



## Health Plan Network Adequacy and Surprise Coverage Gaps

A health insurer's "provider network" encompasses the group of physicians, hospitals and other health providers with whom the insurer has contracted to provide care to the insurer's insured-patients. In exchange for lower rates, "in network" providers are usually guaranteed a certain volume of the care provided to the health plan's insured patients. Like most businesses, typically the greater the volume promised, the lower the rates that can be negotiated. Unlike other businesses, there is only so much time in a day for providers to care for patients; too great a volume reduces the time a physician can spend with any one patient and risks reducing the quality of care a patient may receive.

An "adequate provider network" includes enough hospitals, specialists, physicians and other providers to provide care to all a health plan's patients in such a way that patients:

- have access to necessary urgent, emergency or specialty care,
- don't have to wait unreasonably long to get an appointment or schedule a procedure, and
- don't have to travel unreasonable distances for in-network care.

The "narrower" the network (meaning fewer "in-network" providers offered by the health plan), the greater the promised patient volume for "in network" providers; but correspondingly patients face greater difficulty finding care, experience longer waits to see their physician or schedule needed procedures, may be forced to look "out-of-network" to obtain necessary care, and are more likely to experience "surprise gaps" in coverage. Thus, "network adequacy" is an important concept, and critical balance for patients, plans, providers and regulators alike.

"Out-of-network" care occurs when a patient receives care from a physician or hospital or other health provider with whom a health plan has not contracted. Generally speaking, patients are financially responsible for any care that is "out of network," but given the complexity of health plans and health plan documents, it is often difficult or impossible for patients to know exactly what or who is "in network" or "out-of-network."

The Emergency Room Scenario – Regardless of whether a patient is unconscious or incapacitated, the last thing they're thinking while in an ambulance is, "I wonder if they're taking me to an in-network hospital..."

When a patient is brought to an emergency room that is not in the patient's health insurance network, the care received from emergency physicians as well as other necessary and potentially life-saving specialists will be "out-of-network," and it comes as quite a surprise if some or all that necessary emergency care is not paid by their health insurance.

Patients often receive care from "out-of-network" providers because of "coverage gaps" that are caused by "narrow" networks. Most often, this happens in an emergency or in a hospital inpatient setting. When a patient receives care from an "out-of-network" provider, the provider sends a bill to the health plan (just as in-network providers do). Depending on a variety of circumstances (policy terms, prior authorization, emergency situation, etc.) the health plan may pay the bill, may pay only part of the bill or may pay none at all.

If a health plan refuses to pay some or all of an “out-of-network” provider’s bill, the patient may receive a bill for the unpaid remainder, referred to as a “balance bill.” Due to the increasing complexity of today’s health plan designs and options, patients are often unaware of precisely what their health plan covers and what it does not. This results in “surprise bills” for the patient caused by “surprise coverage gaps.” Providers don’t want to “balance bill” patients for “out-of-network” care, but do so because insurers refuse to pay reasonably. Rather, physicians support prohibiting “balance billing” of patients in exchange for requiring insurers to fulfill the obligations to their customers and pay fair and sustainable rates for “out-of-network” care.

The Hospital Inpatient Scenario – In many Wisconsin hospitals, all physicians providing care are employed by the hospital or health system. Health plans are likely to negotiate with those hospitals so that all inpatient care will be considered “in network.”

However, in other hospitals some or all physicians are not employees; rather hospitals choose to contract private physician groups to provide care to the hospital’s patients. In these contracted situations, it is possible that some of the physicians (e.g., surgeons) may be “in-network” for a particular patient, so the patient goes to that hospital for care. Meanwhile, other physicians whose care is also necessary for the patient (e.g., anesthesiologists, pathologists or radiologists) may be “out-of-network” because the patient’s health plan has not included them in their network. Thus, a patient may receive care from a team of physicians that is both “in-network” and “out-of-network,” and as a result their health insurance may pay for some, but not all of the care the patient received resulting in a “surprise coverage gap.”

Wisconsin is more fortunate than many states; issues with “network adequacy” and “surprise coverage gaps” are far less frequent. In part, this is because of the greater prevalence of integrated health systems in Wisconsin (hospitals, providers and health plans in one) decreasing the likelihood of a patient receiving care that is “out-of-network.” And in part, it is attributable to Wisconsin having early-adopted many patient-protection measures not enjoyed by patients in other states as HMOs rose to prominence in the early 1990’s.

