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EDUCATIONAL EVENTS

- June 16**
Compliance: Board Accountability and Repercussions
Webinar
- June 23**
AP Automation for the modern hospital – Part 2: Today’s Trends
Webinar Series
- June 30**
Part 1: A New Referee for Diversity, Equity and Inclusion Implementation
Webinar Series

Top Senate Republican Previews Budget Action on DSH, Health Care Investments

Proud of Wisconsin’s high-quality health care, touts importance to Wisconsin

As [reported on](#) by Wisconsin Health News (WHN) earlier this week, Senate Majority Leader Devin LeMahieu (R-Oostburg) previewed health care related priorities for the Senate Republican caucus heading into next week’s budget deliberations by the Joint Finance Committee.



Devin LeMahieu

In addition to funding the Medicaid program’s estimated cost-to-continue of over \$500 million in state general purpose revenue, LeMahieu said that the Senate Republicans will continue to invest in areas that they focused on last budget, including critical funding for Wisconsin hospitals.

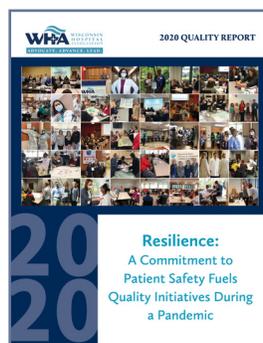
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See inside for coverage of the 2021 Wisconsin Rural Health Conference.

WHA Publishes 2020 Hospital Quality Report

Commitment to patient safety and health care quality unshaken by pandemic

[The Wisconsin Hospital Association \(WHA\) 2020 Quality Report](#) underscores the high standard of care of the state’s hospitals even as they prepared for and responded to unprecedented challenges brought on by the COVID-19 pandemic.



Included in WHA’s Quality Report are aggregate data for Wisconsin hospitals relative to quality programs and measures administered by the Centers for Medicare & Medicaid Services (CMS). Through its Value-Based Purchasing Program, Hospital-Acquired Conditions Reduction Program and Hospital Readmissions Reduction Program, CMS aims to improve the care provided by the nation’s hospitals and link Medicare payments to health care quality in the inpatient setting. In all three programs, Wisconsin hospitals improve year over year and routinely outperform other health care providers.

“This year’s WHA Quality Report demonstrates the long-standing dedication of Wisconsin’s hospitals to high-quality care while also serving as a testament to the resilience of the state’s health care providers, as they kept patient safety top of mind in the face of an extremely challenging and prolonged health care emergency,” said WHA Chief Quality Officer Nadine Allen.

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WCRI: Wisconsin's Injured Workers Satisfied with Medical Care, Return to Work Quickly

The Worker's Compensation Advisory Council (WCAC) met on June 8 to continue its work developing proposals to modify Wisconsin's workers' compensation system.

The WCAC, which includes representatives of management and organized labor, heard from Workers Compensation Research Institute (WCRI) analysts who highlighted important aspects of Wisconsin's strong system. WCRI said their research, which was based on surveys of injured workers, indicates that Wisconsin workers are more satisfied with their medical care and report fewer problems getting a desired medical provider than injured workers in any other WCRI study state. WCRI also presented data showing Wisconsin workers return to work faster than in any other study state.

In addition to worker outcomes, WCRI presented information related to medical utilization. WCRI research indicates that utilization per claim is lower in Wisconsin compared with other states and notes a shift in services to hospital outpatient providers, recognizing Wisconsin's integrated health care system. A copy of WCRI's presentation is available [here](#).

"We're very pleased Wisconsin's injured workers are highly satisfied with their medical care and health care providers help them get back to work quickly. That's a huge positive for Wisconsin given the severe labor shortages employers are dealing with and, of course, it's also good for workers, their families, and communities," said WHA President and CEO Eric Borgerding. "We should not take these exceptional outcomes for granted and coupled with the sixth straight year of workers comp premium reductions for employers, we should be trumpeting as a real asset the strength and value of Wisconsin's workers comp system, instead of cherry-picking data and spinning it as a problem, as some continue to do. That's unfortunate and counterproductive."

