

IN THIS ISSUE

Stop the COVID Spread! Coalition Ramps up Message, Releases Ad with Frontline Nurse 1

Presidential Election Results up in the Air, Divided Government to Continue 1

Guest Column: "Wisconsin Captured National Eye in Election; Can It Do So Now with COVID Fight?" 2

Two 100th Anniversary Values Awards Presented this Week 3

WHA, Wisconsin Counties Association File Brief Aimed at Preventing Influx of New Emergency Detentions 4

HHS Delays Information Blocking Implementation Date 4

WHA Encourages Members to Consider Joining a WHA Council or Committee..... 5

Upcoming Educational Events – Register Today! 5

Registration is Open for WCMEW's November Virtual Summit Sessions 6

Fast Facts from the WHA Information Center: November is Lung Cancer Awareness Month 6

CELEBRATING 100 YEARS: Tackling the Hidden Health Care Tax 7

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

Stop the COVID Spread! Coalition Ramps up Message, Releases Ad with Frontline Nurse
Coalition grows to nearly 100 members

This week, the "Stop the COVID Spread!" coalition released its third public education announcement on broadcast TV and digital platforms statewide, the latest in the coalition's efforts urging Wisconsin residents to do their part to help reverse the public health crisis that is threatening to overwhelm the state. [Watch the ad here.](#)



ThedaCare Regional Medical Center frontline nurse Katie in the "Stop the COVID Spread!" coalition's latest public education announcement.

The latest ad features Katie, a registered nurse at ThedaCare Regional Medical Center-Appleton.

"We are all sick and tired of COVID-19, but right now Wisconsin, we need you to step up," Katie says in the ad. "As scary as it can be, and as difficult and challenging as our days are, we just need everyone else to gather in and help us." *(continued on page 8)*

Presidential Election Results up in the Air, Divided Government to Continue

For the national election held this week, many pollsters had projected a decisive outcome at the top of the ticket, but that is not what happened. At the time of publication, former Vice President Joe Biden seemed to be leading, but with several states, including Georgia, North Carolina, Nevada, Pennsylvania, and Alaska, undecided. The large number of voters choosing to mail in their ballots due to COVID-19 has delayed results in those states. Additionally, both the Trump and Biden campaigns have laid the groundwork for challenging results in some states via recounts or litigation. This could delay the final tally for some time.

What is known is that divided government will continue at both the state and federal levels. At the federal level, the House of Representatives will remain under control of Democrats, albeit with a smaller majority. In the Senate, Republicans, defying expectations, seem poised to maintain their majority.

In the state elections, Republicans will maintain strong majorities in both legislative chambers. Democrats, however, are likely to pick up two Assembly seats in suburban Milwaukee districts while Republicans are expected to pick up two Senate seats, one in the Green Bay region and the other in northwestern Wisconsin. Republicans will *(continued on page 2)*

(Presidential Election Results up in the Air . . . continued from page 1)

not have a veto-proof legislative majority, meaning both the Evers administration and Republican Legislature will need to work together to enact legislation.

WHA Vice President of Federal and State Relations Jon Hoelter noted, “With the presidential contest unclear, it is hard to predict how soon a lame duck package or new COVID package may be introduced at the federal level.”

Hoelter continued, “Now more than ever, hospital and health care advocates need to make sure the newly elected state legislators and members of Congress understand the importance of hospitals and health systems to the communities they serve. In the coming weeks and months, we will encourage members to look for opportunities to engage with their newly elected public officials through the [WHA Hospital Education & Advocacy Team](#).”

Guest Column: “Wisconsin Captured National Eye in Election; Can It Do So Now with COVID Fight?”

By Tom Still, President, Wisconsin Technology Council, and co-founder, Wisconsin Healthcare Business Forum



Tom Still

As one of the vaunted “battleground states” in the 2020 presidential election, Wisconsin found itself a center of attention among people who before Nov. 3 may have been hard-pressed to place it on a U.S. map ... red state, blue state or shades of purple.

The Wisconsin economy would recover much faster if the state held the national eye a while longer by demonstrating it can stop the spread of COVID-19.

The renewed surge of positive cases that began around Labor Day hasn’t slowed in Wisconsin, bringing with it more hospitalizations that stress facilities and medical staffs alike, as well as deaths that are breaking previous daily records.

Wisconsin’s COVID-19 death rate is down to about 1 percent versus about 4 percent in the spring, largely because the medical profession has learned a lot about how to keep victims alive, but the sheer number of deaths has climbed because of the volume of new cases.

