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EDUCATIONAL EVENTS

December 15, 2020
The Pursuit of Happiness: Methods vs. Mythology
 Webinar

December 16, 2020
Enhancing Resilience: Survival of the Kindest
 Webinar

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Frontline Wisconsin Health Care Workers Appeal for Safe Practices

New Stop the COVID Spread! coalition message draws upon experiences of overwhelmed health care workforce

“We need your help.” That’s the underlying message from statewide health care workers in the latest “Stop the COVID Spread!” coalition public education announcement that began airing on broadcast TV, radio and digital platforms throughout Wisconsin this week. The new ad—the sixth put out by the coalition—comes as Wisconsin continues to face unrelenting COVID-19 case counts with hospitals throughout the state operating near or at full capacity.



Sumithra Tirunagaram, MD, from Marshfield Clinic in Stop the Covid Spread! coalition’s latest PSA

Health care providers featured in the new coalition message include Bellin Health, Marshfield Clinic Health System and UW Health, uniting to deliver a joint plea to the public to help curb the spread of the virus: “We’re on the frontlines. It’s our job to save lives and get people better. But fighting this pandemic puts our families at risk, too. We need your help. Mask up, wash your hands, and if you go out, stay at least six feet apart. Please, do this for your family, and ours.”

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WHA Physician Leaders Council Discusses Political Landscape, COVID-19, Physician Leadership Development

Incoming Wisconsin Hospital Association (WHA) Chief Medical Officer Christopher Green, MD, joined the Physician Leaders Council (PLC) meeting on Dec. 7 to discuss wide-ranging topics affecting Wisconsin’s health care system, including a potential physician leadership development program for WHA members.

WHA Senior Vice President of Government Relations Kyle O’Brien reflected on election results and their implications for health care and WHA members. O’Brien reviewed both the state Assembly and Senate election results as well as the various issues being adjudicated in the courts. He gave an overview of WHA’s leadership role in the “Stop the COVID Spread!” coalition and in encouraging politicians from both sides of the aisle to unite behind a shared message encouraging Wisconsinites to wear masks, physically distance and practice good personal hygiene. O’Brien expressed his appreciation for the many WHA member physician leaders who

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participated in the virtual Incident Command briefing that was open to legislators. Many participants expressed how helpful it was for them as policymakers to better understand the urgent clinical issues facing health care providers.



WHA staff including Senior Vice President of Workforce and Clinical Practice Ann Zenk, Vice President of Policy Development Laura Rose, Chief Quality Officer Beth Dibbert and Chief Medical Officer Mark Kaufman, MD, led a conversation on COVID-19-related issues facing WHA members and the health care workforce. Zenk discussed the changing guidance on health care workforce quarantine, the use of rapid antigen testing, the expanding clinical scope of the Alternate Care Facility in West Allis and the state's efforts to increase staffing resources for hospitals and to continue licensure reciprocity for out-of-state licensed professionals. Rose summarized DHS' efforts to increase funding for nursing homes as a way to facilitate the timely discharge of patients with COVID-19 from hospitals, as well as changes to the Medicaid program to do the same. Dibbert summarized the current and very dynamic status of what we know about federal and state plans for delivering and allocating COVID vaccines.

In follow-up to a discussion at an earlier WHA board retreat, WHA staff have been evaluating the potential to partner with an external entity to implement a physician leadership development program for WHA members. PLC members heard the outlines of one such program and provided feedback as to what would be most helpful to physician leaders in their organizations. Participants agreed that including non-physician colleagues in any such program would be the best approach. One PLC member suggested having separate cohorts for early physician leaders versus senior physician leaders.

CMS Releases Final Physician Fee Schedule Rule for Calendar Year 2021



On Dec. 1, the Centers for Medicare & Medicaid Services (CMS) released the annual Physician Fee Schedule (PFS) final rule that includes updates on policy changes for Medicare payments under the PFS, and other Medicare Part B issues, on or after Jan. 1, 2021. Below are some of the highlights of this year's final rule.

Conversion Factor

In comments to CMS on the proposed PFS rule, both the Wisconsin Hospital Association (WHA) and American Hospital Association (AHA) urged CMS not to impose the significant cut in the PFS conversion factor. However, CMS maintained this cut in the final rule. The final 2021 PFS conversion factor is \$32.41, a decrease of \$3.68 from the 2020 conversion factor of \$36.09. This represents a net decrease in the conversion factor of 10.20% in calendar year (CY) 2021. The PFS conversion factor reflects the statutory update of 0% and the budget-neutrality adjustment, as required by law, necessary to account for changes in relative value units and expenditures that would result from finalized policies. This decrease in the conversion factor, coupled with increased reimbursement for primary care and chronic disease management, has resulted in payment cuts to certain specialties to maintain budget neutrality.