If the WCAC reaches agreement, it will present its recommendations, traditionally called the "agreed-upon bill," to the Legislature for consideration. A WCAC agreed-upon bill has not been enacted since March 2016.

WHA Wisconsin Rural Health Conference Agenda Reinforces Importance of Rural Hospitals to the Communities they Serve



Stoughton Health President and CEO and Wisconsin Hospital Association (WHA) Council on Rural Health Chair Dan DeGroot kicked off the virtual 2021 WHA Wisconsin Rural Health Conference on June 3 by praising health providers for serving as the "cornerstone" to their communities in the fight against COVID-19.

Thanking conference sponsors for their support of the event, DeGroot also spoke of the need for continued focus on issues affecting rural health. He announced with anticipation the dates for next year's WHA Wisconsin Rural Health Conference in Green Bay: June 15-17, 2022.

The conference's opening speaker, Purdue University lecturer and therapist Will Miller, Ph.D., focused on strategies and techniques for coping with the stress and anxiety that can be brought on in life, especially during such extraordinary times as the COVID-19 pandemic. His presentation entitled *Facing Modern Realities: Counsel for Coping* employed effective storytelling to show how stress and anxiety can manifest in day-to-day life.



"Thoughts are not real. They are helpful as a construct, but the constant thought of 'what if' interferes with living and being calm," Miller observed, recommending a strategy of "erase and replace" to focus on the things that can be controlled in life. He also suggested a strategy of deep breathing and meditation to control "runaway thinking."

Miller discussed in detail the neuroscience behind one's ability to cope, as well as one's inability to cope. "The amygdala houses the fight or flight response and can also trigger depression. It takes seven-to-eight weeks of changing brain habits in order to develop new thoughts," he said.

Miller noted that during the pandemic, we have all had a loss of "familiar attachments," and that is what has triggered anxiety and depression for some people. His practical strategies for coping were a reminder that we have inside of ourselves many of the tools to needed to persevere.

Diversity Expert: “We all have unconscious bias, because we are all human.”



Speaking at the Wisconsin Hospital Association (WHA) Rural Wisconsin Health Conference, former Chief Diversity and Inclusion Officer for Bon Secours Mercy Health System Gloria Goins delivered a thought-provoking, evidence-based discussion of the impact that unconscious, or implicit bias has on the safety, quality of care and mortality of patients. In a presentation entitled *When Good Isn't Good Enough: How Unconscious Bias Harms Patients...Despite Our Good Intentions*, Goins noted, “We make decisions and judgments quicker than we can blink an eye. We all have unconscious bias, because we are all human.”

Goins explained that people can mitigate unconscious bias by being self-reflective and by building their cultural competency knowledge base. “Avoid stereotyping,” she advised. “Use evidence-based data. Separate fact from fiction.”

Connecting lessons from her presentation to attendees’ personal and work lives, Goins asked participants to take what they’ve learned and personally commit to specific actions to combat the harmful effects of unconscious bias and to make recommendations to their employers to mitigate bias in the workplace. She ended her talk with a quote from John Dewey: “We do not learn from experience...we learn from reflecting on experience.”

The State of Health Care in Wisconsin

WHA’s Borgerding and RWHC’s Size deliver joint address at Rural Wisconsin Health Conference

In a combined presentation at this year’s Wisconsin Hospital Association (WHA) Rural Wisconsin Health Conference, the leaders of WHA and the Rural Wisconsin Health Cooperative (RWHC) underscored the strong relationship between the two organizations and the shared priorities driving their advocacy efforts for hospitals and health systems throughout the state.

