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**EDUCATIONAL EVENTS**

**July 21, 2020**

*The Surprisingly Robust Science of Self Compassion with Dr. Carrie Adair*  
 Webinar

**July 22, 2020**

*Being Present: The Science of Mindfulness*  
 Webinar

**July 29, 2020**

*CMS Hospital Conditions of Participation Made Easy 2020 – Part 1*  
 Webinar

**WHA’s Physician Leaders Council Discusses Weighty Agenda**

*The latest on COVID-19, regulatory reform & next year’s state budget headline meeting topics*

WHA’s Physician Leaders Council (PLC) for the first time convened using the Microsoft Teams video platform in an “all virtual” meeting June 24.

The physician leaders who comprise the PLC shared the current status of the COVID-19 pandemic in their respective communities and their challenges. A number of PLC members noted a recent uptick in confirmed cases and percent positive results but also relayed that many of the new cases were among younger people who experienced a relatively mild clinical course. Despite an increase in the number of confirmed cases and the percent positive of those tested, hospitalization numbers for COVID-19 patients were flat or still in decline in many PLC member home communities. The current status of community testing and who will fill the void when the Wisconsin National Guard departs after August 7 is a concern.

WHA General Counsel Matthew Stanford led a discussion of regulatory flexibility with respect to hospital licensing, Medicare waivers, liability changes and telehealth related to the COVID pandemic and what an emerging post-COVID agenda looks like in each of these regulatory areas. Stanford and WHA Chief Medical Officer Mark Kaufman, M.D. updated the PLC on the activities of DHS’ State Disaster Medical Advisory Committee regarding allocation of scarce resources including ventilators, Remdesivir and potentially a COVID vaccine if and when it becomes available. *(continued on page 7)*

**New Analysis Finds Fundamental Flaws with Business Group’s Study on “Physician Value”**

In a newly released [white paper](#), Benefit Services Group, Analytics (BSGA) cautions that using incomplete data to rank physicians, as was done in a study released last December, is unlikely to improve health care delivery but could lead to unnecessary market disruption and undermine other, more credible efforts to identify best practices.

The [original study](#) was conducted by GNS Healthcare and funded by the Business Health Care Group (BHCG) and the Greater Milwaukee Business Foundation on Health. It used data from the Wisconsin Health information Organization (WHIO). In a webinar on June 17, BHCG again touted the results of the study, indicating they could be used to steer patients to specific providers, including “naming names” of providers listed in the study.

“Physicians support using robust data to evaluate and improve care delivery; health systems do that every day,” WHA Chief Medical Officer Mark Kaufman, M.D. said. “While the study’s intention to improve performance is laudable, unfortunately the study lacks the appropriate scientific rigor needed to be of much use in driving improvement.” *(continued on page 2)*

*(New Analysis Finds Fundamental Flaws with Study on “Physician Value” . . . continued from page 1)*

BSGA found several shortcomings in the study, including that it used only one year’s worth of data, which BSGA indicates is too short for credible analysis as most analyses use three to five years’ worth of claims data. The study excludes half of the state’s primary care providers, especially new physicians who have received the most current training from medical schools. The study also excludes 90% of the medical utilization provided by health systems.

Importantly, Wisconsin is unique in that much of the care in the state is provided through integrated systems. This means that the primary care physician is part of an overall team that helps manage care for a patient. In ignoring that, the study could result in worse outcomes, fragmented care, and have the exact opposite effect of what is intended.

The BSGA white paper was partially funded by the Healthy Wisconsin Alliance, Inc., an advocacy organization that informs the public about health care issues, attitudes and trends in Wisconsin and is affiliated with the Wisconsin Hospital Association.

If you have any questions, contact [Dr. Kaufman](#) or WHA Senior Vice President of Public Policy [Joanne Alig](#).

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## **COVID-19: State Medicaid Enrollment Rising; Similar National Trend**

### ***WHA’s Borgerding addresses payer mix challenges on WisBusiness podcast***

The COVID-19 pandemic and the economic toll it has taken on the nation’s and state’s economy is likely an important factor behind a recent increase in the number of citizens enrolled in the state’s Medicaid programs. Wisconsin Medicaid enrollment numbers have grown since the pandemic first took major effect in March 2020, with overall enrollment increasing by nearly 72,000 people from March to May. The largest increase was in the [BadgerCare Plus](#) program, with about 65,000 added to the rolls. This program includes children, pregnant women, parents/caretakers and childless adults.

