

February 25, 2021

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EDUCATIONAL EVENTS

March 12 (Virtual)
September 14-15 (In-person)
2021 Physician Leadership Development Conference

March 16
Key 2021 CMS Updates
Webinar

March 16
WHA Information Center Data Tools for Everyday Use - 2021 Virtual Bag Lunch Webinar Series
Session 1: How Healthy is Your Community? Webinar

WHA Board Receives State Vaccine Update, Discusses Supply and Demand Challenges

Timberlake says keep prioritizing 65+ population

Wisconsin Department of Health Services (DHS) Interim Secretary Karen Timberlake joined the Wisconsin Hospital Association (WHA) board of directors meeting on Feb. 18 to provide an update on the state's COVID-19 response and address questions from WHA members about Wisconsin's vaccination rollout. WHA leaders also recapped the association's 2020 outcomes and laid the groundwork for a productive 2021 with ambitious goals aimed at maximizing hospital and health system success.

Entering a New Phase

Interim Secretary Timberlake provided a progress update on Wisconsin's vaccine rollout, which continues to be challenged by demand that far outstrips supply. The good news is that vaccines are now getting into the arms of Wisconsinites at a much faster pace than a month ago. While it took 48 days to administer the first 500,000 doses of COVID-19 vaccine in Wisconsin, it took only 18 days to complete the next 500,000 injections.

Wisconsin is also benefitting from a slow, but steady increase in vaccine supply from the federal government. However, if the supply of vaccine coming into the state matched the existing capacity of Wisconsin vaccinators to deliver shots, we would be vaccinating our citizens four times faster than the current rate, Timberlake noted. This gap between capacity and vaccine supply means many hospitals and health systems are receiving far fewer doses than they are requesting, limiting vaccine appointment scheduling and in some cases forcing mass cancellations.

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Eric Borgerding: Hospitals Can Vaccinate Many More People, but Supply Isn't Keeping up with Demand

The following op-ed appeared in the Feb. 20 and 21, 2021, print and web editions of the Wisconsin State Journal.

Just as they are doing with COVID testing, Wisconsin hospitals and health systems are again playing a critical role in the state's response to the pandemic. They are administering hundreds of thousands of COVID vaccines to Wisconsinites, with the capacity to vaccinate many thousands more every single day.

So why are appointments for vaccinations being cancelled and delayed? The answer is frustratingly simple—not enough vaccine is coming into Wisconsin.

Hospitals, health systems, clinics and pharmacies requested 340,000 first doses of vaccine—just for last week, according to state officials. But only a fraction of those requests—71,000 doses—were fulfilled.

Vaccine supplies are expected to improve a bit in the near term. That is good news. But supplies will still fall short of demand, even as hospitals and others keep working

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Register for WHA Physician Leadership Development Conference Virtual and In-Person Events

In response to attendee feedback and continued prohibitions on public gatherings, the Wisconsin Hospital Association (WHA) is adapting its Physician Leadership Development Conference to include two distinct, but complementary professional development opportunities, one virtual and one in-person.

The Physician Leader Learning Day, a virtual conference, will take place March 12, 2021. The Physician Knowledge Sharing Event is planned as an in-person event in Kohler Sept. 14-15, 2021. Both events offer continuing medical education-certified instruction focused on developing leadership skills, while also providing a forum for discussion, networking and collegiality. Registration is inclusive of both sessions.



Complete event information and registration are available [here](#).

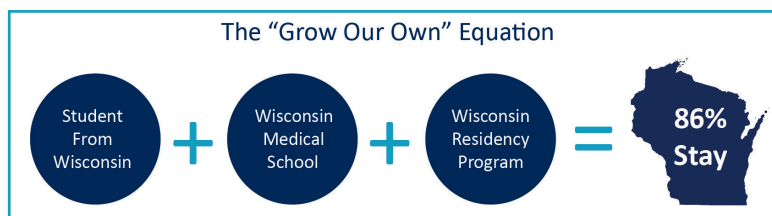
For questions regarding this event or any other WHA educational opportunity, email education@wha.org.

DHS Workforce Grants Available

WHA-created grants aim to boost “home-grown” health care talent in rural hospitals

The Wisconsin Department of Health Services (DHS) is now accepting applications for Graduate Medical Education (GME), Advanced Practice Clinician (APC) and Allied Health Professional (AHP) training grants—funding available as a result of Wisconsin Hospital Association (WHA)-proposed “Grow Your Own” solutions to the state’s health care workforce shortage.

DHS Workforce grants are aimed at helping hospitals and health systems seeking to expand training opportunities in rural areas and high-demand occupations and draw upon WHA’s “86% equation,” which shows that Wisconsin students who attend medical school here and fulfill a residency here have an 86% chance of staying in the state to practice. As of December 2018, 91% of Wisconsin Academy of Rural Medicine graduates practice in Wisconsin.



