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Wisconsin Hospital Leaders Discuss Affordability and Access at Wisconsin Health News Panel

Wisconsin hospital leaders described how rising costs, coverage gaps and workforce shortages are affecting access to care at Wisconsin Health News' (WHN) Nov. 10 Hospital CEO Roundtable in Madison. They also pointed to ways lawmakers could help keep care close to home, including sustaining Medicaid reimbursement and supporting rural physician training.

WHN Editor Tim Stumm moderated the discussion, and the Wisconsin Hospital Association (WHA) was a featured sponsor. The panel included James Arnett, market president of UnityPoint Health – Meriter; Lynn Detterman, president of Froedtert ThedaCare's North Region; Dr. Brian Hoerneman, CEO of Marshfield Clinic; and John Russell, CEO of Prairie Ridge Health.WHA President and CEO Kyle O'Brien opened the program by recognizing the work of leaders managing both inflation and lower reimbursement while meeting the needs of patients and staff.



L to R: Tim Stumm, Brian Hoerneman, James Arnett, John Russell, Lynn Detterman

"Running a hospital is hard work. While there is no shortage of opinions on how to deliver hospital care, only some have the first-hand experience of leading organizations through the challenges we face today," said O'Brien.

Managing the Unknowns

Stumm kicked off the panel by asking about hospitals' biggest challenges today. Hoerneman said rising labor, supply and drug costs make predictable reimbursement especially important for regional and critical access hospitals.

Russell pointed to what it takes to staff a rural emergency department around the clock, even when patient volumes are low. "We may not have anybody in our ER at 2 in the morning, or we might have somebody that needs to be med-flighted," he said.



WHA President and CEO Kyle O'Brien kicked off the WHN CEO panel on Nov. 10.

When Patients Lose Coverage

When Stumm asked what was driving up health care costs, Hoerneman pointed to coverage loss. He said when patients lose coverage, they may miss screenings or go without treatment for chronic conditions. By the time some seek care, they need more complex treatment.

Hoerneman said enrollment in Security Health Plan's Affordable Care Act (ACA) plan fell 25% this year after enhanced subsidies expired. In Marshfield Clinic's area, the amount patients owed after insurance paid rose by $7 million, and uncompensated care increased, he said. "Continuity of coverage means continuity of care."

Detterman recalled a patient who sought urgent care by video and ultimately needed an emergency procedure after being flown to another hospital. "She was worried about paying for the video visit because she doesn't have health insurance," Detterman said. "We were able to cover the rest of the cost of her care through uncompensated care." Detterman said earlier access to care could have prevented the emergency.

Russell said he was concerned that patients might lose Medicaid coverage because they misunderstand new work requirements. "Our team is willing to reach out and educate those folks on what those requirements look like," he said.

"We really have to work together," Arnett said, calling on hospitals, insurers and other partners to help patients navigate the changes.

Building the Workforce and Supporting Clinicians

Detterman said hospitals are adapting to workers who want more scheduling flexibility while recruiting for jobs they already struggle to fill. "The demand keeps outpacing the supply," she said. She pointed to nursing school partnerships, expanded radiology training and ThedaCare's first class of 15 internal medicine residents. Training physicians in Wisconsin, she said, makes them more likely to practice here.

Arnett described using simulation labs, high school outreach and scholarships to introduce students to health care careers and support their training.

Stumm also asked how artificial intelligence could support clinicians. Arnett said AI-assisted documentation lets physicians focus on patients during visits. Recalling a colleague's observation, he said the technology could "bring some of the humanity back into health care."

What Lawmakers Can Do to Protect Access

An audience question about slowing cost growth brought the discussion back to what patients pay and what hospitals receive. Hoerneman said hospital rate increases are "nowhere near" the double-digit premium increases employers and patients are seeing from their insurance premiums. He urged hospitals, insurers and other partners to "look at that totality, that cost of care from beginning to end and understand how to solve it."

Russell also weighed in, saying, "Our reimbursement is not keeping up with inflation. We are falling behind."

When asked what policymakers could do after the election, Hoerneman said health care is "at its core really a non-partisan issue." He pointed to Wisconsin's Medicaid directed payment program, which he said "covered about half of the gap" between what hospitals are paid and what it costs them to care for Medicaid patients. Reductions in those payments, he said, would "make it harder for us to continue to support" patients who rely on Medicaid.

Earlier in the discussion, Arnett credited WHA with helping Wisconsin secure the increased payments. He described directed payments as one way to "help all of our industry get what we actually have already spent to care for patients."

Hoerneman also urged policymakers to support rural residencies so more physicians can train in the communities that need them. "Physicians that train in the area tend to stay in the area," he said.

How Care is Changing

Detterman said Froedtert ThedaCare is moving appropriate surgeries to outpatient settings to free inpatient beds for patients with more complex needs.

She also called for payment models that reward coordination over time. "The system is designed for episodic care," Detterman said, pointing to follow-up by message as one way to meet a patient's needs without another office visit.

Russell said keeping obstetric care local requires nurses, physicians and an anesthesia team. "Any part of that falls apart, and you end up with OB deserts," he said. Russell shared Prairie Ridge Health's obstetrics program operates at a loss of about $2 million per year.

Arnett highlighted gaps in post-acute care, saying we need to "make sure that our patients have a place to go" when they still need support after discharge. Hoerneman pointed to prevention and earlier screening as ways to help patients stay healthier and avoid hospital stays. "If we do a really great job as providers, as health systems, we can potentially move that care more upstream," he said.

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EDUCATION EVENTS

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