WHA President and CEO Eric Borgerding discussed the challenges hospitals and health systems face under these “payer-mix” changes in [this WisBusiness: The Podcast episode](#), first aired on June 19. Borgerding calls the COVID-19 pandemic “a one-two punch on health care right now,” with hospitals first suffering significant revenue difficulties due to following federal directives to eliminate all non-emergency services and procedures in preparation for a possible COVID-19 case surge, and now facing further challenges as patients may move from employer-sponsored insurance to Medicaid or be uninsured altogether.

“As the general economy suffers and people lose their jobs and maybe lose their health insurance, or they transition onto a state government health care program like Medicaid where reimbursement for health care is far below the actual cost to provide health care – that creates another financial pressure,” Borgerding says on the podcast. “Payer mix is changing – it’s shifting from commercial health insurance to either no insurance or government programs like Medicaid. Just at a time when health care is still reeling from the financial impacts of shutting down services during COVID, there’s going to be this trailing financial impact.”

As [this story](#) from the Pew Charitable Trusts points out, similar increases are occurring in Medicaid programs across the country. While Wisconsin’s uninsured rate has historically been low – dropping from 11.3% in 2013 to 5.5% in 2018, which is the latest official data available – numerous studies examining the pandemic’s potential effect on health insurance coverage consistently indicate that higher unemployment rates likely lead to increases in both Medicaid enrollments and in the number of uninsured. Various studies include research from the [Advisory Board](#), a [health policy brief](#) from the Robert Wood Johnson Foundation and the Urban Institute, and an early April 2020 [report](#) from Health Management Associates.

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## **WHA’s Borgerding Covers Important Current Topics in WHN Interview**

WHA President and CEO Eric Borgerding recently sat down with *Wisconsin Health News* to discuss current topics important to hospitals and health systems. The entire article follows; you can also access the piece [here](#).



### ***Hospitals Face Uncertain Financial Future as Patients Return***

Many Wisconsin hospitals are facing an uncertain financial future as non-COVID-19 patients start coming back to their facilities.

Wisconsin hospitals are set to receive more than \$900 million in federal COVID-19 relief funding, but that’s less than half of the revenue they’ve lost since the crisis started, according to Wisconsin Hospital Association CEO Eric Borgerding.

In addition, they are likely to see a shifting payer mix, as a growing number of newly unemployed patients join the ranks of the uninsured or the Medicaid rolls after losing their employer-based commercial insurance.

*(continued on page 3)*

## ***(WHA's Borgerding Covers Important Current Topics in WHN Interview . . . continued from page 2)***

"We're bracing for sort of a one-two punch, financially, as it relates to COVID," Borgerding said in an interview with Wisconsin Health News.

He estimates that Wisconsin hospitals have lost nearly \$2.5 billion since mid-March, after canceling elective procedures and taking other steps to respond to COVID-19. Borgerding said hospitals are ramping back up services. But it's a slower process for some as patients, and hospitals, remain cautious as the virus continues its spread across the state.

Earlier this month, Gov. Tony Evers announced he was directing \$40 million in funds provided to the state by the Coronavirus Aid, Relief, and Economic Security Act to help hospitals with lost revenue and expenses, based on their percentage of Medicaid revenue.

That's on top of more than \$890 million in federal stimulus funding that's already headed to the state, according to Borgerding. He said all Wisconsin hospitals were eligible for the first allotment of nearly \$490 million. After that, \$328 million was sent for rural hospitals, then \$32 million for "hotspot" hospitals and, finally, \$45 million for safety-net hospitals. Borgerding said he's appreciative of the state and federal efforts, but the funding doesn't fully address the "historic impact" of the pandemic.

"Those losses are still racking up, not necessarily filling that hole back up," Borgerding said. "I think that will continue for a while."

Meanwhile, Borgerding doesn't think it would make sense for hospitals to again close their doors if there is a surge in COVID-19 cases. He said the financial impact has been too devastating for Wisconsin hospitals. There are also health ramifications from postponing care.

"One of the biggest lessons I think we learned is....we have to co-exist with COVID in the healthcare space," Borgerding said.

