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The following column is from Tom Still, president of the Wisconsin Technology Council. His columns appear in various newspapers and other media sites throughout the state. You can view the May 7 column at the Milwaukee Business News [website](#).

Guest Column: Is there a Patient in the House? Hospitals Eager to Get Back to Normal

By Tom Still, President, Wisconsin Technology Council and co-founder of the Wisconsin Healthcare Business Forum



Tom Still

This may sound counter-intuitive given the state is still dealing with the largest pandemic in a century, but Wisconsin hospitals aren’t all that busy.

In fact, they’re ready to schedule that hip replacement you put off a few months ago – or to talk about the wrenched back you got raking your yard while staying “safer at home.”

Maybe it’s because Wisconsin hospitals and health systems started from a relative position of strength compared to other states, or that prompt isolation efforts paid off, but the head of the Wisconsin Hospital Association thinks the worst has been averted. At least, for now, based on

available data and feedback from underused hospitals.

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Wisconsin Supreme Court Invalidates Governor’s Safer-at-Home Order

Late yesterday (May 13), the Wisconsin Supreme Court invalidated the statewide safer-at-home order issued at Governor Tony Evers’ direction by DHS Secretary-designee Andrea Palm. WHA is still digesting the full implications of the decision, but here is what we know right now:

- A 4-3 majority of the Court concluded that [Emergency Order 28](#) – the safer-at-home order – was unlawful because it did not follow Wisconsin’s statutorily dictated rulemaking procedures.
- The majority also concluded that the safer-at-home order exceeded the DHS Secretary’s authority under the communicable disease statute, but the majority did not rule on to what extent the Secretary exceeded that authority.
- The Court also invalidated the safer-at-home order, effective immediately. It did not grant the Legislature’s request to keep the safer-at-home order in place for an additional six days after a decision.
- Some local governments have begun issuing their own stay-at-home orders, citing authority given to local government under the state’s communicable disease statute.

For hospitals, nothing in the Court’s decision directly impacts hospital operational decisions, such as permitting visitors or reopening services. The decision on its face also does not impact key WHA-championed regulatory flexibilities including:

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CMS Continues Requiring Disclosure of Negotiated Payment Rates in IPPS Rule



The Centers for Medicare & Medicaid Services continued its recent trend of asking hospitals to disclose negotiated rates in its proposed FY2021 Inpatient Prospective Payment System Rule introduced on May 11.

Overall, the rule includes an increase of 3.1% for PPS hospitals that report quality and are meaningful users of electronic health records. However, it proposes requiring all hospitals to report the median payer-specific negotiated rates for inpatient services by Medicare Severity – Diagnosis-related Group (MS-DRG) and would apply to all private contracts, including Medicare Advantage. This comes after hospitals have sued CMS (of which [WHA is part of an amicus brief](#)) over its proposed 2020 OPSS rule requiring hospitals to disclose privately negotiated rates. CMS seeks comments on using this information to influence MS-DRG relative weights beginning in FY2024, which could impact Medicare fee-for-service payments. Hospitals would be required to include this information on their public Medicare cost reports.

CMS is also continuing its recent trend of trying to bring more fairness to the Medicare Wage Index by proposing increases for low wage index hospitals.

It would also make it easier for displaced medical residents to maintain funding if a residency program shuts down, by allowing the medical resident funding to transfer to a new program as soon as it is announced that the existing program is closing. Current policy requires the program to completely close down before any transfer of funding may occur.

The rule also includes proposed changes in the quality area. Inpatient Quality Reporting proposed changes include incrementally increasing the number of quarters for electronic clinical quality measures (eCQMs) beginning with the CY2021 reporting period, along with publicly reporting CY2021 eCQM data in late 2022. Changes to the methods for calculating the Overall Star Ratings have been postponed to an unknown future rulemaking period.

WHA is continuing to analyze this rule in advance of the July 10 comment deadline. For more information, contact WHA Director of Federal and State Relations [Jon Hoelster](#) or Chief Quality Officer [Beth Dibbert](#).

WHA Presents to Governor’s Task Force Work Group on Family Caregiving

Last week, WHA staff were joined by Diane Ehn, Froedtert Health’s Vice President of Post-Acute Care, to present to one of two workgroups that report to the [Governor’s Task Force on Caregiving](#). As the workgroup has considered proposals that would unnecessarily add duplicative and confusing regulations at the state level around discharge planning, WHA was asked by lawmakers involved with the work group to present on current hospital practices and corresponding outcomes.



HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores clearly show Wisconsin hospitals continue to lead the country, with Wisconsin still ranking as the top state in the country for both discharge planning and care transition metrics, according to WHA’s Chief Quality Officer Beth Dibbert. These metrics take into account patient preferences when planning post-acute care and the patient’s ability to manage their own health needs, including prescribed medications. Dibbert discussed how WHA’s nationally-recognized quality improvement team supports and bolsters the already robust quality improvement work occurring in hospitals related to readmissions and patient and family engagement.

Laura Rose, WHA’s vice president of policy development, described WHA-led initiatives to improve care for patients transitioning out of the hospital. Hospitals identify and work with a patient’s caregiver to ease the patient’s transition from the hospital. Hospitals are sometimes in a position to develop discharge plans for patients who either do not wish to have a family caregiver involved in their care or a family caregiver who is not as engaged as they need to be in their relative’s care plan.

Some of the proactive steps WHA has taken to strengthen public policy include advocating for an expansion of Medicaid telehealth covered services that removes unnecessary regulations for behavioral health providers and provides Medicaid reimbursement for in-home post-acute care and remote patient monitoring. WHA is also working with DHS on improving BadgerCare HMO care management for discharged hospital patients. These initiatives are among those identified by WHA’s Post-Acute Work Group, which was established in 2017 and continues to support the work of Wisconsin hospitals, who are leaders in successful care transitions and patient education for discharge planning.

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Froedtert’s Ehn provided a comprehensive example of the critical community considerations to develop a successful approach for patient success post-discharge. Ehn described how Froedtert involves patient caregivers throughout the patient’s hospital stay, and discussed how successful discharge planning, care transitioning and community care depends on everyone being engaged in the success of that patient, including family caregivers and the patient’s managed care organization.

Ehn emphasized that this work isn’t unique to Froedtert – hospitals throughout the state are developing innovative approaches to discharge planning that are tailored to their own communities. Ehn also discussed how several waivers of existing regulations have helped Froedtert develop unique strategies to take care of patients during the COVID-19 pandemic and believes policymakers should consider making this regulatory relief permanent.

In the same vein, Ehn cautioned the workgroup that adding regulation can chill innovation in post-acute care transitions and discharge planning. She reiterated that successful discharge planning is not a one-size-fits-all approach and doesn’t lend itself to one-size-fits-all statutory or regulatory requirements.

For additional information on the Governor’s Task Force on Caregiving, contact WHA’s [Laura Rose](#).

Rural Physician Leaders Roundtable Discusses the COVID-19 Pandemic

Physician leaders from across Wisconsin compare notes and share how the pandemic is affecting their communities and how their hospitals are responding

WHA’s Rural Physician Leaders Roundtable recently held its second set of meetings in 2020. The roundtable is a forum for physician leaders in rural communities to connect, discuss common challenges, learn from each other, help one another to become more effective physician leaders and to promote the vitality of rural health. Nineteen roundtable members participated on May 7. The discussion focused on the COVID-19 pandemic.

Roundtable members reviewed the latest data from [WHA’s COVID-19 Dashboard](#), discussing how the pandemic is currently impacting Wisconsin hospitals. A number of the physician leaders noted they review the dashboard on a daily basis to understand the trends in their community as well as around the state. This was especially useful for physicians who participate in the rural roundtable who are leaders in health systems and have oversight over multiple hospitals across Wisconsin.

In general, roundtable members agreed that the ability to do testing was improving but not as robust as it needs to be. One physician commented that having in-house testing was a “game changer” in terms of the ability to optimally manage symptomatic patients and/or staff. While the PPE supply chain is becoming more reliable, most hospitals are having to re-use PPE, especially N95 masks, and are doing so in accordance with CDC guidance.

A number of physicians noted the acuity of patients presenting to their emergency departments has been higher over the past few weeks. Roundtable members believe that some of the public is fearful of going to an emergency room for non-COVID medical concerns and, because of that self-imposed delay, eventually present with more advanced conditions. As rural hospitals return to performing previously postponed necessary procedures, roundtable members shared how their individual hospitals are approaching screening and/or testing patients and caregivers. Physician leaders are aware of and working to lessen staff anxiety and potential burnout.

Overall, roundtable members are feeling more comfortable about their hospitals’ ability to understand and manage COVID-19. Nonetheless, many expressed concern about potential future spikes or secondary surges. One positive aspect of COVID-19 that physician leaders noted is that the pandemic has pushed their institutions to more quickly embrace the advantages of providing care through telehealth.

