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Rural Physician Leaders Roundtable Discusses the COVID-19 Pandemic

Physician leaders from across Wisconsin compare notes and share how the pandemic is affecting their communities and how their hospitals are responding

WHA’s Rural Physician Leaders Roundtable recently held its second set of meetings in 2020. The roundtable is a forum for physician leaders in rural communities to connect, discuss common challenges, learn from each other, help one another to become more effective physician leaders and to promote the vitality of rural health. Nineteen roundtable members participated on May 7. The discussion focused on the COVID-19 pandemic.

Roundtable members reviewed the latest data from [WHA’s COVID-19 Dashboard](#), discussing how the pandemic is currently impacting Wisconsin hospitals. A number of the physician leaders noted they review the dashboard on a daily basis to understand the trends in their community as well as around the state. This was especially useful for physicians who participate in the rural roundtable who are leaders in health systems and have oversight over multiple hospitals across Wisconsin.

In general, roundtable members agreed that the ability to do testing was improving but not as robust as it needs to be. One physician commented that having in-house testing was a “game changer” in terms of the ability to optimally manage symptomatic patients and/or staff. While the PPE supply chain is becoming more reliable, most hospitals are having to re-use PPE, especially N95 masks, and are doing so in accordance with CDC guidance.

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EDUCATIONAL EVENTS

June 9, 2020
Building and Fostering a High-Performing Board
 Webinar

June 16, 2020
Second Victim of Harm: Coping after things go wrong
 Webinar

June 16, 2020
Psychology Safety: The Predictive Power of Feeling Supported when things go wrong
 Webinar

Wisconsin Supreme Court Invalidates Governor’s Safer-at-Home Order

Late yesterday (May 13), the Wisconsin Supreme Court invalidated the statewide safer-at-home order issued at Governor Tony Evers’ direction by DHS Secretary-designee Andrea Palm. WHA is still digesting the full implications of the decision, but here is what we know right now:

- A 4-3 majority of the Court concluded that [Emergency Order 28](#) – the safer-at-home order – was unlawful because it did not follow Wisconsin’s statutorily dictated rulemaking procedures.
- The majority also concluded that the safer-at-home order exceeded the DHS Secretary’s authority under the communicable disease statute, but the majority did not rule on to what extent the Secretary exceeded that authority.
- The Court also invalidated the safer-at-home order, effective immediately. It did not grant the Legislature’s request to keep the safer-at-home order in place for an additional six days after a decision.
- Some local governments have begun issuing their own stay-at-home orders, citing authority given to local government under the state’s communicable disease statute.

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For hospitals, nothing in the Court's decision directly impacts hospital operational decisions, such as permitting visitors or reopening services. The decision on its face also does not impact key WHA-championed regulatory flexibilities including:

- DHS implementation of hospital 1135 waivers granted by CMS, including critical access hospital and other bed expansion.
- Temporary medical liability changes enacted in Act 185.
- Medicaid policy changes regarding telehealth detailed in Act 56.
- A temporary expedited process to license recently retired and out-of-state health care professionals enacted in Act 185.

Regarding next steps by the Governor and Legislature, many expect that DHS will begin the process to establish emergency rules to replace at least some parts of the safer-at-home order and the Badger Bounce Back plan. However, the Legislature has a role in the rulemaking process; thus, there is likely to be a negotiation between the Legislature and the Governor on next steps for any replacement of COVID-related restrictions that were in the safer-at-home order or the Badger Bounce Back plan.

WHA will continue to closely watch and act as necessary as new details, interpretations and developments warrant. In the meantime, please feel free to contact WHA if you have any questions.

The following column is from Tom Still, president of the Wisconsin Technology Council. His columns appear in various newspapers and other media sites throughout the state. You can view the May 7 column at the Milwaukee Business News [website](#).

Guest Column: Is there a Patient in the House? Hospitals Eager to Get Back to Normal

By Tom Still, President, Wisconsin Technology Council and co-founder of the Wisconsin Healthcare Business Forum



Tom Still

This may sound counter-intuitive given the state is still dealing with the largest pandemic in a century, but Wisconsin hospitals aren't all that busy.

