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WHA Raises Concerns Over Hospital Mandate Proposal

The Wisconsin Hospital Association warned the State Legislature this afternoon that proposed legislation being pushed by AARP would saddle hospitals with unnecessary new regulatory burdens in a patient care area where Wisconsin is already a national leader. Dubbed by its proponents as the "Care Act," the proposed bill would create state-level regulations dictating how hospitals designate and involve a caregiver during the hospital discharge process, despite the fact that according to the latest CMS release of Hospital Compare data, Wisconsin ranks second in the nation in patient satisfaction rates regarding post-discharge care and information.

A [memo to all Wisconsin state legislators](#) opposing the proposal pointed out that Wisconsin's proactive innovation in this area coupled with existing federal requirements would make any state mandates unnecessary. In the memo, WHA discussed the impact of additional regulatory burden on hospitals and health care providers. Citing data from the American Hospital Association, WHA stated the average size hospital dedicates 59 FTEs to regulatory compliance, over one-quarter of which are physicians or nurses, resulting in a cost of \$1,200 for every patient admission and contributing to provider burnout.

"We believe the work already being done . . . has successfully enabled Wisconsin hospitals to achieve some of the best care outcomes in the nation," according to the memo. "This legislation will waste hospital resources on more regulatory compliance and distract from ongoing and effective quality improvement efforts."

The bill was circulated for potential legislative cosponsors this afternoon by State Sen. Pat Testin (R-Stevens Point) and State Assembly Rep. Ken Skowronski (R-Franklin), both of whom appeared at the AARP press conference about the bill.

Stay tuned to future issues of *The Valued Voice* for more information as it develops.

DHS Announces Second Round of APC, Allied Health Grants

Wisconsin's Department of Health Services (DHS) has [announced](#) the award of the second round of grants to help rural health care providers increase the number of advanced practice clinicians (APCs) and allied health professionals. These WHA-supported grants are modeled after a successful matching-grant initiative crafted by WHA to expand capacity for physician residency experiences in Wisconsin. The APC and allied health professional grant programs were first authorized in the 2017-2019 state biennial budget through legislation aimed at improving rural health care.



Grants totaling over three-quarters of a million dollars were awarded to eight Wisconsin health care organizations.

(continued on page 4)

EDUCATIONAL EVENTS

September 24, 2019
*WCMEW 2019 Summit:
Workforce Innovations for Now
and Into the Future*
Oshkosh, WI

September 30, 2019
*Promoting Professional
Accountability and a Culture of
Safety and Respect*
Webinar

Monthly
Health Care Workforce Resilience
Free Member Webinar Series

Wisconsin Uninsured Rate Holds Steady in 2018

Census data show increase in uninsured nationally

On September 10, the U.S. Census Bureau published the data from their annual population survey. Nationally, the uninsured rate increased to 8.5% in 2018, the first increase since 2009. A decline in Medicaid enrollment was cited as a leading cause of the overall increase, while Medicare coverage experienced a slight uptick (0.4%). Employer-based insurance continued to be the most common form of coverage, insuring 55.1% of the population.