He added that the top legislative priority for hospitals is reauthorizing an increase in disproportionate share hospital payments, which head to providers that serve a high volume of Medicaid patients. The current state budget increased the payments by about \$100 million in state and federal funds.

Meanwhile, Borgerding said hospitals are keeping an open mind about Medicaid expansion, which he said Evers will "clearly" include in his next budget. The Legislative Fiscal Bureau estimated last year it would save the state more than \$300 million in state funding.

Borgerding said that when lawmakers were debating expansion last year, the state was facing a low uninsurance rate and a budget surplus.

"Those are two undeniable aspects of the Medicaid discussion that might be a little different this time around," Borgerding said. "We continue to have an open mind about it like we had in the past."

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## **WHA Joins Coalitions Supporting COVID-19 Medicare Telehealth Changes**

The rapid expansion of telehealth during the COVID-19 pandemic has led to widespread calls for permanent adoption of key Medicare telehealth flexibilities that were authorized by the Centers for Medicare & Medicaid Services (CMS). Following [last week's letter](#) from WHA President and CEO Eric Borgerding to Wisconsin's Congressional delegation supporting the extension of these key Medicare telehealth flexibilities, WHA this week again indicated support of these policies by signing on to two additional letters.

The [first letter](#), from the Interstate Healthcare Collaborative to Health and Human Services (HHS) Secretary Alex Azar and CMS Administrator Seema Verma, echoed some of the points made by WHA in its June 25 letter: eliminating geographic and originating site restrictions to ensure all patients can access care at home and other appropriate locations; allowing CMS the flexibility to designate eligible telehealth providers; ensuring that federally qualified health centers and rural health clinics can continue to offer virtual services; and making permanent HHS' temporary waiver authority during emergencies.

The [second letter](#), from a broad coalition of health care providers and associations, was sent to Congressional leaders on June 29, asking them to advance permanent telehealth reform. In addition to the changes indicated in the Interstate Collaborative letter, the coalition asked Congress to permit audio-only telehealth in some cases, clarify eligible telehealth technology such as smart phones, allow Medicare to reimburse telehealth at the same rate as in-person medical services, remove frequency of service limitations, and end the established patient requirement to permit new patients to receive telehealth services.

*(continued on page 4)*

## *(WHA Joins Coalitions Supporting COVID-19 Medicare Telehealth Changes . . . continued from page 3)*

WHA will continue to lead the push throughout the state and country in advocating for telehealth reforms that make health care convenient and accessible to a broad range of patients. For more information on WHA's work on telehealth, contact WHA Director of Federal and State Relations [Jon Hoelter](#) or WHA Vice President of Policy Development [Laura Rose](#).

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## **IPFCF Board Approves Premium Holiday for 2020-21**

The Injured Patients and Families Compensation Fund (IPFCF) or "Fund" Board of Governors approved a premium holiday for the next fiscal year, from July 1, 2020 through June 30, 2021. Hospitals, certain other health care facilities, physicians and certified registered nurse anesthetists are required by state statute to participate in the Fund, which provides excess medical liability coverage above the primary coverage rate of \$1 million per episode and \$3 million per year.

Hospitals and health care systems are major contributors to the Fund, paying premiums not only for facilities but also for their health care employees. The premium holiday was first approved by numerous Fund committees before gaining unanimous approval from the board on June 17. Ralph Topinka, chief legal officer, ProHealth Care, represents hospitals on the 13-member Board of Governors. WHA Senior Vice President of Finance and Chief Operating Officer Brian Potter sits on the Fund's Actuarial Committee, and WHA General Counsel Matthew Stanford is a member of the Fund's Legal Committee.

"This premium holiday comes at an opportune time, as hospitals and health systems face unprecedented lost revenue challenges due to the COVID-19 pandemic," WHA President and CEO Eric Borgerding said. "Wisconsin is fortunate to have a well-managed Fund, and we're pleased the Board unanimously agreed that the premium holiday is an actuarially sound move to make."

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## **CMS Announces New Office Focused on Reducing Regulatory Burden**

The U.S. Centers for Medicare & Medicaid Services (CMS) [announced on June 23](#) the creation of a new Office of Burden Reduction and Health Informatics, with a stated goal to "permanently embed a culture of burden reduction across all platforms of CMS agency operations."