WHA President and CEO Eric Borgerding began his remarks by reflecting on the “long road” that Wisconsin hospitals and health systems have traveled since the 2019 Wisconsin Health Conference—the last time the event was held before COVID surfaced in the state. “We’ve been through a lot together—WHA and RWHC. One thing that has not changed, and has probably even been strengthened, is the partnership between our two organizations.”



Borgerding highlighted the history of COVID and its effects on the state’s health care system, drawing upon data provided by the Wisconsin Hospital Association Information Center (WHAIC) and shared in real time for the past 14 months in a [COVID 19 situational awareness dashboard](#) on WHA’s website. Citing the dramatic rise of COVID cases and hospitalizations in Wisconsin the fall of 2020, followed by an equally precipitous fall of these measures through the spring of 2021, Borgerding noted, “That is a testament to you all.” He referenced the [all-time low hospitalization figure](#)—186—the state registered on Memorial Day as cause for cautious celebration.

Borgerding outlined the three ongoing priorities driving WHA’s COVID-related work: advocating for hospital/provider resources, regulatory reform and payer reform; educating the media and decision-makers about the impact and status of COVID; and slowing the spread of the virus.

Recent legislation signed by Governor Evers included three important WHA-supported policies: out-of-state licensure reforms; acute hospital care at home; and payment for skilled nursing home-level care in hospitals. WHA continues to focus on additional issues affecting hospitals and health systems, Borgerding said, including behavioral health; telehealth policy; broadband investment and expansion; and advanced practice providers/top-of-license practice.

The effects of COVID on the state’s hospitals and their patients, including \$2.5 billion in losses resulting from a federally mandated shutdown of non-emergent services in March 2020, are detailed in a WHAIC report entitled, [COVID-19 Effects on Wisconsin Hospitals, Health Systems and Patient Care](#). Ramping regular care back up throughout the state has been and continues to be a WHA priority, Borgerding noted.

Building upon the success of the WHA-led “Stop the COVID-Spread!” coalition, an influential group of the state’s leading advocacy organizations formed in October 2020 to combat the growing health crisis, the multi-industry partnership, which includes RWHC, will shift its focus to overcoming vaccine hesitancy, Borgerding said.

(continued on page 4)

(The State of Health Care in Wisconsin . . . continued from page 3)

RWHC Executive Director Tim Size seconded Borgerding's reference to the strong partnership between RWHC and WHA. "I value the partnership equally if not more so than Eric's kind words," he related as he began his presentation focused largely on policies related to health insurance.

"For most of us, 2020 was the most challenging year we've faced. We survived the pandemic. What I'm going to talk about is, can we survive health insurers not willing to support local health care?," said Size, noting that health insurers recorded record profits in 2020. "It's a mystery to many of us why some insurers are choosing this time to come down heavy on rural health care," he continued.

Size outlined a set of expectations his co-op members have established for insurers, which will drive RWHC's advocacy work going forward. He underscored the important role that hospitals play not only in providing care to their patients, but also in helping insurers fulfill their missions. Rural hospitals assist patients in accessing the care they need and help them understand how their health insurance will help pay for it, Size observed before enumerating "behaviors" RWHC would like to see health insurers adopt. These include the following:

- Support network adequacy
- Assure equitable credentialing
- Avoid steerage from rural hospitals
- Recognize actual cost of efficient rural care
- Utilize relevant quality measures
- Engage in good faith contracting
- Assure consistency throughout the plan year
- Offer appropriate employer/subscriber education
- Inform subscribers of all local options
- Assure responsiveness and transparency
- Approve necessary care by qualified providers
- Engage in community/population health
- Acknowledge the economic impact of local care

Size concluded his remarks by citing data by the Center for Healthcare Quality and Payment Reform which shows that across the U.S. more than 800 hospitals—40% of all rural hospitals—are either at immediate or high risk of closure. It would be foolish, he noted, for Wisconsin to assume we are immune from these trends. "The future of rural hospitals is up to all of us," he said, referencing planned activities that will be kicked-off with renewed energy and in partnership with WHA in the June RWHC meeting.

