



**IN THIS ISSUE**

WHA's Borgerding Covers Important Current Topics in WHN Interview ..... 1

WHA Joins Coalitions Supporting COVID-19 Medicare Telehealth Changes ..... 1

WHA's Physician Leaders Council Discusses Weighty Agenda ..... 2

WisconsinEye Launches Campaign 2020 Coverage; WHA Sponsors ..... 3

Member Quality Spotlight: Children's Wisconsin..... 4

ATTENTION: Post-acute Conference Alternative – Register today ..... 5

Fast Facts from the WHA Information Center: Be Safe Around Fireworks.... 5

CELEBRATING 100 YEARS: 50 Years of Caring Together – A Golden Anniversary – A Beginning ..... 7

**EDUCATIONAL EVENTS**

**July 21, 2020**  
*The Surprisingly Robust Science of Self Compassion with Dr. Carrie Adair*  
 Webinar

**July 22, 2020**  
*Being Present: The Science of Mindfulness*  
 Webinar

**July 29, 2020**  
*CMS Hospital Conditions of Participation Made Easy 2020 – Part 1*  
 Webinar

**WHA's Borgerding Covers Important Current Topics in WHN Interview**

WHA President and CEO Eric Borgerding recently sat down with *Wisconsin Health News* to discuss current topics important to hospitals and health systems. The entire article follows; you can also access the piece [here](#).

**Hospitals Face Uncertain Financial Future as Patients Return**

Many Wisconsin hospitals are facing an uncertain financial future as non-COVID-19 patients start coming back to their facilities.



Wisconsin hospitals are set to receive more than \$900 million in federal COVID-19 relief funding, but that's less than half of the revenue they've lost since the crisis started, according to Wisconsin Hospital Association CEO Eric Borgerding.

In addition, they are likely to see a shifting payer mix, as a growing number of newly unemployed patients join the ranks of the uninsured or the Medicaid rolls after losing their employer-based commercial insurance.

"We're bracing for sort of a one-two punch, financially, as it relates to COVID," Borgerding said in an interview with Wisconsin Health News.

He estimates that Wisconsin hospitals have lost nearly \$2.5 billion since mid-March, after canceling elective procedures and taking other steps to respond to COVID-19.

*(continued on page 8)*

**WHA Joins Coalitions Supporting COVID-19 Medicare Telehealth Changes**

The rapid expansion of telehealth during the COVID-19 pandemic has led to widespread calls for permanent adoption of key Medicare telehealth flexibilities that were authorized by the Centers for Medicare & Medicaid Services (CMS). Following [last week's letter](#) from WHA President and CEO Eric Borgerding to Wisconsin's Congressional delegation supporting the extension of these key Medicare telehealth flexibilities, WHA this week again indicated support of these policies by signing on to two additional letters.

The [first letter](#), from the Interstate Healthcare Collaborative to Health and Human Services (HHS) Secretary Alex Azar and CMS Administrator Seema Verma, echoed some of the points made by WHA in its June 25 letter: eliminating geographic and originating site restrictions to ensure all patients can access care at home and other appropriate locations; allowing CMS the flexibility to designate eligible telehealth providers; ensuring that federally qualified health centers and rural health clinics can continue to offer virtual services; and making permanent HHS' temporary waiver authority during emergencies.

The [second letter](#), from a broad coalition of health care providers and associations, was sent to Congressional leaders on June 29, asking them to advance permanent

*(continued on page 2)*

***(WHA Joins Coalitions Supporting COVID-19 Medicare Telehealth Changes . . . continued from page 1)***

telehealth reform. In addition to the changes indicated in the Interstate Collaborative letter, the coalition asked Congress to permit audio-only telehealth in some cases, clarify eligible telehealth technology such as smart phones, allow Medicare to reimburse telehealth at the same rate as in-person medical services, remove frequency of service limitations, and end the established patient requirement to permit new patients to receive telehealth services.

