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New Report: Wisconsin Hospitals Create and Strengthen Partnerships to Improve Health Care Quality

Wisconsin health care quality ranks among highest in the nation

Today, the Wisconsin Hospital Association (WHA) released its [2018 Quality Report](#), which highlights the partnerships between hospitals and patients, families, legislators and other stakeholders to continually improve health care in our state. Wisconsin hospitals and health systems share best practices as part of ongoing quality improvement initiatives. These efforts keep Wisconsin a national leader in health care quality—Wisconsin ranks [first in the Midwest](#) and fourth in the nation according to the federal Agency for Healthcare Research and Quality.



“Wisconsin is known for its high-quality health care delivery because of the unique collaborative and innovative culture among our hospitals and health systems,” said Eric Borgerding, WHA President and CEO. “Our members share data, best practices, and lessons learned which leads to better outcomes, increased patient satisfaction, operational efficiencies, and attracts a quality workforce.”

WHA Chief Quality Officer Beth Dibbert added, “Wisconsin hospitals provide person-centered care using a variety of diverse and supportive strategies to help patients along the road to wellness. Providers are reaching beyond hospital walls to help address social determinants, such as homelessness or food insecurity, to promote a successful post-hospital transition.”

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EDUCATIONAL EVENTS

April 17, 2019

Advocacy Day
Madison, WI

June 12-14, 2019

Wisconsin Rural Health Conference
Wisconsin Dells, WI

Throughout 2019

Health Care Workforce Resilience
Free Member Webinar Series

WI Hospital Leaders Urge State Budget Committee to Increase Medicaid Rates

Hospital leaders speak at Oak Creek and River Falls

With the state’s budget-writing Joint Finance Committee (JFC) traveling across Wisconsin to hear from the public on Governor Evers’ proposed budget, hospital leaders have gone out to meet them, urging lawmakers to make Medicaid rate reimbursement increases part of the Legislature’s budget.

On April 10, Seth Teigen of Ascension St. Francis and Franklin hospitals, Steve Francaviglia of Aurora Sinai and St. Luke’s hospitals, and Juliet Kersten of Children’s Hospital of Wisconsin [addressed the finance committee](#) in Oak Creek, a city just outside Milwaukee. The group thanked Committee members for meeting with them locally and submitted a letter signed by leaders of 12 hospitals and health systems from southeast Wisconsin that urged the Committee to fund increases in Medicaid reimbursement rates that would help offset Wisconsin’s \$1.1 billion hidden health care tax.

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WHA and Members Meet with Congressional Delegation in D.C.

Key issues: site-neutral payments, GME, transparency

The Wisconsin Hospital Association and leaders from hospitals and health systems from across the state traveled to Washington, D.C., to meet with all 10 of Wisconsin's Congressional Delegation on April 9. Those participating included John Russell of Columbus Community Hospital, Dan DeGroot of Stoughton Hospital Association, Michael Loy of North Central Health Care, Tony Curry of Advocate Aurora, Brad Wolters of Marshfield Clinic, Jeremy Levin of Rural Wisconsin Health Cooperative, Jan Molaska, Peg Larson, and Ron Williams of Partners of WHA, as well as Eric Borgerding and Jon Hoelter of WHA. Among the main discussion topics were concerns about site-neutral payments, federal support for graduate medical education (GME), and support for health care price transparency.

WHA's group of hospital advocates thanked the entire delegation for their unified support on two recent issues WHA has long supported related to workforce and value-based payments. The entire House delegation signed onto legislation introduced by Congressmen Kind and Gallagher, the Advancing Medical Resident Training in Communities Act, which would fix an issue that has led to artificially low GME caps for a handful of hospitals across the country, including two in Wisconsin. The group also asked the delegation to support HR 1763 & S 348, legislation that would add 15,000 new federally funded GME slots and help states like Wisconsin reduce their health care workforce shortage.



Top row: L to R: WHA and hospital leaders meet with Rep. Sean Duffy; WHA and hospital leaders meet with Rep. Mike Gallagher. Center: WHA and hospital leaders meet with U.S. Sen. Tammy Baldwin. Bottom row: WHA and hospital leaders meet with Rep. Mark Pocan; WHA and hospital leaders meet with Rep. Ron Kind

The hospital leaders urged lawmakers to reverse the site-neutral cuts enacted by CMS in last fall's outpatient rule. Instead, they encouraged officials to focus on more value-based payment reforms and thanked the delegation for signing onto a letter encouraging CMS to reform the physician self-referral law, more commonly known as the Stark Law. Instead of piecemeal cuts, like site-neutral payments, more value-based payments would reward states like Wisconsin that rank high for quality and value.

Lastly, WHA's hospital leaders voiced support for Congress' recent efforts to improve health care price transparency and reduce instances of surprise billing.