A number of states lacking Wisconsin’s integrated systems and existing patient protections have been less fortunate. National media accounts have

documented patients in other states receiving large, surprise bills for care they thought covered by their health plans. Insurance industry representatives routinely blame physicians and hospitals claiming their bills for “out-of-network” care are unreasonable. The reality is physicians and hospitals want to be included in health insurer networks, but many are excluded as health insurers press to narrow their networks to maximize their own bottom line, leaving “surprise coverage gaps” for patients.

“Narrow networks” restrict patients’ access to care, and risk compromising the quality of care patients receive and putting patients in financial jeopardy. As these issues are discussed, we urge you to look beyond the sensational media reports and insurance industry talking points and scrutinize the actual business dynamics and logistical realities that contribute to patients receiving “out-of-network” care and corresponding (and likely unanticipated) bills. With your support in Wisconsin, we can make sure patients dealing with difficult health issues never have to face a financial crisis caused by receiving “out-of-network” care.



## WISCONSIN ACADEMY of FAMILY PHYSICIANS

### ABOUT THE WAFP:

The Wisconsin Academy of Family Physicians (WAFP) is a statewide association of Family Medicine doctors established in 1948 to:

1. **Promote and maintain high professional and ethical standards in the practice of Family Medicine.**
2. **Encourage young people to prepare for active careers in Family Medicine.**
3. **Help provide continuing education to family physicians.**

The WAFP – a chapter of the American Academy of Family Physicians – represents over 2,900 members, making the WAFP the single largest physician specialty group in Wisconsin.

In addition, the Wisconsin Academy of Family Physicians Foundation supports many of our educational and research programs for medical students, including those which would reduce the shortage of primary care physicians in Wisconsin.



### WAFP MISSION:

The mission of the WAFP is to promote excellence in health care and to improve the health of the people of Wisconsin through the advancement of the art and science of Family Medicine, the specialty of Family Medicine and the professional growth of Family Physicians.

We also strive to increase access to quality health care in Wisconsin through legislative advocacy and work to support fair and meaningful legislation concerning health care issues in our state.

### ABOUT FAMILY MEDICINE:

Family Medicine is the medical specialty that provides continuing and comprehensive primary health care for individuals and families. Family Medicine integrates the biological, clinical and behavioral sciences, and its scope encompasses all ages, both sexes, each organ system and every disease entity.



Family Medicine includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings.

Family physicians serve as the entry point for most of a patient's health care needs and more patients are seen by family doctors than any other specialty. Family physicians are advocates for patients in coordinating use of the entire health care system and are responsible for the patient's long-term care.

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WISCONSIN ACADEMY of FAMILY PHYSICIANS

## **WAFP Supports Step Therapy Reform Senate Bill 26 and Assembly Bill 24**

Step therapy, also known as Fail First, is a process that requires patients to try and fail one or more medications chosen by their insurer before they can access the treatment prescribed by their healthcare provider.

Step therapy protocols limit a provider's ability to tailor care to individual patient needs and interferes with the patient-provider relationship. Health plans' appeal procedures can take patients and their healthcare providers weeks or months to navigate. For patients living with serious or chronic illnesses, prolonging ineffective treatment may result in increased disease activity, loss of function and possible irreversible progression of their condition by delaying access to the proper treatment.

WAFP supports **Senate Bill 26** and **Assembly Bill 24** introduced by Senator Alberta Darling and Representative John Nygren. These bills reform step therapy protocols and enable physicians and patients to gain access to the appropriate treatments when necessary by accomplishing the following:

1. Ensure step therapy protocols are based on widely-accepted medical and clinical guidelines.
2. Create clear processes to request a medical exception.
3. Provides circumstances for a patient to override the step therapy protocol when the drug required under a step therapy protocol is:
  - a. Contradicted or will likely cause an adverse reaction of physical or mental harm
  - b. Expected to be ineffective
  - c. Previously tried and discontinued to due a lack of efficacy
  - d. If a patient is currently stable on medication prescribed by a healthcare provider

The legislation also requires health insurers to grant or deny a request for any exception or appeal to the step therapy protocol within 3 business days of receipt for non-exigent or by the next business day for exigent circumstances after the receipt of complete clinically relevant written documentation. If the health plan does not respond within the timeframe, the exception request or appeal is granted.

