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EDUCATIONAL EVENTS

March 18, 2020
VIRTUAL Advocacy Day
 Webinar

March 25, 2020
EMTALA Update – 2020
 Part 3 of a 3-part series - Webinar

April 1, 2020
LGBTQ 101 for Health care professionals
 Webinar

Governor Evers Declares Public Health Emergency on COVID-19

Late this morning Governor Tony Evers declared a public health emergency due to new Wisconsin cases of the coronavirus (COVID-19). Five new cases have occurred just this week, and Wisconsin also has 37 residents returning to Wisconsin who may have been exposed to the virus on a Princess Cruise Ship. Those travelers will be monitored in self-quarantine for 14 days.

“We have been working aggressively to slow the spread of COVID-19,” Gov. Evers said in a press release, “and this declaration allows us to get the resources we need to continue to be proactive when it comes to protecting Wisconsinites.

“It is the latest step in the work our state agencies have been doing around the clock with our health care partners to prepare for the possibility of COVID-19 becoming a global pandemic,” Evers said.

The declaration triggers the state’s additional power to acquire and stockpile drugs, make assistance available to local health departments and allow the National Guard to assist in any necessary state response.

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Health Care Worker Safety, Availability Prompts WHA Program Cancellations

With the safety of the state’s hospital and health care workers of paramount importance as the coronavirus (COVID-19) pandemic continues to develop, WHA made the very difficult decision to cancel two of its upcoming premier events: the Physician Leadership Development Conference scheduled for March 13 and 14 and Advocacy Day 2020 scheduled for March 18.

“Our foremost priority is the health and safety of our member caregivers and their patients,” WHA President and CEO Eric Borgerding said in the announcement of the cancellations. “The fact is, the potential health risk to attendees and impact community spread could have on Wisconsin’s health care workforce outweigh the benefits of holding these events.”

The cancellation of WHA events mirrors actions taken throughout the state and nation, with gatherings bringing groups of people together in close proximity being

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Physician Leaders Council Discusses Current Status Of COVID-19 Epidemic

WHA's Physician Leaders Council met March 9 in Madison. The council reviewed the latest clinical information on COVID-19 infection from the World Health Organization, the Wisconsin Department of Health Services (DHS) and the Centers for Disease Control and Prevention. Physician leaders shared what is happening in their communities. Ironically, at the start of the Physician Leaders Council meeting there was still only one confirmed case of COVID-19 in Wisconsin but, after the meeting adjourned, DHS reported the second confirmed COVID-19 case in our state (there are now [seven active cases](#)). WHA Chief Medical Officer Mark Kaufman, M.D. shared results of the two most recent weekly DHS surveys of health care facilities regarding what they are experiencing with respect to the availability of personal protective equipment (PPE). The latest survey generated more than 240 replies (see questions/responses on right).

WHA Director of Federal & State Relations Jon Hoelter emphasized that WHA is staying in close contact with Wisconsin's congressional delegation and the Wisconsin State Legislature. On March 6, President Trump signed an \$8.3 billion emergency funding package into law. Nearly \$1 billion will go to state and local public health with each state receiving a minimum of \$4 million. Importantly, the bill allows the U.S. Department of Health and Human Services to waive Medicare site restrictions for telehealth services.

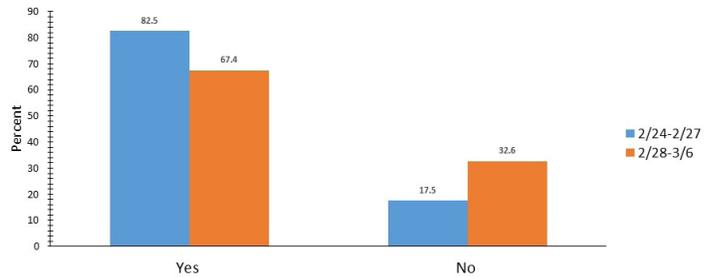
Physician Leaders Council members discussed a number of other issues:

- A continuation of the December 2019 council discussion of the Business Health Care Group's physician profiling initiative.
- WHA's legislative agenda, including a review of WHA's support and opposition on various bills impacting advanced practice clinician practice and regulation. A WHA Act Summary of Act 90 - WHA-developed legislation that modifies Wisconsin advance directive statutes to recognize advanced practice clinician practice – can be accessed by WHA members [here](#).
- WHA's 2020 Board goals.