The Rural Physician Leaders Roundtable meets quarterly and is a “virtual” meeting using audiovisual conferencing. Physicians interested in joining the roundtable or who would like to learn more should contact WHA Medical Director [Mark Kaufman, M.D.](#)

Council Discusses COVID-19 Workforce Considerations

On May 8 WHA's Council on Workforce Development met by video. On the agenda: COVID-19 workforce considerations, federal and state legislative updates and sharing the challenges that the coronavirus outbreak continues to present to Wisconsin's hospitals and health systems.

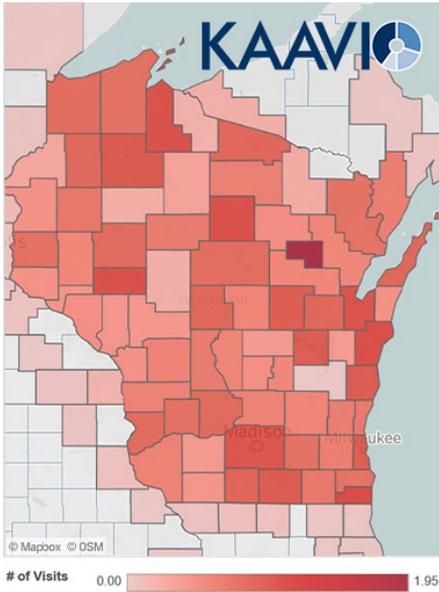
The Council expressed appreciation for the regulatory, legislative and funding strides WHA has made, including liability protections, waivers, hospital funding and telehealth parity, but noted there is more work to be done.

Top challenges expressed by council members include continued PPE and disinfectant shortages, COVID-19 testing reagent shortages and delays, and how these shortages impact their workforce, workflows and the ability to resume care and services that have been deferred due to the COVID-19 pandemic.

WHA Celebrates National Hospital Week

All week long, WHA has celebrated National Hospital Week, which started on Sunday, May 10. Various messages on WHA's multiple social media platforms have honored Wisconsin's hospitals, health systems, staff and volunteers. While it's nice to have the chance to celebrate a special week, we know Wisconsin's nation-leading health care system is a daily benefit to our families and our communities.





Bicycle Injury Awareness

May is National Bike Month. It's the perfect time to get out and ride with your family and friends. But be careful! According to the WHA Information Center, in 2019, there were 4,904 ER visits in Wisconsin hospitals due to a bicycle-related injury. The map is showing the number of visits per 1,000 population.



36.9 percent of the total visits occurred in children ages 5-14, 15.8 percent in young adults ages 15-24, and 25.1 percent in adults ages 45 and older. Men accounted for 70.9 percent of those visits.

For more information on bicycle safety, visit: www.cdc.gov/motorvehiclesafety/bicycle/index.html.

CELEBRATING 100 YEARS

National Hospital Week

National Hospital Week has been a health care tradition since 1921.



National Hospital Day was first observed on May 12, 1921, which would have been Florence Nightingale's 101st birthday. The publicity campaign was devised by the managing editor of a trade magazine, *Hospital Management*, to boost citizens' confidence in hospitals following the 1918 Spanish influenza pandemic. The deadly flu epidemic caused the

deaths of approximately 20 to 30 million people worldwide, including some 675,000 Americans.

The event expanded to an entire week in 1953, and today every state celebrates National Hospital Week, which is sponsored by the American Hospital Association. This annual celebration serves as a reminder that hospitals are foundations of the communities that built them and nurture them, and that hospitals serve people in every community from all walks of life. Hospitals are open 24/7, 365 days a year.

This ad from the Dunn County News from May 4, 1955 is selling jewelry and furs for Mother's Day. It also incorporates a shout out for National Hospital Week with some stats for the local hospital: Memorial Hospital in Menomonie.



ter, Arlene, now Mrs. Lowell of Milwaukee, visited Sunday at the home of Mrs. Ritter's cou

ANSHUS
To Enrich Every Day of Her Life
ON MOTHER'S DAY GIVE HER

MAY 8 SUNDAY MOTHER'S DAY

A Nice Piece of Jewelry
Ear Drops, Necklaces, or a nice Birthstone Ring.
We have watches of all makes—a special at \$19.95
ENGRAVING DONE FREE!

