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EDUCATIONAL EVENTS

January 16, 2020
Accountability Within Your Organization
Webinar

March 13 & 14, 2019
Physician Leadership Development Conference
Kohler, WI

Visit www.wha.org for more educational opportunities



WHA’s Board of Directors met today in Madison - see next week’s *Valued Voice* for a summary of the meeting’s activities.

WHA Cautions Congress Against Wrong Surprise Billing Fix

WHA’s board officers along with its Transparency Task Force Chair sent a [letter](#) to Wisconsin’s Congressional delegation asking them to oppose attaching the wrong surprise billing fix to any end-of-year spending package.

While some leaders of the U.S. House Energy & Commerce and Senate Health, Education, Labor, and Pensions Committees recently announced an apparent “deal” to move forward on surprise billing legislation, the letter requested they remove two provisions that are unnecessary and would harm patients and providers. Most controversial is the proposal that providers accept a government-set benchmark payment (an undefined, local median in-network rate) for any potential surprise bills under \$750. As the Congressional Budget Office has confirmed, this proposal would essentially create a fee schedule for services under that threshold in the commercial sector, while also moving more providers out of network.

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WHA Transparency Task Force: Best Practices and Recommendations for Policymakers

The WHA Transparency Task Force (TTF) convened for its final meeting Dec. 5 to discuss its forthcoming report on price transparency best practices and recommendations for policymakers.

WHA Director of Federal & State Relations Jon Hoelter provided an update on transparency initiatives from Congress and the Trump administration. Hoelter gave a summary of the final [transparency rule](#) requiring hospitals to post a “machine readable” file containing all privately-negotiated health insurance contract rates. While the final rule gives hospitals an extra year for implementation, going into effect Jan. 1, 2021, it also will require hospitals to post the deidentified minimum and maximum rates they negotiate, as well as cash-discounted rates. *(continued on page 2)*

A [lawsuit](#) was recently filed by hospital groups, led by the American Hospital Association, challenging the Trump administration's authority to require the disclosure of proprietary rates, making the final implementation of the rule uncertain. On the Congressional side, lawmakers may try to attach provisions to end surprise medical billing to a spending package that must pass by Dec. 20 in order to avoid a government shutdown. WHA will continue to engage with lawmakers to stress the importance of avoiding a mechanism that mandates government-set rates to end surprise billing.



WHA Senior VP of Finance and Chief Operating Officer Brian Potter and WHA Information Center (WHAIC) VP Jennifer Mueller presented the final version of the new "Charge Analyzer" tool to the TTF. Beginning Jan. 1, 2019, the federal government required hospitals to post its "standard charges" on the hospital's website in a machine-readable format. Given the broad scope of services provided by hospitals, a chargemaster contains thousands of services and charges. WHA and the WHAIC wanted to develop a user-friendly tool that would allow hospitals a systematic way to analyze these charges.

Powered by Tableau, the WHA Charge Analyzer guides the staff user by "drilling down" from service line selection to individual charge analysis. Line item charges can be compared to a self-selected peer or peer group. There are additional data in the tool that help put the charges into context, including information on volumes, average age of the patient, payor mix and percent variance from peer or peer group. Another option within the tool is to create an Excel file extract of charges at the code level for those who are more comfortable with a data download. Using the WHA Charge Analyzer, member hospitals can have a better understanding of how their charges compare to peers and where outliers, both high and low, exist. This will help hospitals target areas for further charge analysis and will help hospitals better explain their charges should they receive a patient or media inquiry. The WHA Charge Analyzer can be used for both inpatient and outpatient related charges.

The TTF also reviewed the WHA Transparency Task Force Report, which documents the leading-edge initiatives underway in Wisconsin, and provides recommendations for policymakers as they consider proposals related to surprise billing and price transparency.

The report highlights WHA member support for efforts to improve the patient experience through transparency, and the fact that WHA and its members are leading the way to provide patient-friendly tools and information, and intervene to resolve issues when necessary. The WHA TTF report recommends the following priorities as policymakers debate these issues:

- Put patients first, and focus on solutions that provide useful information to patients
- Work with all stakeholders to achieve consensus-driven solutions
- Reject provisions to establish government-set benchmark rates
- Leverage and encourage the ongoing movement toward transparency with incentives
- Respect the innovation of industry leaders and reject one-size-fits-all mandates
- Reject new mandates that would be burdensome, likely lack legal authority, and could even be counterproductive to the goals it sets out to achieve
- Consider which stakeholder groups are best positioned with access to information when developing requirements

The report was shared with the WHA Board at its Dec. 12 meeting, and will be submitted for formal approval by the Board in 2020.

