Hospital Groups Launch “Fair Share for Health Care” Campaign

WHA and WHIAC aim to raise awareness of Medicaid underfunding

The Wisconsin Hospital Association (WHA) and the Wisconsin Hospitals Issue Advocacy Council (WHIAC) on Monday, September 15 announced the start of their “Fair Share for Health Care” campaign, which will draw attention to the lack of Medicaid funding the state of Wisconsin receives from the federal government and the impact it is having on health care costs. The WHA and WHIAC will kick off “Fair Share for Health Care” with a statewide radio ad.

“For too long, Wisconsin has not been receiving its fair share of federal funds for Medicaid hospital payments, and that’s driving up health care costs for consumers,” said WHA Executive Vice President Eric Borgerding. “This campaign will help draw attention to this issue and highlight the need to remedy the problem when the Legislature returns to Madison next year.”

Unlike the federal Medicare program, Medicaid is a state/federal partnership in which the federal government provides $1.46 for every $1 contributed by the state. Currently, Wisconsin is ranked among the worst in the country in terms of drawing down federal dollars for hospital Medicaid payments and subsequently ranks among the worst in the country in overall dollars received from Washington.

(continued on page 2)

Wisconsin Hospitals’ Community Outreach Efforts Reach Millions

Hospitals provide $1.3 billion in medical and social services

Every minute of every hour of the day, someone enters a hospital in need of assistance. Some may be very ill and some are worried and frightened. Some are surrounded by family while others arrive alone. Some are able to pay. But many cannot.

Regardless of their personal or financial circumstances…they have come to the right place. They have come to their community hospital. Fear of a bill should never prevent a patient from seeking care at a Wisconsin hospital. Hundreds of thousands of patients and families qualify for and receive free care every year in Wisconsin hospitals.

The Wisconsin Hospital Association surveyed its 131 member hospitals and asked them to describe and quantify the programs, services and activities that they provide at or below cost, solely because those programs fulfill a health need in the community. The hospitals reported that in 2007 they provided nearly $1.3 billion in community benefits and nearly 700 patients per day received their hospital care free of charge. Altogether, Wisconsin hospitals provided nearly $200 million in charity care to 237,220 individuals last year.

“Whether it is providing financial assistance to patients with limited resources through charity care programs, or improving access to essential or primary health care services by sponsoring free medical...
Recovery Audit Contractors UPDATE

The Centers for Medicare & Medicaid Services (CMS) recently announced a revision to the roll-out of the permanent Recovery Audit Contractors (RAC) program implementation timeline (see map). Under this new roll-out, it appears Wisconsin will now not see RAC audits until August 2009 at the earliest. As of now, CMS still intends to announce the permanent RACs by October 1, 2008.

The American Hospital Association will have a series of educational sessions for its member hospitals over the next several months. The access more information and/or participate in these audio-conferences, log onto: www.aha.org/aha/issues/RAC/educational.html

WHA is offering a two-part audioconference series in October focused on the issues surrounding the RAC initiative. Part one will be offered October 1, and will touch on the history of the initial three-state findings. Significant time and specific emphasis will be placed on practical strategies for multi-department integration, defensive audits focusing on known issues, and ideas for ongoing education and prevention.

Part two will be offered October 23 and will walk participants through the vulnerabilities identified when a health care facility does not have a good understanding of what observation is. Exposure areas will be discussed and enhanced tools will be provided to reduce lost revenue. One-day stay thresholds and integrated approaches will also be included. On-line registration and additional information about these sessions is posted at www.wha.org.

Continued from page 1 . . . Hospital Groups Launch “Fair Share for Health Care” Campaign

As a result of these payment shortfalls, $650 million in unpaid Medicaid hospital costs are annually shifted onto Wisconsin businesses and consumers, increasing health care costs for average citizens. This “hidden tax” on insurance premiums was recently recognized in an independent study (PricewaterhouseCoopers) to be a major driver of rising health insurance rates.

“Wisconsin is leaving hundreds of million in federal tax dollars that we pay to Washington on the table for other states to take – and they are doing just that,” Borgerding said. “Midwestern neighbors like Illinois and Michigan pull in millions more than Wisconsin and use those dollars to help reduce the cost of health insurance premiums in their state.”