"The Office of Burden Reduction and Health Informatics will ensure the agency's commitment to reduce administrative costs and enact meaningful and lasting change in our nation's health care system," said CMS Administrator Seema Verma. "Specifically, the work of this new office will be targeted to help reduce unnecessary burden, increase efficiencies, continue administrative simplification, increase the use of health informatics, and improve the beneficiary experience."

Last year, [WHA recommended several reforms](#) to the U.S. Department of Health & Human Services (HHS) to reduce electronic health record (EHR) documentation burdens as HHS developed a strategic plan to reduce regulatory and administrative burden relating to the use of health IT and EHRs. In February, HHS released the final version of its [Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs](#). CMS' June 23 announcement builds upon some of the recommendations in its February strategic plan.

According to CMS' press release, following the 2017 launch of its Patients over Paperwork Initiative focused on reducing unnecessary regulatory burden on health care providers, CMS' burden reduction efforts are expected to save providers and clinicians \$6.6 billion and 42 million unnecessary burden hours through 2021.

CMS states the new Office of Burden Reduction and Health Informatics will "take a proactive approach to reducing burden, carefully considering the impact of new regulations on health care system operations," and will "work with the broader health care community to continue to make key administrative processes increasingly more efficient."

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## **Have You Seen These New Titles on the WHA On-demand Learning Center?**

WHA's [On-demand Learning Center](#) has some new learning opportunities for you! Some new titles are:

- Insights from the Frontlines: Caring for the Caregiver During COVID-19
- Resiliency Series: Psychological Safety – The Predictive Power of Feeling Supported When Things Go Wrong
- Will There be a Doctor in the House? Physician Supply, Demand and Staffing During and Post-COVID-19

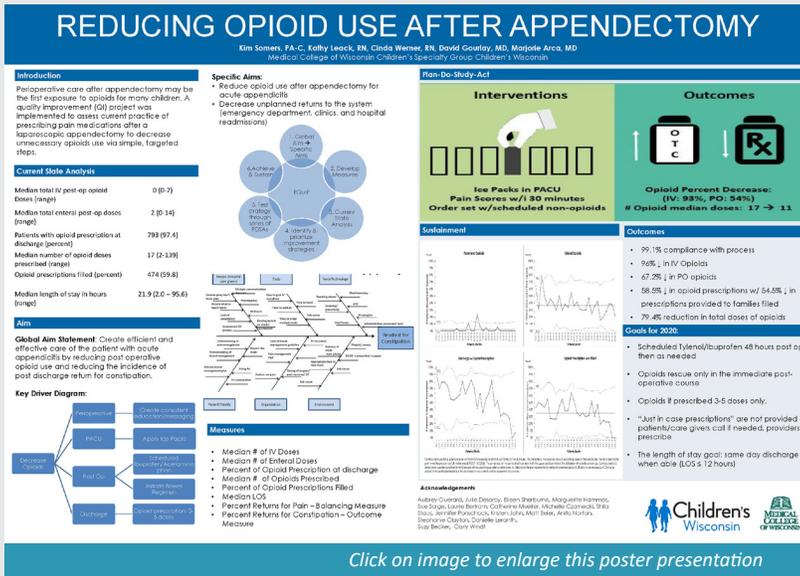
The On-demand Learning Center offers timely, relevant, informative and educational learning that is available to you 24/7. You can access it whenever and from wherever you choose. If you have questions about the On-demand Learning Center, please direct them to WHA's Education department at [education@wha.org](mailto:education@wha.org).

# Member Quality Spotlight: Children's Wisconsin

## Reducing opioid use after appendectomy

Special Note: Many WHA members proud of their quality improvement efforts had prepared special poster presentations that were to be displayed in the Capitol Rotunda during WHA's Advocacy Day 2020, which was canceled due to the COVID-19 pandemic. Children's Wisconsin prepared two separate poster presentations – you can see the other presentation in [last week's](#) The Valued Voice. WHA is pleased to highlight these efforts in today's and future editions of The Valued Voice.

In an effort to decrease the use of post-operative opioids in children undergoing appendectomies, Children's Wisconsin's Department of Pediatric Surgery began a quality initiative improvement project in 2017.