“Even though the death rate has steadily declined, you can’t ignore the impact of the uncontrolled surge of Wisconsin cases,” said Ann Zenk, senior vice president of the Wisconsin Hospital Association. “Wisconsin’s death rate per 100,000 population is now about four times the national average.”

That’s hardly a confidence builder for existing businesses, many of which continue to struggle to keep their doors open, or for business executives outside Wisconsin who may look elsewhere to locate or expand. If you view Wisconsin as a bizarre, non-compliant outlier in the fight against COVID, you might think twice about opening that new location.

Knowing the COVID-19 pandemic is hurting Wisconsin’s business climate and consumer confidence, many business associations have banded together under the flag of the “Stop the Spread” coalition. It has produced public service announcements, enlisting the help of marquee sports teams and respected figures to urge people to take simple prevention steps.

It may be too early to know if the campaign is working, as the message was likely lost in the avalanche of political commercials that took place before Election Day. Now, perhaps, more people will pay attention and stop viewing face masks as a political statement.

So, who is dying from COVID-19 in Wisconsin?

Of the 2,156 deaths reported as of Nov. 4, the vast majority (1,944) were people 60 and older – and 1,083 were people 80 and older. That’s been the pattern since the disease hit Wisconsin in March, but it has become more tragic as medical professionals struggle to keep it from sweeping through nursing homes and long-term care facilities.

(continued on page 3)

(Guest Column . . . continued from page 2)

The young and relatively young are not immune, however. There have been 202 deaths among people in the 20 to 59 age range.

More men than women have died by a 55% to 45% margin. Black people account for 12% of all Wisconsin deaths; Latinos are not far behind.

Deaths by geographic region in Wisconsin have soared in the northeast, with nearly a quarter of all deaths so far. In fact, the total number of deaths in the region broadly defined by Green Bay and the Fox Cities is almost as large as the state's southern, western and northern regions combined. Southeast Wisconsin accounts for nearly half of all deaths.

Some additional perspective on Wisconsin's COVID-19 deaths: The state has roughly as many people as Denmark, Finland or Norway, all countries with similar Northern Hemisphere climates, yet total deaths in those nations are 729, 259 and 282, respectively.

While restaurants, bars and schools received a lot of blame at the start of the pandemic, it's become clear that businesses that want to survive and schools that want to educate children in person are investing heavily in precautions. There's likely no way to prove it, but so-called "super-spreader" events – weddings, funerals, big outdoor parties, rallies and the like – may be emerging as a bigger culprit.

With the election in the rearview mirror, perhaps there is room for the "Stop the Spread" message to get through and for policymakers to work together where possible. That kind of cooperation would put Wisconsin on the map in another constructive way.

Two 100th Anniversary Values Awards Presented this Week

WHA President and CEO Eric Borgerding had the honor of presenting two of WHA's 100th Anniversary Values Awards this week.

Borgerding recognized award winner **Bellin Hospital** during a November 3 virtual presentation that included Chris Woleske, president/CEO Bellin Health System; Steve Marcique, president, Bellin Health Foundation; and Amy Stach, development specialist and executive assistant at Bellin Health Foundation. Borgerding highlighted Bellin's relationships with other health care providers with the ultimate goal of better serving patients and improving community health. Borgerding said, "This is a particularly notable attribute during the COVID pandemic and one I have personally seen in action. Their success is a testament to the strong reputation that Bellin has in the Green Bay community and in the state."



Bellin accepted the award acknowledging their dedicated staff and innovative programming.



Ascension SE Wisconsin Hospital - St. Joseph Campus accepted their 100th Anniversary Values Award on November 3 with many hospital representatives joining the video call of the presentation, including Bernie Sherry, Ministry market executive, Ascension Wisconsin.

Ascension was honored by the recognition and graciously shared the accolades with the entire Ascension Wisconsin family. Borgerding singled out Ascension's mission of caring for underserved populations in the communities it serves.

Borgerding said, "Ascension volunteers deliver free health and social services to people with limited access and connects individuals with follow-up care, as needed. Some of these services include health screenings, behavioral health, dental and vision care. This commitment to the community is one of the reasons why Ascension St. Joseph's is a 100th anniversary Values award winner."

Others participating in the video call accepting the award were Elizabeth Cliffe-Kucharski, director, government relations & advocacy, Ascension Wisconsin; Reggie Newson, chief advocacy officer and vice president of government community relations, Ascension Wisconsin; Timothy Waldoch, chief mission integration officer, Ascension Wisconsin; Dr. O'Rell (Ron) Williams, vice president of medical affairs, Ascension St. Joseph; Kevin Kluesner, chief administrative officer, Ascension St. Joseph; Kelly Elkins, hospital president, Ascension Columbia St. Mary's & Ascension St. Joseph; Kathleen Crean, senior specialist, public relations, Ascension Wisconsin; and Nichole Gladney, director, community services, Ascension Wisconsin.

