funding of at least two medical wellness facilities and programs in Wisconsin, designed to address community health needs and provide chronic illness management, occupational health, rehabilitation, wellness and prevention services. The organization must be a hospital or health system with a hospital or clinic located in a rural area and must also match the grant amount.



TO: Assembly Committee on Rural Development and Mining
Representative Nancy VanderMeer, Chair

FROM: Jeremy Levin, MHA,
Director of Advocacy

DATE: May 3, 2017

RE: SUPPORT Rural Wisconsin Initiative

The Rural Wisconsin Health Cooperative (RWHC), owned and operated by forty rural community hospitals, thanks you for this opportunity to share our thoughts on the seven bills that comprise the Rural Wisconsin Initiative. RWHC thanks the 25 lawmakers who have authored this effort and the bipartisan list of legislators who have signed on to specific pieces of legislation.

RWHC has long supported cross-sector collaboration and realizes the need to improve more than just community health status, and that is why we wholeheartedly support the Rural Wisconsin Initiative, having supported ways to boost rural broadband and will look forward to the continuing package of legislation “meant to improve access to education, health care, technology, and workforce development in rural Wisconsin.”

AB 222

Access to high quality healthcare is one of the most pressing needs in rural Wisconsin and helping to maintain a healthy lifestyle is equally important. AB 222 helps meet that need by investing in the creation of rural wellness facilities and programs. RWHC members have varying types of wellness facilities and can only offer varying degrees of access to their employees and community.

AB 224

Rural health care entities leverage a team-based care approach where the expertise of all members of the health care team is utilized. Team-based health care promotes using provider resources in the right place, at the right time, and in the right setting. AB 224 creates a grant program that would be available to rural hospitals and educational entities that work together to form training consortia focused on growing this sector of the workforce. RWHC has worked with its members and their communities to support “on the job” training. Health care has had a long history in apprenticeship learning across different health provider professionals. Developing community-based health professional training programs and enhancing health education resources across the state by allowing students to experience firsthand the challenges, opportunities and rewards of health professions is a very judicious use of health care dollars. This bill is also supported by the Wisconsin Council on Medical Education and Workforce, a collaboration of health care workforce stakeholders, which RWHC sits as a sponsoring institution.

AB 227

Advanced Practice Clinicians (APCs), such as physician assistants and advanced practice nurses, play crucial roles in rural hospitals, serving as a primary care access point for a wide range of settings and patients. AB 227, the Wisconsin REACH Act – Rural Education for Advanced Clinicians in Healthcare – will support, educate and train APCs in rural communities. This follows a successful model that has been created for physicians. RWHC leads the Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME), which in just five years funding has made it possible to grow from the Collaborative’s initial eight organizations interested in developing and sustaining rural graduate medical education (GME) funding, to more than 30 hospitals, clinics, and residencies investigating and developing rural GME, and that number is growing. A similar model for APCs must be developed in rural areas of the state, where some hospital vacancy rates for these professions exceed 10%.

AB 255

RWHC supports grant monies going to the Wisconsin Hospital Association Foundation Quality Improvement Fund to both increase participation by rural hospitals in quality improvement activities and broaden the scope of quality improvement activities. Wisconsin has had a strong culture of quality improvement, which is why in 2012 a full 98% of Wisconsin hospitals were voluntarily participating in WHA’s quality improvement initiative, *Partners for Patients*. Rural hospitals have been and will continue to be engaged in quality improvement efforts.

Thank you again for this opportunity to express our support for the Rural Wisconsin Initiative. We encourage the Committee to act on these bills so that they might become law and more can be done to help rural areas and the health care providers that serve these areas of Wisconsin.



JAMES W. EDMING

STATE REPRESENTATIVE • 87TH ASSEMBLY DISTRICT

Testimony in Support of Assembly Bill 222
Assembly Committee on Rural Development and Mining
Wednesday May 3, 2017

Madam Chair and committee members, thank you for holding this public hearing today and giving me the opportunity to speak to you in support of Assembly Bill (AB) 222. I would like to thank Senator Petrowski for working with me on this important legislation.

Better access to healthcare is one of the most pressing needs in rural Wisconsin. AB 222 is being brought forward to help meet that need by investing in the creation of rural wellness facilities and programs. This bill will provide \$500,000 to the Department of Health Services (DHS) to award as grants to support the creation wellness facilities and programs in rural areas of our state. AB 222 requires DHS to award at least two grants of up to \$250,000 with the funding provided and requires the grant recipient to match the funds awarded. Eligible applicants for a grant under this bill are hospitals located in a rural area and health systems located in a rural area.

Improving access to wellness programs and facilities is an important part of improving overall health in rural Wisconsin. Investing in wellness in rural communities will help lower healthcare costs by keeping our rural population healthier and could even save the state money by reducing the use of medical assistance programs like BadgerCare.

Madam Chair and members, I ask for your support of AB 222 and thank you again for the opportunity to testify before you today.



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My name is Jay Shrader, and I am the Vice President of Community Health and Wellness with the Marshfield Clinic Health System. I am here on behalf of the Marshfield Clinic Health System to offer our support for AB222.

For those that don't know about the MCHS, we are one of the largest private, multispecialty groups practices in the country providing inpatient, outpatient, payor, and dental services in more than 32 communities throughout central and north central Wisconsin. In my role at the MCHS, I am responsible for leading our organizations initiatives and strategies around improving the health and well-being of the communities we serve, many of which are very rural communities.

What I've learned in the past 15 years working in the field of community health, which ranges from working in local and regional governmental public health to a large integrated health care system, is that small rural communities are pretty amazing in what they accomplish in terms of improving their community's health. That said, what I've also witnessed is that local communities also lack the necessary resources and capacity to address some of their most pressing community health needs whether that be tackling complicated issues like mental health, substance abuse and addiction, or oral health issues to focusing on obesity prevention. And as result, we know that many of these smaller communities generally have poorer health outcomes which places strain on government and our healthcare systems.

I was very pleased and excited when I read ab222 because this is an important first step in getting these communities the resources that they need to address important local health priorities. I'm equally pleased that the bill assures that funds must address local health needs identified in a formal community health needs assessment.

On behalf of the MCHS we would like to offer our support of AB222 and would be honored to support AB222 in any way moving forward. Thank you.