For more information on this topic, contact WHA Director of Federal & State Relations [Jon Hoelter](#).



Worker's Compensation Advisory Council Approves Legislative Proposal

On Dec. 10, the Worker's Compensation Advisory Council (WCAC) formally approved an agreed-to worker's compensation package. The Council has been working to finalize a package since first exchanging [proposals](#) in May.

The final package *does not* include a worker's compensation fee schedule. The package contains several practical [technical and policy changes](#), but also includes a concerning provision requiring health care providers to produce for insurance company representatives and agents copies of billing statements for the treatment provided to injured workers. The provision, which the Wisconsin Insurance Alliance requested, would require health care providers to send the duplicate billing statement on a HCFA or UB form to the insurer's representative or agent within 30 days of request for no charge. If the provider does not produce the duplicate bill within 30 days, the draft bill states the insurer would no longer be liable for any of the services on the billing statement. WHA co-authored a [joint letter](#) from the coalition of Health Care Liaisons to the WCAC to highlight this concern.

The WCAC and the state's Department of Workforce Development plan to finalize the bill draft for introduction and legislative hearings in 2020. Stay tuned to future editions of *The Valued Voice* for updates on this still-developing issue.

WI Hospitals State PAC & Conduit Hits Fundraising Goal!

The Wisconsin Hospitals State PAC & Conduit hit its aggressive \$320,000 fundraising goal this week with contributions from 301 individuals.

"A huge thank you goes out to all those who understand the importance of the Wisconsin Hospitals State PAC & Conduit and personally contributed in 2019," said WHA Advocacy Committee Chair Bob Van Meeteren. "The statewide, bipartisan participation is what makes this program strong and impactful."

On average, \$6,400 was contributed each week to date in 2019 and contributors gave an average of \$1,064 each. The campaign saw 33 new contributors join the effort so far in 2019.

"Thank you, again, to everyone who contributed and understood that personal participation in the Wisconsin Hospitals State PAC & Conduit is essential to keeping health care strong in Wisconsin," said WHA President and CEO Eric Borgerding. "I would like to also thank the 93 contributors who gave at one of the three donor recognition levels, which begins at \$1,500. I am grateful for your leadership and your commitment to this important program."

A final tally of dollars raised and a full listing of all 2019 contributors will run in the January 2, 2020 edition of WHA's *The Valued Voice* newsletter.



HSHS St. Vincent & St. Mary's Dan Platkowski Wins WHA 2019 Trustee Award



Therese Pandl, Brian Charlier, Dan Platkowski and Kari Hofer.

Praised for the ability to utilize his engineering background in helping to strengthen two hospitals, Dan Platkowski, a nine-year veteran on the boards of HSHS St. Vincent Hospital and HSHS St. Mary's Hospital Medical Center – including as chair for the last three years – received the WHA 2019 Trustee Award Dec. 5 in Green Bay.

Part of WHA's long history of lauding individuals for serving the health care community, the Trustee Award honors those who have made an exemplary commitment to their hospitals and the communities they serve by serving as a trustee.

An engineer and president of Pine Ridge Engineering in De Pere, Platkowski brought passions for safety and quality to the boards on which he served. In her letter nominating Platkowski for the honor, HSHS Eastern Wisconsin Division President

and CEO Therese Pandl shared how Platkowski is "very dedicated to committing highly reliable, safe and effective care for our community."

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Pandl in particular praised Platkowski's mentoring skills in her nomination letter. One of those being mentored, Prevea Health Vice President of Clinical Operations Jason Helgeson, shared that Platkowski is known for his self-generated list of "Danisms," including:

- You must be prepared to perform any task that you assign someone else.
- Never ignore someone violating a company rule, because when you do, there is no longer that rule.
- Never brag, let others do it for you.

Platkowski is deeply involved in other community efforts, including serving on the Wisconsin Paper Council and the Green Bay Area Chamber of Commerce board. He is also the Vice President of Board Development of the Boy Scouts of America Bay Lakes Council, also serving that entity as previous past president.

As part of the recognition, WHA will donate \$250 to the charity of Platkowski's choice.

Want to Share Your Successes on Advocacy Day 2020? Sign Up to Present a Poster in the Capitol Rotunda!