In fact, they're ready to schedule that hip replacement you put off a few months ago – or to talk about the wrenched back you got raking your yard while staying "safer at home."

Maybe it's because Wisconsin hospitals and health systems started from a relative position of strength compared to other states, or that prompt isolation efforts paid off, but the head of the Wisconsin Hospital Association thinks the worst has been averted. At least, for now, based on available data and feedback from underused hospitals.

"COVID-19 continues not to stress the health care system in any really urgent way," said WHA President Eric Borgerding, even as expanded testing shows more people positive for the virus.

A more important factor, he said, is how many of those virus-positive people wind up in the hospital.

"The state's COVID-related hospitalization rate has been trending downward," Borgerding said in a Thursday interview. "It fell quite a bit after the initial surge, and it's been relatively flat for about two weeks. Over the last few days it's been dropping. That's all good news."

While the WHA and its 130 or so member hospitals must meet recently-announced "gating" measures established by the state Department of Health Services and the state Emergency Operations Center, Borgerding said he's confident the system will be able to do so.

"When the new data are posted, I feel pretty good they will be green," he said.

Two key metrics are being able to operate under established crisis conditions and concentrated testing of staff who deal with patients. Borgerding said Wisconsin hospitals have stayed under the "crisis" bar and should have little trouble testing patient-facing staff. A bigger problem, he said, is making sure those health systems have enough personal protective equipment.

Like many other businesses and institutions in Wisconsin and across the nation, hospitals and health systems have taken financial hits as a result of the COVID-19 outbreak. Some might ask, "How can that be if the federal government is shipping billions of dollars to hospitals to combat the outbreak?"

It's because those hospitals were ordered to stop doing just about everything else by the federal Centers for Medicare & Medicaid Services, not state government, and the COVID-19 reimbursement dollars don't cover all related costs.

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With other services and procedures delayed or still not available for CMS reimbursement, Wisconsin health systems have forfeited about \$2 billion in revenue over the past two months. Many have laid off staff that can't be used to carry out non-urgent or elective procedures.

It would be understandable if hospitals were swamped, unsafe and unable to take on delayed procedures or services, but they're not.

"There's a distressing byproduct to the 'COVID journey,' which is the impact of the perception that hospitals are overrun, unsafe or infected," Borgerding said. "Hospitals and clinics are safe. People can feel confident in that, and we hope that message gets out."

Borgerding said hospitals generally welcome independent metrics measuring quality and safety, because they will help "dispel that inaccurate perception of hospitals and clinics not safe at this time."

Empty surgical suites and clinics is not just a financial challenge for hospitals and health systems, but a health care issue.

When medical procedures that were otherwise deemed serious are delayed for too long, other health issues surface. Hip replacements, bad backs and much more can only wait so long before people begin to suffer from ailments that have nothing to do with COVID-19.

"Hospitals have never stopped treating emergency, urgent and critical care needs," Borgerding said. "Patients should not be hesitant now to pursue preventive and diagnostic care, either, especially to maintain their health."

Health care workers across Wisconsin and beyond have worked wonders during the COVID-19 surge. It's time to let them get back to work helping people with other health issues, as well.

HHS Releases \$10 Billion in COVID Relief Rural Payments and \$12 Billion in Payments to Hotspot Hospitals

The U.S. Department of Health and Human Services (HHS) released another round of funding from the \$175 billion provider relief fund authorized in the CARES Act and its follow-up legislation. On May 6, HHS began to release [funds totaling \\$10 billion](#) which will go to rural acute care general hospitals, critical access hospitals, rural health clinics and community health centers in rural areas.