WHA will continue to lead the push throughout the state and country in advocating for telehealth reforms that make health care convenient and accessible to a broad range of patients. For more information on WHA’s work on telehealth, contact WHA Director of Federal and State Relations [Jon Hoelter](#) or WHA Vice President of Policy Development [Laura Rose](#).

**WHA’s Physician Leaders Council Discusses Weighty Agenda**  
***The latest on COVID-19, regulatory reform & next year’s state budget headline meeting topics***

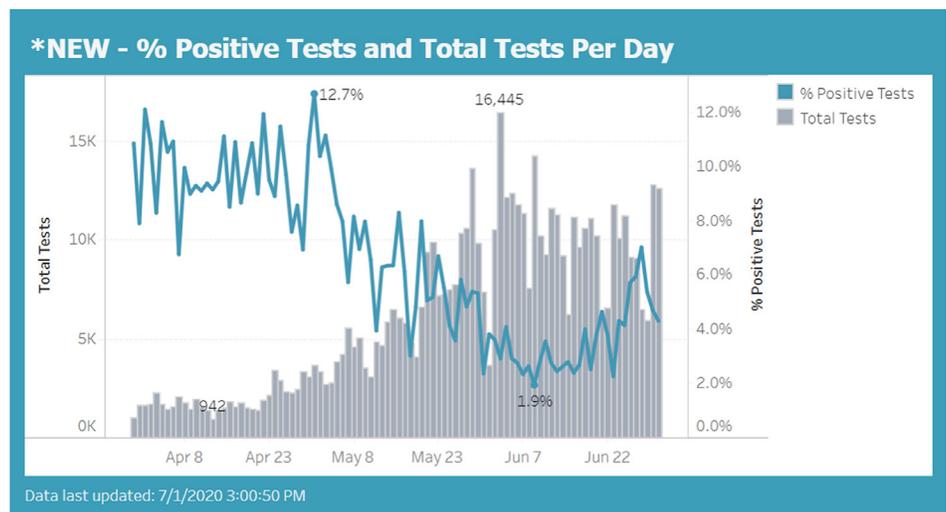
WHA’s Physician Leaders Council (PLC) for the first time convened using the Microsoft Teams video platform in an “all virtual” meeting June 24.

The physician leaders who comprise the PLC shared the current status of the COVID-19 pandemic in their respective communities and their challenges. A number of PLC members noted a recent uptick in confirmed cases and percent positive results but also relayed that many of the new cases were among younger people who experienced a relatively mild clinical course. Despite an increase in the number of confirmed cases and the percent positive of those tested, hospitalization numbers for COVID-19 patients were flat or still in decline in many PLC member home communities. The current status of community testing and who will fill the void when the Wisconsin National Guard departs after August 7 is a concern.

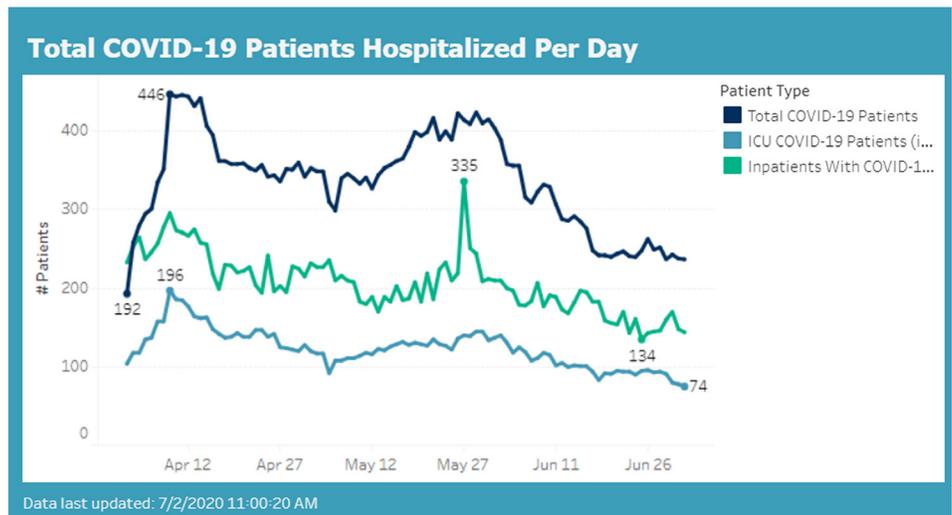
WHA General Counsel Matthew Stanford led a discussion of regulatory flexibility with respect to hospital licensing, Medicare waivers, liability changes and telehealth related to the COVID pandemic and what an emerging post-COVID agenda looks like in each of these regulatory areas. Stanford and WHA Chief Medical Officer Mark Kaufman, M.D. updated the PLC on the activities of DHS’ State Disaster Medical Advisory Committee regarding allocation of scarce resources including ventilators, Remdesivir and potentially a COVID vaccine if and when it becomes available.