APC grants expand clinical training opportunities for physician assistants and advanced practice registered nurses in rural Wisconsin in order to increase access to health care in rural areas. The APC grant period is one year, with a maximum grant amount of \$50,000.

AHP grants expand education and training opportunities for individuals in high-need, high-demand allied health occupations in order to support rural hospitals and clinics in meeting the need for qualified professionals. Grants are for one or two years, with a maximum grant amount of \$125,000 per year.

GME development grants assist rural hospitals and groups of rural hospitals in developing accredited GME programs in a range of medical specialties needed in rural communities. Grants may also be used to establish new fellowship programs or to develop rural tracks. The maximum total amount is \$750,000 for up to three years.

Information on each of these grants will be available on the [DHS website](#) on March 1. Applications for APC and AHP grants are due May 7. Applications for GME grants are due April 16.

WHA members are encouraged to access these state resources made available by WHA-backed legislation, effectively implemented by DHS and successfully utilized by hospitals and health systems across the state. WHA Vice President of Workforce and Clinical Practice [Ann Zenk](#) is available to answer questions and support your application process.

DQA Notifies Hospitals, Others of Entity Background Check Requirements and Deadline

CMS extends survey limitations

The Wisconsin Division of Quality Assurance (DQA) is conducting required four-year renewals of entity background checks of hospitals, nursing homes and other entities subject to its licensing requirements. All entities that are subject to the requirements must submit an online application for an entity background check by May 3, 2021.

An application, which includes a background information disclosure (BID), must be submitted for the license holder or legal representative; principal officers, corporation or board members if those persons have regular, direct contact with clients; and certain non-client residents. [DQA's memo](#) provides important details and explains the steps entities must complete to comply with the entity background check renewal requirements. Background checks are different from employee and contractor background checks, which have a different process and should not be submitted to DQA.

Also this week, the Centers for Medicare & Medicaid Services (CMS) extended the hospital survey limitations for an additional 30 days, through March 22, 2021. As [previously reported](#) in *The Valued Voice*, CMS outlined survey limitations that began Jan. 20, 2021, in a memo to state survey agency directors. These included the following:

- Hospital complaint surveys will be restricted to immediate jeopardy complaint allegations, with CMS prioritizing onsite complaint investigations based on imminent danger to the patient, likelihood of noncompliance with the Medicare conditions of participation, and whether immediate action must be taken to protect the health and safety of patients.
- Hospital recertification surveys will be suspended except for a subset of hospital reaccreditation surveys.
- Hospital enforcement actions for deficiencies that do not represent immediate jeopardy will have their termination date extended for at least 30 days to remain consistent with the survey guidance.

A copy of the updated CMS memo with additional key details is available [here](#).

Webinar Series to Provide Training on WHA Information Center Tools

Educational workshops will help members leverage data for planning and decision making

The Wisconsin Hospital Association (WHA) is introducing a complimentary, virtual brown bag lunch webinar series for members to help them take advantage of tools and data available to them through the Wisconsin Hospital Association Information Center (WHAIC).



The *Data Tools for Everyday Use* series will include short presentations designed to equip attendees with actionable information that will help them apply WHAIC tools to their daily work. Time will be allowed in each session to answer participant questions. Registration is open for the first two *Data Tools for Everyday Use* webinars:

[How Healthy is Your Community?](#)

March 16, 12:00-12:30 p.m.

This members-only webinar will highlight a new interactive resource developed by WHAIC to assist hospitals and communities complete their tri-annual Community Health Needs Assessment (CHNA). This tool utilizes claims data collected by WHAIC and data from the U.S. Census Bureau's American Community Survey (ACS) to help identify a community's health challenges, down to the census tract level. Attendees will learn how to incorporate this mapping tool into their CHNA planning process. For more information and to register, [click here](#).

[How has COVID-19 Impacted Your Facility? A Year-Over-Year Comparison](#)

May 19, 12:00-12:30 p.m.

The COVID-19 pandemic has undoubtedly affected your health care facilities performance. This member-only webinar will help attendees quantify the pandemic's effect on their bottom line by using WHAIC's COVID-19 Impact Dashboard to compare and contrast year-over-year data related to 2019/2020 charges and volumes. For more information and to register, [click here](#).

These WHAIC webinars will kick off a monthly schedule of educational opportunities for WHA members which includes the following future topics.

July - Understanding Your Charges in a New Era of Transparency

September - Answering Your Business Questions: Kaavio Part 1

November - Utilizing Quick Reports and Specialized Dashboards: Kaavio Part 2

December - Decision Making at Wisconsin Rural Hospitals Utilizing the SHIP Rural Health Dashboard Suite

For more information on these and other WHA educational offerings, visit wha.org/EducationandEvents.