The “Fair Share for Health Care” campaign will include both paid media and public advocacy efforts, and will continue through the remainder of 2008 and into 2009. A script of the first radio ad is below:

Ad Script: We Can Do Better

Announcer: We Can Do Better. Wisconsin is not getting our fair share of tax dollars from Washington. Millions are going to other states, like Illinois, to help make their health care more affordable. But Wisconsin ranks almost dead last in bringing our federal tax dollars back home. That means higher health care costs for Wisconsin families and businesses. But the state Legislature can change this. Call your legislator at 800-362-9472 and tell them to bring our fair share of health care dollars back to Wisconsin. Paid for by the Wisconsin Hospital Issue Advocacy Council
Wisconsin Hospitals’ Mission to Serve Visible in Every Community
By Ken Buser, WHA Board Chair; President/CEO, Wheaton Franciscan Healthcare – All Saints, Racine

In health care administration, we generally excel at gathering information and conveying it in charts, graphs and financial statements. We can sometimes feel buried in numbers. But health care is about people. And our missions are about healing, comforting, and saving lives. That work can’t be adequately depicted in a chart.

Every day in virtually every Wisconsin community thousands of people seek and find help that changes their lives in one way or another. Our patients, their families, our own employees, tell us profound, heart-felt, moving stories that remind us that the second word in health care is the most important.

Wisconsin hospitals work closely with other organizations and individuals to identify community health needs. One such effort led a WHA member hospital to develop a program to screen young athletes in Green Bay free of charge for a deadly heart condition. Another built a free clinic in Milwaukee where “Sophie” is seen early in the morning to receive treatment and medication for her diabetes. And, in Milwaukee, yet another hospital created the medical and mental health support system that helps a young girl wounded by an unknown gunman regain her trust in the world. These stories begin to illustrate the work that we do and explain why we are driven to do it.

Financial and human resources that hospitals provide in their communities directly benefit people who have few resources. By becoming a part of the very fabric of our communities, we weave a safety net of services around the people we treat in our hospitals as well as many others within our reach.

As I paged through the 2008 WHA Community Benefit Report, I was humbled by the incredible number of programs and services that our hospitals provide in every corner of Wisconsin—all with one goal in mind: To improve the health status of our communities.

My hospital, Wheaton Franciscan Healthcare – All Saints, Racine, makes it a priority to serve the needs of the uninsured. One of our programs featured in the Report is the Mother Clara Health Connections program aimed at supporting people who are identified as being at risk for developing serious, life threatening diseases by providing them access to medical care and health education. Much of the education involves helping them make lifestyle changes that catalyze profound personal health improvements.

Wisconsin hospitals provided nearly $1.3 billion in community benefits in 2007. But that’s just a number. Read the stores to truly understand how powerful an impact we have in the communities that we are fortunate to serve. The stories can be found at www.wiServePoint.org.
Federal Office of Civil Rights Releases New HIPAA Guidance
Answers common questions

The U.S. Department of Health and Human Services (“HHS”) Office for Civil Rights (“OCR”) has
published two new HIPAA Privacy Rule guidance documents that discuss when a health care provider
may share a patient’s health care information with the patient’s family, friends, or others involved in
the patient’s care. According to OCR, “These new guides answer common questions about these
permitted and important communications and target an area of the HIPAA Privacy Rule that is frequently
misunderstood by health care providers and patients alike.” As examples, the following are two
questions addressed in the new guidance documents:

If the patient is present and has the capacity to make health care decisions, when does HIPAA allow
a health care provider to discuss the patient’s health information with the patient’s family, friends, or
others involved in the patient’s care or payment for care?

If the patient is present and has the capacity to make health care decisions, a health care provider
may discuss the patient’s health information with a family member, friend, or other person if the
patient agrees or, when given the opportunity, does not object. A health care provider also may share
information with these persons if, using professional judgment, he or she decides that the patient
does not object. In either case, the health care provider may share or discuss only the information
that the person involved needs to know about the patient’s care or payment for care. Here are some
examples:
• An emergency room doctor may discuss a patient’s treatment in front of the patient’s friend if
  the patient asks that her friend come into the treatment room.
• A doctor’s office may discuss a patient’s bill with the patient’s adult daughter who is with the
  patient at the patient’s medical appointment and has questions about the charges.
• A doctor may discuss the drugs a patient needs to take with the patient’s health aide who has
  accompanied the patient to a medical appointment.
• A doctor may give information about a patient’s mobility limitations to the patient’s sister who
  is driving the patient home from the hospital.