The legislation **does not**:

1. Require a health plan to cover any prescription drug not already on formulary
2. Prevent insurance companies from using step therapy or limit the number of required steps
3. Prevent insurers from requiring prior authorization before covering a prescription
4. Prevent insurers from requiring patients to try a generic version of a drug if it is equivalent to the brand-name prescription.

This important legislation ensures doctors have the tools and ability to effectively treat patients while mindfully maintaining an insurer's ability to set step therapy protocols.

**Please join Wisconsin's physicians in supporting Senate Bill 26 and Assembly Bill 24.**



## **About WAO**

The Wisconsin Academy of Ophthalmology (WAO), is a professional medical society comprised of Wisconsin ophthalmologists. The mission of the Wisconsin Academy of Ophthalmology is to promote quality eye care for the citizens of Wisconsin by providing its members with resources including professional education, legislative advocacy, and membership services to enhance the practice of ophthalmology in Wisconsin.

## **Understanding Ophthalmology**

Ophthalmology is a branch of medicine specializing in the anatomy, function and diseases of the eye.

An ophthalmologist is a medical doctor (MD) or a doctor of osteopathic medicine (DO) who specializes in eye and vision care. Ophthalmologists are trained to perform eye exams, diagnose and treat disease, prescribe medications and perform eye surgery. They can also write prescriptions for eyeglasses and contact lenses.

## **Important Issues**

The profession of ophthalmology has always been both technologically innovative and dependent on technology. Increasingly there are opportunities in telemedicine and artificial intelligence to advance ophthalmic care and subsequently improve patient care. We are monitoring any legislation that might limit access to telehealth for Wisconsin residents.

## **Contact WAO**

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## Wisconsin Section, ACOG - 2019 Position Paper



- **Expectant Mothers: Dependence and Addiction**
- **Care and Treatment for Pregnant and Postpartum Incarcerated Women**
- **12-Month Extension of Medicaid Eligibility for MA-Eligible Pregnant Women**
- **Promote and Protect Access to Comprehensive Health Care for Women**

- **Repeal 1997 Act 292 commonly referred to as the “Cocaine Mom Law.”** The law permits the State of Wisconsin to force expectant mothers who are thought to use alcohol or drugs into involuntary treatment and allows a court to incarcerate the woman and terminate her parental rights. The original intent behind the law is understandable given the potential dangers of alcohol and drug abuse, but two decades later it is clear that the law is not working and is not rooted in science and evidence-based medicine. The law increases the stigma of addiction and decreases the willingness of pregnant women who struggle with addiction to seek prenatal care and addiction treatment. The best and most appropriate medical response to this epidemic is to increase access to treatment that is high quality, confidential, and voluntary, thereby increasing the likelihood that the pregnant woman will seek care and treatment. The 2018 Report from the Governor’s Commission on Substance Abuse Treatment Delivery identified pregnant women struggling with addiction as an underserved population and recommended that treatment and services for pregnant women be easily accessed, locally available, of high quality and include pre and postpartum support for the mother, child, and family. It was recommended to the Commission that the Department of Justice, Department of Children & Families, Department of Health Services, and other relevant agencies review Cocaine Mom Law and that the Legislature address such statutory deterrents to seeking treatment.
- **Support legislation to: prohibit shackling of pregnant women while incarcerated; require that correctional facilities provide medication-assisted treatment to pregnant women who are struggling with addiction, and require that incarcerated women are provided access to certain health care services related to pregnancy, labor, and the postpartum period.** *2018 Senate Bill 393 and Assembly Bill 801* failed to pass last session, but were good first steps in this important conversation.
- **Support Governor Evers’ budget recommendation to allow 12-month extension of Medicaid eligibly for MA-eligible pregnant women.** Under current law, post-partum women are eligible for Medicaid until the last day of the month in which the 60<sup>th</sup> day after the last day of pregnancy falls (generally 60 days postpartum). The weeks and months following birth are a critical period for a woman and her infant setting the stage for long-term health and well-being. More than one half of pregnancy-related deaths occur after the birth of the infant. During this period, a woman is adapting to multiple physical, social, and psychological changes. She is recovering from childbirth, adjusting to changing hormones, and learning to feed and care for her newborn. This period can present considerable challenges for women, including lack of sleep, fatigue, pain, breastfeeding difficulties, stress, new onset or exacerbation of mental health disorders, among other challenges. Women also may need to navigate preexisting health and social issues, such as substance dependence, intimate partner violence, and other concerns. To optimize the health of women and babies, postpartum care should become an ongoing process with services and support tailored to each woman’s individual needs.
- **Oppose all efforts to 1) limit health care information that is rooted in science and evidence-based medicine and 2) exclude qualified women’s health service providers from receiving Title V and Title X funding and being certified as qualified providers under the Medical Assistance Program.** For many women Planned Parenthood and other Title X clinics are a source for essential health care including family planning, well-woman exams, breast and cervical cancers screenings, and STI testing and counseling. Proposals to undermine Planned Parenthood and exclude it from public health programs will severely limit women’s access to critical health care services. Restricting access to care and information will increase rates of unplanned pregnancy, pregnancy complications, and undiagnosed medical conditions. It will reverse decades of progress that have brought our nation to a 30-year low for unplanned pregnancy and record low teen pregnancy rates. These public health victories are due in large part to the good work of qualified providers who offer high-quality patient care. Legislators should advance policies that continue this positive trend, not undermine it, such as Governor Evers’ budget proposals to repeal prohibitions on Title V and Title X funding. Furthermore, policy decisions about women’s health must be firmly rooted in science and increase access to safe, effective and timely care. It is vital that women are given accurate medical information that will help them access whatever medical care they require. Legislative proposals that undermine this practice should be opposed.

