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Transgender Health Care Dignity Model and Certification Program
Webinar

December 9
22/23 SHIP Grant Options with WORH and WHAIC
Webinar

December 10
Chargemaster Coding Updates and Implementation for 2022
Self-study module series

Wisconsin Hospitals Delivered Nearly \$1.9B in Community Benefits in 2020

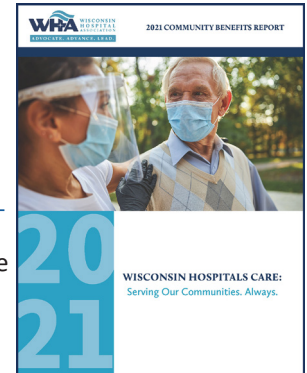
Pandemic response underscores and extends commitment to communities

The [Wisconsin Hospital Association \(WHA\) 2021 Community Benefits Report](#) details the many ways hospitals and health systems in Wisconsin care for their neighbors over and above patient care, even in the face of a global pandemic.

WHA’s Community Benefits Report tabulates financial contributions Wisconsin hospitals and health systems make to their communities in the form of charity care, subsidized health services, community health improvement services and other expenditures. These investments by Wisconsin hospitals in their communities totaled nearly \$1.9 billion in 2020.

The report also documents how Wisconsin hospitals and health systems add vitality to their communities by educating patients and their caregivers on health-related topics, raising awareness of injury- and disease-prevention practices and helping to ensure the nutritional needs of disadvantaged children and families are met.

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Wisconsin Patients Share Their Experiences with White Bagging

Korean’s Law aims to end dangerous insurance company tactic that separates patients from their care providers

Patients from across Wisconsin are sharing stories about disruptions to their health care caused by a health insurance policy that prevent their medications from being sourced from local health care providers. The practice, known as “white bagging,” is a growing trend nationally in which health insurers require certain medications to be purchased through specialty pharmacies often owned by the insurance company.

In [a recent survey by health care consulting firm Vizient, Inc.](#), 83% of hospitals said that specialty medications delivered to them for patient administration through white bagging did not arrive on time, and another 66% of hospitals said that they have received the wrong dose. These data comport with the experiences of [patients and health care providers in Wisconsin](#), who are sharing their stories with the aim of ending white bagging in the state through a coalition-led public awareness campaign called [Patients First Wisconsin](#).

The Patients First Wisconsin coalition comprises state and national health care groups that have come together to support the passage of Korean’s Law, a bi-partisan bill named for an Eau Claire cancer patient that would prohibit the practice of insurer-mandated white bagging in Wisconsin. Korean’s Law has drawn co-sponsorship from 82 state legislators.

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Wisconsin Hospitals State PAC & Conduit Exceeds \$325,000, Only 14 more individual contributors needed to meet 2021 Goal



As of Dec. 2, the Wisconsin Hospitals State PAC & Conduit has raised \$329,668, exceeding its 2021 fundraising goal of \$325,000. To date, 286 individuals have contributed to the Wisconsin Hospitals PAC & Conduit, representing 96% of the 2021 donor goal of 300 individuals. So far, 66 individuals are first-time contributors in 2021.

See the list of contributors on page 5.

“Thank you to the 286 individuals who have personally contributed so far this year, and especially to those who are first-time contributors in 2021. We are proud of the broad participation across the state in the Wisconsin Hospitals PAC & Conduit, and the strong support that helped us reach our 2021 fundraising goal,” said WHA President and CEO Eric Borgerding.

“But, we’re not done yet,” Borgerding continued. “We have one month left in the campaign, and just 14 individual contributors are needed to reach our aggressive donor goal of 300 individuals in 2021. Help us get there—please make your personal contribution today.”

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 donor 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.

WHA Awarded Wisconsin Partnership Program Community Impact Grant

WHA is one of four recipients of a Wisconsin Partnership Program Community Impact Grant. The \$1 million grant will fund a five-year initiative to support community-academic partnerships and their initiatives to improve health and advance health equity by addressing the social determinants that influence health and well-being.