"WHA has been a strong supporter of transparency, reporting meaningful price and quality data to consumers for more than 15 years through [PricePoint](#) and [CheckPoint](#). Our commitment to transparency has positioned Wisconsin as a national leader in the drive to promote high-quality, high-value health care," said Eric Borgerding, WHA President and CEO. "I want to thank everyone who joined us for this very important trip to meet with our federal officials. This was an excellent opportunity to let lawmakers know of our support for their efforts to make health care more consumer friendly, as well as other reforms they can make to help promote and incentivize more value-based care and grow our health care workforce."

Study: Hospital Outpatient Departments Treat Poorer/Sicker Patients



The findings of a new study conducted for the American Hospital Association found that Medicare patients treated in hospital outpatient departments (HOPDs) are more likely to be poorer, have severe chronic conditions, and have been previously hospitalized than Medicare patients treated in an ambulatory surgical center (ASC). The study concludes that due to their

medical complexity, HOPD patients may require a greater level of care than ASC patients.

This study comes at a time when Medicare proposals under consideration by policymakers in Washington, D.C., would compensate HOPDs and ASCs the same amount, failing to recognize the differences in the types of services provided by HOPDs and the patients they serve. Currently, Medicare pays HOPDs, which have more comprehensive regulatory requirements than ASCs, less than the cost of providing care. In Wisconsin, for instance, Medicare reimburses HOPDs roughly 75% of the cost of providing care. WHA has emphasized to policymakers that further reducing reimbursement would threaten access to care for patients who, according to the study, are more likely to be disabled, 85 or older, from lower-income areas, Black or Hispanic, and burdened with more severe chronic conditions.

[View a copy of the study](#), which was conducted by KNG Health Consulting, LLC.

Allen Joins WHA as Clinical Quality Improvement Advisor

Anne Allen has joined WHA's Quality Department as a Clinical Quality Improvement Advisor, with a focus on providing clinical technical assistance to Wisconsin hospitals. Allen will work under the current Hospital Improvement Innovation Network (HIIN) CMS contract, as well as upcoming Superior Health Quality Alliance (SHQA) task order projects.

Allen joins WHA with experience working in hospital quality improvement and has Lean process improvement skills, managing projects in clinician practices that includes physician payment incentive programs, as well as knowledge of infection reduction practices. Additionally, she has experience working as a Public Health Nurse in Sauk County.



"We are excited to have Anne join our team. Her experience and energy will contribute to the quality improvement resources our members already value," said WHA Chief Quality Officer Beth Dibbert.

Allen holds BSN and MSN degrees with a focus on Nursing Leadership and Health Care Systems. She joined WHA on April 8.

DHS Announces Flexibility for Medicaid Telestroke Billing

The new billing clarification is consistent with WHA recommendations

Consistent with recommendations made by WHA to preserve alternate billing approaches for Medicaid telestroke services, the Wisconsin Department of Health Services (DHS) published a [ForwardHealth Update](#) last week to clarify flexible billing options for Medicaid telestroke services.

Telestroke enables a qualified stroke specialist to use technology to treat stroke patients in another location through a consultation with the patient's local emergency providers.

In the ForwardHealth Update, DHS clarifies that Medicaid telestroke professional services may be billed either by:

- The provider delivering the telestroke services from a distant site to a patient located at a remote health care facility (called an "originating site"); or
- The originating site on behalf of the distant site provider delivering the telestroke services, provided the originating site has established a contractual relationship with the distant site provider for telestroke services.

The [ForwardHealth Update](#) further clarifies that if the originating site bills Medicaid for the telestroke services on behalf of the distant site provider, the originating site also may bill for a telehealth facility fee (called an "originating site fee") as is currently allowed for originating sites under Medicaid's telehealth policy.

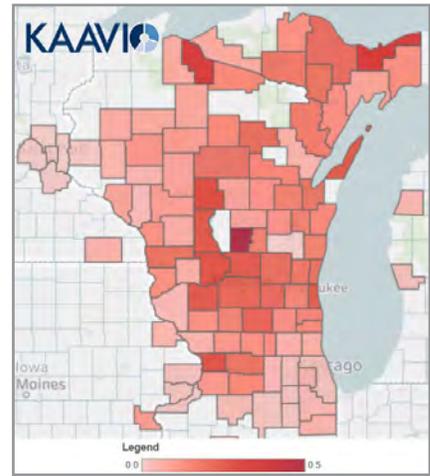
DHS invited input from WHA as the agency developed its clarification on Medicaid telestroke billing, and WHA encouraged DHS to adopt the flexible approach of permitting either the distant site provider or the originating site to bill for the telestroke professional services.

See a [comprehensive description of Medicaid's telehealth policy](#). For more information, contact [Andrew Brenton](#), WHA Assistant General Counsel, at 608-274-1820, or visit WHA's [telehealth webpage](#).

