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EDUCATIONAL EVENTS

- November 17**
Skills and Best Practices for Administrative Excellence in Health Care Series - Session 4: Goal Setting for Personal and Professional Achievement
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Focus on DHE&I Diversity, Health Equity and Inclusion Best Practices Webinar
- November 19**
Health Care Aggression - In the Line of Duty Webinar

Assembly Committee Unanimously Moves Forward Hospital-at-Home Legislation

WHA, Health System Members Testify in Support of Assembly Bill 679



Dr. William (Bill) Melms testifies before the Assembly Health Committee alongside Andrea Hauser, RN, and Dr. Margaret Paulson.

Legislation repealing a sunset date originally inserted in 2021 Wisconsin Act 10 related to hospital-level services provided in a patient’s home cleared one milestone in the Assembly Health Committee by receiving unanimous, bipartisan support on Nov. 10. The legislation, Assembly Bill 679, was authored by Rep. Amy Loudenberg (R-Clinton) and Sen. Dale Kooyenga (R-Brookfield).

During a public hearing on the legislation, WHA Policy Counsel Laura Leitch and Senior Vice President of Government Relations Kyle O’Brien testified in support of this legislation. WHA said that the Acute Hospital Care at Home Program “remains a popular and important option for hospitals and their patients as hospitals continue to face capacity issues.”

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150 Members of Congress Push Back on Flawed CMS Surprise Billing Regs

On Nov. 5, a bipartisan coalition of 150 members of Congress sent a letter to the secretaries of the U.S. Department of Health and Human Services and the Treasury and Labor Departments pushing back strongly against the Surprise Billing [Interim Final Rule](#) (IFR) issued on Sept. 30.



Ron Kind



Glenn Grothman

As covered in a [past edition](#) of *The Valued Voice*, the IFR included a very controversial process for resolving billing disputes between insurers and providers. While the statute passed by Congress in the No Surprises Act established an independent dispute resolution (IDR) process that puts providers and insurers on an even playing field, the proposed IFR would establish a benchmark rate that would greatly tip the scales in favor of insurers, despite Congress explicitly rejecting such a process during surprise billing legislative deliberations in the 116th Congress.

The No Surprises Act statute passed by Congress allowed the median in-network rate to be just one piece of information gathered in the IDR process among many other

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factors, including the level of training, experience, quality and outcomes of the provider; the market share held by the provider and/or the plan; patient acuity; and teaching status, case mix, and scope of services of the provider. However, the IFR would make the median in-network rate the single most important factor, presumed to be the amount a provider should receive in IDR process.

The [letter](#), whose lead authors include Congressmen Brad Wenstrup (R-OH) and Tom Suozzi (D-NY), stated, “The parameters of the IDR process in the IFR released on September 30 do not reflect the way the law was written, do not reflect a policy that could have passed Congress, and do not create a balanced process to settle payment disputes. This approach is contrary to statute and could incentivize insurance companies to set artificially low payment rates, which would narrow provider networks and jeopardize patient access to care—the exact opposite of the goal of the law. We urge you to revise the IFR to align with the law as written by specifying that the certified IDR entity should not default to the median in-network rate and should instead consider all of the factors outlined in the statute without disproportionately weighting one factor.”

Congressmen Ron Kind and Glenn Grothman joined as signatories of the letter from Wisconsin’s congressional delegation. Both members have strongly supported allowing providers and insurers to negotiate on an even playing field and both serve on congressional committees that reviewed various surprise billing proposals in the 116th Congress.

WHA will continue to follow this issue closely and join efforts to push back against this flawed regulation that violates the federal statute. Contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) with questions.

Expert Instructors Bring the Business of Health Care to Life in WHA Health Care Leadership Academy

The inaugural [WHA Health Care Leadership Academy](#) brings together instructors with proven, real-world experience in a wide range of health care business topics.

From *Understanding and Navigating Ethical Issues in Health Care* to *Leading Health Care Teams in an Interprofessional Workplace* and using WHA Information Center (WHAIC) data to maximize operational performance, the topics covered in this five-month program beginning in February 2022 will help hospital leaders identify and execute new strategies to improve quality, contain costs and deliver effective health care services.

[WHA Health Care Academy instructors](#) include faculty from the Wisconsin School of Business Center for Professional & Executive Development as well as senior WHA and WHAIC leaders.

Ten \$1,750 scholarships for the WHA Health Care Academy are still available. [Learn more and register here.](#)

Wisconsin Hospitals State PAC & Conduit Exceeds \$300,000, 95% of Goal

The Wisconsin Hospitals State PAC & Conduit reached a new milestone, exceeding \$300,000 for its annual fundraising campaign. A total of \$309,607 has been contributed to date by 266 individuals. That is 95% of its goal of raising \$325,000 and 89% of the goal to engage 300 individuals in 2021.