WHA Senior Vice President of Public Policy Joanne Alig led a discussion on the upcoming state budget and the potential financial implications for Wisconsin hospitals and health systems. May economic projections appeared better than April’s, but

*(continued on page 3)*



*These graphs from WHA’s COVID-19 dashboard show pandemic trends in Wisconsin – PLC members discussed local experiences at their June 24 virtual meeting.*



*(WHA's Physician Leaders Council Discusses Weighty Agenda . . . continued from page 2)*

unemployment was still in double-digits at 12%. State revenue projections were down significantly in April, and although May projections appeared better than April's, more precise revenue projections will not be available until after July 15 – the deadline for 2020 tax filings. Economic changes impact enrollment in health care coverage, with enrollment in the state's Medicaid program increasing nearly 72,000 from March to May 2020. It is projected the state will see reductions in commercial coverage and an increase in the uninsured rate as well, although precise data is not yet available.

Alig also updated the council on a new white paper from Benefit Services Group, Analytics (BSGA) which cautions against using incomplete data to rank physicians, as is attempted in a study released last December. The original study from GNS Healthcare was funded by the Business Health Care Group (BHCG) and the Greater Milwaukee Business Foundation on Health. BSGA found several shortcomings in the study which make it unlikely to improve health care delivery. (Read more in [last week's The Valued Voice](#).)

PLC members reviewed a revised set of 2020 WHA goals related to physician leadership, education and wellness. Because of the COVID pandemic, both the Physician Leader Development Conference and the Rural Health Conference were canceled in 2020. WHA Vice President of Education and Marketing Leigh Ann Larson reviewed [WHA's On-demand Learning Center](#). The Learning Center provides 24/7 access to educational resources such as documents, videos and recorded webinars, and video links. PLC members affirmed WHA's decision to increase on-demand learning resources while also looking forward to connecting with physician leader colleagues in person at the 2021 Physician Leadership Development Conference in Kohler, pending the status of the COVID-19 pandemic. Larson also informed the group that an education survey will be sent to them, as well as their colleagues, at the end of July. This survey will have questions related to virtual learning topics and future in-person events.

---

## WisconsinEye Launches Campaign 2020 Coverage; WHA Sponsors

The online news source WisconsinEye launched its [Campaign 2020 coverage](#) this week, posting numerous interviews with candidates for both state and federal offices. These interviews are in a more relaxed one-on-one format, with questions on various topics posed by WisconsinEye's Steven Walters, a veteran political reporter. This year's interviews are virtual due to the COVID-19 pandemic.

WHA is a main sponsor of WisEye's Campaign 2020 coverage, as these interviews are often the best ways to hear candidates describe policy positions in their own words while revealing their unique personalities. With health care a major issue area in the upcoming elections, Walters has been asking candidates about the need for prioritizing hospital support in the next biennial state budget, especially following unprecedented hospital and health system revenue losses due to COVID-19.

"This kind of campaign coverage can really help people understand the choices they have when they vote," WHA President and CEO Eric Borgerding said. "Helping WisconsinEye with this campaign is another way WHA advances sound health care policy – by letting people get a good look at who's running to represent them in Madison and Washington, D.C."

