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Surging Health Care Demand, Workforce Shortage Dominate WHA Board Discussion

DHS Deputy Secretary Deb Standridge details state resource deployment

WHA’s December board meeting included some reflection on the association’s accomplishments in 2021, but quickly turned to a wide-ranging discussion of rising COVID-19 caseloads and the trend’s effect on hospital operations and staffing. Wisconsin Department of Health Services (DHS) Deputy Secretary Deb Standridge joined the meeting to provide an update and receive input on strategies pursued by state officials to alleviate Wisconsin’s health care workforce shortage.

“We Walk in Your Shoes”

WHA President and CEO Eric Borgerding reported on the association’s performance against its annual plan, highlighting the permanent reauthorization of disproportionate share hospital funding in the state budget as a key achievement for WHA on behalf of its members in 2021. Other notable milestones included in WHA’s outcomes update relate to long-standing challenges that were exacerbated by COVID-19.

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EDUCATIONAL EVENTS

January 6

Prepare for 2021 Employer Reporting: 1094C/1095C Webinar

January 26

Mega Healthcare Conference Kalahari Resort, Wisconsin Dells

Open Until 1/31/22

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



SAVE THE DATE: WHA’s Advocacy Day is March 23, 2022

Just three months away

Mark your calendar now for WHA’s Advocacy Day 2022, scheduled for Wednesday, March 23. WHA will again deliver this event to advocates across the state virtually.

WHA encourages and invites hospital CEOs, CFOs, managers, nurse executives, quality managers, hospital volunteers, hospital trustees, WHA Hospitals Education and Advocacy Team (HEAT) grassroots members, Partners of WHA members, WHA corporate members and any other hospital staff interested in helping to shape the future of health care in Wisconsin communities to attend.

There is no registration fee to participate in Advocacy Day, but pre-registration is required. Stay tuned for more updates on the [WHA website](#), including how to register (after the New Year) and an announcement on the keynote speaker and bipartisan legislative panel participants.

WHA Public Policy Council Meets to Discuss COVID, Non-COVID Advocacy-Related Work

As hospitals continue to manage rising cases of COVID-19 in their facilities, WHA's government relations staff briefed members of the Public Policy Council at their Dec. 15 meeting on both COVID-related advocacy with the Wisconsin Department of Health Services (DHS) and other proactive advocacy work with the state Legislature and Congress.

WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk discussed several initiatives in continued development. These include:

- Working with the Department of Safety and Professional Services to expedite licenses for health care providers.
- Continuing to subsidize agency staffing costs through a state contract. So far, this program has placed more than 400 nurses, nursing assistants and other staff in acute-care and long-term care facilities.
- Ongoing discussions with DHS regarding "decompression" facilities for post-acute care.
- Utilization of Wisconsin National Guard staffing to help with direct patient care in long-term care facilities for the purpose of increasing availability of nursing home beds to free up inpatient care capacity.

WHA Policy Counsel Laura Leitch also discussed work with DHS related to waiver flexibilities for hospitals and long-term care, as well as a tuition credit being offered by the University of Wisconsin System for students to work in health care facilities.

Members of the council provided various comments about issues facing hospitals right now as they manage their current volume of patients. Chief among them are a significant increase in staff resignations following last fall's COVID-19 surge and a prolonged state of disease throughout 2021, increased dependency on travel agency nurses as both a constantly increasing cost and strain on staff morale, staff managing impatient and unruly patients and families, and longer hospitalizations resulting from more than 600 patients backed up in Wisconsin hospitals awaiting discharge to a skilled nursing facility.



Courtroom advocacy remains a priority for WHA, especially with pending cases that could impact the operations of Wisconsin hospitals and health systems. WHA General Counsel Matthew Stanford updated the council on recent action at both the state and federal court related to various employer vaccine-related decisions and litigation filed by the American Hospital Association related to implementation of the No Surprises Act, a proposal supported by WHA and others that has now garnered concern with implementation due to its inconsistency with the law enacted by Congress.

WHA Senior Vice President of Government Relations Kyle O'Brien and Vice President of Federal and State Relations Jon Hoelter discussed WHA's work on a variety of issues at both the state and federal level. O'Brien updated the council on the strong bipartisan support of white bagging legislation, known as Koreen's Law, from 81 co-sponsors. O'Brien said that WHA expects to have public hearings on the legislation early in 2022.

O'Brien also discussed two other pieces of legislation being worked on in committee—one related to the ability for hospitals to deliver acute care in a patient's home, consistent with Medicare's Acute Hospital Care at Home program, and the other to clarify Wisconsin law for providers to offer prompt-pay discounts for patients. O'Brien stated he expects to see action on both pieces of legislation early in the new year.

Hoelter provided an update to the council on various negotiations occurring before Congress on the "Build Back Better" proposal and discussed WHA priorities included in the budget reconciliation package.

WHA Physician Leaders Council Identifies Workforce and Post-Acute Care as Biggest Hospital Capacity Challenges

The WHA Physician Leaders Council meeting on Dec. 8 largely focused on the rapid escalation of hospital capacity challenges during the current COVID-19 surge and steps being taken to manage those challenges.