For the first time as part of WHA's Advocacy Day – the premier grassroots advocacy event of the year – WHA has arranged for members to have the opportunity to give poster presentations in the majestic State Capitol Rotunda. These kinds of presentations are extremely valuable as they let our elected officials, other Advocacy Day attendees from around the state, and the general public know about the great improvement projects happening in Wisconsin's hospitals and health systems. This is an opportunity to share how your hospital is improving quality, patient safety, creating value and decreasing cost.

While the rotunda is a large space, it is not limitless – please let us know if you're interested in participating!

When: Advocacy Day is March 18, 2020

Where: You're invited to participate in all Advocacy Day activities; poster presentations will be that afternoon in the Capitol.

To RSVP or for more information, contact WHA Clinical Quality Improvement Advisor [Annie Allen](#).

MHA Keystone Center
A Certified Patient Safety Organization

Blue Cross Blue Shield of Michigan
A nonprofit organization and independent licensee of the Blue Cross and Blue Shield Association

Aspirus Iron River, Iron River

Reducing Inpatient Falls

BACKGROUND

The goal was to reduce inpatient unit falls, identify at-risk patients and intervene earlier, improve processes and documentation after a fall, and collect data to support technology investment needs (i.e. tele-sitter).

OBJECTIVE

A multidisciplinary team reviewed processes for assessing fall risk, implementation of preventative measures, and documentation related to falls. A multidisciplinary safety huddle was created to discuss fall risk patients.

METHODS

Interventions implemented during FY18/FY19 included: gait belts, bed alarms, chair alarms, yellow socks, room signage, yellow wrist band, physical sitter if needed, fall kits, and bedside mats. Education was completed for both nursing and ancillary staff.

Throughout FY19 adherence to these interventions were validated with:

- Signed falls agreement included in patient and family education.
- "Call Don't Fall" signs required in each patient room
- Re-education of care team members for correct use of bed alarms (i.e. ensuring i-Bed turned off)
- Fall risk assessment on admission and with each shift
- Purposeful hourly rounding with bed alarm checks
- Escalation of interventions after fall such as moving patient closer to nurse's station
- Chart audits performed for risk-assessment completed within 2 hours of admission
- SBARs performed for all falls

A days without falls sign was posted in the breakroom and a celebration was held if >90 days without a fall.

Challenges: high number of behavioral patients as well as many high fall risk patients. i-Bed awareness was an initial challenge that required further staff education.

In September 2019 additional opportunities for education on CIWA was identified as a potential area to further reduce falls.

RESULTS

Inpatient fall rate FY-2018 = 3.2%

Inpatient fall rate FY-2019 (post implementation) = 0.7% for a relative improvement rate of 78%.

Falls (Number of falls per 1000 patient days)

Fiscal Year	Falls (per 1000 patient days)
FY2016	2.4
FY2017	3.0
FY2018	3.2
FY2019	0.7
FY2020	2.2

CONCLUSION

Reductions in all fall rates and fall with injury rates showed significant results achieved with Hester Davis fall tool, post fall huddles, purposeful hour rounding, education, fall mats, and fall kits.

Project Team: Sara Fischer, Med-Surg, ICU, & Outpatient Manager (sara.fischer@aspirus.org), Nancy Ponzio, Director of Nursing, Kathy Sartorelli, Med-Surg Manager & Deb Han, Quality & Risk-Management

A sample poster presentation

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Additionally, WHA's leaders requested Congress also remove a contracting mandate that would make providers unable to prevent health insurers from cherry-picking services or providers under contract terms. While insurers have billed these practices as anti-competitive, in reality this mandate would tip the scales in favor of the insurance industry and could threaten the viability of some providers, particularly in rural areas. It could also lead to patients driving longer distances to seek care by making it easier for insurers to steer patients to certain providers.

WHA also sent out a HEAT alert urging WHA members to contact their federal lawmakers warning against these two harmful provisions. Congress needs to pass a spending bill to fund the government by Dec. 20, and some Congressional leaders have been pushing to attach a surprise billing package to that spending plan.

On Dec. 11, the House Ways and Means Committee also announced they were working on a surprise billing package that would focus more on arbitration – an approach WHA and provider groups have supported. While details have not yet been released, the lack of agreement on this issue will likely make it harder for Congress to pass something on surprise billing before year's end.

WHA will continue to closely monitor this issue and advocate for a solution that protects patients without harmful consequences for Wisconsin's health care system.