Living in Two Payer Models: Fee for Service and Value-Based Care

Fort HealthCare Senior Director of Clinical Operations Carl Selvick and Door County Medical Center CEO Brian Stephens shared their perspectives and experiences with alternative care models at the Wisconsin Hospital Association (WHA) Wisconsin Rural Health Conference.

Selvick started the discussion by defining an alternate care model as any model where the insurance industry attempts to shift the cost equation of value and elements of cost away from the hospital or health system. Stephens set the stage for an enlightening dialogue between the two health care leaders by explaining that many smaller rural health clinics lack experience with value-based payment models and their requirements, such as performance reporting. Many such providers face unique challenges when participating in a value-based payment model due, in part, to the geographic dispersion of their patients.



Brian Stephens



Carl Selvick

Selvick and Stephens stressed that when looking at value-based models, it is important to have both the clinical side and payer representatives engaged. Care management teams can help to look at social determinants of health, but this requires giving them the flexibility necessary to help move patients toward a healthy lifestyle.

Partnership, both speakers stressed, is critical to maximizing the health of rural patients. It is important to have relationships with community organizations such as the Aging and Disability Resource Center, home health agencies, protective services, behavioral health services and the family caregivers.

Breaking the Stigma of Addiction

The final speaker at the Wisconsin Hospital Association (WHA) Wisconsin Rural Health Conference, challenged audience members to look past the obvious and to take the time to have a conversation with someone who might be struggling. Former BMX Elite Pro Tony Hoffman shared his personal and painful experience overcoming addiction in a presentation entitled *Breaking the Stigmas*.

Sharing stories of trauma and emotional abuse and his own history of anxiety that led him to seek release from the pressures he felt, Hoffman detailed the journey that led him to alcohol and drug misuse. Along the way, Hoffman met health care professionals who could not show compassion and empathy because of their outdated beliefs about how people became addicts, as well as their pre-conceived notions regarding people with mental health struggles. Hoffmann said that if only someone had stopped to have a conversation with him, his life might have turned around sooner.

Tony's life did start to turn around when he found himself in prison and was forced to re-evaluate how he got to the point that he did.

Tony's message to the audience about leading with empathy and compassion, starting a conversation with someone and not falling into the trap of making assumptions about people because of their situation was powerful. He charged all in health care to do better and to continuously reach out to those in need.



[See a wrap-up of the 2021 Wisconsin Rural Health Conference in photos here.](#)

Will You Be on the First Contributor List for 2021?

Contribute to the Wisconsin Hospitals State PAC and Conduit before June 17



The 2021 Wisconsin Hospitals State PAC and Conduit fundraising campaign is off to a strong start following the virtual kick-off event in April. To date, \$142,320 has been raised from 109 contributors. Is your name among them?

Make a contribution before June 17 to be included on the first contributor list, which will be published in the June 17 edition of the Wisconsin Hospital Association's (WHA's) *The Valued Voice* newsletter.

"The 2021 fundraising campaign is well underway and has sustained a strong pace through the first half of the year," said WHA President and CEO Eric Borgerding. "As the campaign continues on, I believe everyone who values Wisconsin hospitals and health care in our state should participate...better candidates lead to better legislators who craft better laws."

The Wisconsin Hospitals State PAC and Conduit campaign 2021 goal is to raise \$325,000 from at least 300 individuals. Contributors can make a one-time contribution or set up a recurring quarterly, monthly or bi-weekly donation. Donor club levels begin at \$1,500 (annual).

Contribute online at www.whconduit.com or contact WHA Vice President of Advocacy [Kari Hofer](#) at 608.268.1816.

Proposed Insurer Policy Would Have Denied Coverage for Emergency Care

Policy now on hold due to negative feedback from providers

The American Hospital Association (AHA) this week asked for an immediate reversal of a planned new policy from UnitedHealthcare (UHC) that would retroactively deny coverage for emergency care. In a letter to UHC, AHA said the policy would have a chilling effect on patients obtaining care and would jeopardize their health and well-being.