If the patient is not present or is incapacitated, may a health care provider still share the patient’s
health information with family, friends, or others involved in the patient’s care or payment for care?

Yes. If the patient is not present or is incapacitated, a health care provider may share the patient’s
information with family, friends, or others as long as the health care provider determines, based on
professional judgment, that it is in the best interest of the patient. When someone other than a friend
or family member is involved, the health care provider must be reasonably sure that the patient asked
the person to be involved in his or her care or payment for care. The health care provider may discuss
only the information that the person involved needs to know about the patient’s care or payment.

Health care providers also need to keep in mind state law when considering what health information can
be shared. In Wisconsin, the Wisconsin Department of Health describes the current Wisconsin statute
as allowing health care providers to disclose health information to a patient’s family, friend or another
person identified by the patient and involved in the patient’s care:
• If the patient provides informal permission (rather than formal written consent) to do so.
• If the patient is not physically available or physically or cognitively able to grant informal
  permission, a health care provider is permitted to use his or her professional judgment to
determine whether disclosing the information is in the best interests of the patient and the patient
would otherwise allow such a disclosure.

A copy of OCR’s HIPAA Privacy Rule guidance document for health care providers is available at:
**DNR Unveils Health Care Hazardous Waste Compliance Initiative**

The Wisconsin Department of Natural Resources (DNR) on September 19 formally announced a joint initiative of the DNR and U.S. Environmental Protection Agency (EPA), Region 5 to make compliance with hazardous waste regulations in health care settings a priority for the next two years. As an initial phase of the initiative, DNR unveiled a new health care focused Web site with new technical assistance and guidance to bolster health care providers’ efforts to protect the environment from hazardous waste.

“Leaders of Wisconsin’s health care facilities want to do the right thing when it comes to industry waste rules,” said DNR Secretary Matt Frank in a September 23 release from the DNR.

“First, we had to learn each other’s language,” Frank said. “The terms and phrases health care professionals and waste regulators use are different. There was a concerted effort to write user-friendly documents easily understood by a much broader audience so we can safely manage and dispose of these materials.”

The DNR also plans to add an optional self-audit tool to the Web site that Burns explained may be used to help facilities evaluate compliance with waste management regulations. Burns expects the self-audit tool to be available on the new DNR Web site in late October or early November.

“EPA and DNR want to make sure that health care facilities are a part of the universe of business and facilities that are inspected in 2009 to check for compliance with hazardous waste regulations,” according to Joanie Burns, section chief of the Hazardous Waste Prevention and Management Section at the DNR. While EPA and DNR may conduct inspections at any facility or business at any time, Burns later specified during the announcement of the initiative that EPA has a goal of inspecting three Wisconsin health care facilities in fiscal year 2009.

For links to previous *Valued Voice* articles regarding waste management regulation, the DNR news release and new Web site, and other information relating to pharmaceutical and hazardous waste management, please see [www.wha.org/legalAndRegulatory/HazardousWaste.aspx](http://www.wha.org/legalAndRegulatory/HazardousWaste.aspx).

**DOR Releases Quarterly Economic Outlook**

*Report includes expectations for health services sector*

Last week, the Wisconsin Department of Revenue released their August 2008 Wisconsin Economic Outlook. This quarterly report contains a forecast of the Wisconsin and U.S. economy, focusing on income and employment growth.

As expected, the economic conditions impacting the national economy are also being felt in Wisconsin with the slump in the housing sector, tightness in credit markets and high food and gas prices all impacting consumer spending.

The ongoing checks of Wisconsin’s employment outlook are of particular interest in the quarterly reports. While total employment in the state grew by 0.5 percent in 2007, the first half of 2008 showed employment losses of 0.4 percent over the same period for 2007. At this time, overall declines of 0.5 percent for 2008 and 0.4 percent for 2009 are expected. Stable employment growth is expected to return however with growth rates of 0.9 percent in 2010 and 1.6 percent in 2011 anticipated.

A highlight of the report shows that service industries—including health services—continue to support job creation and growth and they remain a plus for the economy during the current slowdown. Health services and education as a sector is expected to continue to grow at a pace of about 2 percent.