All of the WisEye Campaign 2020 interviews can be found [here](#), with new interviews added regularly. Wisconsin's partisan primary election is August 11, with the general election on November 3.

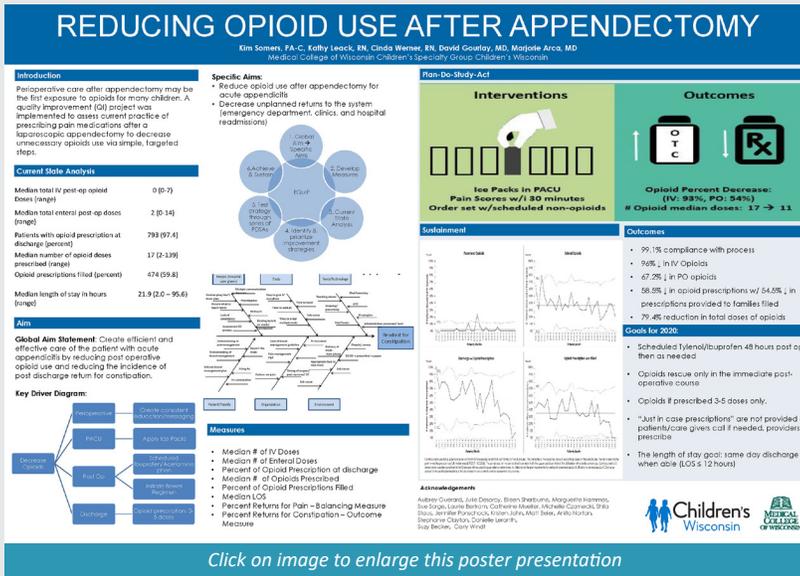


# Member Quality Spotlight: Children's Wisconsin

## Reducing opioid use after appendectomy

Special Note: Many WHA members proud of their quality improvement efforts had prepared special poster presentations that were to be displayed in the Capitol Rotunda during WHA's Advocacy Day 2020, which was canceled due to the COVID-19 pandemic. Children's Wisconsin prepared two separate poster presentations – you can see the other presentation in [last week's](#) The Valued Voice. WHA is pleased to highlight these efforts in today's and future editions of The Valued Voice.

In an effort to decrease the use of post-operative opioids in children undergoing appendectomies, Children's Wisconsin's Department of Pediatric Surgery began a quality initiative improvement project in 2017.



[Click on image to enlarge this poster presentation](#)

For many children, perioperative care after an appendectomy may be their first exposure to opioids. This quality improvement project was implemented to assess current practice of prescribing pain medications after an appendectomy to decrease unnecessary opioid use via simple, targeted steps. A Plan-Do-Study-Act (PDSA) methodology was used to determine the best interventions to improve opioid use after appendectomies. These interventions included the use of ice packs in the post-anesthesia care unit, documenting pain scores within 30 minutes of return to the hospital bed postoperatively, and using a standard order set for care with scheduled non-opioids like Tylenol and Ibuprofen.

After the completion of the PDSA cycles, there was a 93% decrease in intravenous and a 54% decrease in the use of oral opioids while in the health care system. Overall, the total number of

prescribed doses of opioids decreased from a median of 17 doses to 11 doses. A period of sustainment and monitoring occurred over an 18-month period. Outcomes were notable for compliance of greater than 99% use of the standard order set, 96% reduction in intravenous opioid use, and greater than 67% reduction in oral opioids. At discharge, the total number of opioid prescriptions decreased by greater than 58% with only 54% of the prescriptions being filled at a pharmacy. The total number of opioid doses was reduced by greater than 79%.

Given the success of the quality initiative, Pediatric Surgery has expanded the goals to use scheduled Tylenol and Ibuprofen for at least 48 hours, use opioids only in the immediate post-operative period and prescribe only three to five doses of opioids if a prescription is needed at discharge. Another 2020 goal is to leverage the electronic medical record for prescriptions that may need to be provided after discharge, using electronic prescribing to eliminate the “just in case” prescriptions that were being provided at discharge.