Under the final rule, CMS increased reimbursement for primary care and chronic disease management services, including many services that are similar to evaluation and management office visits such as maternity care bundles, emergency department visits, end-stage renal disease capitated payment bundles and physical and occupational therapy evaluation services.

The services for which reimbursement is decreased to maintain budget neutrality include reimbursement for chiropractors, nurse anesthetists and anesthesia assistants, and radiologists, who all saw their reimbursement drop by 10%, while pathologists and physical and occupational therapists received a 9% cut. Anesthesiologists, cardiac surgeons, interventional radiologists, nuclear medicine physicians and thoracic surgeons all received an 8% pay cut.

Telehealth

Since the beginning of the public health emergency for COVID-19, CMS has added 144 telehealth services such as emergency department visits, initial inpatient and nursing facility visits, and discharge day management services, that are covered by Medicare through the end of the public health emergency. In this final rule, CMS is adding more than 60 services to the Medicare telehealth list that will continue to be covered beyond the end of the public health emergency (PHE), and CMS will continue to gather more data and evaluate whether more services should be added in the future. Category 1 services are added permanently; newly-created Category 3 service were added during the public health emergency for COVID-19 for which there is likely to be clinical benefit when furnished via telehealth, but for which there is not yet sufficient evidence available to consider the services as permanent additions. New Category 1 telehealth codes can be found [here](#); new Category 3 telehealth codes may be found [here](#).

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Several other changes were made in the rule regarding delivery of telehealth services, including a clarification that licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists and speech-language pathologists can furnish brief online assessment and management services as well as virtual check-ins and remote evaluation services.

Quality Payment Program

- *Merit-Based Incentive Payment System (MIPS) Alternative Payment Model (APM) Performance Pathway* – One of the more significant changes in the rule’s Quality Payment Program (QPP) provisions is creating a new MIPS APM Performance Pathway (APP). For CY 2021, CMS will sunset the MIPS APM scoring standard and replace it with the MIPS APP. To qualify for the APP, clinicians and groups will be required to report on a common set of six quality measures reflecting patient experience, diabetes control, depression screening and hospital admissions and readmissions. This requirement will apply to APP participants regardless of the APM model in which they participate, although WHA opposed that provision in its comments to CMS, stating that requiring all MIPS APMs to report on the same six quality measures would be a misguided, “one size fits all” policy that fails to improve upon current policy.
- *Category Weights* – For the CY 2021 performance period, CMS will lower the weight of the quality category to 40% and raise the weight of the cost category to 20%. By law, the cost and quality categories must be weighted equally (i.e., 30% each) starting with the CY 2022 performance period.
- *MIPS Value Pathways (MVPs)* – Last year, CMS adopted a framework for MVPs. Built over time, MVPs would organize the reporting requirements for each MIPS category around specific specialties (e.g., ophthalmology), treatments (e.g., major surgery) or other priorities (e.g., preventive health). CMS intended to propose specific MVPs in this rule to implement starting in CY 2021. WHA is pleased to note that CMS has deferred the proposals in light of the COVID-19 pandemic.

Medicare Shared Savings Program (MSSP)

- *Quality Measures* – CMS finalizes its proposal to require accountable care organizations (ACOs) to report the same six measures used in the new MIPS APP (described above under the QPP). However, ACOs will not be required to report the MIPS APP measures until the CY 2022 performance year. For the CY 2021 performance year, ACOs will have the option of reporting either the MIPS APP measure set or the MSSP’s current measures.
- *Web Interface Reporting Option* – As recommended by WHA, CMS will retain the CMS web interface reporting option for CY 2021 to allow ACOs to report the current MSSP measure set if they opt to do so.
- *Extreme and Uncontrollable Circumstances* – CMS notes that the MSSP extreme and uncontrollable circumstances policy applies for the CY 2020 performance period due to the COVID-19 pandemic. As a result, CMS is waiving the requirement to field the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and will grant all ACOs full credit for the CAHPS measures. In addition, the reporting of other quality measure data is optional for 2020.

For further information on the PFS final rule for CY 2021, contact WHA Vice President of Policy Development [Laura Rose](#).

WHA Calls on Congress to Pass COVID Relief as Part of Lame Duck



The Wisconsin Hospital Association (WHA) is calling on Congress to include much-needed relief for Wisconsin’s health care system in a lame duck COVID package.

In a [letter to Wisconsin’s congressional delegation](#) on Dec. 3, WHA President and CEO Eric Borgerding described how taxing the fall spike in hospitalizations has been on Wisconsin’s health care system and detailed the need for additional support, noting, “Our frontline workers are burnt out, working seemingly never-ending shifts and caring for more patients with fewer staff due to the sustained high level of community spread. Some of our hospitals and health systems have reported more than one-fourth of their workforce out on quarantine or isolation at any given time.”