The entire report can be viewed at: [www.revenue.wi.gov/ra/0808/0808.html](http://www.revenue.wi.gov/ra/0808/0808.html).
Cong. Kind Honored for Efforts to Fight Obesity

Cong. Ron Kind was honored this week in Washington DC by the Campaign to End Obesity with a 2008 “Champion” award. Kind was honored for his continuing commitment to fight obesity as evidenced through introduction of the Fitness Integrated with Teaching Kids Act (FIT Kids Act) this year, his efforts to encourage the Centers for Medicare & Medicaid Services to provide more equitable treatment options for people with obesity among other activities. WHA, Gundersen Lutheran and the UW Medical Foundation were on hand at the awards ceremony and commend Cong. Kind for his efforts to fight this chronic condition.

Gundersen Lutheran’s Curran Testifies Before Congress

This week in Washington DC, Gundersen Lutheran’s Joan Curran testified before Senator Herb Kohl’s Special Committee on Aging regarding the use of advance directives and end of life care. During her testimony, Curran related her personal experiences with advance directives.

“I didn’t know that my close friend would be diagnosed with a terminal brain tumor. I didn’t know that this experience would prepare me for my father’s death many years later,” Curran told the Committee. “Both experiences taught me that end of life planning is an act of love and courage…I offer the story of two very different deaths in hopes that you will see the value advance care planning has as part of the U.S. health care system.”

Curran also provided the Committee with insight into Gundersen Lutheran’s commitment to an advance care planning model, which it began in 1986, and the effort of the entire La Crosse community which built upon that model in 1991.

To read Curran’s testimony or that of others from this hearing, log onto http://aging.senate.gov/hearing_detail.cfm?id=303486&
Kerkman Visits Aurora Memorial Hospital of Burlington

Aurora Memorial Hospital of Burlington recently held a special sneak peek open house for its newly-updated labor and delivery unit. Hospital volunteers, community leaders, and elected officials, including State Representative Samantha Kerkman and Robert Miller, city of Burlington mayor, were on hand to learn more about the unit’s features, including new birthing suites, a new lactation room, and a dedicated caesarean section room. Other upgrades include new postpartum and nursery areas, whirlpool room, and an updated family lounge. A community open house for the new unit is planned for October.

ForwardHealth interChange Implementation is Postponed

The planned implementation date of October 13, 2008, for ForwardHealth interChange has been postponed for one month. The Department of Health Services has determined it is best to postpone the start date for the new system from October 13, 2008 to November 10, 2008 in order to reach its overall objective for ensuring that the implementation of the new system is as successful as possible for the state, providers, state-contracted managed care organizations (MCOs), trading partners, vendors, and partners. The delay will allow additional time for trading partners and providers to complete their system and operational readiness activities.

ForwardHealth interChange is the new system that will replace Wisconsin’s existing Medicaid Management Information System (MMIS). This new system is supported by the state’s fiscal agent, EDS. ForwardHealth interChange will support multiple state health programs, including Wisconsin Medicaid, BadgerCare Plus, the Wisconsin Chronic Disease Program, SeniorCare, and the Wisconsin Well Woman Program.

Check the ForwardHealth Web site frequently at dhs.wisconsin.gov/forwardhealth/ for new updates or other important implementation news.

WHA Educational Opportunities

Blood Transfusion Practice Seminar Offered for Nurses, Nov. 5

WHA and the BloodCenter of Wisconsin have teamed up to offer a half-day session designed for nurses and those involved in blood transfusion therapy, including ICU, oncology and other nurses, as well as nurse educators. A morning and afternoon session will be offered on November 5 in Stevens Point. Each session will include a review of “what’s in the bag,” patient safety issues, who’s getting blood and why, transfusion reactions, and the nurse’s responsibility.

Both the morning and afternoon session are approved for 3.0 contact hours by the Wisconsin Nurses Association Continuing Education Approval Program Committee, an accredited approver by the American Nurses Accreditation Center’s Commission on Accreditation.

A brochure with registration form is included in this week’s packet and on the Web site. Easy, on-line registration is available at www.wha.org. For registration questions, contact Lisa Geishirt at 608-274-1820 or lgeishirt@wha.org.
Leadership/Management Skills Series Offered to New Managers

Making the transition from being a staff person one day to a supervisor or manager the next is a significant step for nearly everyone. Those who make the leap discover they not only carry responsibility for high productivity combined with financial and regulatory prudence, but also must balance human relations skills to work closely and collaboratively with others.