Scholarships Available for Clinical Simulation Training

The Wisconsin Hospital Association (WHA) Foundation is offering up to 20 scholarships to member hospitals for interdisciplinary teams to participate in clinical simulation training focused on stroke, severe sepsis/septic shock or high-risk obstetrics delivery.



The WHA Foundation has agreements with two high-fidelity Wisconsin clinical simulation labs for these training sessions. The deadline for scholarship application is March 26. Information on scholarship eligibility and lab locations is available along with the scholarship application [here](#).

Questions can be directed to WHA Foundation Executive Director [Leigh Ann Larson](#).

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Still, Timberlake stressed the need to continue to “diversify the front door” to maintain a strong bullpen of vaccinators who are ready and able to deliver shots safely, efficiently and equitably as currently approved manufacturers ramp up production and new vaccines enter the market. Any vaccinators added to DHS’s database at this point likely will not receive vaccine until more supply is made available to the state.



DHS Interim Secretary Karen Timberlake speaking at WHA's board meeting Feb. 18.

Managing expectations of both vaccinators and the public is and will continue to be critically important, said both Timberlake and WHA members during the dialogue, especially as new eligible populations are added to Wisconsin’s vaccination program on March 1. This new phase will include education and childcare, individuals enrolled in Medicaid long-term care programs, some public-facing essential workers, non-frontline health care essential personnel, and facility staff and residents in congregate living settings.

Anticipating concerns by WHA board members about moving onto new populations while a significant number of Wisconsinites aged 65 and older remain unvaccinated, Timberlake explained that DHS’s vaccination strategy involves adding new eligible populations when first doses for a currently eligible

population reach 50%. She also stressed that DHS’s “units of measure” for its strategy are counties, which is likely different than how hospitals look at their populations. She noted that progress toward vaccinating the 65+ population varies across the state, with some counties reaching 70% of this eligible group and others registering only 30%.

Opening vaccine eligibility to new populations will raise expectations that will likely increase pressure on Wisconsin hospitals to administer vaccines faster than supply allows, WHA leaders noted. Timberlake stated that the over-65 population should continue to be prioritized. DHS’s messaging on this next phase will emphasize that while the window for these new populations will open on March 1, it may be late-March or even April before newly eligibles are able to get their first dose. With respect to educators, DHS is considering setting aside doses for this group so that the prioritization of this population does not fall on health care providers. Vaccinators will be informed about details of this strategy when it is finalized.

Timberlake assured WHA board members that she heard their concerns and that managing the general public’s expectations was the department’s responsibility, and that this would begin right away. “I can’t promise you that it’s not going to be a little bumpy..., but we understand the need to get out ahead of it and try to set expectations at the state level,” she said. “So, we are committed to doing that.”

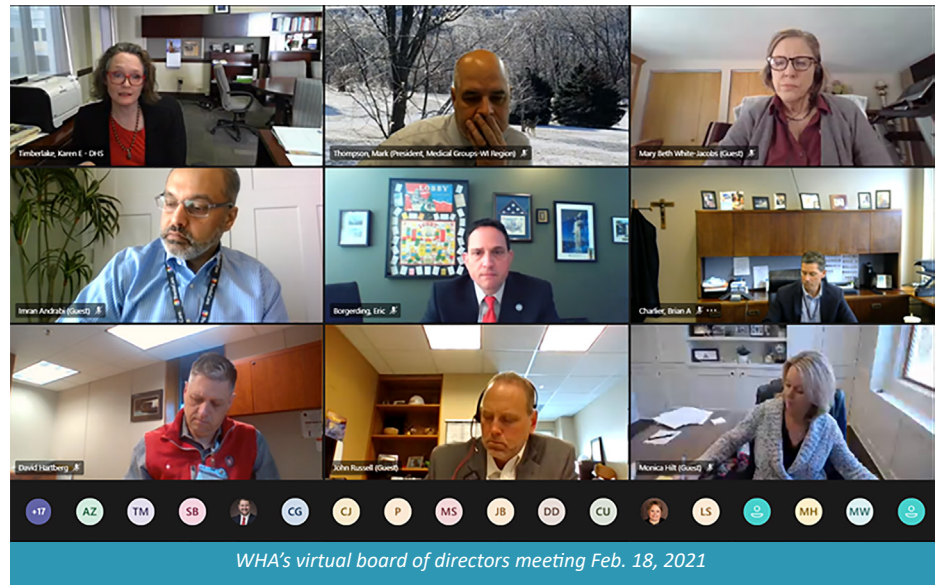
In addition to continuing to maintain an open dialogue with DHS to share hospital and health system feedback on the state’s vaccination strategy, WHA President and CEO Eric Borgerding said WHA would seek opportunities through earned and owned media to draw attention to the time, energy and resources hospitals and health systems invested in building up their vaccination capacity, which remains frustratingly underutilized due to a shortage of supply from the federal government. Moving quickly on this strategy, just two days after the board meeting WHA drafted and placed an [op-ed](#) in the *Wisconsin State Journal* highlighting the readiness of Wisconsin hospitals and health systems to administer far more vaccines than they are currently receiving and calling for increased urgency from those in charge of vaccine production and distribution.

