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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

HHS Announces Changes to COVID-19 Hospital Daily Data Reporting

The U.S. Department of Health and Human Services (HHS) [announced](#) on July 13 significant changes to how it will be collecting COVID-19-related data hospitals report daily to the federal government.

Starting July 15, hospitals may no longer utilize the National Healthcare Safety Network reporting system to report hospital COVID data. While that system will remain for the quality reporting metrics it was developed for, its hospital COVID-19 data module will be retired. Instead, hospitals will be required to report this data through one of two methods:

1. Report data to state health departments that have been certified by the Assistant Secretary for Preparedness and Response (ASPR) to report this information on hospitals’ behalf to the federal government.
2. Directly report this data via the HHS TeleTracking portal. This portal was developed for special data reporting requests to inform HHS hotspot funding and Remdesivir distributions to hospitals and states.

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HHS Announces \$4 Billion in Additional Provider Relief Funding for Safety-Net and Rural Hospitals

The U.S. Department of Health and Human Services (HHS) [announced](#) on July 10 an additional \$4 billion will be allocated to certain safety-net hospitals and rural hospitals and clinics that missed out on the first iteration of funding distributions.



In May, [HHS distributed \\$10 billion to rural hospitals](#), rural health clinics and federally qualified health centers that met certain rural criteria. The funding amounted to about \$328 million for 73 rural hospitals in Wisconsin with an additional \$35 million going to rural health clinics and federally qualified health centers in Wisconsin. And in mid-June, [HHS distributed \\$10 billion to safety-net hospitals](#) that met certain criteria. Unfortunately, only four hospitals in Wisconsin qualified for a total of \$45 million from that distribution, leading WHA to express concern with Wisconsin’s Congressional Delegation over the arbitrary criteria that led to Wisconsin safety-net hospitals largely missing out on relief.

While the newest announcement is welcome news, HHS has still not announced which hospitals will qualify – despite WHA and others asking for additional transparency in how this funding is being distributed. According to HHS, the enhanced safety-net funding will go to 214 additional hospitals across the country, including [nine total in Illinois and Wisconsin that will share \\$130 million](#). It is currently unclear how much of that will go to Wisconsin or Illinois hospitals. HHS says safety-net hospitals that met previous criteria, while also having an average margin of less than or equal to 3% in any two consecutive of the last five years, will be eligible.

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Additionally, HHS intends the additional rural funding to go to rural hospitals and clinics that serve rural populations but are not themselves located in the rural census tracts HHS previously announced in May. HHS says this will go to 479 rural hospitals and clinics nationally, including [\\$41 million to 19 rural hospitals and clinics in Wisconsin](#).

While this is welcome news, Wisconsin hospitals and health systems have received about \$1 billion total of the \$105 billion in Provider Relief Funding distributed so far, despite experiencing more than \$2.5 billion in lost revenue due to COVID-19 and facing continued future financial uncertainty. WHA continues to advocate with the Wisconsin congressional delegation for needed financial assistance for Wisconsin hospitals and health systems as the U.S. Senate develops its next COVID relief package in the next few weeks.

For more information, contact WHA Director of Federal and State Relations [Jon Hoelter](#).

Marshfield Clinic’s Meyer Named to Governor’s Broadband Task Force

Marshfield Clinic Health System (MCHS) Director of Virtual Care and Telehealth Chris Meyer has been named to Governor Tony Evers’ Task Force on Broadband Access. The task force, created by [executive order](#) on July 14, is charged with researching and recommending broadband policies and initiatives that can strategically increase access throughout the state.



The 24-member task force will provide an annual report each June 30 to the Governor and state Legislature.

“Consumer access to high quality broadband was a known barrier to the growth of telehealth well before the COVID-19 pandemic,” Meyer tells *The Valued Voice*. “As the world quickly embraced telehealth as a means to access health care services, the lack of reliable and sufficient broadband was a barrier to many patients – particularly in rural areas – to completing two-way video visits in their home.

“Marshfield Clinic Health System is committed to delivering the highest quality care to all of our patients and ensuring that the care is affordable and accessible,” Meyer said. “MCHS has worked with communities to help them expand broadband access but it is clear that a statewide and even national approach is required to achieve universal access to internet services. The creation of the Governor’s Task Force is an important first step toward closing the digital divide between urban and rural areas of Wisconsin.”