Individuals who are new to hospital mid-level management, as well as experienced managers seeking a refresher, will find the “Leaping from Staff to Management” series helpful in making that initial leap.

Part one of the series, “You’re a Manager... Now What?” will be offered November 3 at The Radisson Paper Valley Hotel in Appleton, and will explore the basics of management and leadership in theory and applied practice, and will lay the groundwork for continued development of leadership and management skills.

Part two of the series, “The Next Steps,” is scheduled for November 4 also at The Radisson Paper Valley Hotel in Appleton, and will focus on learning and reviewing realistic and workable techniques for managing and leading people that will help ensure continued effectiveness and success.

New or experienced managers can register for either individual session, or discount pricing is offered to those registering for the full two-part series.

A brochure with registration form and a full agenda for each session is included in this week’s packet and on the Web site at www.wha.org. Online registration is available. For registration questions, contact Lisa Geishirt, WHA’s education coordinator, at 608-274-1820 or lgeishirt@wha.org.

WHA Webinar Focuses on Compliance with FTC’s “Red Flags Rule”

Hospitals may be affected in several ways by the Federal Trade Commission’s (FTC) “Red Flags Rule.” Issued last November, this rule requires financial institutions and creditors holding consumer or other “covered accounts” to develop and implement an identity theft prevention program, and compliance is required by November 1, 2008. According to the American Hospital Association’s outside counsel Hogan and Hartson, hospitals likely meet the rule’s broad definition of “creditor” and have patient accounts that would fall within the broad scope of “covered accounts.”

On November 11, WHA is offering a webinar to provide guidance and the templates necessary to comply with the “Red Flags Rule.” Handouts and templates will be made available to registrants by October 15. Since each hospital should have its own policies, the information is offered as guidance for illustrative purposes only. The templates to be provided focus on possible “Red Flags” associated solely with patient accounts, although it is possible that a hospital has other financial accounts that could be used for improper purposes of identity theft. This WHA-sponsored webinar will focus on what is and is not required by the rule, an overview of an identity theft program, the required training, reporting and administrative requirements under the rule, and ways to identify, detect and respond to ‘red flags.’

To register for the WHA webinar on November 11, visit www.wha.org, or contact Lisa Geishirt at lgeishirt@wha.org or 608-274-1820.

In addition, AHA member hospitals can participate in a conference call briefing on October 7 to hear more about this rule and how to prepare. FTC staff, as well as AHA’s outside counsel Hogan and Hartson LLP, will conduct this briefing from 2-3 p.m. CST on Tuesday, October 7. For those AHA members not able to participate, a recording of the call will be available at www.aha.org after the call. To register for the AHA conference call briefing on October 7, please visit: www.surveymonkey.com/s.as px?sm=gLuRsvoyetqF3qh7UmMyaw_3d_3d)

Modern Healthcare Ranks Three Wisconsin Hospitals in 100 Best Places to Work

Aurora Health Care, Milwaukee; Aspirus Memorial Health Center, Medford; and Sauk Prairie Memorial Hospital, Prairie du Sac are on the list of 100 health care employers deemed the Best Places to Work in Healthcare, Modern Healthcare’s new awards and honors program.

The new program, which was announced in January, recognizes workplaces in health care that enable employees to perform at their optimum level to provide patients and customers with the best possible care and services. To determine those workplaces, Modern Healthcare entered into a partnership with the Best Companies Group, a Harrisburg, Pennsylvania-based firm that conducts regional “best places to work” programs across the country. On behalf of Modern Healthcare, the Best Companies Group conducted two surveys of health care companies that volunteered to participate in the program. The first survey was a questionnaire for a participating employer. The second was a satisfaction survey of a participating employer’s employees. Some 238 health care companies participated.

UW Hospitals and Clinics Among Top Five for Performance

A nationally-recognized “scorecard” for measuring the quality of major teaching hospitals puts University of Wisconsin Hospitals and Clinics in the nation’s top five best-performing institutions.

The annual ranking is produced by UHC, a national organization representing approximately 90 percent of the nation’s non-profit academic medical centers (teaching hospitals that are directly affiliated with a medical school).