On June 10, UHC announced in a [tweet](#) that the implementation of the policy is on hold until at least the end of the public health emergency period.

“We have been seeing some worrisome insurer policies being proposed over the past six months including restrictions on networks for certain services, restrictions on coverage, and this one which is particularly egregious, as it could deter patients from seeking emergency care,” said Wisconsin Hospital Association (WHA) Senior Vice President for Public Policy Joanne Alig. “We are pleased that UHC has decided to put the policy on hold and hope it is not just a temporary delay but a permanent policy reversal.”

At issue in this instance is whether an insurer should be able to determine after the fact that a patient should have sought care in an emergency room or somewhere else. Federal law and state law in Wisconsin require that insurers cover emergency services, and in doing so they are required to apply what is known as a “prudent layperson standard,” which is an important patient protection. The prudent layperson standard essentially says that if a reasonable person with an average knowledge of health and medicine thinks his or her health is in jeopardy based on his or her symptoms, then it is an emergency medical condition.

The policy stated by UHC is similar to one implemented by Anthem/Blue Cross Blue Shield which is being challenged in court by the American College of Emergency Physicians and the Medical Association of Georgia. The Anthem policy has not been implemented in Wisconsin.

Details about the UHC policy were unclear. The UHC network [bulletin](#) available publicly on the company’s website did not indicate in which states it would have reviewed emergency department visits, and news reports varied on the precise number of states. However, it appears that the policy would have been implemented in over 30 states, including in Wisconsin. According to a report from *USA Today*, UHC had indicated the policy could have applied to 10% of emergency room visits. There has also been conflicting information about whether the policy would have applied to the individual market, but it appears the policy would have applied to employer-sponsored group plans. According to reports from the Wisconsin Office of the Insurance commissioner, UHC has about 12% of the group health market share in Wisconsin.

COVID-19 Vaccination in Emergency Departments, Urgent Care Centers and at Discharge

The Wisconsin Department of Health Services (DHS) and the Wisconsin Hospital Association (WHA) will host an important online conversation at 10 a.m. on June 23 about increasing COVID-19 vaccinations in hospital emergency departments, urgent care facilities and in discharge situations. Attendees will learn tips from health care providers already doing this work and learn how DHS is working to facilitate vaccination in health care settings. Guidance on implementation will be provided by DHS Chief Medical Officer and State Epidemiologist Dr. Ryan Westergaard.

Save the date and watch for registration and agenda information, which will be coming soon. Contact WHA Senior Vice President of Workforce and Clinical Practice [Ann Zenk](#) with questions.

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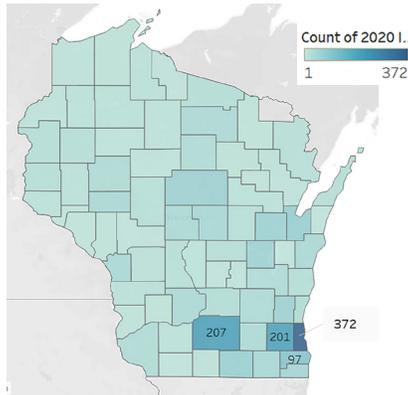
[@Wisconsin Hospital Association](#)

Fast Facts June from the WHA Information Center: Alzheimer's and Brain Awareness Month

As of 2018, the Centers for Disease Control and Prevention (CDC) noted that 5.7 million Americans are living with the progressive brain disorder known as Alzheimer's disease. This condition is the sixth leading cause of death for all adults and the fifth for adults aged 65 years and older (CDC, 2021). Alzheimer's disease causes a disruption of brain functioning pertaining to memory and thinking, and in late stages, day-to-day tasks become a challenge for those with the disease. The exact causes of Alzheimer's are not yet known.