The initiative, Wisconsin Rural Health & Substance Use Clinical Support (RHeSUS), conducted in collaboration with the University of Wisconsin School of Medicine and Public Health, will work to improve access to treatment and care for people struggling with substance use disorders in rural Wisconsin.

Together with its partners, WHA work to increase the number of health care providers who prescribe pharmacotherapies for use disorders, improve access to medical care and peer recovery support for rural residents and decrease opioid overdose rates.

The timing of this project comes when the nation is seeing a record-high number of overdose deaths (more than 100,000 Americans in a 12-month period associated with the pandemic) as reported by *The New York Times* and other sources just this month. “As we see the rise in overdose deaths in Wisconsin and around the country, we recognize that the need is great to support our communities. We are thrilled to join in this new collaboration with Wisconsin Voices for Recovery and academic partner Dr. Randall Brown, professor of family medicine at the University of Wisconsin School of Medicine and Public Health,” said WHA Chief Quality Officer Nadine Allen.

WHA will leverage its member network to facilitate this project and utilize the data from the WHA Information Center to help identify which communities around the state are most in need. Successful, evidence-based strategies will then be brought forward through this partnership.

Other 2021 Community Impact Grant awardees are:

- FREE Campaign for increasing access to housing and resources that support successful reentry and recovery for formerly incarcerated women and their families in Milwaukee, Madison and the Chippewa Valley;
- Oneida Nation for developing a model of programming that promotes food sovereignty and cultural identity among indigenous communities; and
- United Community Center for developing a model of dementia health care and caregiver support to improve Alzheimer’s disease detection, diagnosis and support for Latinx people in southeast Wisconsin.

Watch for additional details and participation opportunities coming in early 2022.

WHA Gold Corporate Member Merritt Hawkins Reports on Health Care, Poverty and COVID-19

Kurt Mosley, vice president of strategic alliances for Merritt Hawkins and Staff Care, reports on the connection between social/economic status and one's health outcomes, and how the COVID-19 pandemic has impacted those outcomes. Read the Merritt Hawkins blog which includes data that supports this connection [here](#).

Limited Spots Available for 2022 WHA Health Care Leadership Academy

Scholarships going fast

Time is running out to register to participate in or to send staff to the inaugural WHA Health Care Leadership Academy kicking off in February 2022. Only four \$1,750 scholarships remain, and just 14 spots are still open.

The WHA Health Care Leadership Academy, organized in partnership with the Wisconsin School of Business Center for Professional & Executive Development, will help build resilient and capable health care leaders to successfully navigate growing industry complexities and opportunities. The program is open to clinician and non-clinician staff and targeted toward hospital leaders who aspire to c-suite positions and to current executives who want to advance further within their organizations.

Participation in the academy is open to WHA member hospital staff only.

For more information about the WHA Health Care Leadership Academy, click [here](#). For questions, contact WHA Vice President of Education and Marketing [Leigh Ann Larson](#).

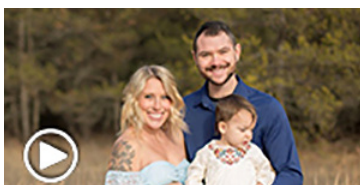
(Wisconsin Hospitals Delivered Nearly \$1.9B in Community Benefits in 2020. . . continued from page 1)

"The challenges COVID-19 has caused throughout the state's entire health care system over the past 20 months have only motivated hospitals and health systems across Wisconsin to reaffirm their commitments to the communities they serve in innumerable ways, as the 2021 Community Benefits Report attests," said Wisconsin Hospital Association President and CEO Eric Borgerding.