# Wisconsin Orthopaedic Society



## About the Wisconsin Orthopaedic Society (WOS):

The purpose of the Wisconsin Orthopaedic Society is to enhance the commitment of practicing orthopaedic surgeons in Wisconsin to stay current of information and advancements in the dynamic practice of modern orthopaedic surgery, to maintain the highest medical and ethical standards, and ultimately to optimize service and care to our patients. This is encouraged by our members and promoted by our educational and informative process.

### Empowering Patients

We help today's patients gather resources on orthopaedic care and conditions in an unbiased, helpful manner. By giving them a better understanding of their healthcare options, our Society empowers patients to make the best choices possible for their orthopaedic care.

### Connecting Providers

As a medical professional, building relationships with your peers helps strengthen your clinical practice as well as patient outcomes. The Wisconsin Orthopaedic Society provides an opportunity to connect with your colleagues no matter the size or your practice, scope of your services or Healthcare System affiliation.

### Advancing Practices

From Continuing Medical Education to advancing the specialty of orthopaedics across our state, the Society serves to build both practices and providers. We are healthcare advocates, seeking to form relationships with medical colleges and universities, device manufacturers, policy makers, and others who help to foster new talent and technologies in the orthopaedic space.

## Opioid Abuse Epidemic

Recognizing the epidemic of opioid abuse in the state of Wisconsin, the Wisconsin Orthopaedic Society supports the safe and responsible prescribing of pain medications. The Society supports the support the recommendations put forth by the AMA along with the National Governors Association:

- Increase registration and use of Prescription Drug Monitoring Programs (PDMPs)
- Ensure safe, evidence-based prescribing
- Support comprehensive pain care; reduce the stigma of pain
- Reduce the stigma of substance use disorder; increase access to treatment
- Increase access to naloxone to save lives from overdose; support broad Good Samaritan protections

The Wisconsin Orthopaedic Society is concerned, however, about the adoption of inflexible regulation and draconian enforcement. A one-size-fits-all approach ignores the unique needs of each patient. Whether a chronic condition, an acute injury or surgery, patients should not be forced to unnecessarily suffer for not fitting a preconceived mold.

## Contact the Wisconsin Orthopaedic Society

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## Truth in Advertising a Medical Specialty Board Certification

Protecting patients by ensuring the quality of board certification

### Background

Patients navigate complex terrain when choosing a doctor. It is a difficult, consequential decision. There are a few important truths about the current landscape patients navigate that policymakers should understand when trying to protect patients. While simple, these truths have serious consequences.

