

September 23, 2021

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## EDUCATIONAL EVENTS

### October 6

*Skills and Best Practices for Administrative Excellence in Healthcare Series - Session 1: Emotional Intelligence: Why It Can Matter for Administrative Professionals*  
Webinar

### October 13

*Mind the Gap: Repairing the U.S. Health Care Workforce*  
Webinar

### October 20

*Leveraging Wisconsin's APC Workforce for Integrated Care Delivery*  
Webinar

## OCI Pushes Health Plans to Remove Barriers to Transferring Patients for Post-Acute Care

Wisconsin Commissioner of Insurance Mark V. Afable released a [bulletin to health plan issuers](#) on Sept. 22 requesting that health plan issuers work with health care facilities facing capacity issues to remove any barriers to transferring patients to other facilities for their post-acute care.

Commissioner Afable wrote, "The recent surge in cases related to the Delta variant of COVID-19 is placing a strain on the capacity of hospitals and other health care facilities equipped to treat patients with COVID-19. In addition, workforce shortages and capacity issues are leading to a shortage of the availability of post-acute care facilities, such as nursing home and skilled-nursing facilities. As a result, patients that no longer need acute care are being housed at hospitals when they would normally be discharged to a post-acute care facility. This is placing further strain on capacity issues, as it limits the amount of beds and staff available to treat COVID-19 and other conditions requiring acute care."

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## Sicker Patients, More Expensive Labor, Supplies: Hospitals Facing Greater Uncertainty Amidst Spread of COVID Variant

As the number of COVID-19 patients in Wisconsin hospitals hit its highest levels of the calendar year this week, a new [analysis](#) by Kaufman-Hall predicts that financial recovery for many hospitals is unlikely in 2021. The analysis, which includes actual hospital performance data for the first two quarters of 2021, indicates that hospitals are seeing more high-acuity patients, while facing increased costs for labor, drugs, services, personal protective equipment (PPE) and other supplies.

"Hospitals and health systems in Wisconsin are, and will continue to, care for their communities during these challenging times, as they have since the pandemic began over 18 months ago," said WHA President and CEO Eric Borgerding. "However, this report highlights factors contributing to an underlying instability that is putting significant added strain on hospitals."

The analysis indicates that demand for outpatient services at hospitals remains below pre-pandemic levels, which results in a loss of revenue. At the same time, hospitals are seeing sicker patients with longer inpatient lengths of stay, which contributes to the need for more resources. Those resources in turn are becoming more and more expensive.

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## ***Sicker Patients, More Expensive Labor, Supplies: Hospitals Facing Greater Uncertainty Amidst Spread of COVID Variant . . . continued from page 1)***

Labor shortages have been a growing concern among Wisconsin hospitals and nationwide. The report notes that even though hospitals have improved on how efficiently labor resources are deployed, costs for labor are much higher. Other expenses are higher as well—drug costs are up 24%, supply expenses (such as for PPE) are up 17% and non-labor expenses are up 17%.

While a state-by-state analysis is not provided, the analysis concludes that hospitals nationwide are projected to lose an estimated \$54 billion in net income in 2021.

That's after accounting for federal funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Without those relief funds, hospitals would be facing losses of up to \$92 billion.

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## **WHA Webinar to Provide Guidance on Nurse Practitioner and Physician Assistant Regulatory Issues**

***Register today for virtual Advanced Practice Clinician Conference***

[Registration](#) is now open for a WHA half-day virtual conference that will focus on Wisconsin's advanced practice registered nurse (APRN) and physician assistant (PA) workforce.

### **Leveraging Wisconsin's APC Workforce for Integrated Care Delivery**

Oct. 20, 2021

9 a.m. – 12 p.m.

This year's Advanced Practice Clinician (APC) Conference is a follow-up to WHA's 2018 conference: [A Comprehensive Look at APC Practice Challenges and Opportunities for Integrated Care Delivery in Wisconsin](#).

This year's event will focus on key regulations and payment policies impacting organizations that employ APRNs and PAs, as well as clinical practice, education, and workforce supply trends for APRNs and PAs. Topics covered include the following:

- Wisconsin Legislative and Regulatory update: Impacts on Advanced Practice Nurse and Physician Assistant Care Delivery  
Presenter: *Matthew Stanford, WHA General Counsel*
- Billing and Reimbursement for Advanced Practice Professionals – Opportunities and Pitfalls  
Presenter: *Lori Wink, Attorney, Hall, Render, Killian, Heath & Lyman*
- Wisconsin Advanced Practice Clinician Workforce Trends  
Presenters: *Ann Zenk, WHA Senior Vice President, Workforce and Clinical Practice, and George Quinn, Executive Director, Wisconsin Council on Medical Education & Workforce*

To register for this virtual conference, click [here](#).

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## **WHA Comments on Proposed 2022 OPPS Rule**

In a [comment letter](#) submitted to the Centers for Medicare & Medicaid Services (CMS) on Sept. 17, WHA expressed continued concerns about CMS's proposed cuts to 340B hospitals and hospital outpatient departments (HOPDs) in the proposed calendar year 2022 Hospital Outpatient Prospective Payment System (OPPS) rule. