

IN THIS ISSUE

State’s DHS Moving to New Phase of Remdesivir Distribution..... 1

HHS Announces Changes to COVID-19 Hospital Daily Data Reporting..... 1

HHS Announces \$4 Billion in Additional Provider Relief Funding for Safety-Net and Rural Hospitals..... 2

New AHA Report Paints Grim Picture for Hospital Financial Futures 3

DHS Accepting GME Residency Expansion Grant Applications..... 4

New Educational Events from WHA Available in August..... 4

EDUCATIONAL EVENTS

July 22, 2020

Being Present: The Science of Mindfulness
 Webinar

July 23, 2020

The Calm Person in the Boat: Leveraging Emotional Intelligence during COVID-19
 Webinar

July 28, 2020

Will there be a Doctor in the House? Physician Supply, Demand and Staffing in the Era of COVID-19
 Webinar

State’s DHS Moving to New Phase of Remdesivir Distribution

As directed by the U.S. Department of Health and Human Services (HHS), the State of Wisconsin is moving to a new Remdesivir distribution process as early as next week. Over the past few months, the Wisconsin Department of Health Services (DHS) has received a periodic allocation of Remdesivir from HHS and has distributed that supply based on requests that hospitals submit. The supply was distributed to hospitals free-of-charge. Going forward, the state will continue to allocate Remdesivir, but hospitals will be invoiced by the Remdesivir distributor, AmerisourceBergen. When indicating a desire to receive a Remdesivir distribution from DHS you are also agreeing to pay for the drug that you receive.



This [Fact Sheet](#) from HHS provides more detail, including the cost of Remdesivir; hospitals will pay no more than the wholesale acquisition cost (WAC) set by Gilead, which amounts to approximately \$3,200 per treatment course.

For more information, contact dhsoperations@dhs.wisconsin.gov, a special email account multiple DHS staff monitor.

HHS Announces Changes to COVID-19 Hospital Daily Data Reporting

The U.S. Department of Health and Human Services (HHS) [announced](#) on July 13 significant changes to how it will be collecting COVID-19-related data hospitals report daily to the federal government.

Starting July 15, hospitals may no longer utilize the National Healthcare Safety Network reporting system to report hospital COVID data. While that system will remain for the quality reporting metrics it was developed for, its hospital COVID-19 data module will be retired. Instead, hospitals will be required to report this data through one of two methods:

1. Report data to state health departments that have been certified by the Assistant Secretary for Preparedness and Response (ASPR) to report this information on hospitals’ behalf to the federal government.
2. Directly report this data via the HHS TeleTracking portal. This portal was developed for special data reporting requests to inform HHS hotspot funding and Remdesivir distributions to hospitals and states.

Additionally, HHS has asked hospitals to prioritize reporting the following data fields beginning on July 15, while expecting all the remaining fields to be reported by July 22.

(continued on page 2)

- Previous day's new adult admissions for confirmed COVID-19
- Previous day's new adult admissions for suspected COVID-19
- Total adults hospitalized for COVID - suspected and confirmed
- Total hospitalized for COVID - confirmed only
- Total adults in ICU with COVID - suspected and confirmed
- Total adults in ICU with COVID - confirmed
- Remdesivir doses

What does this mean for Wisconsin hospitals? WHA is currently communicating with the Wisconsin Department of Health Services (DHS) and ASPR to determine Wisconsin's official certification status. While DHS has been collecting data hospitals submit into EMResource on a daily basis and reporting it to HHS for some time now, it is unclear whether it has been officially certified by ASPR. DHS has informed WHA and others that it is working to add the additional fields HHS has requested to EMResource so it can continue to report all information to HHS on hospitals' behalf. WHA has been relaying the concerns from Wisconsin hospitals and health systems on the heavy data reporting burden that has only been exacerbated by the COVID-19 pandemic, and is working to expediently clarify this so that hospitals do not need to report this data separately.

For additional information, contact WHA Chief Quality Officer [Beth Dibbert](#) or Director of Federal and State Relations [Jon Hoelter](#).

HHS Announces \$4 Billion in Additional Provider Relief Funding for Safety-Net and Rural Hospitals

The U.S. Department of Health and Human Services (HHS) [announced](#) on July 10 an additional \$4 billion will be allocated to certain safety-net hospitals and rural hospitals and clinics that missed out on the first iteration of funding distributions.



In May, [HHS distributed \\$10 billion to rural hospitals](#), rural health clinics and federally qualified health centers that met certain rural criteria. The funding amounted to about \$328 million for 73 rural hospitals in Wisconsin with an additional \$35 million going to rural health clinics and federally qualified health centers in Wisconsin. And in mid-June, [HHS distributed \\$10 billion to safety-net hospitals](#) that met certain criteria. Unfortunately, only four hospitals in Wisconsin qualified for a total of \$45 million from that distribution, leading WHA to express concern with Wisconsin's Congressional Delegation over the arbitrary criteria that led to Wisconsin safety-net hospitals largely missing out on relief.

While the newest announcement is welcome news, HHS has still not announced which hospitals will qualify – despite WHA and others asking for additional transparency in how this funding is being distributed. According to HHS, the enhanced safety-net funding will go to 214 additional hospitals across the country, including [nine total in Illinois and Wisconsin that will share \\$130 million](#). It is currently unclear how much of that will go to Wisconsin or Illinois hospitals. HHS says safety-net hospitals that met previous criteria, while also having an average margin of less than or equal to 3% in any two consecutive of the last five years, will be eligible.

Additionally, HHS intends the additional rural funding to go to rural hospitals and clinics that serve rural populations but are not themselves located in the rural census tracts HHS previously announced in May. HHS says this will go to 479 rural hospitals and clinics nationally, including [\\$41 million to 19 rural hospitals and clinics in Wisconsin](#).

While this is welcome news, Wisconsin hospitals and health systems have received about \$1 billion total of the \$105 billion in Provider Relief Funding distributed so far, despite experiencing more than \$2.5 billion in lost revenue due to COVID-19 and facing continued future financial uncertainty. WHA continues to advocate with the Wisconsin congressional delegation for needed financial assistance for Wisconsin hospitals and health systems as the U.S. Senate develops its next COVID relief package in the next few weeks.

For more information, contact WHA Director of Federal and State Relations [Jon Hoelter](#).

New AHA Report Paints Grim Picture for Hospital Financial Futures

A recent American Hospital Association [survey of hospitals and health systems](#) across the country paints a grim picture of unprecedented revenue losses totaling more than \$120 billion through the end of 2020. The study found that further losses through the end of the year means that pandemic-related lost revenue will total more than \$320 billion nationwide, and a large majority of facilities (67%) predict that patient volume won't return to typical levels until 2021 at the earliest.

The AHA study was conducted in June, with 1,360 hospitals in 48 states responding to a survey. One-third of the responses came from hospitals and health systems in rural areas. The survey asked for data on reductions in inpatient and outpatient volumes compared to the previous year, and queried hospitals on when they expect to return to baseline patient volumes.

The overall revenue loss numbers continue to grow – a previous AHA study showed the nation's hospitals have already suffered \$202.6 billion in losses between March and June 2020, so additional substantial losses could put patient access to care at risk. Importantly, these losses do not account for the recent rise in COVID-19 cases or assume any other future surges, so the study's predicted losses could be underestimated. The AHA's estimates also do not include other potential increased expenses, such as the costs for drugs, supplies of personal protective equipment, or an increase in the amount of uncompensated care due to high unemployment levels.

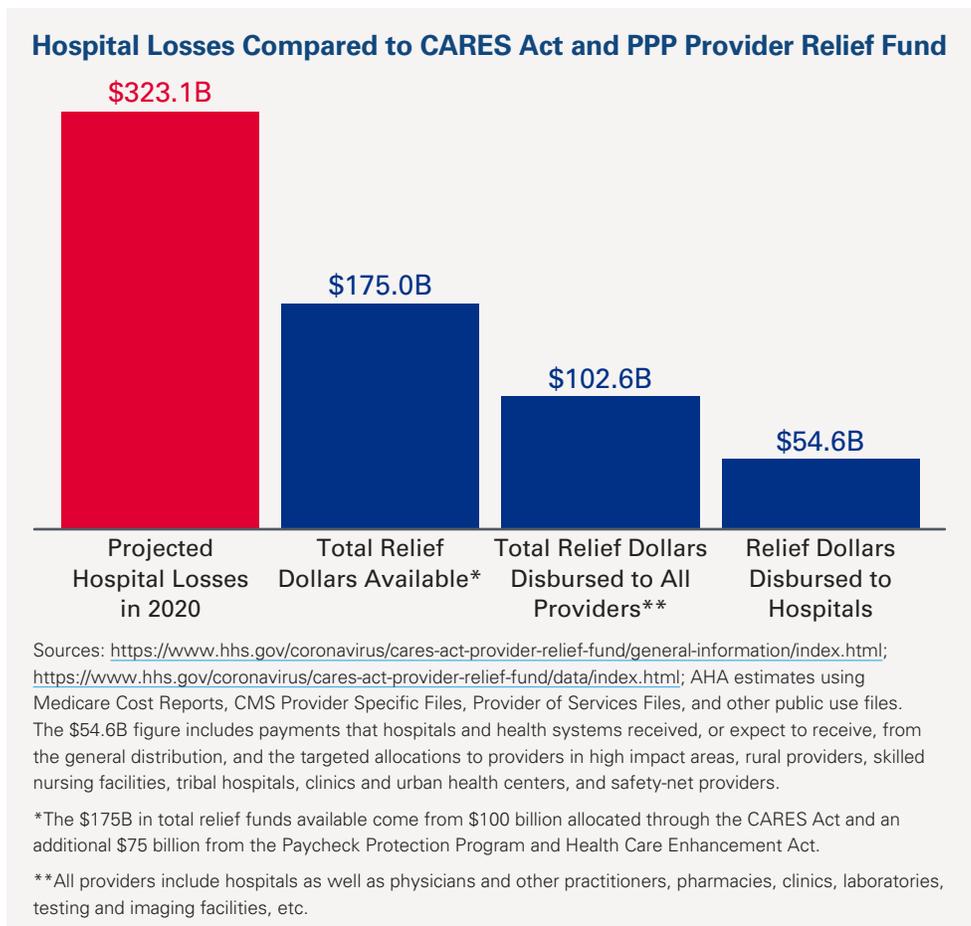
"This national study sounds very similar to what our Wisconsin hospitals and health systems are dealing with," WHA President and CEO Eric Borgerding said. "Our own survey of state hospitals and systems showed more than \$2.5 billion in lost revenue from mid-March through mid-May due to following national government directives to halt all non-emergency surgeries. And while our hospitals have carefully started to return to providing regular care, Wisconsin isn't back to normal, either," Borgerding said.

"We are appreciative of the dollars that have come from Washington to help alleviate some of the losses, but the damage continues to mount, especially for those 'in-between' hospitals – those that have not received additional aid because they are not rural or are not COVID 'hotspots,' yet suffered massive losses just the same," Borgerding said. "There are more than a few of those 'inbetweeners' hospitals here in Wisconsin, and they are being overlooked and forgotten. This is increasingly concerning, and we need to address that in future relief efforts."

The AHA study points out that government-funded relief for hospitals and health systems has not kept pace with the estimated \$323 billion in losses (see FIGURE 1 from the AHA study).

"We're fortunate to have nation-leading health care in Wisconsin," Borgerding said. "In order to make sure folks across the state can maintain access to that care, we need our state and federal policymakers to stand up for their community hospitals and health systems, just like how health care has stepped up during this pandemic."

FIGURE 1



DHS Accepting GME Residency Expansion Grant Applications

In continuing an initiative first supported by WHA to help with Wisconsin's health care workforce in the state's rural areas, the Wisconsin Department of Health Services (DHS) is now accepting applications for adding up to three new resident positions to existing accredited graduate medical education (GME) programs. Each position is capped at \$75,000 per year for the length of the residency.

You can view the application process at this [DHS website](#). Completed proposals are due by noon on August 20, 2020. The program's goal is to increase the number of residencies in priority specialties of family medicine, general internal medicine, general surgery, pediatrics and psychiatry, although other specialties may also be considered.

The "Grow Our Own" Equation



WHA has long been a leader in addressing Wisconsin's health care workforce challenges. More physicians completing their residency training in Wisconsin can lead to those physicians staying in the state for their medical career. This "Grow Our Own" strategy involves providing students with Wisconsin ties and attending an in-state medical school additional opportunities for

Wisconsin residencies. When this happens, there is an 86% likelihood that the physician puts down roots in the Badger State.

Any questions or requests for application process clarifications should be sent to DHS' [Linda McCart](#) by noon on July 28. While emails will be acknowledged, they will not be answered individually – instead, responses will be posted to the [DHS website](#) on or before July 31.

New Educational Events from WHA Available in August

Tuesday, August 4 | 1-2 p.m.

[Improving Employee Engagement through Fiscal Wellness in a Post COVID-19 World](#)

Presentation by: HealthCare Associates Credit Union (WHA Corporate Member)

With the recent coronavirus spread, almost all aspects of health care workers have felt some degree of stress. Whether it is emotional stress from caring for patients, stress due to exhaustion, loss of income or even being furloughed, it's important to engage your employees with financial wellness resources so they know the organization cares about them. We'll review free information for your employees that they have access to today, identify resources they can take advantage of and discuss ways you can help reduce the added stress that personal finances can be adding on in these difficult times.

Recording: This webinar will be recorded and posted, within 24 hours after its completion, to the [WHA On-demand Learning Center](#). This webinar will be secure. After clicking on the title, you will be brought to the Member Portal where you will need to enter your login and password.

Thursday, August 6 | 10:30 a.m. - noon

[Post-acute Transitions in a Pandemic: How COVID-19 Disrupts Hospital Discharge Strategy](#)

Presentation by: Jared Landis with the Advisory Board

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.

Recording: TBD

(continued on page 5)

(New Educational Events from WHA Available in August . . . continued from page 4)

Monday, August 10 | 1-2 p.m.

[Understanding How Overnight Telehealth Hospitalists are Improving Satisfaction and Generating Revenue in Critical Access Hospitals](#)

Presentation by: Horizon Virtual TeleHealth Services (WHA Corporate Member)

Hospitals across the nation are experiencing the financial pressures of the COVID-19 pandemic. Since 2010, at least 128 rural hospitals have closed, with at least an additional 450 (21% of rural hospitals) found to be financially unstable. In total, more than 21,500 beds are in jeopardy. Our current medical and financial situation in health care has not helped this worsening state of affairs. Darin Willardsen, M.D. will share with you how TeleHealth Hospitalists are admitting, consulting and cross-covering patients in remote hospitals across the region. This service is helping to seamlessly care for patients in remote locations during the overnight hours with board certified Internal Medicine Hospitalists. The result of this service has shown lower patient transfer rates, increased patient satisfaction as well as an increase in nursing and provider satisfaction. Many of the institutions that have utilized Horizon Virtual have also shown a positive return on investment with the service.

Recording: This webinar will be recorded and posted, within 24 hours after its completion, to the [WHA On-demand Learning Center](#). This webinar will be secure. After clicking on the title, you will be brought to the Member Portal where you will need to enter your login and password.

Tuesday, August 11 | Noon - 1 p.m.

[2020 Digital Health Trends](#)

Presentation by: The Advisory Board and EUA (WHA Corporate Member)

Join us as we explore the potential for digital technologies to transform health care. This presentation focuses on the state of digital strategy among health systems today. It covers key market trends in the digital health space, top challenges health systems face in their digital transformation, and the provider CIO's perspective on the biggest opportunities for digital technologies to have an impact.

Recording: This webinar is sponsored and coordinated through The Advisory Board and EUA. Contact event organizer, at the link above, for questions on recording and all other aspects of the webinar.

Follow Us



[@WIHospitalAssociation](#)



[@WIHospitalAssn](#)



[@Wisconsin Hospital Association](#)