See who made the 2021 contributor list on page 4.

“The Wisconsin Hospitals State PAC & Conduit had a great week with more than \$20,000 in new contributions for the annual campaign,” said WHA President and CEO Eric Borgerding. “Thank you to the 36 individuals who contributed this week and to all the 266 individuals who have contributed to date. If you have yet to contribute, the clock is ticking, so please make your 2021 contribution now. Join your peers and me to help keep health care in Wisconsin moving forward.”

The Wisconsin Hospitals State PAC & Conduit campaign runs through the 2021 calendar year, concluding on Dec. 31, 2021. Individuals can make a one-time contribution or set up a recurring contribution to spread out their commitment through the year.

To ensure inclusion on the next contributor list, individuals can make a personal contribution online at www.whconduit.com or by contacting WHA’s [Kari Hofer](#) at 608-268-1816 or [Nora Statsick](#) at 608-239-4535.



Help Shape Health Care Policy in Wisconsin by Joining a WHA Council or Committee

WHA invites members to join councils and committees focused on important issues affecting hospitals and health systems in Wisconsin. Council and committee participants develop proposed solutions to challenges facing WHA members and make policy recommendations to the WHA board of directors.

The following councils and committees are looking for member participation:

- Council on Finance and Payment
- Council on Public Policy
- Council on Rural Health
- Council on Workforce Development
- WHA Physician Leadership Council

Additional information, including council responsibilities and current member information, is available [here](#). To be considered for a WHA council or committee, [sign up online](#). Questions can be directed to WHA Executive Assistant [Kim Drone by email](#) or telephone at 608-274-1820.

MOVIN Program Promotes Ambulation to Fight Loss of Function Among Older Hospital Patients



WHA is collaborating with University of Wisconsin Institute for Clinical and Translational Research (UW ICTR) to support efforts in piloting an evidence-based program, MOVIN (Mobilizing Older adults Via-system-based Intervention), which improves patient ambulation and reduces risk for hospital-acquired disability in older adults.

Studies have shown up to 60% of adults aged 65 years or older lose their ability to independently ambulate during a hospital stay. MOVIN's developers, Barb King, PhD, RN, APRN-BC, FAAN, and Linsey Steege, PhD, created and tested an innovative model of care to address this significant issue.

Learn more about the MOVIN initiative [here](#). Contact WHA Clinical Quality Improvement Advisor [Jill Lindwall](#) or Chief Quality Officer [Nadine Allen](#) with questions or to enroll in the MOVIN program.

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Marshfield Clinic Health System Chief Medical Officer William Melms, MD, testified before the Assembly Health Committee on Assembly Bill 679 regarding the efficacy and success of Marshfield Clinic's home recovery program.

"Our patient satisfaction rate with home recovery is well over 90% positive," said Melms. "While not a silver bullet, this program is popular with patients, providing them the choice to be closer to their family while receiving care, while also helping us alleviate higher patient volumes and capacity issues due to COVID-19 and delayed care that has occurred over the last few years."

Gundersen Health System Vice President of Nursing and Patient Experience Andrea Hauser testified alongside Melms and Mayo Clinic Health System physician Dr. Margaret Paulson.

"Our first patient actually was so excited about her experience that she shared her story with our local newspaper," said Paulson about the first patient admitted into Gundersen Health System's hospital-at-home program. "She shared that waking up at home, in her own bed, with her own food, helped her to heal more quickly. This patient shared with us that she was able to take the time to heal, in her own home, with the supportive help of our clinical team."

Mayo Clinic Health System's Margaret Paulson, DO, who serves medical director for the system's hospital-at-home program, known as Advanced Care at Home, shared a story of a retired pastor in their community who had an infection that needed surgical intervention, but his family worried about his care at the hospital as the patient became delirious in settings outside his home. The care team, along with the patient and the patient's family, all agreed that a hospital-at-home option would be best for this patient.

"When he came home, this man cried tears of joy as he was brought up the sidewalk to his house. His confusion melted away within a few hours," said Paulson in her testimony to the committee. "We worked with his surgeon and team to ensure that this patient was getting all of the care he would receive in the bricks and mortar hospital, only in the comfort of his own home."

Assembly Bill 679 will need approval by the state Assembly and state Senate before moving on to Gov. Tony Evers for final approval.

If WHA members have questions about Assembly Bill 679 or state regulatory matters impacting acute care hospital-at-home programs, contact WHA Policy Counsel [Laura Leitch](#).