The purpose of the annual assessment is to measure the performance of teaching hospitals in several areas known to be essential to delivering excellent care consistently across a wide variety of populations. This year, 88 academic medical centers were included in the analysis.

UW Hospital performed well on the five key measures that the University Healthsystem Consortium (UHC) assessed. They are mortality, effectiveness, safety, equity and patient-centeredness.

Rehabilitation Hospital of Wisconsin Holds Ribbon-Cutting Ceremony, Hosts Open House

The Rehabilitation Hospital of Wisconsin will host an open house October 4 at 1625 Coldwater Creek Drive in Waukesha. The new hospital was built to meet the growing rehabilitation needs of the region and is the only freestanding rehabilitation hospital in eastern Wisconsin. Specialized care at the hospital involves a team of physicians, nurses and therapists who support patients and their families in recovery from stroke, brain injury, spinal cord injury, neurological impairments and orthopedic surgery.

“Our vision for the Rehabilitation Hospital of Wisconsin is to create a healing environment for our patients. The architectural design itself demonstrates how important access to a natural surrounding is for the healing process to move forward,” according to CEO Charisse Oland.

The 40-bed inpatient facility is a partnership between ProHealth Care and Centerre Healthcare.
Stories From Our Hospitals

Aurora St. Lukes’ Medical Center, Milwaukee

Aurora Walker’s Point Community Clinic

The Aurora Walker’s Point Community Clinic (AWPCC) at 611 W. National Avenue in Milwaukee is a safety net for Milwaukee’s most in-need, uninsured patients. It provides urgent care, family practice and specialist services. In 2007, Walker’s Point caregivers completed 12,516 patient visits for approximately 4,000 patients whose average income is $800 a month. AWPCC is supported by Aurora St. Luke’s Medical Center.

Right care, right time, right place

The Aurora Walker’s Point Community Clinic (AWPCC) pulled together all of its resources when providing care to Luis, a gentleman who speaks only Spanish. He came into the clinic with complaints of weight loss, while appearing pale and depressed. Karen, the nurse practitioner, spoke with Luis through the help of an interpreter. After their initial conversation, Karen and the interpreter knew that Luis needed more help than they were able to provide in a 30-minute visit.

Karen enlisted the help of a bilingual mental health therapist who determined that Luis was potentially suicidal. Leslie Davis, the therapist who volunteers at the clinic, used her best judgment and knew that contacting the police and having Luis detained or sent to the mental health complex would not help the situation. So she connected Jeff, an AWPCC RN, and together they decided to give Luis the best care they could provide at the time, including something to eat and space to take a nap.

After an afternoon in the clinic, Karen, Leslie, Jeff and the patient agreed on a safety plan for Luis and all three caregivers arranged for his follow-up visits.

A month and several visits later, Luis approached the interpreter who had helped him before, lifting his shirt and showing his belly to demonstrate that he had indeed been gaining weight. The interpreter quoted Luis as saying that he had come to the clinic as a last resort, not knowing where else to turn, hoping against hope that someone, somewhere would treat him well. He said his experience in the clinic actually gave him the hope he needed to live.

(continued on page 11)
Since then, Luis has developed several practical coping strategies and is on the road to recovery. The Aurora Walker’s Point Community Clinic team continues to look forward to his visits and providing his care.

**Group Work at Aurora Walker’s Point Community Clinic**
Awilda Lozada, RN, and Araceli Arevalo of Aurora Walker’s Point Community Clinic, completed training to hold a six-week program called Living Well (chronic disease self-management) with the Arthritis Foundation.

These six, two-hour sessions were held for patients with any chronic illness. The 14 patients who finished the sessions were diagnosed with diabetes, hypertension, and/or depression. The sessions were conducted in Spanish and included healthful food, child care and transportation (if needed).

Twelve patients started the session, two dropped out, but four others had joined by the second session cut-off. Their results were impressive:
- Before the program, one patient could not walk a half block without getting out of breath because of obesity. She has lost 25 lbs and is averaging 4.5 hours of walking a week.
- One patient now is able to forgo insulin, using exercise, diet and oral medications to control her blood sugars.
- One patient with depression had been totally isolated. By the end of the session she attended a dinner at her church. Instead of avoiding others, she is receiving and giving support.