WHA 2020 COVID Response Lays Groundwork for Ambitious Advocacy Goals in 2021

“COVID in 2020 caused WHA to redefine and expand what our advocacy role means,” said Borgerding in his report to the board. “While maintaining an effective and robust lobbying and public policy-focused advocacy role, we’re now going much beyond that.”

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Among the major accomplishments Borgerding highlighted over the past year were the association's routing of COVID-19 relief to Wisconsin hospitals, including \$1.1 billion in CARES Act Provider Relief Funds; \$40 million in Wisconsin state grants, and \$3.5 million in Assistant Secretary for Preparedness Response (ASPR) funding. This was critical help given the massive drops in patient utilization and revenue hospitals experienced in the spring and summer of 2020, and still are experiencing today. Continuation of the regulatory relief that was granted to hospitals to deal with the pandemic will be a focus of WHA's advocacy work going forward. WHA has also played and will continue to play the lead role, Borgerding noted, in lobbying elected officials to enact sensible COVID legislation, a point WHA Senior Vice President of Government Relations Kyle O'Brien expanded upon in his report.



WHA also significantly ramped up its communications capabilities and efforts in 2020, advocating for hospitals through high-profile paid media and public relations campaigns focused on hospital safety and fighting "COVID stigma," as well as COVID-prevention measures needed to stop virus spread. "We have not shirked any media opportunity that gives us the chance to message to the public on your behalf," said Borgerding.

WHA's authority on COVID and its impact on Wisconsin was further underscored in 2020 by the Wisconsin Hospital Association Information Center's (WHAIC's) online data dashboard related to daily COVID-19 hospitalizations and equipment capacity, which is nearing 1 million views to date.

Ongoing Legislative Priorities

In addition to stressing continued work on long-term policy advocacy and COVID-related legislative priorities, WHA Senior Vice President of Government Relations Kyle O'Brien provided an [overview of Governor Evers' budget bill](#). O'Brien also outlined WHA's involvement in [Attorney General Josh Kaul's behavioral health coalition](#). WHA Senior Vice President of Public Policy Joanne Alig provided an update on the WHA Public Policy Council Subcommittee on Public Health, formed as a result of challenges and opportunities identified for better coordination of efforts related to the state's pandemic response. WHA Director of Federal and State Relations Jon Hoelter provided an update on federal health care legislation, including a summary of a package that passed in December that included more funding for COVID testing, contact tracing and vaccine distribution and increased flexibility for spending CARES Act funding. Hoelter also provided an update on the Biden administration's priorities as they relate to fighting COVID and summarized the current \$1.9 trillion COVID relief package before Congress.

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to finish protecting people 65 and older, who make up 90% of COVID deaths. Less than half of this older population has been vaccinated in many Wisconsin counties, and phone calls and appointment requests to hospitals, clinics and health systems have not slowed down. Many of the more than 550,000 unvaccinated seniors in our state are reaching out for their turn. And on March 1, Wisconsin is scheduled to make another 650,000 people eligible to receive their first dose (of a two-dose vaccine), widening the gap between supply and demand.

Hospitals and health systems throughout Wisconsin have mobilized thousands of staff and allocated substantial funding, space, supplies, time and operational resources to schedule and administer vaccines very quickly. They have already vaccinated hundreds of thousands, including seniors, front-line health care workers and first responders. They are very ready and willing to vaccinate many thousands more. But instead, they are forced to cancel or not schedule thousands of appointments because vaccine supply and allocation is still falling far short of demand and capability.

The current situation is frustrating and confusing to those still waiting for a vaccine and a return to a more normal life. Dedicated health care providers that have marshalled the resources to get shots into arms as quickly and safely as possible share that frustration. To be sure, Wisconsin has made notable progress from where we started just a few months ago. Yet our state is held back by vaccine production and allocation. State officials are doing what they can to bring more doses here, but those decisions are ultimately made in Washington, D.C., and elsewhere.

Wisconsin's hospitals and health systems will continue giving as many vaccines as they get from the state. Until supply and distribution improve, they ask for patience from our communities and a stronger, more urgent response from those in charge of vaccine production and distribution. Hospitals and health systems are eager and able to serve their communities and vaccinate more of their patients—a lot more.

You can view the op-ed [here](#) or [here](#).