ANSHUS Jewelers
Your Store of Fine Gifts
MAIN AT 3rd MENOMONIE

National Hospital Week
May 8 to 14
"The average daily census at the Memorial Hospital in Menomonie during 1954 was 33."

Schlammpp Furs

Bring Your Furs Here On or Before
THURSDAY MAY 12th
for world-famous
Fur-Freez FUR STORAGE
costs no more than ordinary storage

LET SCHLAMPP'S Refashion Your Furs
Schlammpp's talented fur designers will restyle your old fur coat into a wonderful, year-round little fur. Consult Schlammpp's representative.
Cape ... \$39 Stole ... \$35 Jacket ... \$59

CASSEL'S

National Hospital Week
May 8 to 14
"Did you know that—460 babies were born at the Memorial Hospital in Menomonie during 1954?"

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“COVID-19 continues not to stress the health care system in any really urgent way,” said WHA President Eric Borgerding, even as expanded testing shows more people positive for the virus.

A more important factor, he said, is how many of those virus-positive people wind up in the hospital.

“The state’s COVID-related hospitalization rate has been trending downward,” Borgerding said in a Thursday interview. “It fell quite a bit after the initial surge, and it’s been relatively flat for about two weeks. Over the last few days it’s been dropping. That’s all good news.”

While the WHA and its 130 or so member hospitals must meet recently-announced “gating” measures established by the state Department of Health Services and the state Emergency Operations Center, Borgerding said he’s confident the system will be able to do so.

“When the new data are posted, I feel pretty good they will be green,” he said.

Two key metrics are being able to operate under established crisis conditions and concentrated testing of staff who deal with patients. Borgerding said Wisconsin hospitals have stayed under the “crisis” bar and should have little trouble testing patient-facing staff. A bigger problem, he said, is making sure those health systems have enough personal protective equipment.

Like many other businesses and institutions in Wisconsin and across the nation, hospitals and health systems have taken financial hits as a result of the COVID-19 outbreak. Some might ask, “How can that be if the federal government is shipping billions of dollars to hospitals to combat the outbreak?”

It’s because those hospitals were ordered to stop doing just about everything else by the federal Centers for Medicare & Medicaid Services, not state government, and the COVID-19 reimbursement dollars don’t cover all related costs.

With other services and procedures delayed or still not available for CMS reimbursement, Wisconsin health systems have forfeited about \$2 billion in revenue over the past two months. Many have laid off staff that can’t be used to carry out non-urgent or elective procedures.

It would be understandable if hospitals were swamped, unsafe and unable to take on delayed procedures or services, but they’re not.

“There’s a distressing byproduct to the ‘COVID journey,’ which is the impact of the perception that hospitals are overrun, unsafe or infected,” Borgerding said. “Hospitals and clinics are safe. People can feel confident in that, and we hope that message gets out.”

Borgerding said hospitals generally welcome independent metrics measuring quality and safety, because they will help “dispel that inaccurate perception of hospitals and clinics not safe at this time.”

Empty surgical suites and clinics is not just a financial challenge for hospitals and health systems, but a health care issue.

When medical procedures that were otherwise deemed serious are delayed for too long, other health issues surface. Hip replacements, bad backs and much more can only wait so long before people begin to suffer from ailments that have nothing to do with COVID-19.

“Hospitals have never stopped treating emergency, urgent and critical care needs,” Borgerding said. “Patients should not be hesitant now to pursue preventive and diagnostic care, either, especially to maintain their health.”

Health care workers across Wisconsin and beyond have worked wonders during the COVID-19 surge. It’s time to let them get back to work helping people with other health issues, as well.

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- DHS implementation of hospital 1135 waivers granted by CMS, including critical access hospital and other bed expansion.
- Temporary medical liability changes enacted in Act 185.
- Medicaid policy changes regarding telehealth detailed in Act 56.
- A temporary expedited process to license recently retired and out-of-state health care professionals enacted in Act 185.

Regarding next steps by the Governor and Legislature, many expect that DHS will begin the process to establish emergency rules to replace at least some parts of the safer-at-home order and the Badger Bounce Back plan. However, the Legislature has a role in the rulemaking process; thus, there is likely to be a negotiation between the Legislature and the Governor on next steps for any replacement of COVID-related restrictions that were in the safer-at-home order or the Badger Bounce Back plan.

WHA will continue to closely watch and act as necessary as new details, interpretations and developments warrant. In the meantime, please feel free to contact WHA if you have any questions.