### Reaction from Local State Legislators:

“Wisconsin health care has earned its place as a national leader in patient safety because of the hard work of hospitals like Children's Wisconsin. This proactive quality improvement work, demonstrated and shared by Children's to all hospitals in Wisconsin, benefits patients and their families by encouraging recovery strategies that lean less on pain medication, helping patients recover sooner and reducing opioid exposure among children.”



Rep. Rob Hutton

– State Rep. Rob Hutton (R-Brookfield)

## ATTENTION: Post-Acute Conference Alternative – Register today

With the cancellation of the in-person Post-acute Conference, WHA is excited to announce a live webinar presentation at no cost.

### Post-acute transitions in a pandemic: How COVID-19 disrupts hospital discharge strategy

Thursday, August 6, 2020

10:30 a.m. – noon CST

#### Program Description:

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.

#### Learning Objectives:

At the conclusion of the webinar, attendees will be able to:

- Describe how the COVID-19 pandemic has altered the role post-acute should play
- Describe how each post-acute setting fits into a hospital's discharge strategy
- Identify the opportunities to optimize relationships and support post-discharge care

#### Intended Audience:

Chief Medical Officers, Chief Nursing Officers, Quality Leaders, Skilled Nursing and Home Health

#### Featured Presenters:

Jared Landis is the Executive Director of the Advisory Board's post-acute research practice and a national spokesperson for the company, regularly presenting at industry conferences such as the American Health Care Association, National Association for Home Health and Hospice, and Leading Age. In 2010, he helped launch and continues to lead the Post-Acute Care Collaborative, which provides original research and dedicated resources to assist post-acute and long-term care providers, as well as hospital systems. Landis is a subject matter expert in post-acute market trends, post-discharge care management initiatives, and acute/post-acute alignment strategies. He is a 2005 graduate of Duke University with a Bachelor of Arts in Economics.

Register today at: <https://www.whareg4.org/PostAcuteWeb0806/>

---

## Be Safe Around Fireworks

Few things say "Fourth of July" like watching a fireworks show. For many across the country it's the traditional mark of the celebrated holiday. Americans love fireworks so much that in 2018, American Pyrotechnics Association recorded over \$945 million worth of fireworks were purchased for consumer use (APA, 2018). Trends of consumer and display firework purchases has increased every year since 1998 (see Figure 1).



With that increasing number of purchased fireworks comes an increased rate of emergency department (ED) visits each year due to injuries. These rates then lead to changes in health care costs for the price of visits. For Wisconsin in 2019, the sum of total ED visit charges for fireworks-related injuries was just under \$204,000.

The trend of fireworks injuries follows a pattern most would expect – around Quarter 3 (June, July, August) there is a surge in ED visits. Our data shows, however, that unlike many states who experience an increase in ED visits around New Year's Eve (Q1), Wisconsin has few cases at that time (see Figure 2).

When looking at fireworks-related visits broken down into age groups, those aged 20 and younger account for almost 40 percent of all ED visits (see Figure 3).

(continued on page 6)