Patients use physician specialization to help make decisions about care. Advertising, specifically claims of “board certification,” significantly affects perceptions of physician specialization and therefore ultimately drives consequential decisions.

Appropriate, transparent advertising can help patients find highly-trained providers who have passed a rigorous assessment of their knowledge and skill within their specialty. Unfortunately, under the wrong circumstances, advertising can place patients squarely in danger. Here’s how:

- Most patients see the term “board certified” as a sign that a physician has received proper training. It’s a third-party validation of a doctor’s knowledge and skill.
- The number of medical specialties with doctors practicing outside their training has increased dramatically. This is an acute problem in aesthetic surgery, emergency medicine, orthopedics, pain medicine, and stem cell medicine because these are medical specialties where substandard boards offer certifications in lieu of the standard time-tested board certifications these specialties were based upon. This is particularly true – and particularly dangerous – when it comes to aesthetic surgery; where there are a substantial number of doctors ranging far beyond any high-quality, independently-accredited training they’ve received.
- However, very few patients know that such a thing as “substandard boards” even exist, let alone understand the interaction of state law and the marketplace of organizations that offer certifications.
- In states that lack advertising standards, and parameters for certifications, patients see advertisements that highlight all types of board certification, including the “substandard boards.” Those patients almost never realize that some of these boards are markedly different from the sort of boards – ABMS and AOA – that made the term “board certified” synonymous with quality.

This is the very definition of misleading.

## The Solution

Allow the term “board certified” to remain a driver of patient safety by only allowing the best boards, certifying the best-trained doctors, to be associated with it.

Truth in advertising policy will achieve this if it requires that any claim of board certification includes the full name of the board and if it only allows advertisements to name boards that are members of the ABMS or require:

- complete ACGME or AOA-accredited training in the specialty they certify;
- prior certification in an ABMS or AOA member board that covers the specialty they certify; and
- passage of a valid examination in the specialty they certify

These are commonsense standards patients can trust. They place importance where it should be: on high-quality, independently-accredited, and relevant training – the bedrock of high-quality medical care. Also, these standards allow for competition with the ABMS and AOA member boards by creating a clear path for high-quality alternative certifying organizations. Competition in this space could be good for patients, but only if it is encouraged with the precondition that the minimum threshold for entry is a clear standard for relevant, complete, and regulated pre-requisite training.

## Request

Equip patients to make informed and accurate decisions by sponsoring and passing legislation that brings transparency to board certification in advertising.



The WSS's goal for Doctor Day is to raise awareness of surgical perspectives, to maintain a surgical presence, and to educate other physicians to surgical patient and specialty issues. Surgeon engagement in health policy is important to support general medical policies that can directly or indirectly influence surgical practice as well as to develop relationships to order to build alliances for support of specific surgical policy as they arise. One such example of this is the "Stop the Bleed" campaign and the video legislation policy. While each of these can be consider surgery-centric, they have a public health impact on all of society and therefore every physicians' patients.

**Policies important for patient protection and surgery include:**

- Secure public funding for Wisconsin's Trauma System
- Adoption of the Uniform Emergency Volunteer Health Practitioners Act
- Ensure patients have adequate post-operative and post-injury pain control while protecting against addiction, <https://www.facs.org/about-ac/statement/100-opioid-abuse>
- Protect physician-patient relationship from burdensome requirements

**Stop the Bleed Campaign**

An initiative of the American College of Surgeons Committee on Trauma, the "Stop the Bleed" campaign aims to train more professional first responders and civilian immediate responders to mass casualty events in the essential techniques of bleeding control. [www.bleedingcontrol.com](http://www.bleedingcontrol.com).

