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EDUCATIONAL EVENTS

November 17, 2020

Carpe Diem! Be Prepared to Leverage the New “Industrial Revolution”
 Webinar

November 19, 2020

Prioritizing & Funding IT during a Pandemic
 Webinar

Starting December 7, 2020

Chargemaster Coding Updates and Implementation for 2021
 Self-study modules

Packers, Brewers, Bucks Join *Stop the COVID Spread!* Coalition

Packers players in new public education announcement

All three of Wisconsin’s major professional sports teams have signed on to the “Stop the COVID Spread!” coalition. The coalition released this week its second public education announcement on broadcast TV and digital platforms statewide, featuring three players from the Green Bay Packers.

The latest ad features Packers players Adrian Amos, Kenny Clark and Marquez Valdes-Scantling encouraging Wisconsin residents to do their part in the team effort to help slow the spread of COVID-19.



Green Bay Packers player Adrian Amos in the new public education announcement.

“We know that everyone must do their part to stop the rapid spread of COVID-19 in our state and we are pleased to join this effort through a public service announcement and encourage Wisconsinites to join our team in wearing masks, social distancing and washing your hands. It’s time to get in the game Wisconsin!” said Packers President and CEO Mark Murphy.

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In a release to the Southeast Wisconsin community, the Milwaukee Health Care Partnership wrote: *Concerned healthcare providers in southeast Wisconsin issued a plea to the public today: COVID-19 is real. As the region continues to break daily records of newly diagnosed patients, hospitalizations and deaths with no signs of slowing, their message is clear: we can’t stop fighting COVID-19. Recognizing that the public is suffering from “COVID fatigue” and sometimes hearing conflicting information, physician leaders from Advocate Aurora Health, Ascension Wisconsin, Children’s Wisconsin, Froedtert & Medical College of Wisconsin, Pro-Health Care and Milwaukee’s Community Health Centers issued this joint plea to address the public’s weariness about doing what works.*

A Plea to Our Community about COVID-19

From Physician Leaders in Southeast Wisconsin

Today is October 29, 2020.

4,463. That’s the number of people in southeast Wisconsin* who tested positive for COVID-19 in the last 72 hours.

567. That’s the number of people in southeast Wisconsin currently in the hospital with COVID-19.

THIS IS REAL.

But this isn’t about numbers. It’s about people. People you know and care about. Your mom. Your dad. Your grandparents. Your husband. Your wife. Your kids. Your partner. Your friends. Your neighbors. Your co-workers.

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(A Plea to Our Community about COVID-19 . . . continued from page 1)

It's also about protecting the people who keep our communities going. Healthcare workers. Essential workers. First responders.

But we get it. You're tired. We are too.

We also get that you're hearing mixed messages about what you should do. About what works.

You trust us to take care of you when you're sick...right? We're asking that you **trust us** when we say: **You have the power.** Every. Single. One of you.

The power to keep yourself safe and to keep people around you safe - it's simple and it doesn't cost much.

1. Wear a mask.
2. Wash your hands.
3. Watch your distance.
4. Get your flu shot.

If we all take these small actions, we can turn this around and keep ourselves and our loved ones safe.

As healthcare providers, we stand united in our commitment to care for the health, well-being and safety of our communities.

We will be here for you when you need us. **Will you join us?**

Gary Stuck DO
Advocate Aurora Health

Aronica Williams MD
Milwaukee Health Services, Inc.

Gregory Brusko DO
Ascension Wisconsin

Anthony Linn MD
Outreach Community Health Centers

Michael Gutzeit MD
Children's Wisconsin

Allison Kos DO
Progressive Community Health Centers

Jonathon D. Truwit MD
Froedtert Health and the Medical College of Wisconsin

Arthur Coffey MD
ProHealth Care

Lyle Ignace MD
Gerald L. Ignace Indian Health Center

Pamela Wilson MD
Sixteenth Street Community Health Centers

Joseph E. Kerschner MD
Medical College of Wisconsin

** Reflects Southeast Wisconsin Healthcare Emergency Readiness Coalition (HERC): Fond du Lac County, Kenosha County, Milwaukee County, Ozaukee County, Racine County, Sheboygan County, Walworth County, Washington County, Waukesha County. Data Sources: COVID-19 cases come from Wisconsin Electronic Disease Surveillance System. All other data comes from EMResource.*

WHA Physician Leaders Council Considers Key Policy Issues

Dr. Thomas Voelker, chief medical officer (CMO) of Aspirus Riverview Hospital & Clinics, led the October 19 WHA Physician Leaders Council (PLC) meeting in his new role as chair of the PLC.