WHA, Wisconsin Counties Association File Brief Aimed at Preventing Influx of New Emergency Detentions

The Wisconsin Supreme Court received a joint [amicus brief](#) from WHA, the Wisconsin Counties Association and the Wisconsin Association of County Corporation Counsels on November 3 asking that the Court uphold the constitutionality of Wisconsin's [mental health re-commitment statute](#).

Together, the three organizations raised concerns that Wisconsin would see a "revolving door" of new Chapter 51 emergency detentions if the Court invalidates the re-commitment statute in [Waupaca County v. K.E.K.](#) Previously, a Waupaca County district court and the [District IV Court of Appeals](#) upheld the constitutionality of the Chapter 51 re-commitment statute.

The appellant, K.E.K. is an individual who was re-committed to involuntary treatment by order of a Waupaca County court on a finding, supported by medical evidence, that K.E.K. posed a "substantial likelihood, based on [her] treatment record," that she would pose a danger to herself or others if treatment were withdrawn. K.E.K. argues that the "substantial likelihood" standard for re-commitment is unconstitutional and that a county must present a "current overt act or omission establishing dangerousness" in order to continue an involuntary commitment.

"Our courts have acknowledged the 'clear intent of the Legislature in amending sec. 51.20(1)(am)...was to avoid the 'revolving door' phenomena whereby there must be proof of a recent overt act to extend the commitment but because the patient was still under treatment, no overt acts occurred and the patient was released from treatment only to commit a dangerous act and be recommitted,'" states the joint amicus brief. For hospitals, the revolving door would result in "more resources spent to safely manage, evaluate and stabilize an unnecessary influx of involuntary patients in psychiatric crisis coming to general emergency departments."

Wisconsin Attorney General Josh Kaul also filed an [amicus brief](#) in support of the constitutionality of the re-commitment statute. "[B]ecause individuals who have been effectively treated may not manifest the evidence of dangerousness seen in persons who haven't been in treatment, the government needs a different avenue for proving current dangerousness," wrote Kaul. "[The statute] provides that alternate route and is thus rationally related to the legitimate governmental purpose of providing treatment to the mentally ill."

Oral arguments in the case are scheduled for November 17, 2020.

If you have questions about the case, contact WHA General Counsel [Matthew Stanford](#).

HHS Delays Information Blocking Implementation Date

The U.S. Department of Health and Human Services (HHS) [announced](#) on October 29 that it is delaying the compliance dates of the "information blocking" rule established pursuant to the 21st Century Cures Act.

Citing the need to "provide additional time to allow everyone in the health care ecosystem to focus on COVID-19 response," HHS extended the compliance date for information blocking requirements to April 5, 2021. Other health IT certification criteria and API functionalities were further delayed to December 31, 2022.

The delay provides relief to health care providers, certified EHR developers, and health information exchanges that have been working to operationalize and implement the 21st Century Cures Act rules.

In addition to the [interim final rule](#) posted on November 2 establishing the delayed compliance dates, HHS also posted several long-awaited [FAQs](#) regarding the information blocking rule.

If you have questions about the information blocking rules, contact WHA General Counsel [Matthew Stanford](#).

WHA Encourages Members to Consider Joining a WHA Council or Committee

WHA is currently accepting appointment requests from WHA members interested in joining a WHA council or committee. By joining a council or committee, members have an opportunity to identify key issues, consider policy options, and make recommendations to the WHA Board.

The following councils and committees are looking for member participation:

- Advocacy Committee
- Council on Finance and Payment
- Council on Public Policy
- Council on Rural Health
- Council on Workforce Development
- WHA Physician Leadership Council

For additional information, including council responsibilities, [click here](#). Members interested in being considered for a council or committee, complete the application [online](#). Direct questions to [Sherry Collins](#), executive assistant at 608-274-1820.

Upcoming Educational Events – Register Today!

WHA members can register now for several upcoming educational opportunities, including the always popular Chargemaster Coding Updates and Implementation for 2021 class. This year, it is a self-study online event. For questions on this, and any other WHA educational event, please contact WHA at education@wha.org.