The task force includes bipartisan legislators from both the State Assembly and State Senate as well as representatives of utilities, tech companies, local governments and other entities with an interest in expansion of broadband availability. Its first meeting will be later this summer.

DHS Accepting GME Residency Expansion Grant Applications

In continuing an initiative first supported by WHA to help with Wisconsin’s health care workforce in the state’s rural areas, the Wisconsin Department of Health Services (DHS) is now accepting applications for adding up to three new resident positions to existing accredited graduate medical education (GME) programs. Each position is capped at \$75,000 per year for the length of the residency.

You can view the application process at this [DHS website](#). Completed proposals are due by noon on August 20, 2020. The program’s goal is to increase the number of residencies in priority specialties of family medicine, general internal medicine, general surgery, pediatrics and psychiatry, although other specialties may also be considered.



WHA has long been a leader in addressing Wisconsin’s health care workforce challenges. More physicians completing their residency training in Wisconsin can lead to those physicians staying in the state for their medical career. This “Grow Our Own” strategy

involves providing students with Wisconsin ties and attending an in-state medical school additional opportunities for Wisconsin residencies. When this happens, there is an 86% likelihood that the physician puts down roots in the Badger State.

Any questions or requests for application process clarifications should be sent to DHS’ [Linda McCart](#) by noon on July 28. While emails will be acknowledged, they will not be answered individually – instead, responses will be posted to the [DHS website](#) on or before July 31.

Virtual Wisconsin Quality Residency Modules - Register Now!

The Wisconsin Hospital Association, together with Rural Wisconsin Health Cooperative (RWHC), is excited to offer [registration](#) for the 10 individual modules offered during the Wisconsin Quality Residency Program. Select the module(s) of interest to you and register now! Modules scheduled in 2020 will be held virtually. Please note, this is not a webinar series. Each module will be an interactive learning workshop experience.

Modules are designed to engage new or novice quality leaders as well as experienced leaders looking for a refresher.

Wednesday, August 19, 2020 | 10 a.m. to 5 p.m.

Module A – The Evolution of Health Care Quality & How it Fits into the Big Picture

We are pleased to have five experienced panelists representing rural, urban and suburban hospitals across Wisconsin joining us to discuss these topics!

- Understanding your job description
- Strategic Plan: Mission, Vision & Values – know your initiatives and how they align
- Using clinical tools to improve quality, care coordination and transitions of care – clinical practice guidelines, pathways and evaluating compliance
- Leading change - interacting with senior leaders, middle managers, board, medical staff and front-line staff

Thursday, August 20, 2020 | 8:15 a.m. to 3 p.m.

Module B - Compliance with Standards and Regulations/Surveys and Accreditation

Subject matter experts Denise Balboa, Nurse Consultant II at BEST/Education Services Section, Division of Quality Assurance, Wisconsin Department of Health Services and Robert Wilcox, Accreditation and Regulatory Resources Manager for Mayo Clinic Health System will lead these important quality topics.

- The state and federal survey process
- Writing and submitting a plan of correction
- Accreditation surveys
- How to manage the survey process
- Approaches to continuous survey readiness, including practical survey tools and assessment strategies

See a PDF of all upcoming modules [here](#).

Contact WHA Clinical Quality Improvement Advisor [Jill Lindwall](#) for more information.



**QUALITY
RESIDENCY
PROGRAM**

Global Vision Award Nominations Due to WHA Foundation by July 24, 2020



Honor one of your hospital's community health projects by submitting a nomination for a 2020 Global Vision Community Partnership Award, presented by the WHA Foundation.

This competitive grant award is presented to a community health initiative that successfully addresses a documented community health need. The Award, first launched by the WHA Foundation in 1993, seeks to recognize and support ongoing projects that support community health.

All WHA member hospitals are encouraged to nominate a community health project. The project must be a collaborative or partnership project that includes a WHA member hospital and an organization(s) within the community and have been in existence for a minimum of two years. The official call for nominations for the 2020 Award, including a full list of award criteria, can be viewed [here](#).