The physician leaders who comprise the PLC had a robust discussion of health care costs in response to a presentation on health care costs in Wisconsin by WHA Senior Vice President of Public Policy Joanne Alig. Alig presented the findings of the recently released Rand 3.0 study of health care costs as well as WHA's response to the Rand study's conclusions. Alig said Rand's conclusions are compromised by using a very small sample size of payments for health care services. In addition, the Rand study relies heavily on a comparison to Medicare payments that are influenced by many other factors besides the actual cost of care, making state by state comparisons problematic.

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(WHA Physician Leaders Council Considers Key Policy Issues . . . continued from page 2)

PLC members provided important feedback regarding what they are hearing about health care costs in their communities. One member noted that employers are most focused on unit price although he hears from patients who are concerned about co-payments and high deductible limits. Another PLC member emphasized the need to recognize utilization as an important component of the total cost of care.

Alig also described the key findings of a recent study performed by BSG Analytics (BSGA). The BSGA study found that health care insurance premiums, a very good proxy for health care costs, are about average in Wisconsin compared to other states while both quality of care and access to care in Wisconsin are above average.

PLC members relayed their experiences with respect to WHA's efforts to effect public policy and regulatory rule changes related to the COVID-19 pandemic. WHA General Counsel Matthew Stanford described WHA's successful effort to have the Wisconsin Department of Safety and Professional Services (DSPS) reinstate waivers and orders related to licensure reciprocity with other states that were put in place early in the pandemic but had since expired. A number of PLC members stated that the extended license reciprocity has been very valuable for hiring nursing personnel. Stanford also outlined other regulatory changes adopted by DSPS at WHA's urging with respect to telehealth, expiring credentials, licensure reinstatement and practice waivers. Members noted that while the increased use of telehealth has been a very valuable resource for patient care during this pandemic, robust broadband access remains an issue in rural areas. One PLC member observed that "telehealth has been embraced by families."

WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk and WHA Vice President of Policy Development Laura Rose outlined WHA advocacy efforts to modify recent Department of Health Services (DHS) guidance regarding the acceptance of new admissions by skilled nursing facilities when there is a staff member or patient with COVID-19 and regarding health care workers who have been exposed to a person with COVID-19. In both instances, WHA's efforts have led to modifications giving health care institutions greater flexibility in caring for patients and in keeping the health care workforce available. Rose also led the PLC in a discussion of the CY 2021 Medicare Physician Fee Schedule proposed rule. Key changes include a reduction in the conversion factor, changes to telehealth rules, and to Medicare's Quality Payment Program.

WHA Vice President of Education and Marketing Leigh Ann Larson gave an overview of WHA's 2021 education plans. Given the pandemic induced constraints on in-person learning for at least the near future, WHA is moving to a blended learning approach for 2021 including webinars, online education (recordings available on WHA's On-demand Learning Center) and, if possible, in-person learning. Of note is that WHA's annual Physician Leadership Development Conference will be a two-part learning experience in 2021. A Physician Learning Day will take place on Friday, March 12, featuring the three nationally renowned speakers originally scheduled for the 2020 Physician Leadership Development Conference: Dr. David Nash, Bill Benjamin and William Martin. The second part will be an in-person Physician Networking Event at Kohler, Wisconsin, on September 14 and 15, which will include an evening reception with dinner followed by two educational sessions the following morning. Larson also shared that plans for both Advocacy Day and for the Rural Health Conference in 2021 are evolving.

WHA Board Meets Virtually, Grapples with COVID and Other Issues

WHA Board Chair Dan Meyer, president, Aurora BayCare Medical Center, called to order the WHA Board of Directors virtually on October 15 with a substantial agenda. WHA President and CEO Eric Borgerding kicked off the meeting by updating the Board on the Association's activities related to the COVID-19 surge, staff news, and the ongoing work to advance other priorities. The Board also heard updates from the Board's representatives to the American Hospital Association Regional Policy Board and the WHA councils.

New Board Members

The Board unanimously approved Pam White, chief nursing officer, Mayo Health System/Northwest Wisconsin Region and Imran Andrabi, president and CEO, ThedaCare as new at-large directors. Also of note, last month the Board unanimously approved a temporary change to the WHA bylaws to extend the terms of the current directors and officers for one year in recognition of the impact the COVID-19 pandemic has had on normal Board operations.