In a roundtable discussion of hospital and health system physician leaders, the council quickly identified workforce and inability to discharge patients who are ready for discharge but need post-acute care as the two most pressing needs facing hospitals and health systems.

WHA staff briefed the council on available resources and efforts to address those identified priority workforce and post-acute issues.

WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk discussed several WHA workforce-related initiatives including working with the Department of Safety and Professional Services to expedite licenses for health care providers and utilization of subsidized agency staffing costs through a state contract, which has helped place over 400 nurses and other staff in hospitals and skilled nursing facilities.

Council members also expressed concern about the impact of soaring labor costs for agency nurses and that some agencies are hiring Wisconsin nurses only to place that nurse in the same Wisconsin community but for an exorbitantly high fee.

WHA Policy Counsel Laura Leitch discussed WHA's post-acute care work to help free up hospital beds for patients needing acute care services. The topics she discussed included WHA's work with the Department of Health Services on waiver flexibilities and acute hospital-care-at-home programs; efforts to increase staffing at nursing homes through emergency nurse aide training programs and a tuition credit being offered by the University of Wisconsin System for students who work in health care facilities; and work to address Medicaid eligibility delays and guardianship issues.

Following the COVID-focused roundtable discussion and briefing, WHA General Counsel Matthew Stanford provided updates on key WHA advocacy priorities regarding white bagging legislation, known as Koreen's Law; clarification on the ability for hospitals to deliver acute care in a patient's home; continuing Medicaid telehealth flexibilities; and making key Centers for Medicare & Medicaid Services (CMS) COVID waivers permanent.

Stanford also provided an update on WHA's advocacy on the Medical Examining Board's chaperone rulemaking—an issue previously discussed by the council at its June and September meetings. Stanford discussed WHA's economic impact comment letter submitted to the Medical Examining Board on the rule and its work with multiple health systems to quantify the significant workforce and fiscal cost of the rule as currently written. Stanford indicated the board extended the economic impact comment period until Jan. 3 and that several additional steps remain before a rule may be finalized.

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"COVID has exposed weaknesses in the state's public health system that Wisconsin's hospitals have had no choice but to fill," Borgerding noted. For example, hospitals are currently boarding an estimated 600 patients across the state who no longer require hospital care but cannot or will not be accepted by skilled nursing homes or other long-term care facilities.

While COVID-19 has maintained a dominant presence in the state longer than what was hoped at the beginning of the year, WHA was able to pivot as needed to support its members' pandemic response while not abandoning the association's stated goals, Borgerding reflected. WHA's direct outreach to the Wisconsin Department of Safety and Professional Services to expedite more than 200 health care licenses to ease its members' workforce challenges is but one of many unplanned initiatives WHA put in motion in response to the extraordinary demands on hospitals over the past two years.

"When you reach out to us for help, that becomes our top priority," Borgerding said. "We walk in your shoes. And that is why we are responsive to your needs 24/7."

Borgerding noted that no other industry has undergone the challenges faced by health care providers throughout the pandemic and remained as calm and focused as WHA's members.

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State and Federal Levers

Deputy Secretary Standridge shared details of state programs intended to alleviate pressure on the state's health care workforce.

To date, 409 staff have been deployed to Wisconsin hospitals and skilled nursing facilities as part of the master contract DHS has negotiated with 12 staffing agencies. While the state staffing contracts have been helpful, WHA members have noticed an increasing trend in which agency staff are being drawn from local communities. This new phenomenon is leading to wage inflation and could have a lasting impact on the industry, WHA members observed.

Standridge also provided an update on negotiations with federal officials for Federal Emergency Management Agency (FEMA) assistance in hospitals. Standridge explained that DHS is looking for a regional solution to the current situation that does not require patients to receive care far from their homes.

Standridge thanked hospital leaders and their staff for their responsiveness to the FEMA paperwork and interview requests as negotiations for federal assistance continue.

Standridge outlined a number of options, including some that draw upon National Guard staff, to help "decompress" the post-acute discharge bottleneck. The challenge isn't so much about finding space as it is finding the necessary staff to implement any of the models the state is exploring to ease this burden. Whether nursing home space or available hospital space is freed up for patients awaiting transfers to long-term care facilities, registered nurses will be needed to oversee certified nursing assistants that may be recruited and/or trained up for these positions.

Sounding the Alarm

Following Deputy Secretary Standridge's report, WHA board members turned their attention to the rising COVID-19 crisis at hand, which, combined with beds occupied by patients awaiting post-acute care facility transfers, has stretched many hospitals across the state to their limits. Board members agreed that awareness of the dire situation in hospitals is not what it should be among the public and that collective action is needed, again, to fight COVID spread and educate Wisconsinites about the very real threat of delayed regular care.

Borgerding shared details of a multi-front, collaborative communications strategy WHA has developed to leverage the media, business leaders and policymakers to change perceptions and spur the necessary action (i.e., vaccination and virus mitigation practices) to ensure that communities throughout the state continue to receive the care patients have come to expect from their hospitals. Board members enthusiastically agreed to engage with WHA on this urgent plan, which is already in motion.

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