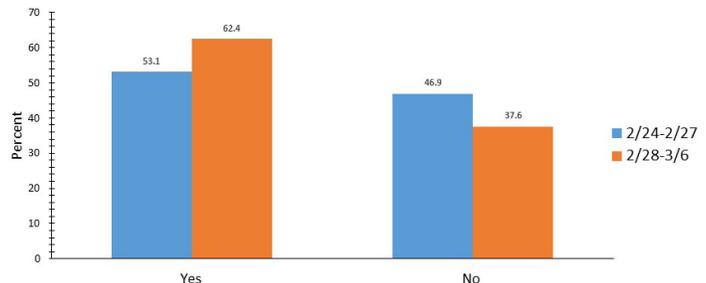
In response to a recent Physician Leaders Council group email survey, the June council meeting will be held in Green Bay. The meeting will be adjacent to WHA's Rural Health Conference, providing council members the opportunity to attend both meetings in-person if they wish.

For more information on the Physician Leaders Council, contact WHA General Counsel [Matthew Stanford](#) or [Dr. Kaufman](#).

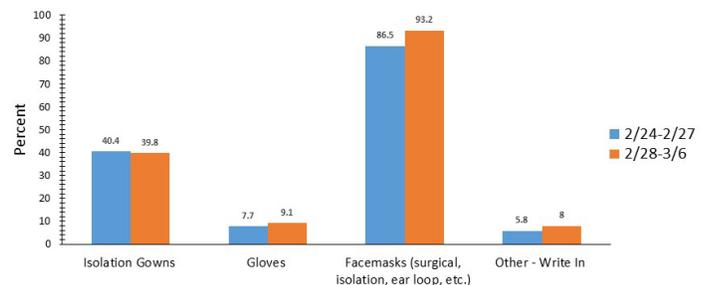
Are there sufficient supplies of appropriate PPE on hand or available?



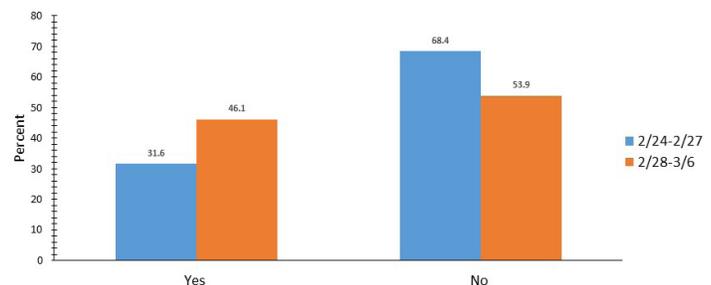
Has your facility encountered any delays sourcing PPE because of shortages or back orders from your current supplier?



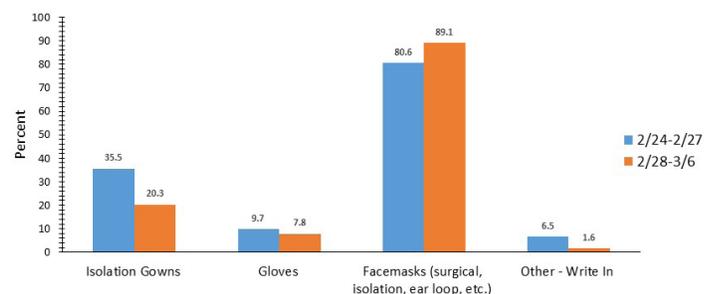
If yes, which type of PPE have you experienced shortages on? Check all that apply.



Has your facility sought out new PPE suppliers within the past four weeks to meet current needs?