*The Wisconsin Surgical Society is a chapter of the American College of Surgeons. Its purpose is to advance the science and practice of surgery, in its various branches. It was founded over 70 years ago and serves as an organization to effectively network surgeons for the dissemination and exchange of information with the purpose of advancing patient care. The Wisconsin Surgical Society represents over 150 surgeons from throughout the state that strive to ensure Wisconsinites have access to high quality surgical care.*



# Wisconsin Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

## About the Wisconsin Society of Addiction Medicine (WISAM)

The Wisconsin Society of Addiction Medicine (WISAM) represents over 100 physicians and clinicians in the state who specialize in the treatment of substance use disorders (SUD) and addiction, as well as providers with a strong interest in learning about and advancing the addiction medicine field. WISAM is a chapter of the American Society of Addiction Medicine (ASAM), the nation's oldest and largest medical specialty organization representing more than 5,500 physicians and clinicians with this specialty. WISAM and ASAM are dedicated to increasing access to and improving the quality of addiction treatment; educating physicians, clinicians, and the public; supporting research and prevention; and promoting the appropriate role of physicians in the care of patients with addiction. WISAM holds a **free, drop-in monthly teleconference**, open to all Wisconsin clinicians, both members and non-members, on the fourth Thursday of the month (7:00-8:00 pm); please email [WISAM@badgerbay.co](mailto:WISAM@badgerbay.co) to be added to the mailing list about this event. WISAM will also host its **annual conference** from September 26-27, 2019, at the Pyle Center at UW-Madison. Please visit <http://www.wisam-asam.com/>.

## What is an Addiction Medicine Specialist?

An Addiction Medicine Specialist is a physician concerned with the prevention, evaluation, diagnosis, treatment, and recovery of persons with the disease of addiction, of those with substance-related health conditions, and of people who show unhealthy use of substances including nicotine, alcohol, prescription medications, and other licit and illicit drugs. Physicians in this subspecialty also help family members whose health and functioning are affected by a loved one's substance use or addiction. In March 2016, the American Board of Preventive Medicine (ABPM) recognized addiction medicine as a new subspecialty under the American Board of Preventive Medicine (ABPM), which administers the board exam. Until at least 2021, physicians who have a primary ABPM board (including current addiction medicine specialists with a primary ABPM board certification) may apply to take the exam to become or continue to be an addiction medicine specialist. After that point, a one-year fellowship may be required to become an addiction medicine specialist. Visit [theABPM.org](http://theABPM.org) to learn more.

## WISAM and ASAM Legislative Response to the Opioid Epidemic

As the nation and Wisconsin continue to be significantly impacted by the opioid addiction and overdose epidemic, WISAM and ASAM want to ensure patients in the state can access and receive high-quality, evidence-based, and comprehensive addiction treatment. Our legislative priorities we would like the Wisconsin state legislature to consider are:

- ▶ **Prevention:** Support the promotion and funding of prescriber education, and enhanced capabilities and use of the state PDMP to identify patients with SUD. Advocate for additional funding for educational and environmental policy change for effective prevention programs.
- ▶ **Treatment:** Promote state legislation that codifies and enforces the federal parity law at the state level, as well as support and equip insurance commissioners to undertake market conduct exams and plan audits. Advocate for expanded access to pharmacotherapies and psychosocial treatments for addiction, and educate policymakers and pharmacists on medication-assisted treatment. Support increased funding and implementation of Addiction Medicine residency and fellowship programs.
- ▶ **Harm Reduction/Criminal Justice Reform:** Advocate for authorization of syringe exchange programs and increased access to naloxone through enhanced access and expanded Good Samaritan legislation. Support criminal justice diversion programs and Drug Courts that allow for all evidence-based treatment options.

## CONTACT WISAM

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**ASAM** American Society of  
Addiction Medicine

## ABOUT WPA

The Wisconsin Psychiatric Association (WPA), a district branch of the American Psychiatric Association, is a statewide medical specialty organization whose physician members specialize in the diagnosis, treatment and prevention of mental illnesses, including substance use disorders. WPA works to protect the psychiatric profession and mental health patients in Wisconsin through advocacy, physician engagement, education and career development.



WISCONSIN  
**PSYCHIATRIC**  
ASSOCIATION

## UNDERSTANDING THE PSYCHIATRIC PROFESSION

### WHAT IS A PSYCHIATRIST?

- A psychiatrist is a medical doctor who specializes in mental health, including substance use disorders.
- Psychiatrists have up to 12 years of medical training in biology, anatomy, microbiology, pharmacology, chemistry and the other biomedical coursework, including clinical rotations and training, medical internship and four years of residency learning to diagnose mental and physical disease and prescribe medications to treat illnesses.
- Psychiatrists are qualified to assess both the mental and physical aspects of psychological problems. They are trained to review medical records, examine patients, order/analyze appropriate lab reports and determine if an illness is actually the manifestation of an underlying medical-mental illness.
- Psychiatric practice standards are based upon scientific methodologies and research involving the complex science of brain chemistry and neurologic function. Some mental health disorders may be revealed through interview and observation, while others are diagnosed only after extensive testing, such as blood chemistry tests or highly advanced brain scans.