In a satisfaction survey, they reported they enjoyed:
- Learning about healthful food options and being able to try those options.
- Being treated with respect and kindness.
- Listening to people with expertise, as well as listening to and learning from each other.

**Salvation Army Clinic for Homeless Persons in Milwaukee**
AWPCC also serves the Salvation Army Clinic for homeless persons, providing 165 visits per month for approximately 850 individuals, 24 percent of whom are children. Average income for patients of the Salvation Army Clinic ranges from $200/month to no income at all. Walk-ins are accommodated, and Aurora physicians volunteer services to this clinic one night per week. The Salvation Army Clinic is supported by Aurora St. Luke’s Medical Center.

**Chippewa Valley Hospital, Durand**
*Thursdays Seniorsize*

To meet the needs of our community, Chippewa Valley Hospital started an exercise program designed for seniors from 55-80. The exercise program includes weight training, strengthening, and flexibility.

The program is intended for both men and women – paced for their needs. The exercise class incorporates light weights, bands, chair, and home exercises that they can use to keep or enhance strength and balance.

“The benefits of exercise are obvious – people just need a little instruction and motivation at times,” says Becky Hetrick, senior exercise consultant. “We were hoping 10 or 15 participants would show up per session, but our first night we had over 30! We had to break up into two sessions because there wasn’t enough room for all of them.”

One participant said, “We are thrilled to have this kind of instruction available, and it’s lots of fun exercising with a group. I’ll be back next week.”
and dental clinics, Wisconsin hospitals provide a ‘safety net’ of care in the communities they serve,”
according to WHA President Steve Brenton. “Without that care in place, state and local government
would have a much greater burden in trying to deliver these essential services to a vulnerable
population,” he added.

Charity care is not the only service that hospitals provide. Hospitals delivered millions of dollars of
services aimed at improving the overall health of the communities they serve. Hospitals partner with
public health departments and other local organizations to provide leadership, financial support and
human resources in identifying and addressing community health priorities.

Hospitals are making special efforts to reach those who have few financial resources. More than half of
the community services provided by hospitals are reaching the most at risk populations, such as pregnant
teens, people without health insurance, and those at high risk for chronic disease, to name just a few.

A few examples of programs and services supported by Wisconsin hospitals are:

- Free clinics. Hospitals support more than 70 free clinics in Wisconsin. While care is provided
  for immediate health issues, the emphasis is on connecting the patient with a medical home for
  follow up and routine care.
- Education and health screenings. Wisconsin hospitals reach millions of people through education
  programs and health screenings focused on early detection and prevention. In 2007, nearly all
  hospitals reported at least one of their community projects addressed the problem of obesity
  through nutritional counseling and education, or by sponsoring community-wide fitness activities.
  Obesity and lack of exercise is one of the Wisconsin State Health Plan’s top health priorities.
- Pregnancy and parent support. In addition to prenatal classes, many hospitals offer special
  assistance to teen moms to ensure they have a healthy pregnancy and are prepared to care for
  their new babies when they leave the hospital. In Milwaukee, hospitals are working with public
  health and community groups to reduce infant mortality by forming medical and social networks
  that help support high risk pregnancies.

Hospitals Absorb $21 Million Loss Operating Nursing Homes

Keeping those who are elderly or in need of rehabilitation services in the community is one of the most
valued and necessary services requested by their families and friends. In some communities, hospitals
are the sole providers of those services. In 2007, the hospitals that operated nursing homes reported
losses totaling $21 million. Hospice care is also becoming increasing more available because hospitals
recognize the value of end-of-live services for their patients and families. Hospitals typically report that
hospice services are operated at a loss.

Wisconsin hospitals offer thousands of access points in their communities to services as wide ranging as
medical care at a free or reduced fee medical clinic, to health screenings at health fairs, shopping malls,
and schools. Whether it is a free cholesterol test offered at a grocery store, or a free or reduced priced
mammogram, hospitals are reaching beyond the boundaries of their campuses and making health care
more accessible. By offering free health screenings and other medical services closer to where people
shop, work or play, hospitals live out their missions to raise the health status of people living in their
communities.

Visit www.wiServePoint.org to review the 2008 WHA Community Benefits Report. It also has patient
stories and descriptions of free and reduced cost services that hospitals provide in their communities.