If yes, please list which types of PPE required a new supplier.

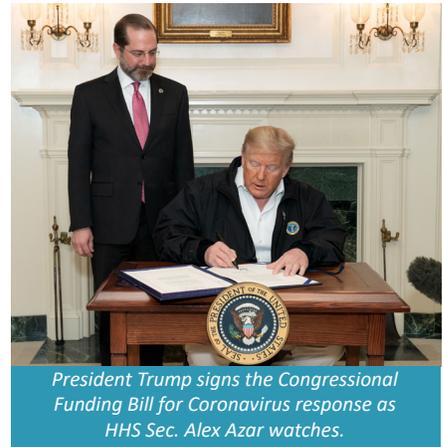


President Trump Signs \$8.3 Billion Coronavirus Emergency Response Package

On March 6, President Donald Trump signed into law an \$8.3 billion emergency aid package to assist with coronavirus (COVID-19) response efforts. The package will fund various federal government agency response activities while also injecting needed funding into state and local response efforts.

To support state efforts to combat the coronavirus, the [package includes](#):

- \$950 million for state and local public health, preparedness, and emergency response, half of which must be allocated within 30 days.
- \$300 million for hospital and health care emergency preparedness, with a minimum of \$4 million for each state.
- \$500 million for pharmaceuticals, PPEs, and other supplies to support the national stockpile.
- Telehealth waivers that would allow Medicare to pay for services regardless of a patient's location, including in a patient's home, during this public health emergency ([current federal law restricts Medicare telehealth coverage](#) only to rural, federally designated health professional shortage areas, and only in health care facilities).



WHA and state officials are in ongoing discussions to better understand how the funding can be used in Wisconsin, and are also evaluating options for other state and federal support. Contact WHA Director of Federal & State Relations [Jon Hoelster](#) with questions.

WHA Expresses Concerns Over CMS Survey of 340B Hospitals



On March 9, WHA submitted [comments](#) expressing concerns to the Centers for Medicare & Medicaid Services (CMS) over its plans to survey all 340B hospitals about their drug acquisition costs. CMS has proposed to collect pricing data from all participating 340B hospitals beginning on March 23 and closing on April 10. This is being done in response to a [federal judge declaring](#) CMS acted unlawfully in slashing hospital 340B reimbursements by nearly 30% in the 2018 OPPS rule, something WHA has estimated will cost Wisconsin 340B PPS hospitals about \$40 million annually. The judge noted that CMS would have to collect the data necessary to set payment rates based on acquisition costs if it wanted to alter payments.

WHA noted its strong support of the 340B prescription drug discount program, which helps hospitals stretch scarce federal resources at a time when Medicare underpayments are at \$2.5 billion annually in Wisconsin alone. Hospitals have little ability to control the growth in prescription drug spending, which continues to grow far beyond Medicare reimbursement for hospital drug costs. CMS' actions to reduce payments to 340B hospitals continue to undermine the goal of the program.

In requesting CMS to withdraw its proposal, WHA noted the burden the survey will have on hospitals, which dedicate, on average, 59 FTE just to comply with government regulations. 340B hospitals already incur considerable costs to comply with current 340B program requirements, and the new survey could add considerable time, effort and complexity – particularly for hospitals that obtain 340B drugs through wholesaler purchase arrangements that may have specific nondisclosure conditions.

Contact WHA Director of Federal & State Relations [Jon Hoelster](#) with questions.

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“We appreciate Governor Evers taking this proactive step to marshal Wisconsin’s resources and partner with our hospitals and health systems on further COVID-19 developments,” WHA President and CEO Eric Borgerding said following the declaration. “The state’s health care infrastructure continues to prepare for any potential surge in caseload due to the virus, and all private and public entities must continue to collaborate and communicate as the situation develops.”

COVID-19 Website Resources

WHA’s website now includes links to the most useful and trustworthy COVID-19 information and resources. Click [here](#) to view that information, which will be updated periodically as the current pandemic evolves.