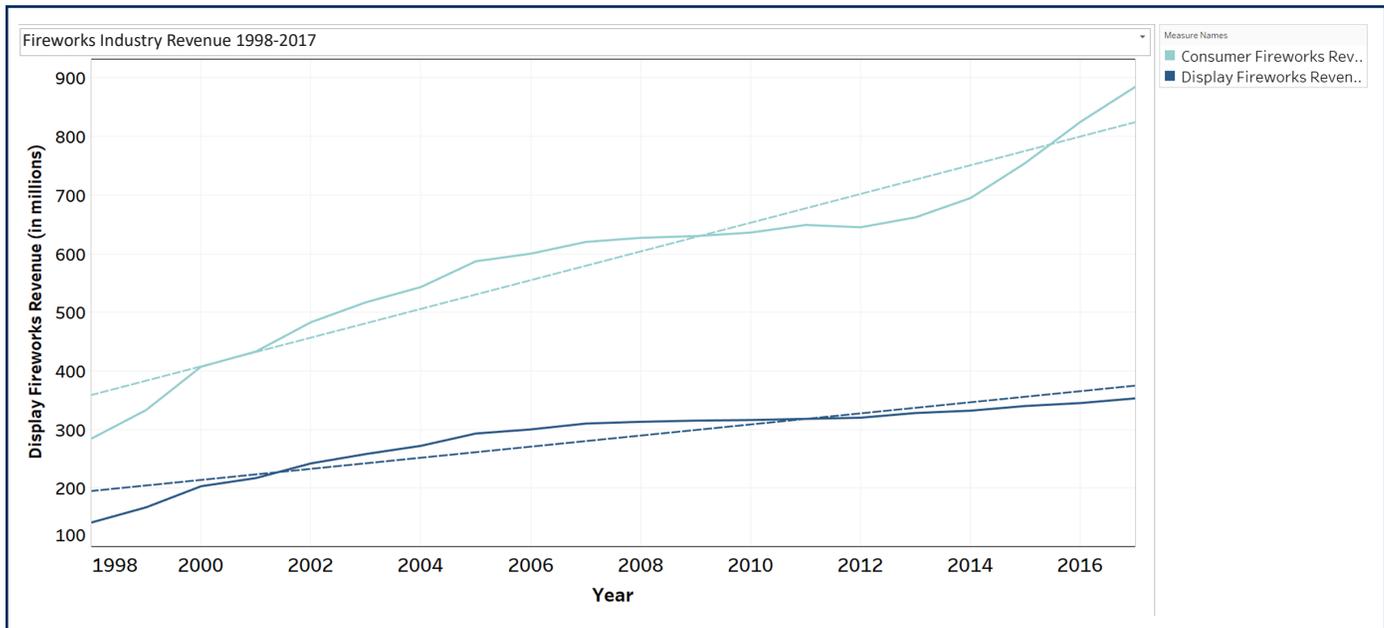


FIGURE 1: Fireworks revenue has steadily increased over the last two decades.

## Safety Tips:

With the Fourth of July holiday upcoming, it is always good to revisit prevention measures to take when handling fireworks. Here are some of the top safety tips from the [National Safety Council](#) and [KidsHealth](#) to remember.

- Never let young children handle fireworks; older children should only under adult supervision
- Never use fireworks while under the influence of drugs or alcohol
- Never hold a lit firework in your hands
- Never light fireworks indoors
- Never point fireworks at another person
- Soak used and unused fireworks in water before throwing away
- Do not try to relight malfunctioning fireworks
- Wear protective eye wear when using or standing near fireworks
- Do not buy fireworks packaged in brown paper – these are meant to be handled by professionals
- Keep pets inside

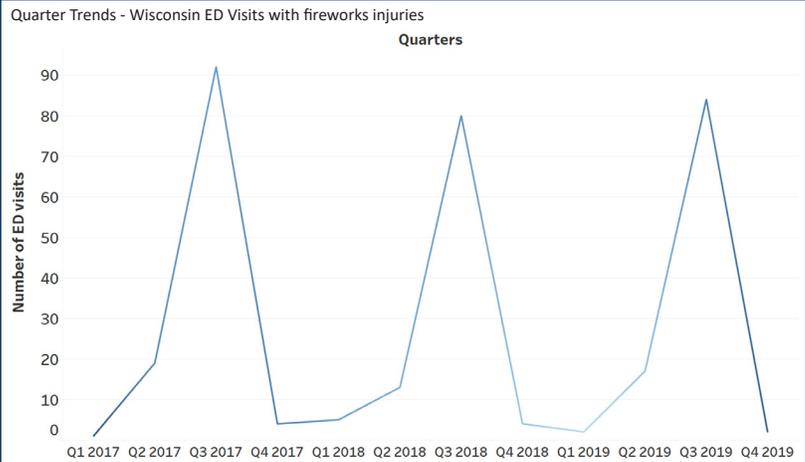


FIGURE 2: WHAIC data show the vast majority of fireworks-related ED visits occur in the quarter that includes July 4th.