Nominations are due July 24, 2020. Nomination forms can also be found on the [WHA Foundation website](#). For more information about the Award, contact WHA Foundation Executive Director and WHA Vice President of Education and Marketing [Leigh Ann Larson](#) at 608-274-1820.

New Educational Events from WHA Available in August

Tuesday, August 4 | 1-2 p.m.

[Improving Employee Engagement through Fiscal Wellness in a Post COVID-19 World](#)

Presentation by: HealthCare Associates Credit Union (WHA Corporate Member)

With the recent coronavirus spread, almost all aspects of health care workers have felt some degree of stress. Whether it is emotional stress from caring for patients, stress due to exhaustion, loss of income or even being furloughed, it's important to engage your employees with financial wellness resources so they know the organization cares about them. We'll review free information for your employees that they have access to today, identify resources they can take advantage of and discuss ways you can help reduce the added stress that personal finances can be adding on in these difficult times.

Recording: This webinar will be recorded and posted, within 24 hours after its completion, to the [WHA On-demand Learning Center](#). This webinar will be secure. After clicking on the title, you will be brought to the Member Portal where you will need to enter your login and password.

Thursday, August 6 | 10:30 a.m. - noon

[Post-acute Transitions in a Pandemic: How COVID-19 Disrupts Hospital Discharge Strategy](#)

Presentation by: Jared Landis with the Advisory Board

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.

Recording: TBD

Monday, August 10 | 1-2 p.m.

[Understanding How Overnight Telehealth Hospitalists are Improving Satisfaction and Generating Revenue in Critical Access Hospitals](#)

Presentation by: Horizon Virtual TeleHealth Services (WHA Corporate Member)

Hospitals across the nation are experiencing the financial pressures of the COVID-19 pandemic. Since 2010, at least 128 rural hospitals have closed, with at least an additional 450 (21% of rural hospitals) found to be financially unstable. In total, more than 21,500 beds are in jeopardy. Our current medical and financial situation in health care has not helped this worsening state of affairs. Darin Willardsen, M.D. will share with you how TeleHealth Hospitalists are admitting, consulting and cross-covering patients in remote hospitals across the region. This service is helping to seamlessly care for patients in remote locations during the overnight hours with board certified Internal Medicine Hospitalists. The result of this service has shown lower patient transfer rates, increased patient satisfaction as well as an increase in nursing and provider satisfaction. Many of the institutions that have utilized Horizon Virtual have also shown a positive return on investment with the service.

Recording: This webinar will be recorded and posted, within 24 hours after its completion, to the [WHA On-demand Learning Center](#). This webinar will be secure. After clicking on the title, you will be brought to the Member Portal where you will need to enter your login and password.

Tuesday, August 11 | Noon - 1 p.m.

[2020 Digital Health Trends](#)

Presentation by: The Advisory Board and EUA (WHA Corporate Member)

Join us as we explore the potential for digital technologies to transform health care. This presentation focuses on the state of digital strategy among health systems today. It covers key market trends in the digital health space, top challenges health systems face in their digital transformation, and the provider CIO's perspective on the biggest opportunities for digital technologies to have an impact.

Recording: This webinar is sponsored and coordinated through The Advisory Board and EUA. Contact event organizer, at the link above, for questions on recording and all other aspects of the webinar.

Rate Review Program

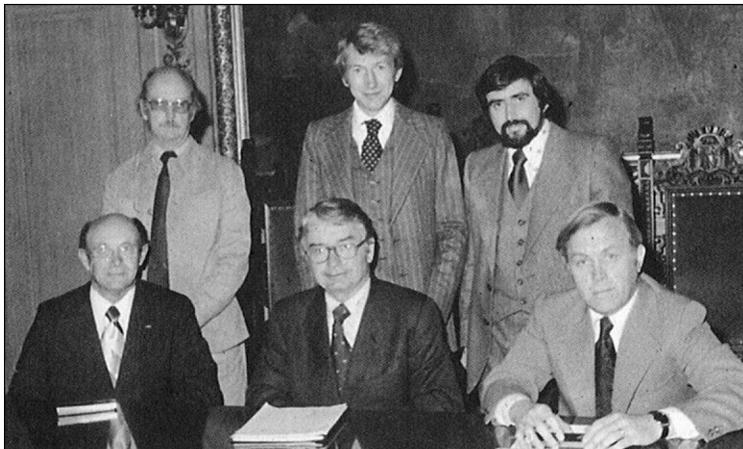
As the '70s began, a new phenomenon surfaced in Wisconsin and throughout the nation. It was the early focus on health care costs and the desire to monitor and control them.