WHA will continue to collaborate with member hospitals and health systems as well as local, state and federal officials as the COVID-19 situation develops.

WHA Workforce Expert Featured on Wisconsin Health News Workforce Panel

“COVID-19 is going to magnify shortages that are already present,” noted WHA Vice President of Workforce and Clinical Practice Ann Zenk at the opening of a Wisconsin Health News Workforce Panel discussion held March 10 in Madison. Zenk and fellow panelists discussed not only the impact of COVID-19, but the compounded health care impact from the aging of the large baby boom generation.

“Health care is facing a shrinking workforce, just like every other industry,” Zenk explained, “but we are also already experiencing the increasing demand for health care that aging produces, and that’s only going to increase over the next decade.”

Other panelists included Dennis Winter, chief economist for the Wisconsin Department of Workforce Development; Lisa Pugh, The Arc Wisconsin’s executive director; Wisconsin Assisted Living CEO Michael Pochowski and State Senator Patrick Testin (R-Stevens Point).



WHA's Ann Zenk speaking at a WHN workforce panel event March 10.

All panelists agreed that difficulty filling caregiver positions, such as certified nursing assistants, is one of the biggest challenges created by competition for a shrinking workforce. Zenk added that hospitals and clinics are also experiencing shortages of advanced practice clinicians (APCs) and physicians. “Not only are we seeing almost constant churn in positions like nursing assistants as individuals are encouraged to embark on career advancement to nursing, advanced practice and medicine,” Zenk said, “we’re also seeing huge increases in demand for APCs to fill gaps in access created by physician shortages.”

Winter noted that “[w]e’ve got a volume problem. By 2030 it’s estimated the demand for employment is going to outnumber the available workers. That’s something that’s never happened before and it’s going to force us to figure out how to increase each worker’s productivity.”

Zenk concurred. “We are not going to grow our workforce fast enough to keep up with escalating demand,” Zenk said, “so we need to make sure we’re utilizing the available workforce as effectively and efficiently as possible.” Zenk said that team-based care, top-of-license care and technology can increase access but are hindered by regulatory burden. “Relieving the burden that unnecessary regulation places on not only the workforce, but on health care technology like electronic health records, is an essential step that health care organizations, professionals and state policymakers must work on together,” Zenk said.

For questions or for more information about Wisconsin’s health care workforce issues and solutions, reach out to [Ann Zenk](#).

28th Annual \$2,500 UW Rural Health Award - Entries Due June 1

The Hermes Monato, Jr. Prize of \$2,500 is awarded annually for the “best rural health paper.” It is open to all students of the University of Wisconsin (any campus) as well as those who have graduated since last June 1.

Students are encouraged to write on a rural health topic for a regular class and submit a copy to the Rural Wisconsin Health Cooperative as an entry by June 1.

Previous award winners as well as judging criteria and submission information are available at <http://www.rwhc.com/Awards/AnnualMonatoEssay.aspx>.

The 2020 Census Series: Decennial Census Timeline and Census Bureau Tools

Note: This is the second in a series of five *The Valued Voice* articles about the U.S. Census and why it's important for health care. The first article in the series can be found [here](#).

This week: *Census Basics: Decennial Census Timeline and Census Bureau Tools*

March 19: *How Census Bureau Data is used in federal health care program funding*

March 26: *Hard-to-count areas in Wisconsin and how to encourage census participation*

April 2: *Have you responded to the Census yet?*



This week, the U.S. Census Bureau will start sending census information to U.S. households in anticipation of Census Day, April 1. Here is a timeline of key decennial census dates:

- **March 12 - 20:** Households will begin receiving official Census Bureau mail with detailed information on how to respond to the 2020 Census online, by phone, or by mail.
- **March 30 - April 1:** The Census Bureau will count people who are experiencing homelessness over these three days. As part of this process, the Census Bureau counts people in shelters, at soup kitchens and mobile food vans, on the streets, and at non-sheltered, outdoor locations such as tent encampments.
- **April 1:** Census Day is observed nationwide. Once the invitation arrives, you should respond for your home in one of three ways: online, by phone, or by mail. When you respond to the census, you'll tell the Census Bureau where you live as of April 1, 2020.
- **Starting in April:** Census takers will begin visiting college students who live on campus, people living in senior centers, and others who live among large groups of people. Census takers will also begin following up with households that have not yet responded in areas that include off-campus housing, where residents are not counted in groups. Not everyone will be visited by a census taker.
- **May - July:** Census takers will begin visiting homes that haven't responded to the 2020 Census to help make sure everyone is counted.
- **December:** The Census Bureau will deliver apportionment counts to the President and Congress as required by law.
- **March 2021:** The Census Bureau will send redistricting counts to states. This information is used to redraw legislative districts based on population changes.

Most people will receive the “[short form](#)” census, via email or regular U.S. mail. Looking at the short form, you may wonder: how can these few pieces of information be used to allocate over \$700 billion of federal funding? How can a questionnaire with no health-related questions be used to allocate Medicaid and other health care funding? The answer is, while the decennial census is a foundational tool for the census bureau, other key tools are used in between census years to gather additional data relevant to various federal programs.

The major data gathering tool used by the U.S. Census Bureau in addition to the decennial census is the American Community Survey (ACS). The sample selection for the ACS is taken from the decennial census. The ACS is considered a part of the decennial census. Prior to the 2000 decennial census, the census was issued in both “short” and “long” forms. Only a small subset of households received the long form. As of the 2000 census, the long form was eliminated, and the ACS took its place. The ACS includes not only the basic short-form census questions about age, sex, race, Hispanic origin, household relationship, and owner/renter status, but also detailed questions about population and housing characteristics. It is a nationwide, continuous survey designed to provide communities with reliable and timely social, economic, housing, and demographic data. The ACS is conducted monthly, and each year, the ACS is sent to approximately one in 38 U.S. households.

Another major tool derived from the decennial census is the Current Population Survey (CPS). This survey is derived from the decennial census and the ACS. The Current Population Survey (CPS) issued jointly by the Census Bureau and the Bureau of Labor Statistics and is conducted monthly. It is the primary source of monthly labor force statistics but also collects data via supplemental questions on the monthly basic questions. The supplemental inquiries vary month to month and cover a wide variety of topics such as child support, volunteerism, health insurance coverage, and school enrollment.

Next week, *The Valued Voice* will explore how these survey tools provided key information for federally-funded health care programs and how these funds are distributed across the nation. For questions regarding the U.S. Census and health care, contact WHA Vice President for Policy Development [Laura Rose](#).

The Cold War Years – Disaster Response Training

The Cold War era’s (1947-1991) emphasis on national civil defense permeated hospital administration, as evidenced by articles on how hospitals could expect to react and participate in the event of an attack on the United States. While ultimately unnecessary, these preparations led to hospital states of readiness and what would today be called disaster response training.

Hospitals are the community’s safety net 24 hours a day, every day of the year. When disaster strikes, hospitals must be ready to respond – not only by treating the sick and injured, but also by coordinating with community and regional partners to ensure that medication, supplies, and personnel are deployed to meet the demand for medical services. Government support helps ensure hospitals can provide an immediate and effective response.

In 2002, the Wisconsin Department of Health Services (DHS) established the Wisconsin Healthcare Emergency Preparedness Program (WHEPP) through a grant from the U.S. Department of Health and Human Services. As administered by DHS in partnership with the WHA and other stakeholders, WHEPP’s mission is to support the emergency preparedness efforts of hospitals and other health care partners by providing equipment, supplies, resources, training and infrastructure.

In 2014, Wisconsin established seven health care emergency readiness coalition regions (HERCs) to coordinate how public health, health care institutions, and first responder agencies, such as police, fire and emergency medical services (EMS), will manage their efforts to enact a uniform and unified response to an emergency, including a mass casualty or other catastrophic event.