Pam White



Imran Andrabi

Marquette Law School Poll

Professor Charles Franklin, director of the Marquette Law School Poll, dissected the latest Marquette polling, including questions related to health care and COVID. Franklin said that according to the polling in October, 27% said they are very worried about being ill from the coronavirus, an increase from 21% in September. Twenty-one

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percent said they are not at all worried, virtually the same as the 19% in September. Franklin noted that in October, 72% agreed that masks should be required in public places, while 26% disagreed with requiring masks. The polling indicated that in August, 69% supported a mask requirement and 29% opposed.

State and Federal Advocacy Report

Borgerding provided the Board with an overview of WHA's coronavirus response, describing the close work with the Wisconsin Department of Health Services (DHS) and others within the administration, assistance provided to and meetings with legislators and staff, and work with a coalition representing leading health care, business, and local government organizations focused on containing the spread of the virus. Borgerding said to the Board, "WHA is well aware of the challenges you are all facing as COVID and non-COVID patient care surges, while at the same time the toll COVID is taking on the workforce is stressing and challenging health care capacity." Borgerding continued, "With all this in mind, the WHA team has been extremely active working to relieve stress points identified by your teams."

Members of the WHA team provided details of the WHA response, including describing the packages of policy items submitted to the administration that would help address workforce and facility capacity issues, work on DHS guidance documents related to post-acute care and workforce issues, and coordination on testing and the alternative care facility issues. The Board also heard about state orders requiring masks and limiting public gatherings and challenges to those actions. Borgerding described the multi-industry coalition public service announcement campaign aimed at stopping the COVID spread.

WHA Vice President of Federal and State Relations Jon Hoelter shared an update on pressing issues at the federal level. Hoelter noted that Congress had been unable to come to agreement on a COVID package due to disagreements over the level of spending. Fortunately, both sides have included more funding for hospitals in the Provider Relief Fund, but recent guidance from the U.S. Dept. of Health & Human Services (HHS) changed how hospitals can use these funds. Instead of supplanting lost revenue due to COVID, HHS changed guidance to be based on a change in hospitals' operating margin. WHA and the Rural Wisconsin Health Cooperative sent a letter to HHS expressing concern over these changes and is continuing to ask for support from the Wisconsin congressional delegation to get HHS to revert back to the former guidance. Hoelter also covered recent work by WHA to address drug manufacturers' efforts to deny 340B discounts at contract pharmacies. WHA led a coalition letter signed by over 70 hospitals, Federally Qualified Health Centers, and HIV Ryan White clinics expressing concerns to HHS and has also been garnering support from our congressional delegation to get drug manufacturers to stop these practices.

WHA Senior Vice President, Government Relations Kyle O'Brien provided a preview of the upcoming state budget, emphasizing the budget priorities, process considerations, and immediate next steps. O'Brien also discussed the key member-hosted virtual roundtables with Senate and Assembly leadership and other virtual legislative visits. O'Brien provided details of a variety of ongoing and emerging priorities, including licensure issues.

WHA Senior Vice President of Public Policy Joanne Alig updated the Board on the work done by WHA's Medicaid Policy Work Group. Alig conveyed priorities for the upcoming biennium in several areas including reimbursement, telemedicine, behavioral health and administrative efficiencies. She noted that it will be a difficult state budget as DHS is already estimating a need for \$1.1 billion in state funding as the Medicaid "cost-to-continue." Alig also provided an update on recent work by WHA in the area of health care costs. This work includes understanding the benefits of integrated care, which is highly prevalent in Wisconsin, and understanding that the total cost and value of care should include not just unit price, but utilization, quality, and access as well. Alig shared information about a [recent study](#) from HC Trends, a research affiliate of Benefit Service Group Analytics (BSGA) that describes the high value of health care in Wisconsin.

Wisconsin COVID Vaccination Plan Summary Released

The Wisconsin Department of Health Services (DHS) has released an [executive summary](#) of the state's COVID-19 vaccination plan, which was submitted to the Centers for Disease Control (CDC) earlier this month. Titled "COVID-19 Vaccination: Planning in Action," the document outlines initial plans and approaches regarding vaccine availability, administration, delivery, safety and storage. DHS notes the plan is a work in progress and will undergo changes as national and state stakeholders' work develops.