Borgerding continued, "In response to the pandemic, Wisconsin hospitals have gone well beyond their walls to take up basic government and public health tasks, like community virus testing and vaccine administration. They are also having to fill growing gaps in non-hospital care, such as becoming de-facto nursing homes for the hundreds of dischargeable patients nursing home are not accepting. They do all this and much more, while continuing to respond to community emergencies, treat and heal serious disease, attend to accident victims and, of course, welcome new babies into the world."

Included in WHA 2021 Community Benefits Report are individual hospital stories related to charity care, COVID-19 efforts, health equity and hospital-supported initiatives. The entire report as well as an interactive map featuring community benefit stories organized by region and hospital name is available online at www.wha.org/community-benefits.

(Wisconsin Patients Share Their Experiences with White Bagging . . . continued from page 1)



Koreen Holmes (Eau Claire, Wis.)

Koreen Holmes is an Eau Claire native who, along with husband Nate, faced a frustrating standoff with her insurance company over medication she desperately needed to fight aggressive, triple-negative breast cancer. After the experience, Koreen has shared her story and lent her name to a bill in Wisconsin to ban white bagging.

"This new insurance practice, we learned, required my medication to be dispensed by a different pharmacy, one specified by our insurer," Homes related. "Why the pharmacy of my health care provider, which is in my insurer's network, could no longer supply the medication did not make sense to us. My medication would then need to be mailed to the hospital for my health care provider to administer."

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Holmes continued, “What’s most baffling about this process is that my medication was already on-hand at the hospital pharmacy. With expensive immunotherapy medications like mine, my health care providers, in whom I place complete trust, could not guarantee the timeliness, efficacy or safety of the medicine received from a distant supplier, unlike the medicine they had been providing me all along and which I so desperately needed.”

Read more of Holmes’ story and hear from Koreen and Nate directly [here](#).



The Claeys Family (Grafton, Wis.)

Eight-year-old Landon Claeys was diagnosed with cerebral palsy due to brain damage at birth. Landon has mixed quadriplegic cerebral palsy, which means that he has high tone and spasticity in his arms and legs and low tone in his trunk and neck. The spasticity in Landon’s arms and legs causes him pain and difficulty in controlling his movements.

Landon depends on Botox injections every three months to help loosen his muscles temporarily. The schedule for these injections is crucial for mobility and pain management.

Like the Holmeses, the Claeys family received bad news from their insurance company about the Landon’s medication. “A few days before one of Landon’s appointments, we got a call from the nurse letting us know there was an insurance issue for Landon’s Botox medication,” Landon’s mother Megan recalled. “It took several calls to the insurance company and hospital to determine that something had changed, and the insurance company was requiring the medication to be released from a specific pharmacy and sent to the hospital.”

Explaining the negative effects of white bagging on her son’s care, Megan Claeys proclaimed, “There should be something in place to prevent insurance companies from making a hospital get a medication from an outside source if it has it on-hand already.”

Read more of the Claeys family’s story and hear from Megan and Michael Claeys directly [here](#).



Christine Schavier (Wisconsin Dells, Wis.)

Christine Schavier has been dealing with severe psoriatic arthritis for the past 17 years. This condition causes severe pain in her joints and affects her ability to walk and perform normal, everyday activities.

To help manage her pain, Schavier’s rheumatologist prescribed an infusion medication that helped with joint swelling and stiffness. She was to receive these infusions in 30-minute appointments at Reedsburg Area Medical Center every six weeks.

More often than not, Schavier’s infusion appointments needed to be rescheduled because the medication did not arrive at the hospital when it was supposed to because it needed to be delivered, according to her health insurer’s policy from a specialty pharmacy far away, rather than from her hospital’s inhouse pharmacy.

“My doctor and local pharmacist shared in my frustration with this insurance company tactic, as it affected my care and consumed hours of valuable time from all parties who now had to manage a needlessly complicated medication supply chain,” Schavier said, adding, “Suffering patients should not have to spend their time and energy fighting with insurance companies and specialty pharmacies to get the medicine they need to function, or worse, survive.”

Read more of Schavier’s story and hear from her directly [here](#).

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