Borgerding called on Congress to prioritize four main areas to help keep Wisconsin hospitals and health systems strong throughout the many remaining challenges of the pandemic:

1. Flexibility in spending Provider Relief dollars as well as additional funding on an application basis for hospitals who need it most;
2. Additional federal matching Medicaid (FMAP) support to help stave off a projected deficit in the upcoming state budget that could negatively impact Medicaid providers;

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3. Congressional action to permanently remove the Medicare telehealth geographic and originating site restrictions, even after the COVID public health emergency ends; and
4. Funding for testing, tracing, vaccine distribution, and sustained public health infrastructure. This is important, as much of the CARES Act state assistance dollars for these efforts ends on Dec. 31.

WHA also sent out a Hospital Education & Advocacy Team (HEAT) alert on Dec. 7 calling on Wisconsin hospital and health system leaders to amplify these concerns and share their unique stories about the challenges and impact of COVID-19.

With Congress slated to run out of funding for federal programs on Dec. 11, recent developments suggest the body will pass a short-term, one-week extension to fund the government while it continues to negotiate a COVID relief package. Leaders on both sides of the aisle seem to have settled on a spending package of around \$900 billion, but disagreement remains surrounding including liability protections and the appropriate level of state and local government aid. States like Wisconsin have relied on this funding for their testing and contact tracing efforts and will utilize part of it for vaccine response as well. However, current funding runs out on Dec. 31, warranting additional federal funding.

WHA continues to maintain close communication with our congressional delegation as talks in Washington progress. For additional details, contact WHA Vice President of Federal and State Relations [Jon Hoelter](#).

To receive WHA's HEAT Action Alerts and important public policy updates, [sign up for HEAT](#).

Register Today for WHA's On-Demand Learning Opportunities



The Wisconsin Hospital Association (WHA) is offering two self-study training modules in December. Descriptions for each are featured below, along with registration links.

Click on the below titles to register for these self-study training modules. For questions on these or any WHA education offering, contact us at education@wha.org.

[Chargemaster Coding Updates and Implementation for 2021: Self-study module series](#)

This Webex Modules Series will consist of 8-10 modules (depending upon the number and extent of changes effective Jan. 1, 2021) by clinical department (or grouped such as Cardiology, Cardiac Cath and Interventional Radiology, as an example). Each registrant will receive:

- Memo of the 2021 CDM Updates effective Jan. 1, 2021;
- Link to download the clinical/department presentations;
- Webex Modules to access and download the recordings that sync with the presentations;
- AAPC Continuing Education Credits (2 hours); and
- Updated master presentation, if any changes or updates.

Learning materials will be sent to all registrants as soon as the vendor makes them available to WHA. We anticipate this occurring by the week of Dec. 14.

[Critical Access Hospital Conditions of Participation 2020: Ensuring Compliance – Recorded Webinar Series](#)

Every hospital should be prepared in case a surveyor shows up at your door tomorrow. This four-part webinar will cover the entire Critical Access Hospital Conditions of Participation manual. It is a great way to educate all staff in your hospital on all the sections in the CMS hospital manual, especially ones that apply to their departments. Hospitals have seen a significant increase in survey activity by CMS along with an increase number of deficiencies. Common deficiencies and how to avoid them will be discussed. Hospitals will learn how to do a gap analysis to increase compliance. There are many changes in 2020 from the 600 pages of CMS new discharge planning and Hospital Improvement Rules. These address:

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- Requirements for the antibiotic stewardship program;
- Access to medical records;
- QAPI;
- Infection control;
- Policy review every two years;
- Emergency preparedness;
- Credentialing of the dietician;
- Quality and appropriateness of the diagnosis;
- Four changes to the swing bed requirements;
- And more.

Learning Modules and supporting materials will be sent to you within a day of registration.

Stroke Systems of Care Collaborative

The Wisconsin Hospital Association (WHA) is hosting a virtual Stroke Systems of Care (SSoC) Collaborative. The aim is to help rural and critical access hospitals across Wisconsin develop stroke systems of care that meet standards for achieving Acute Stroke Ready Hospital criteria and achieve better outcomes for stroke care.

Each session will be led by subject matter experts actively working in the field, with demonstrated success implementing innovative processes. Networking sessions will be offered for participants to partner with SSoC experts and peers.

The collaborative will launch on Jan. 21, 2021, and continue to meet regularly on most Thursdays through April 8, 2021.

This collaborative is open at no cost to Wisconsin hospitals, with a focus on SSoC for rural and critical access hospitals serving rural communities. Hospital stroke teams are encouraged to participate. This may include hospital leadership, providers, nursing staff, EMS, emergency department, stroke team leaders and representatives from all departments who provide care to stroke patients.