WHA-Crafted ‘Grow Our Own’ Training Grants Awarded

\$3.1 million in grants spur on public-private partnerships to grow Wisconsin’s health care workforce

The Wisconsin Department of Health Services (DHS) has [announced](#) the award of the next round of matching grants, totaling more than \$3.1 million, to help rural hospitals, health systems and educational entities train more physicians, advanced practice clinicians and allied health professionals.

Originally crafted by WHA, the DHS Health Care Workforce Initiative is a collaborative partnership with WHA, Rural Wisconsin Health Cooperative, Wisconsin Collaborative for Rural GME, University of Wisconsin, Medical College of Wisconsin and others.

“In 2019, WHA asked the state to include additional in-demand specialties beyond the original primary care specialties in the physician residency grants and that change was made in the FY 2019-21 Wisconsin State Budget,” noted WHA Senior Vice President, Workforce and Clinical Practice Ann Zenk. “This year’s grant awards validate the need for that change with a wide range of specialties creating new residency opportunities for physicians.”

Grants to support Graduate Medical Education (GME) programs were awarded to:

- The NEW Dermatology Group, Green Bay – Micrographic Surgery/Dermatologic Oncology Fellowship
- Marshfield Clinic Health System, Marshfield – Anesthesiology Residency Feasibility Study
- Mayo Clinic Health System, Northwest Wisconsin Region, Eau Claire – Rural Psychiatry Training Track
- The Medical College of Wisconsin, Milwaukee – Child and Adolescent Psychiatry Fellowship
- Gundersen Lutheran Medical Center – Family Medicine Resident Training Program
- University of Wisconsin and UW Health – Obstetrics and Gynecology Rural Track Residency Program

There is also a sustained and growing interest in the Allied Health and Advanced Practice Clinicians training grants first implemented in 2017.

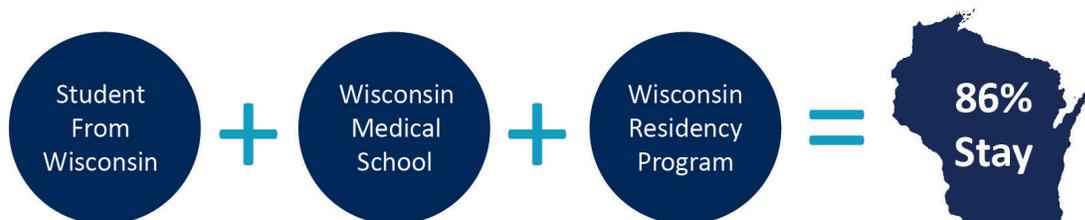
Advanced Practice Clinician training grants were awarded to:

- Aspirus – Central Wisconsin
- Aurora UW Medical Group – Northeast Wisconsin
- Cumberland Healthcare – Cumberland, Wisconsin
- Upland Hills Health – Dodgeville, Wisconsin

Allied Health Profession training grants were awarded to:

- Gundersen Lutheran Memorial Hospital – La Crosse, Wisconsin
- Marshfield Clinic Health System - Marshfield, Wisconsin
- Marshfield Medical Center Beaver Dam – Beaver Dam, Wisconsin
- Prairie Ridge Health – Columbus, Wisconsin
- Stoughton Health – Stoughton, Wisconsin

The “Grow Our Own” Equation



Matching grants create public-private partnerships based on what is called WHA’s 86% equation and are aimed at growing Wisconsin’s health care workforce.

“Providing clinical education and training opportunities to individuals with ties to Wisconsin increases the likelihood of that new clinician staying in Wisconsin to practice.” Zenk noted. “It grows our Wisconsin health care workforce.”

HHS Responds to Hospital Concerns, Clarifies Definition of Lost Revenue

On October 22, the U.S. Department of Health and Human Services [clarified guidance](#) on how hospitals may use federal CARES Act Provider Relief Fund (PRF) dollars.

The clarification comes in the wake of WHA and others [raising concerns](#) over a [notice](#) that was issued on September 19 that seemed to change the meaning of “lost revenue.” Prior to the September 19 notice, HHS had issued [FAQs on June 19](#) that suggested hospitals could use PRF dollars very broadly, stating in their FAQs that:

“You may use any reasonable method of estimating the revenue during March and April 2020 compared to the same period had COVID-19 not appeared. For example, if you have a budget prepared without taking into account the impact of COVID-19, the estimated lost revenue could be the difference between your budgeted revenue and actual revenue. It would also be reasonable to compare the revenues to the same period last year.”