Map of INP and EDV visits, 2020



Map of Wisconsin showing the count of 2020 inpatient and emergency department visits by county. The map uses a color scale from light green (low count) to dark blue (high count). Milwaukee County is highlighted in dark blue with a count of 372. Other counties shown with counts include Dane County (207), Racine County (201), and Kenosha County (97).

The Wisconsin Hospital Association Information Center (WHAIC) analyzed claims data from the 2020 calendar year for inpatient and emergency department visits and found there were roughly 2,400 patient visits for the following conditions: Alzheimer's disease, Huntington's disease, Parkinson's disease, mixed dementia, Lewy body dementia and vascular dementia. Milwaukee County had the highest counts of visits at 372, followed by Dane County at 207. Age is one of the main risk factors linked to Alzheimer's disease. WHAIC data found the average age of patients was 79. Analysis found no large disparity between male and female visit counts.

While it is sometimes commonly referred to as "dementia," Alzheimer's disease and dementia are not the same thing. Alzheimer's disease is a form of dementia, while dementia classifies the conditions—changes in thinking, memory and others—caused by brain injury or diseases that affect brain functioning negatively. Other examples of brain conditions that fall under dementia include Lewy body dementia, vascular dementia, Huntington's disease and Parkinson's disease.

The following are signs and symptoms of mild Alzheimer's disease according to the National Institute of Aging:

- Memory loss
- Poor judgment leading to bad decisions
- Loss of spontaneity and sense of initiative
- Taking longer to complete normal daily tasks
- Repeating questions
- Trouble handling money and paying bills
- Wandering and getting lost
- Losing things or misplacing them in odd places
- Mood and personality changes
- Increased anxiety and/or aggression

(Top Senate Republican Previews Budget Action on DSH, Health Care Investments . . . continued from page 1)

"Wisconsin has very good health care, typically ranked in the top three of quality of health care provided," said LeMahieu. "We have a very good system in place right now. We are focusing on things like reinsurance for health care stability and DSH (disproportionate share hospital) payments to make sure hospitals can afford to serve those who are on government assisted health plans."

Following a question on the committee's investments on mental health investments, LeMahieu said, "I think the vast majority of [budget] health items will have bipartisan support. Sometimes we may bicker over how much that dollar amount should be, but investing in long-term care facilities and DSH payments for hospitals are all very important things for mental health services." In responding to a question by WHN Editor Tim Stumm about what excites him most about Wisconsin health care, LeMahieu said, "It's great that Wisconsin is consistently ranked in the top three in health care; it shows how hard our hospitals and health care providers work and the climate in this state for health care providers."

LeMahieu continued, "That is something we should be proud of here, that we have so many great hospitals and so many great organizations that are actually located in Wisconsin that provide insurance. That is something to be proud of and (we) need to make sure is continued and protected." (see related story on page 2—"WCRI: Wisconsin's Injured Workers Satisfied with Medical Care, Return to Work Quickly")

(WHA Publishes 2020 Hospital Quality Report . . . continued from page 1)

“Wisconsin hospitals and health systems have long been pioneers in quality measurement and reporting,” said WHA President and CEO Eric Borgerding. “We can all take comfort knowing that the hospitals operating in our communities here in Wisconsin are among the nation’s leaders when it comes to quality and patient safety standards.”

In addition to CMS data, WHA’s Quality Report draws upon the association’s own publicly accessible [CheckPoint](#) reporting system, which provides both consumers and health care quality users objective information on measurable safety and quality standards for health care providers in the state. Every Wisconsin hospital voluntarily reports data to CheckPoint, which currently includes more than 50 measures of quality.

The 2020 WHA Quality Report tracks quality improvement collaborations, initiatives and outcomes throughout the state focused on topics ranging from reducing readmissions and falls to preventing health care-associated infections. It also features case studies from Wisconsin hospitals focused on COVID response programs as well as a showcase of successful quality improvement projects.

WHA’s complete 2020 Quality Report is available [here](#).