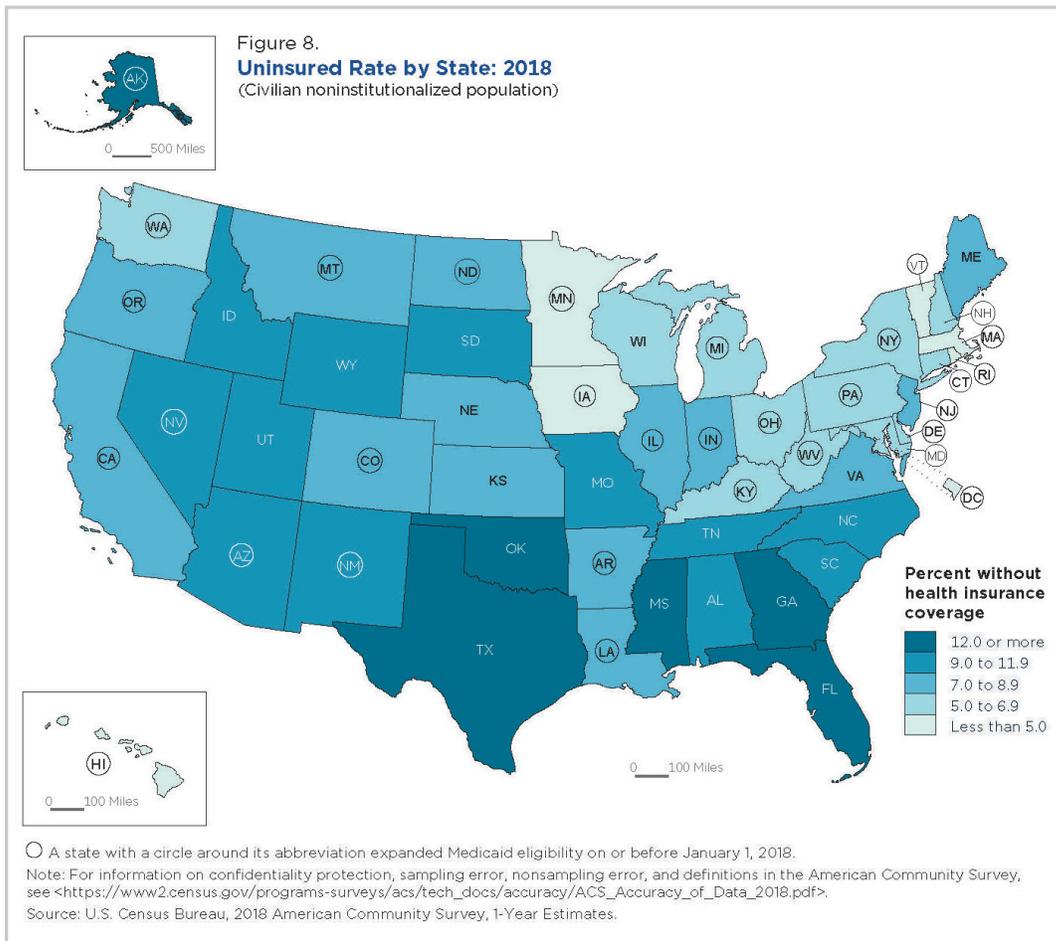
In Wisconsin the uninsured rate did not change significantly, calculated at 5.5%, compared to 5.4% for the previous year. Wisconsin ranks 11th-best nationally and continues to be a standout among states that have not expanded Medicaid under the Affordable Care Act. Wisconsin is the only non-expansion state in the top 25.

“Maintaining the gains we have made in insurance coverage is a top priority for WHA and our members,” said Eric Borgerding, WHA president and CEO. “It is reassuring to see this sort of coverage stability and for Wisconsin to continue to be a national leader in access to coverage.”

Uninsured Rate: 2008 to 2018



Note: Estimates reflect the population as of July of the calendar year. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2018.pdf>. Source: U.S. Census Bureau, 2008 to 2018 American Community Surveys, 1-Year Estimates.



Grant Funds will Enhance Perinatal Care

Review team collaborates to improve maternal outcomes

With the support of WHA and other Wisconsin health care stakeholders, the Wisconsin Department of Health Services (DHS) has been awarded a five-year, \$1.8 million grant from the Centers for Disease Control and Prevention (CDC). This grant will allow DHS to increase investment in the existing [Wisconsin Maternal Mortality Review Team](#) (MMRT). This Wisconsin task force convenes experts who meet quarterly to identify strategies that can decrease pregnancy complications, reduce maternal deaths and lessen disparities in Wisconsin.

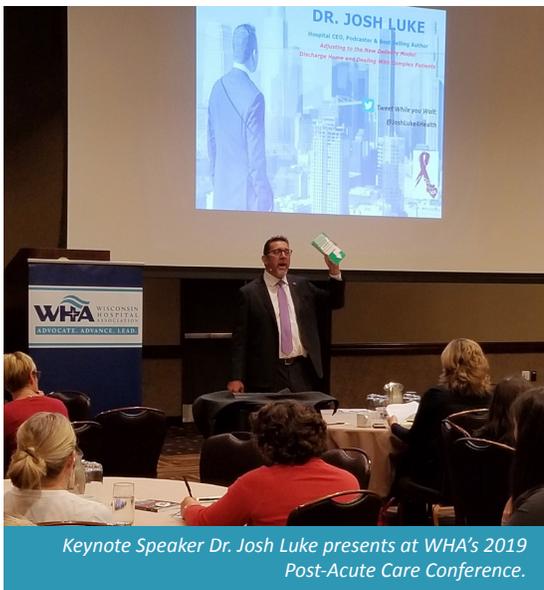
In addition to submitting a letter of support, WHA has committed to DHS to:

- Serve on the task force, and assist in the development of the strategic plan,
- Assist with disseminating recommendations from the Task Force and with implementing recommendations from the Wisconsin Association for Perinatal Care/Wisconsin Perinatal Quality Collaborative, and
- Directly support the work of the Wisconsin Maternal Mortality Review Team, for example, by offering WHA staff responsible for quality and patient safety as active participants.

“WHA and its members appreciate DHS’s successful pursuit of these CDC grant funds to help the MMRT expand its work and spend more time developing recommendations to improve pregnancy outcomes,” noted Eric Borgerding, WHA president and CEO. “This team exemplifies the collaboration that is the hallmark of Wisconsin’s health care improvement efforts.”

WHA’s Second Post-Acute Care Conference Focuses on “Avoidable Days”

“Avoidable Days”—hospital days in which the patient is medically stable for discharge but there is a barrier that prolongs the patient’s hospital stay—was the focus of WHA’s second Post-Acute Conference held September 6 in Wisconsin Dells. “Challenges in Post-Acute Care: Discharging Complex Hospital Patients” attracted 150 participants representing a diverse spectrum of professionals involved in post-acute care from hospital, nursing facility, and home health settings, as well as Department of Health Services and Family Care Managed Care Organizations.



Keynote Speaker Dr. Josh Luke presents at WHA’s 2019 Post-Acute Care Conference.

Keynote speaker Dr. Josh Luke, founder of the Readmission Prevention Collaborative, described how value-based purchasing has changed the incentives in selecting post-acute care options and challenged the audience to incorporate a “home first” orientation when looking at post-acute care options for patients. This approach is incorporated into Dr. Luke’s *Discharge with Dignity* Guide. While home discharge is not appropriate for all patients, the guide encourages doctors and hospitals to consider sending a patient home with resources—as opposed to an institution—to age, heal and recover. The guide illustrates which discharge destination (ranging on a continuum from home to long-term acute care hospital) is most appropriate given the patient’s condition, the monetary costs to the patient, and financial penalties for hospitals and doctors if patients are consistently discharged from the hospital to post-acute institutions.

Following the keynote, six breakout sessions explored topics including Family Care MCO case management for hospitalized members; how county nursing homes serve complex patients discharged from the hospital; how health systems track avoidable days; hospital complex patient review committees; and how guardianship can be expedited to facilitate placement of patients into post-acute settings.

The diversity of providers represented both on the panels and in the audience provided an opportunity for exchanging ideas and increasing understanding of what role each type of provider plays in ensuring appropriate, quality care for complex patients in acute and post-acute settings.

(DHS Announces Second Round of APC, Allied Health Grants . . . continued from page 1)

Providers receiving the APC grants:

- Aspirus - hospitals located in central Wisconsin
- Hospital Sisters Health System (HSBS) Eastern Wisconsin Division/Prevea Health - hospitals located in Northeast Wisconsin
- Marshfield Clinic Health System - Marshfield, Wisconsin
- SSM Health - hospitals located in South Central Wisconsin

Providers receiving the allied health grants include:

- Hospital Sisters Health System (HSBS) St. Clare Hospital and HSBS hospitals located in Northeast Wisconsin
- Marshfield Clinic Health System, Marshfield, Wisconsin
- Oregon Mental Health Services, Oregon, Wisconsin
- Upland Hills Health, Inc., Dodgeville, Wisconsin

Eric Borgerding, WHA president and CEO notes, “These grants make training opportunities available to expose more individuals to rural communities and help address rural workforce shortages. This ‘grow our own’ strategy is another great example of bipartisan policymaking to support the workforce needed to sustain Wisconsin’s top-quality health care.”