[Carpe Diem! Be Prepared to Leverage the New “Industrial Revolution”](#)

November 17/Webinar

Despite advances in technology, construction operations have not changed much in the past 100 years. Project outcomes continue to disappoint – projects take too long, cost too much, and often kill and injure too many workers. Over the past 25 years, Lean Construction and Integrated Project Delivery have emerged to challenge project management’s underlying assumptions and offer a different theoretical foundation. Coupled with advances in Building Information Modeling, the stage has been set for a new industrial revolution – “Industrialized Construction.” Through a combination of team integration, designing for production, and factory-based construction practices, projects are able to be delivered more reliably, with tremendous gains in speed to market, without sacrificing quality or cost. This session will explore the roots of lean construction and integrated project delivery, then provide a snapshot of the industrialized construction journey. It will offer a case study of the recent STAAT Mods effort of Boldt and HGA and provide a glimpse of the future – where construction is better, cheaper and faster. Webinar brought to you by WHA Corporate Member *The Boldt Company*.

Recording: This webinar will be recorded and posted, within 24 hours after its completion, to the [WHA On-demand Learning Center](#). This webinars 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.

[Prioritizing & Funding IT during a Pandemic](#)

November 19/Webinar

Health care organizations have been acquiring technology for many years, and with new licensing models, the options have changed, and have become even more urgent during this pandemic. Software subscriptions, Software as a Service (Anything as a Service), Consumption Based Services, have blurred the lines between Capital and Operational funding. COVID-19 has accelerated the need to modernize and transform your IT environment. Please join us to learn some best practices for acquiring and funding modern technology initiatives so you can increase agility for your hospital and clinics during and after this pandemic. Webinar brought to you by WHA Corporate Member *Nutanix*.

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 Hospital Member login and password.

[Chargemaster Coding Updates and Implementation for 2021: Self-study module series](#)

Starting December 7/Self-study modules

This Webex Modules Series will consist of 8-10 modules (depending upon the number and extent of changes effective 1/1/2021) by clinical department (or grouped such as Cardiology, Cardiac Cath and Interventional Radiology, as an example). Each registrant will receive a memo of the 2021 CDM updates effective January 1, 2021, link to download the clinical/department presentations, Webex Modules to access and download the recordings that sync with the presentations, AAPC CEU (2 hours), and updated master presentation, if any changes or updates.

Registration is Open for WCMEW's November Virtual Summit Sessions

The Wisconsin Council on Medical Education and Workforce (WCMEW) is once again confronting the issue of Wisconsin health care workforce challenges with their annual education. This year, WCMEW is providing the education through a virtual format with 1 or 2 sessions presented each month. Please [review the brochure](#) for session descriptions and registration information.



Fast Facts from the WHA Information Center: November is Lung Cancer Awareness Month

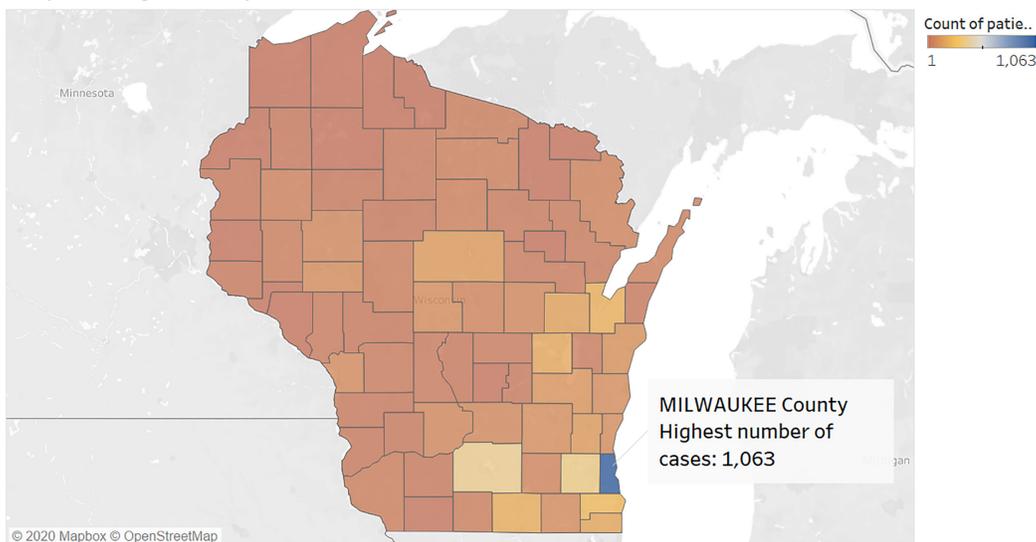
November is recognized as Lung Cancer Awareness Month, bringing attention to this specific type of cancer through education and people sharing their personal experiences.

The World Health Organization stated in 2018 that lung cancer was one of the most common cancer diagnoses, second only to breast cancer. The American Cancer Society estimates that there will be about 228,820 new cases of lung cancer (116,300 in men and 112,520 in women) in 2020.