Also during that period, health care was rapidly becoming a more politically-sensitive issue.

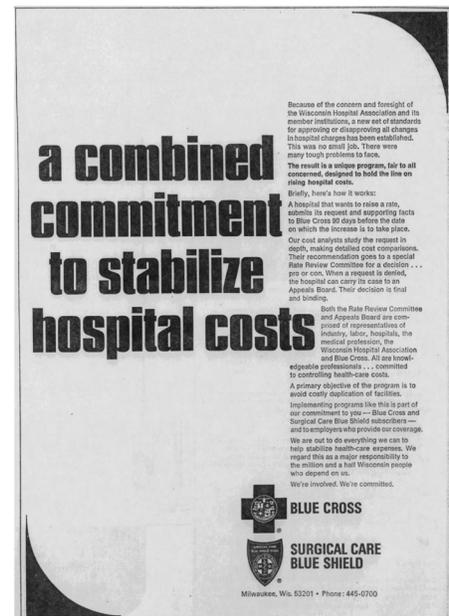
In Wisconsin, the growing concern by government and the public over health care costs led to the creation of the Wisconsin Hospital Rate Review Program. It was started in 1972 as a joint project of Blue Cross of Wisconsin and WHA. In 1976, the State of Wisconsin became the third partner, at a ceremony with Governor Pat Lucey.

The Rate Review drama unfolded monthly in meetings at the Blue Cross office in Milwaukee. Behind the scenes, countless hours of WHA member and staff time were devoted to discussing and negotiating a seemingly endless array of issues.

Similar systems were created throughout the country, with more than 30 states adopting some form of hospital rate setting regulations. But that's far from the end of the story - the 1980s saw a movement away from strict government regulations and the unanticipated complexities of the program. Read next week's "Celebrating 100" to see this example of how WHA's advocacy is often focused on the long-term, adapting to support its members as political and policy changes happen.



Participants in the ceremony that brought the State of Wisconsin into the Wisconsin Hospital Rate Review Program partnership included Gov. Pat Lucey (front row, center), WHA Chairman Bill Johnson (front row, right) and WHA President Warren Von Ehren (back row, left).



Click to see this ad that appeared in the Capital Times, Madison, January 19, 1973

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(HHS Announces Changes to COVID-19 Hospital Daily Data Reporting . . . continued from page 1)

Additionally, HHS has asked hospitals to prioritize reporting the following data fields beginning on July 15, while expecting all the remaining fields to be reported by July 22.

- Previous day's new adult admissions for confirmed COVID-19
- Previous day's new adult admissions for suspected COVID-19
- Total adults hospitalized for COVID - suspected and confirmed
- Total hospitalized for COVID - confirmed only
- Total adults in ICU with COVID - suspected and confirmed
- Total adults in ICU with COVID - confirmed
- Remdesivir doses

What does this mean for Wisconsin hospitals? WHA is currently communicating with the Wisconsin Department of Health Services (DHS) and ASPR to determine Wisconsin's official certification status. While DHS has been collecting data hospitals submit into EMResource on a daily basis and reporting it to HHS for some time now, it is unclear whether it has been officially certified by ASPR. DHS has informed WHA and others that it is working to add the additional fields HHS has requested to EMResource so it can continue to report all information to HHS on hospitals' behalf. WHA has been relaying the concerns from Wisconsin hospitals and health systems on the heavy data reporting burden that has only been exacerbated by the COVID-19 pandemic, and is working to expediently clarify this so that hospitals do not need to report this data separately.

For additional information, contact WHA Chief Quality Officer [Beth Dibbert](#) or Director of Federal and State Relations [Jon Hoelter](#).