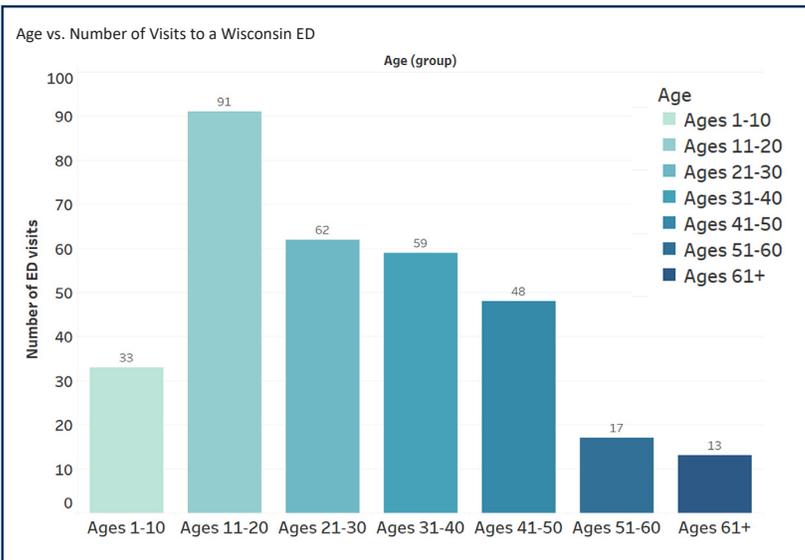


FIGURE 3: WHAIC data show how teens are most likely to visit an ED due to a fireworks injury.

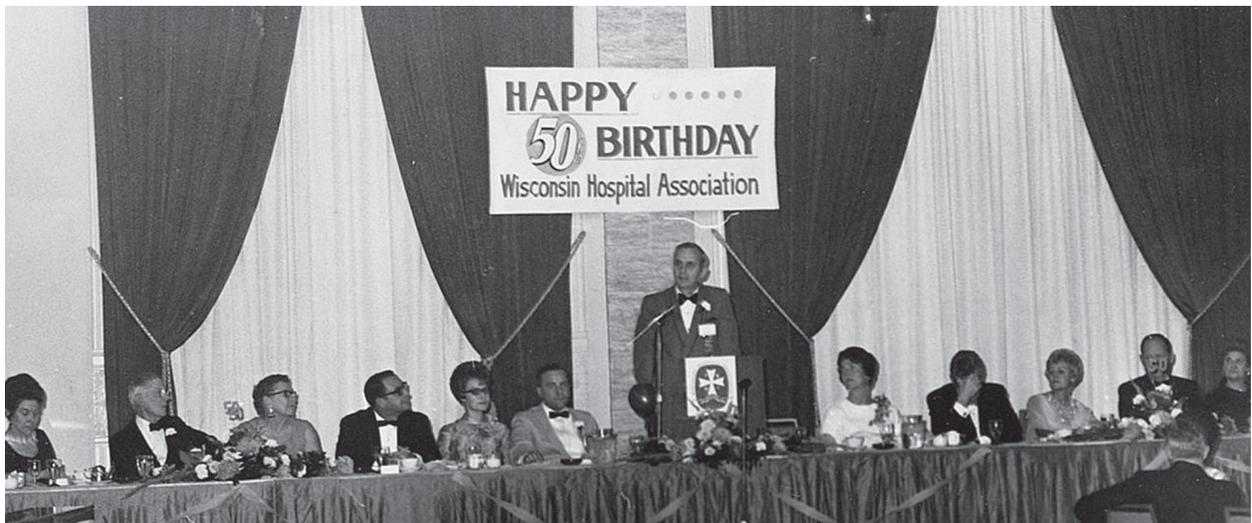
## 50 Years of Caring Together – A Golden Anniversary – A Beginning

The theme of the historic 50th Anniversary Meeting of WHA held at the Pfister hotel in Milwaukee October 15-17, 1969 was “Health Care Systems in the ‘70s: [Quo Vadis?](#)” WHA met with the Wisconsin Hospital Association Auxiliaries, Wisconsin Association of Directors of Volunteer Services and the Wisconsin Society of Hospital Engineers. See a [photo wrap-up of the 50th Anniversary Meeting here](#).