The Wisconsin Hospital Association Information Center (WHAIC) utilized data collected quarterly from hospitals to analyze lung cancer in Wisconsin. The data comes from the years 2017-2019 and includes inpatient visits only. The average patient diagnosis age is 69 years old, which is very similar to the national average (70 years old). From the WHAIC data, females were diagnosed with lung cancer more often than males. The number of lung cancer visits for each of the three years has roughly stayed around 1,900 visits per year.

Map of Lung Cancer patient visits, 2017-2019



Map based on Longitude (generated) and Latitude (generated). Color shows count of LungCancer 2017-2019. Details are shown for County.

Lung cancer in the United States is the leading cause of cancer deaths for both men and women. Kentucky has the highest rate of new lung cancer cases out of all 50 states. Wisconsin is almost exactly in the middle of the pack, with the age-adjusted rate of new lung cancer at 56 per 100,000 people.

Common causes of lung cancer:

- Smoking: Roughly 80 percent of lung cancer deaths are due to smoking tobacco.
- Exposure to radon
- Secondhand smoke
- Air pollution
- Certain workplace exposure like to asbestos, exhaust and other harmful chemicals

Tackling the Hidden Health Care Tax



Medicaid reimbursement fell to 52 cents for every dollar it cost hospitals to care for a Medicaid patient in 2005. That year, WHA worked to address the Medicaid reimbursement issue by mounting an advocacy campaign aimed at educating policymakers and the public about the significant shortfall in Medicaid payments to hospitals. Dubbed the “hidden health care tax,” the term became synonymous with the cost shifting that occurs when government payers do not cover the cost of the health care provided to program beneficiaries.



Partnering with Wisconsin Manufacturers and Commerce, WHA relied on paid and earned media to make the public aware of the “hidden tax” and relied on shoe leather in the state Capitol, going door to door to address myths surrounding Medicaid.

For example, although Medicaid costs had increased in recent years, that growth was not the result of increased provider reimbursement but, instead, the result of more people enrolled in the program. In fact, enrollment had increased by 87% over the previous five years. The increased enrollment was largely due to the Governor and Legislature creating or expanding Medicaid programs like BadgerCare and SeniorCare.

The Hidden Health Care Tax on Wisconsin employers has continued to grow to over \$1 billion a year. Wisconsin’s BadgerCare program now pays 66% of the cost of hospital care for patients, with the unpaid costs shifting to private payers. According to recent research, in some areas of Wisconsin, the cost of government cost shifting can be about 30% of the price paid by commercial health insurers for hospital care. The Hidden Health Care Tax, which rivals other taxes paid by Wisconsin families and businesses, can have a significant impact on the cost of doing business in Wisconsin.



In 2004, now WHA President and CEO Eric Borgerding was quoted in the Milwaukee Journal Sentinel, “There’s not a road builder in the state that would build a road for cost, let alone 40 percent less than cost.”

This week, Borgerding noted, “WHA appreciates the Governor’s and the Legislature’s commitment to Wisconsin’s community hospitals. During the last budget, the Disproportionate Share Hospital (DSH) and the Rural Critical Care Supplement (RCC) programs recognized those hospitals that serve most of the state’s Medicaid patients and, thus, have a larger share of the Medicaid program shortfall.” Reminded of the hidden health care tax effort in 2005, Borgerding observed, “We have the same situation now. In the upcoming state budget, without at least maintaining the DSH and RCC payments, in effect, there will be an increased tax on Wisconsin businesses and families.”

To learn more about the Hidden Health Care Tax, see [WHA’s website](#).

Follow Us

[@WIHospitalAssociation](#)

[@WIHospitalAssn](#)

[@Wisconsin Hospital Association](#)

(Stop the COVID Spread! Coalition Ramps up Message . . . continued from page 1)

“As rates of COVID-19 infection continue to escalate throughout Wisconsin, this message is a crucial reminder from the health care workers who are putting themselves on the line each day to keep our state’s residents safe and healthy,” said WHA President and CEO Eric Borgerding. “We count on these health care heroes to be there for us and our loved ones, so thank them by wearing a mask, social distancing, and taking this deadly pandemic seriously. For those essential workers and the vulnerable in our communities, we need to turn this public health crisis around.”



Since its launch on October 9, the “Stop the COVID Spread!” coalition has grown dramatically to include nearly 100 of Wisconsin’s leading health care, business, and advocacy organizations, including the recent addition of more than 40 chambers of commerce from communities all over Wisconsin. The organizations have joined a campaign to educate the public about the seriousness of the growing crisis in Wisconsin and the critical and growing need for preventive measures.

Learn more about the [Stop the COVID Spread! Coalition](#).