This free webinar series is sponsored in part by the Wisconsin Coverdell Stroke Program at the Wisconsin Department of Health Services. Funding for the stroke program is made possible by the Paul Coverdell National Acute Stroke Prevention Program at the Centers for Disease Control and Prevention.

Additional details will be shared soon. For more information or for questions, contact Jill Lindwall at jlindwall@wha.org.

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The real-life perspectives shared in the spot are those of Chelsea Rangel, RN, and Hilary Faust, MD, from UW-Health; Sumithra Tirunagaram, MD, and respiratory therapist Karen Masanz, from Marshfield Clinic Health System; Jessie Schaumberg, RN, and Paul Casey, MD, from Bellin Health.

“While news of forthcoming COVID-19 vaccinations is encouraging, we need to remain vigilant in practicing safe behaviors to curtail virus spread,” said WHA President and CEO Eric Borgerding. “Our frontline health care heroes need your help, as their ability to provide care to our loved ones and neighbors is being strained. Overcoming this health care crisis requires all of us working together.”

Since its launch in October, the “Stop the COVID Spread!” coalition has grown quickly to include more than 125 of Wisconsin’s leading health care, business and advocacy organizations. The organizations have joined together in a campaign to educate the public about the seriousness of the growing crisis in Wisconsin and the critical and growing need for preventive measures.

You can watch the full video at: <https://youtu.be/GIRW7xTyhDM>

For more information about the Stop the COVID Spread! coalition and the importance of safe behaviors for both public and state economic health, visit www.wha.org/stopthecovidspread.



Building a Workforce to Support Integrated Health Care Delivery



Early in the decade, the Wisconsin Hospital Association (WHA) workforce agenda focused on a [“Grow Our Own” workforce strategy](#). As the decade, and health care, progressed, so did WHA’s workforce agenda. In addition to “Grow Our Own,” WHA and its members have been focused on building a workforce that supports highly integrated health care delivery. This workforce strategy necessarily has many components aimed at supporting members’ work beyond the traditional walls of the hospital.

One element of the WHA strategy that remains is WHA-crafted “Grow Our Own” training grants, which are part of the multi-stakeholder Wisconsin Department of Health Services (DHS) Health Care Workforce Initiative. The grants spur public-private partnerships working to increase Wisconsin’s health care workforce. The state-funded grants became law in 2013 and were updated in 2019. Funding through the Health Care Workforce Initiative’s Graduate Medical Education (GME) grant program has supported the creation of 10 new residency programs and expansion of an additional 10 programs. These new and expanded programs will train an estimated 151 new physicians in Wisconsin by 2024.

The “Grow Our Own” Equation



Now reflecting the emphasis on integrated delivery, the focus of the grant program has broadened. “In 2019, WHA asked the state to include additional in-demand specialties beyond the original primary care specialties in the physician residency grants, and that change was made in the fiscal year 2019-21 Wisconsin state budget,” noted WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk. In 2020 alone, DHS awarded matching grants totaling more than \$3.1 million to help rural hospitals, health systems and educational entities train more physicians, advanced practice clinicians (APCs) and allied health professionals.

WHA also has been working to support integrated care by developing the available workforce, such as by enabling APCs to practice at the top of their licenses in Wisconsin. Those efforts have included working with the Legislature, practitioner examining boards and the Medicaid program to prevent state statutes, regulations and policies from unnecessarily restricting practitioner scopes of practice and modes of care delivery.



WHA VP of Workforce and Clinical Practice Ann Zenk testifies in the State Capitol alongside WHA members on Interstate Medical Licensure Compact legislation.

Another key component of WHA’s integrated health care delivery strategy is the WHA Physician Leaders Council. In 2014, WHA established the council to tap into the significant resources and perspectives that WHA-member physician leaders bring to Wisconsin’s health and hospital systems. The council has addressed a number of issues and provided significant input to support WHA’s efforts. For example, WHA took a leadership role in advancing the Interstate Medical Licensure Compact to speed up the physician licensure process. WHA developed additional language that was included in the compact legislation to address potential concerns identified by the council. The council also

provided input on the Prescription Drug Monitoring Program and WHA’s telemedicine agenda.

WHA’s workforce agenda, of course, has been affected by COVID-19. Hospitals and health systems have needed the Wisconsin health care workforce to increase quickly to care for the surge of patients requiring all levels of care. WHA worked with the Legislature, the administration and state agencies to establish a streamlined process that allows some practitioners licensed in other states to care for Wisconsin patients. Some of the process changes support integrated care delivery; WHA continues to pursue certain flexibilities on a more permanent basis to help grow the workforce and provide greater access to integrated care.

Although there is much uncertainty in health care today, it is certain that patient care needs and, thus, workforce demands and challenges will evolve over the next decade, as will WHA’s workforce agenda.