A health care emergency readiness coalition is a group of health care organizations, public safety and public health partners that join forces for the common goal of making their communities safer, healthier, and more resilient.

The Wisconsin Hospital Association has been a source of information and support for its members for 100 years during times of potential disasters and other health-related crises.

The following is an excerpt from a WHA newsletter from February 5, 1959. It was a column written by J. R. McGibony, Medical Director Chief, Division of Medical and Hospital Resources, Public Health Services. He presented at the mid-year conference of the American Hospital Association in Chicago.

The U.S. lived with the fear of an atomic attack and preparedness was at an all-time high. Mr. McGibony talks of how this task would be difficult with an adequate complement of resources. In 1959 it was even more difficult because hospital services had been staggering under a backlog of inadequacies and problems resulting from the Great Depression years and World War II. They were approaching a new threshold – beginning to emerge from this situation just as the nation faced its gravest crisis in its history.

“Leadership must come from the hospitals themselves and from those closely associated with the provision of such services for the fullest utilization of all skills and energies.

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Wisconsin Healthcare Emergency Readiness Coalitions (HERCs)



(Celebrating 100 Years . . . continued from page 6)

EXPECTED RESULTS

The magnitude of the job ahead is best expressed in the expected results from an atomic attack. In a surprise daylight attack, a bomb exploding 2,000 feet above the average metropolitan area, could produce the following results:

1. 120,000 casualties killed and injured.
2. 1/2 or 40,000 would be killed outright or die the first day.
3. The 2/3 or 80,000 surviving casualties would require medical care. Many of these would be suffering from multiple injuries.
 - a. 20,000 of this group would die within a period of 5-6 weeks but would require medical care.
 - b. 60% or 48,000 would be suffering from burns.
 - c. 50% or 40,000 would be suffering from mechanical injuries.
 - d. 20% or 16,000 would be suffering from radiation sickness and injuries.
4. Of the total 80,000 living casualties, about 30,000 would need first aid only and could be considered ambulatory.
5. Not less than 55,000 would require hospital care.
6. Probably one-half of existing hospital facilities would be destroyed.

WHAT CAN BE DONE?

It is anticipated that the ambulatory casualties requiring first aid treatment only would be cared for at the series of first aid stations circumscribing the devastated area. Those casualties requiring hospital care would either have to be cared for in the remaining hospital structures, in temporary emergency hospitals set up in schools, hotels or other improvised or converted buildings, or evacuated to other communities.

It is immediately imperative that hospitals and hospital authorities undertake at least the following specific steps:

1. Organize on an area or regional basis. This should include all such groups within not less than a 100-mile radius of a strategic or potential target center.
2. Establish a central committee to direct the formulation of a hospital program for defense.
3. Correlate both organization and activities within the framework of responsibilities and functions of other Civil Defense authorities.
4. Collect information regarding existing services within the region.

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postponed or eliminated altogether. Earlier today Gov. Tony Evers [declared a public health emergency](#) due to the COVID-19 pandemic (see previous story).

Join WHA's Virtual Advocacy Day

WHA will take Advocacy Day virtual on March 18 with the launch of a Virtual Advocacy Day resource webpage, including a Health Care Issues Briefing via webinar, a virtual quality advocacy showcase, and more health care policy resources. Most importantly, WHA advocates can join thousands of other grassroots advocates from across the state in making March 18 a day of action.

Through the Hospitals Education & Advocacy Team (HEAT), WHA will be organizing a mass virtual advocacy campaign enabling advocates to easily contact their legislators to express the importance of public policy that supports Wisconsin's hospitals.

The website will launch at 7 a.m. on March 18 with the direct link provided exclusively to HEAT members and individuals who previously registered for 2020 Advocacy Day. If you did not register for Advocacy Day and you are not sure if you are a HEAT member, [sign up here](#) to receive the alert with the link to Virtual Advocacy Day resources and to join our day of action advocacy campaign.