A few facts about the Association and health care at the time of WHA’s Golden Anniversary:

- The purpose of WHA was to provide the highest quality health care for all Wisconsin citizens.
- WHA’s office was at 110 East Main Street in Madison, and plans were in the works to build a headquarters building on Madison’s west side at 5721 Odana Road.
- There were eight staff.
- WHA was a voluntary organization of 179 hospitals and related institutions in Wisconsin working to improve hospital services and health care delivery for Wisconsin citizens.
- WHA recognized the hospital administrator (CEO) as the hospital’s voting representative at all WHA business meetings.
- WHA activities and interests were directed by the Board of Trustees, officers, the eight hospital districts, the various WHA committees, and staff.
- WHA functioned as a state constituent of the American Hospital Association.
- WHA was represented on both the Governor’s Health Planning and Policy Task Force and the Health Policy and Program Council.



*The 50th Anniversary Meeting of WHA*

### In 1970:

- 755,000 Wisconsin citizens spent some time in one of almost 36,000 beds in 195 hospitals throughout the state.
- Another 2,268,000 state residents were treated in emergency departments.
- 75,000 babies entered the world in 142 maternity departments.
- 56,600 hospital workers – almost three employees per patient – provided 24-hour care.
- Hospital payrolls totaled \$355 million for the 195 hospitals in the state, an increase of \$35 million over 1969, and \$215 million more than in 1962, less than a decade before.



*The entertainers at WHA’s 50th Convention*

See “[50 Years – A Beginning](#)” – The brochure celebrating the first 50 years of WHA.

*(WHA's Borgerding Covers Important Current Topics in WHN Interview . . . continued from page 1)*

Borgerding said hospitals are ramping back up services. But it's a slower process for some as patients, and hospitals, remain cautious as the virus continues its spread across the state.

Earlier this month, Gov. Tony Evers announced he was directing \$40 million in funds provided to the state by the Coronavirus Aid, Relief, and Economic Security Act to help hospitals with lost revenue and expenses, based on their percentage of Medicaid revenue.

That's on top of more than \$890 million in federal stimulus funding that's already headed to the state, according to Borgerding.

He said all Wisconsin hospitals were eligible for the first allotment of nearly \$490 million. After that, \$328 million was sent for rural hospitals, then \$32 million for "hotspot" hospitals and, finally, \$45 million for safety-net hospitals.

Borgerding said he's appreciative of the state and federal efforts, but the funding doesn't fully address the "historic impact" of the pandemic.

"Those losses are still racking up, not necessarily filling that hole back up," Borgerding said. "I think that will continue for a while."

Meanwhile, Borgerding doesn't think it would make sense for hospitals to again close their doors if there is a surge in COVID-19 cases.

He said the financial impact has been too devastating for Wisconsin hospitals. There are also health ramifications from postponing care.

"One of the biggest lessons I think we learned is....we have to co-exist with COVID in the healthcare space," Borgerding said.

He added that the top legislative priority for hospitals is reauthorizing an increase in disproportionate share hospital payments, which head to providers that serve a high volume of Medicaid patients.

The current state budget increased the payments by about \$100 million in state and federal funds.

Meanwhile, Borgerding said hospitals are keeping an open mind about Medicaid expansion, which he said Evers will "clearly" include in his next budget. The Legislative Fiscal Bureau estimated last year it would save the state more than \$300 million in state funding.

Borgerding said that when lawmakers were debating expansion last year, the state was facing a low uninsurance rate and a budget surplus.

"Those are two undeniable aspects of the Medicaid discussion that might be a little different this time around," Borgerding said. "We continue to have an open mind about it like we had in the past."

---

## Follow Us



[@WIHospitalAssociation](#)



[@WIHospitalAssn](#)



[@Wisconsin Hospital Association](#)