According to HHS, 170 rural sites in Wisconsin will receive a total of \$363.5 million, or about 3.6% of the overall funding. All clinical non-hospital sites will receive a minimum of \$100,000 while all critical access hospitals will receive a minimum of \$1 million, with additional payments based on operating expenses. HHS projects that the average hospital will receive about \$4 million. As of press time, HHS has not announced formal definitions of criteria they are using to determine whether a hospital is rural nor have they provided a list of entities receiving payments. WHA is continuing to pursue this information.

HHS also announced \$12 billion will be sent to so-called hotspot hospitals that admitted 100 or more COVID-19 patients as of April 10. The vast majority of this funding was targeted to states that saw the earliest and largest outbreaks, such as New York, New Jersey, and Michigan. Only two hospitals in Wisconsin will receive funding from this pot, for a total of about \$32 million between the two.

Together with the \$50 billion general pot of funding that was previously distributed, a total of \$72 billion has been distributed from the \$175 billion authorized in the CARES Act provider relief fund to date. HHS is also using an undetermined portion of these funds to reimburse care at Medicare rates for uninsured COVID-19 patients [through HRSA's Uninsured Program Portal](#). While no additional details have been given on the approximately \$100 billion in remaining funds, federal lawmakers in the U.S. House of Representatives have announced plans to vote on a fifth COVID-19 stimulus bill as early as next week. Despite this, leaders in the U.S. Senate have indicated a desire to pause and gather more information before crafting legislation in their chamber.

WHA is continuing to stay in close contact with Wisconsin's Congressional Delegation to keep them informed of financial and other challenges Wisconsin hospitals continue to face, despite the federal funding received to date. Contact WHA Director of Federal and State Relations [Jon Hoelster](#) with questions.

WHA Hosts Virtual Roundtables with Members, State Lawmakers

While the COVID-19 pandemic has prompted significant social distancing in everyday lives across Wisconsin, WHA members have embraced tools to ensure hospitals and health systems can connect with their elected officials – especially during these important times.

WHA's Government Relations and Advocacy teams have been hosting "Virtual Roundtable" meetings this past week, allowing hospital and system leaders to share what health care is experiencing in local communities. Using Zoom teleconferencing technology, WHA has helped hold 12 virtual roundtables with 45 legislators covering the steps hospitals are taking to safely reopen services and return to a normal level of care.

"These virtual roundtable discussions have been an effective way to continue important conversations between policymakers and their hospital and health system constituents," WHA Senior Vice President of Government Relations Kyle O'Brien said. "Even though hospitals can't invite their elected officials into their facilities for face-to-face meetings right now, we are making sure that the state legislature hears from their community's health care leaders about the challenges they're facing and how state government can help."

As hospitals begin to transition into rescheduling non-emergency, essential procedures, challenges still remain including patient perception in seeking care, ongoing supply chain constraints for PPE and testing supplies, and further care delays due to supply shortages. Lawmakers are partnering with WHA and member hospitals to remind patients that hospitals and clinics are safe, clean places that are taking all necessary precautions to care for patients.

There are at least three more "Virtual Roundtables" scheduled to take place in the next week with plans to continue hosting them all around the state.



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A number of physicians noted the acuity of patients presenting to their emergency departments has been higher over the past few weeks. Roundtable members believe that some of the public is fearful of going to an emergency room for non-COVID medical concerns and, because of that self-imposed delay, eventually present with more advanced conditions. As rural hospitals return to performing previously postponed necessary procedures, roundtable members shared how their individual hospitals are approaching screening and/or testing patients and caregivers. Physician leaders are aware of and working to lessen staff anxiety and potential burnout.

Overall, roundtable members are feeling more comfortable about their hospitals' ability to understand and manage COVID-19. Nonetheless, many expressed concern about potential future spikes or secondary surges. One positive aspect of COVID-19 that physician leaders noted is that the pandemic has pushed their institutions to more quickly embrace the advantages of providing care through telehealth.

The Rural Physician Leaders Roundtable meets quarterly and is a "virtual" meeting using audiovisual conferencing. Physicians interested in joining the roundtable or who would like to learn more should contact WHA Medical Director [Mark Kaufman, M.D.](#)

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