Click on image to enlarge this poster presentation

For many children, perioperative care after an appendectomy may be their first exposure to opioids. This quality improvement project was implemented to assess current practice of prescribing pain medications after an appendectomy to decrease unnecessary opioid use via simple, targeted steps. A Plan-Do-Study-Act (PDSA) methodology was used to determine the best interventions to improve opioid use after appendectomies. These interventions included the use of ice packs in the post-anesthesia care unit, documenting pain scores within 30 minutes of return to the hospital bed postoperatively, and using a standard order set for care with scheduled non-opioids like Tylenol and Ibuprofen.

After the completion of the PDSA cycles, there was a 93% decrease in intravenous and a 54% decrease in the use of oral opioids while in the health care system. Overall, the total number of prescribed doses of opioids decreased from a median of 17 doses to 11 doses. A period of sustainment and monitoring occurred over an 18-month period. Outcomes were notable for compliance of greater than 99% use of the standard order set, 96% reduction in intravenous opioid use, and greater than 67% reduction in oral opioids. At discharge, the total number of opioid prescriptions decreased by greater than 58% with only 54% of the prescriptions being filled at a pharmacy. The total number of opioid doses was reduced by greater than 79%.

Given the success of the quality initiative, Pediatric Surgery has expanded the goals to use scheduled Tylenol and Ibuprofen for at least 48 hours, use opioids only in the immediate post-operative period and prescribe only three to five doses of opioids if a prescription is needed at discharge. Another 2020 goal is to leverage the electronic medical record for prescriptions that may need to be provided after discharge, using electronic prescribing to eliminate the "just in case" prescriptions that were being provided at discharge.

Given the success of the quality initiative, Pediatric Surgery has expanded the goals to use scheduled Tylenol and Ibuprofen for at least 48 hours, use opioids only in the immediate post-operative period and prescribe only three to five doses of opioids if a prescription is needed at discharge. Another 2020 goal is to leverage the electronic medical record for prescriptions that may need to be provided after discharge, using electronic prescribing to eliminate the "just in case" prescriptions that were being provided at discharge.

### Reaction from Local State Legislators:

"Wisconsin health care has earned its place as a national leader in patient safety because of the hard work of hospitals like Children's Wisconsin. This proactive quality improvement work, demonstrated and shared by Children's to all hospitals in Wisconsin, benefits patients and their families by encouraging recovery strategies that lean less on pain medication, helping patients recover sooner and reducing opioid exposure among children."



Rep. Rob Hutton

– State Rep. Rob Hutton (R-Brookfield)

## **ATTENTION: Post-Acute Conference Alternative – Register today**

With the cancellation of the in-person Post-acute Conference, WHA is excited to announce a live webinar presentation at no cost.

### **Post-acute transitions in a pandemic: How COVID-19 disrupts hospital discharge strategy**

**Thursday, August 6, 2020**

10:30 a.m. – noon CST

#### **Program Description:**

Post-acute care is key for accelerating hospital throughput to ensure beds are available during potential COVID-19 surges and for providing critical rehabilitation services for patients with and without a COVID-19 diagnosis. But the epidemic has upended the role post-acute should play, particularly the transition patterns between acute and post-acute providers.

Learn how each post-acute setting fits into a hospital's updated discharge strategy and find opportunities to optimize relationships and support post-discharge care.

#### **Learning Objectives:**

At the conclusion of the webinar, attendees will be able to:

- Describe how the COVID-19 pandemic has altered the role post-acute should play
- Describe how each post-acute setting fits into a hospital's discharge strategy
- Identify the opportunities to optimize relationships and support post-discharge care

#### **Intended Audience:**

Chief Medical Officers, Chief Nursing Officers, Quality Leaders, Skilled Nursing and Home Health

#### **Featured Presenters:**

Jared Landis is the Executive Director of the Advisory Board's post-acute research practice and a national spokesperson for the company, regularly presenting at industry conferences such as the American Health Care Association, National Association for Home Health and Hospice, and Leading Age. In 2010, he helped launch and continues to lead the Post-Acute Care Collaborative, which provides original research and dedicated resources to assist post-acute and long-term care providers, as well as hospital systems. Landis is a subject matter expert in post-acute market trends, post-discharge care management initiatives, and acute/post-acute alignment strategies. He is a 2005 graduate of Duke University with a Bachelor of Arts in Economics.