Unfortunately, HHS’ September 19 notice changed the definition of “lost revenue” to mean “a negative change in year-over-year net patient care operating income,” which was akin to a change in a hospital’s operating margin. WHA and others raised concerns that this was not in line with the statute and prior guidance which clearly intended these dollars to be used for lost revenue. Changing the definition to a difference in margin could have penalized hospitals that cut expenses to deal with losses in revenue experienced during COVID. It also may have penalized states like Wisconsin that had a high number of rural hospitals with low COVID-related expenses.

With the new October 22 notice, HHS has reverted back to directing hospitals to use these PRF dollars for actual lost revenue. However, the new guidance requires hospitals apply the dollars to COVID-related expenses or the difference in the entire calendar year 2019 patient care revenues compared to calendar year 2020 revenues, rather than being able to compare certain months from each year. Hospitals may also incur additional expenses or lost revenues through June 2021 that they can compare to the same months of 2019 when allocating PRF dollars.

Lastly, the notice further clarified how systems may be able to allocate general distribution payments to other entities within their system. Specifically, it expands the definition of “reporting entity” to include, for example, “the parent of one or more subsidiary billing TINs that received General Distribution payments,” among other criteria. This applies even if a subsidiary hospital originally attested to the receipts of the funds.

Contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) with questions.

Fact Sheet and Webinar Available for Hospitals Seeking Emergency Workforce Resources

WHA has been working with the Wisconsin Department of Health Services (DHS) to address workforce shortage issues in Wisconsin hospitals related to COVID-19. DHS has established a process to access additional workforce resources and prepared a [fact sheet](#) outlining that process. The fact sheet emphasizes that prior to requesting emergency response resources, providers first should attempt to address needs locally, through existing staffing contracts and supply chains.

Once local options have been exhausted, a hospital may contact its regional Healthcare Emergency Readiness Coalition Coordinator (HERC), who will work with the local health officer to make the request via WebEOC to DHS on behalf of the hospital. Upon approval, DHS will make a [WEAVR request](#). If there is no response or an insufficient response from WEAVR, DHS can escalate the request to FEMA. The fact sheet includes the criteria that FEMA will expect to be met before FEMA will provide workforce resources. DHS has emphasized that hospitals should provide all of the information included under “FEMA Requests for Medical Resources” when making the initial request to expedite the process.

WHA held webinar October 6 explaining how to use the process. You can access a [recording of this webinar](#).

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(Packers, Brewers, Bucks Join Stop the COVID Spread! Coalition . . . continued from page 1)

The ad with the Packers is the latest in a series of public education announcements launched by the “Stop the COVID Spread!” coalition encouraging the use of crucial safety measures to help reduce the spread of COVID-19. The Milwaukee Brewers and Milwaukee Bucks organizations are also joining the “Stop the COVID Spread!” coalition, standing alongside the dozens of business and public health groups banding together in an appeal to Wisconsinites to do all they can in their personal lives to fight COVID-19.



“Teamwork is critical to success in baseball, and we are joining the ‘Stop the COVID Spread!’ team to encourage Wisconsin residents to take precautions,” said Rick Schlesinger, president of business operations for the Milwaukee Brewers.

“As Wisconsin continues to see the COVID-19 crisis grow, we must do our part to reduce infections and hospitalizations,” said Alex Lasry, senior vice president of the Milwaukee Bucks. “We are pleased to join the ‘Stop the COVID Spread!’ coalition and remind Wisconsin residents that now is the time to take action, get in the game and stop the spread of COVID-19.”

“We could not be more grateful to have these voices on our coalition team,” said Eric Borgerding, president and CEO of the Wisconsin Hospital Association. “As COVID in Wisconsin continues to spread at alarming rates and sets troubling new records every day, having the Green Bay Packers, Milwaukee Brewers, and Milwaukee Bucks speaking out on this issue could not have come at a more important time.”

You can watch the full video at www.wha.org/ProSports-PackersPSA.

“Stop the COVID Spread!” has grown to more than 45 of Wisconsin’s leading health care, business, and advocacy organizations. Learn more about the coalition here: www.wha.org/StoptheCOVIDspread.

Members can help the effort by amplifying coalition messages and expand the coalition’s reachable audience by sharing through your own channels and social media platforms.

Optimize Your WHA Website Viewing

With the Internet Explorer (IE) browser no longer supported on Windows 7 operating systems, WHA’s websites work best with Google Chrome or Microsoft Edge browsers. Using IE may result in errors on some parts of the website.