### CARING FOR MENTAL HEALTH

- Mental illnesses are health conditions involving changes in thinking, emotion or behavior (or a combination of these). They are often associated with distress and/or problems functioning in social, work or family activities.
- Mental illness is a medical condition, just like heart disease or diabetes.
- Mental illness does not discriminate; it can affect anyone at any age. Three-fourths of all mental illness begins by age 24.
- Mental health conditions are treatable. Psychiatrists are continually expanding their understanding of how the human brain works, and treatments are available to help people successfully manage mental health conditions.
- Treatment may involve psychotherapy (talking sessions), powerful medications designed to rebalance a patient's brain chemistry, or a combination of modalities that may involve complex prescribing processes.

## CONTACT WPA

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# Wisconsin Neurological Society

## ABOUT THE WISCONSIN NEUROLOGICAL SOCIETY (WNS)

The Wisconsin Neurological Society was established in 1974 and is affiliated with the American Academy of Neurology (AAN). The purpose of the Wisconsin Neurology Society is to advance the field of Neurology in Wisconsin through educational opportunities and the sharing of scientific information.

### WNS focuses on the following:

- Enhance the science and art of neurology in the State of Wisconsin.
- Host meetings and conferences for the exchange of scientific information.
- Effectively represent neurology in conjunction with state voluntary health agencies, state medical societies, governmental health organizations and other professional societies.
- Maintain unbiased political views regarding any legislation or referendum so as not to influence the public.

## MAINTAIN ACCESS TO TREATMENT

The Wisconsin Neurological Society joins with the AAN to support legislation to make commonsense exceptions to medication Step Therapy protocols to preserve the provider-patient relationship.

### Background

The annual cost of treating neurologic disorders in the United States is more than \$500 billion. High drug costs increasingly contribute to the cost of neurologic care and for many, serves as barrier to treatment. Many neurology medications cost tens of thousands or even hundreds of thousands of dollars annually. Older drugs, such as several used to treat multiple sclerosis, have undergone significant annual price increases despite no change to the product. 1 in 4 Americans report difficulty affording prescription medications but little has been done to address the drivers of high drug prices.

### Problem

Rising prescription costs directly impact patients and their health care providers. Medications that treat complex, chronic neurologic conditions like multiple sclerosis and ALS are some of the most expensive on the market. Increasingly, patients must absorb more and more of the cost for their drugs. As a result, prescription abandonment, rationing, and compliance issues are growing problems for people with neurologic disease. Neurologists work hard to provide high quality care for their patients, but the complexities of the drug pricing system can make it difficult for patients to access necessary treatment

### Consequences

Expensive drugs are a burden on the entire health care system. As drug prices increase, access to needed therapies is restricted as insurers and payers adopt practices to limit choice and shift costs to the individual. One tactic used by insurers is called Step Therapy, a practice where a lower cost drug is required to be tried before a more expensive drug can be used. This means patients are forced to use a less expensive drug first, and not the drug determined by their physician to be the best treatment. Patients with neurologic disorders may risk disease progression or be forced to take a drug with unacceptable side effects. This fail first approach puts patients at risk, a downstream effect of unaffordable drug costs in the United States.

### Solution

Support legislation to make commonsense exceptions to medication Step Therapy protocols to preserve the provider-patient relationship.

## Contact the Wisconsin Neurological Society

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# MCW IMPACT

Spring 2018

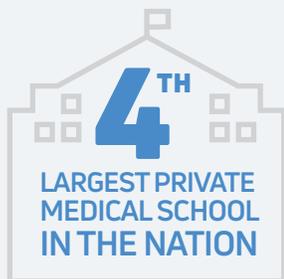
## Pioneering Pathways to a Healthier World

In academic medicine, new knowledge drives medicine and science to build a healthier world

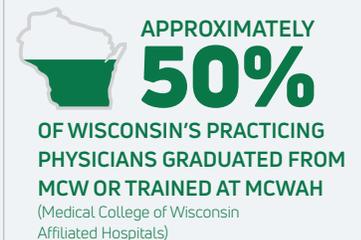
The Medical College of Wisconsin comprises a diverse group of thought leaders collaborating to build a healthier world. At the core of everything we do is academic medicine, which brings together scientists, clinicians, students and community members to solve challenges in health and society. Every study we conduct, every patient we see, leads to new learning and a continuous cycle of life-changing knowledge.