**Register today at:** <https://www.whareg4.org/PostAcuteWeb0806/>

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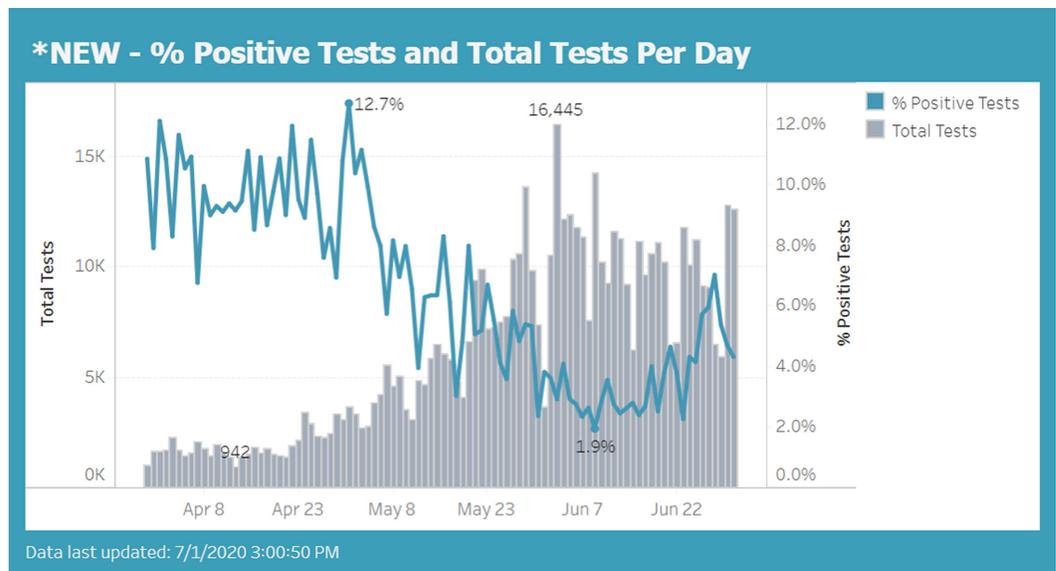
[@Wisconsin Hospital Association](#)

WHA Senior Vice President of Public Policy Joanne Alig led a discussion on the upcoming state budget and the potential financial implications for Wisconsin hospitals and health systems. May economic projections appeared better than April's, but unemployment was still in double-digits at 12%. State revenue projections were down significantly in April, and although May projections appeared better than April's, more precise revenue projections will not be available until after July 15 – the deadline for 2020 tax filings. Economic changes impact enrollment in health care coverage, with enrollment in the state's Medicaid program increasing nearly 72,000 from March to May 2020. It is projected the state will see reductions in commercial coverage and an increase in the uninsured rate as well, although precise data is not yet available.

Alig also updated the council on a new white paper from Benefit Services Group, Analytics

(BSGA) which cautions against using incomplete data to rank physicians, as is attempted in a study released last December. The original study from GNS Healthcare was funded by the Business Health Care Group (BHCG) and the Greater Milwaukee Business Foundation on Health. BSGA found several shortcomings in the study which make it unlikely to improve health care delivery. (Read more in [last week's The Valued Voice](#).)

PLC members reviewed a revised set of 2020 WHA goals related to physician leadership, education and wellness. Because of the COVID pandemic, both the Physician Leader Development Conference and the Rural Health Conference were canceled in 2020. WHA Vice President of Education and Marketing Leigh Ann Larson reviewed [WHA's On-demand Learning Center](#). The Learning Center provides 24/7 access to educational resources such as documents, videos and recorded webinars, and video links. PLC members affirmed WHA's decision to increase on-demand learning resources while also looking forward to connecting with physician leader colleagues in person at the 2021 Physician Leadership Development Conference in Kohler, pending the status of the COVID-19 pandemic. Larson also informed the group that an education survey will be sent to them, as well as their colleagues, at the end of July. This survey will have questions related to virtual learning topics and future in-person events.



*These graphs from WHA's COVID-19 dashboard show pandemic trends in Wisconsin – PLC members discussed local experiences at their June 24 virtual meeting.*