April is Donate Life Month



The WHA Information Center (WHAIC) reported 1,226 kidney transplants and 173 heart transplants were performed over the past three years in Wisconsin hospitals. The map provides the rate of visits per 1,000 population of the counties within this timeframe for transplants performed.



National Donate Life Month was instituted by [Donate Life America](#) and its partnering organizations in 2003. It features an entire month of local, regional and national activities to help encourage Americans to register as organ, eye and tissue donors, and to celebrate those who have saved lives through the gift of donation.

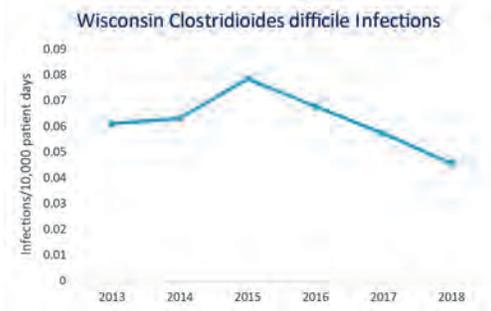
According to [UNOS](#), as of April 7, 2019, there were 113,722 people waiting for lifesaving organ transplants in the U.S. Of these, 94,963 await kidney transplants and 3,799 await heart transplants.

Think about registering to be an organ donor: one donor could save up to eight lives.

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Below are several examples of the partnerships and quality improvement initiatives included in the [2018 Quality Report](#):

- More than 80 Wisconsin hospitals have partnered with another 230 hospitals across Michigan and Illinois in the Great Lakes Partners for Patients Hospital Improvement Innovation Network (GLPP). Hospitals succeed in reducing adverse patient events and readmissions through an all-share, all-learn collaborative approach.
- Hospitals are actively including patients and families in developing and implementing best-practice, innovative strategies to reduce harmful infections and prevent patient falls. Learn more about these innovative strategies by reading the 17 examples in the report.
- WHA developed the Physician Quality Academy which helps physicians engage with quality improvement efforts utilizing implementation science, which improves the health of patients and patient populations by creating care processes that bring evidence-based best practices to the bedside.
- Sepsis mortality, Clostridioides difficile infection (CDI), and other infection rates have declined in Wisconsin through the application of best practice strategies and collaborative sharing between hospitals.



- WHA worked with Wisconsin lawmakers to pass, enact and implement the Health Care Data Modernization Act. Since 2016, this bipartisan legislation has enhanced the utility of Wisconsin’s hospital and ambulatory surgery center discharge data program by more efficiently deploying health care resources to address population health needs in Wisconsin communities.
- WHA’s CheckPoint website drives quality improvement through transparency. Throughout its history, CheckPoint has posted 115 different measures of clinical care and patient outcomes. The WHA Measures Team, representing more than 40 hospitals and health systems in Wisconsin, oversees more than 50 measures on the current site, ensuring the data reported is relevant, actionable, and representative of the care and services most hospitals provide. Visit www.wicheckpoint.org for more information.



“More resources from the state Legislature through Medicaid reimbursement means more access to primary and specialty care for our patients—allowing us to expand efforts to treat the sickest of the sick while also investing in preventive care to keep parents and children out of the hospital,” said Kersten.

On April 15, Bruce Craven of River Falls Area Hospital and Steve Massey of Westfields Hospital & Clinic [appeared before JFC members](#) at UW-River Falls. “Wisconsin’s hospitals are committed to providing the best health care in the country and have successfully met that measure, ranking within the top four states for health care quality in 11 of the last 12 years,” said Craven. He and Massey delivered a letter signed by 31 hospital CEOs in western and northern Wisconsin that asked the Committee to find a way to include the positive health care investments from Governor Evers’ budget in the budget the Legislature will soon begin work on.

“While there continues to be a debate in the legislature about how to fund these important priorities—we are glad that both parties have understood that Medicaid reimbursement rates are a problem that needs to be addressed,” concluded Craven.

The finance committee will wrap up its public hearings on the Governor’s proposed budget next week on April 24 at UW-Green Bay, and more area hospital leaders will be there to advocate for these important health care priorities.



River Falls Area Hospital-Allina Health Director of Operations & Finance Bruce Craven and Westfields Hospital & Clinic-HealthPartners President and CEO Steve Massey testified in front of the Joint Finance Committee in support of Medicaid hospital reimbursement increases included in the Governor’s proposed budget.



The Joint Finance Committee heard from Advocate Aurora Health – Greater Milwaukee South President Steve Francaviglia, Ascension President Seth Teigen, and Children’s Hospital of Wisconsin Vice President Juliet Kersten in support of Medicaid hospital reimbursement increases that were included in the Governor’s proposed budget.