### MCW BY THE NUMBERS



\* Source: Association of American Medical Colleges, National Institutes of Health, WI Hospital Association



**RECRUITED ~7,000 INDIVIDUALS TO REGION OVER 10 YEARS**

(FACULTY, STAFF AND STUDENTS RECRUITED TO MCW FROM OUTSIDE SOUTHEASTERN WISCONSIN)

LEARN MORE AT [MCW.EDU](http://MCW.EDU)



# Harnessing the Power of Academic Medicine

MCW physicians and practitioners rewrite the stories of patients and families with the latest treatment options, cutting-edge clinical trials and collaborative, team-based care. Our clinicians work with teams of leading scientists to pioneer new treatments, inspire and educate the next generation of doctors and contribute to groundbreaking research. This is the power of academic medicine, harnessed to treat the most complex conditions and advance the health of entire communities.



**~1,650**  
PHYSICIANS

**>600**  
ADVANCED  
PRACTICE  
PROVIDERS

Including physicians practicing at Froedtert & MCW hospitals and clinics, Children's Hospital and clinics, and VA provide the highest level of care to patients in Wisconsin

**LARGEST**  
MULTI-SPECIALTY  
PHYSICIAN PRACTICE  
IN WISCONSIN



**~2.6 MILLION**  
PATIENT VISITS ANNUALLY

MCW PRACTICING PHYSICIANS  
ACCOUNT FOR



**45%**  
OF WISCONSIN  
DOCTORS LISTED IN  
**BEST DOCTORS  
IN AMERICA®**

**98%**



**OF MEDICAL AND  
SURGICAL SPECIALISTS  
CARING FOR VETERANS AT  
ZABLOCKI VA MEDICAL CENTER IN MILWAUKEE  
ARE MCW PHYSICIANS**

Froedtert & MCW is **#3 IN US**  
for quality among nation's top-  
performing academic medical centers

(VIZIENT RANKING OF 95% OF ACADEMIC MEDICAL CENTERS)

Children's Hospital of Wisconsin ranked  
among **NATION'S BEST**  
**BY US NEWS & WORLD REPORT**

(RANKED IN ALL 10 SPECIALTIES)

Zablocki VA Medical Center ranked  
among **TOP VA HOSPITALS**  
in US for patient experience and access

(US DEPARTMENT OF VETERANS AFFAIRS, FOURTH QUARTER 2017)



**LEARN MORE AT MCW.EDU**



## With foundations based in dedication, hard work & loyalty, Axley offers unparalleled representation.

Founded in 1885, Axley is a full-service law firm with two Wisconsin offices (Madison & Waukesha) and over 50 attorneys. With more than a century's worth of experience, we pride ourselves on providing timely, quality and cost-effective legal services to a wide-array of clients – from individuals and small business owners to multinational corporations.

Named the #1 Preferred Law Firm by InBusiness Magazine's Executive Choice Awards in 2014, 2015, 2016, and 2017, we are recognized not only for our expertise, but our ability to develop creative solutions to today's legal problems. We believe in hard work, loyalty and aggressive representation; going above and beyond what is required to give clients the results they need.

Holding ourselves to high standards and hiring only excellent attorneys and staff, we continue a tradition that has been upheld since Axley's inception; a tradition that has driven the success of our firm and, most importantly, our clients for over 125 years – and counting.

Our dedication to exceeding client expectations and furthering innovation in the legal field is evident in a variety of unique alternative fee arrangements. We also maintain a complimentary extranet – a virtual storage space protected by top-of-the-line security – where clients can access and download files at their convenience.

Last, but not least, we make it a priority to respond to all emails we receive within a 24-business-hour time frame. Clients that choose Axley can rest assured they will receive unparalleled representation from attorneys with the experience they expect, and the innovation they require.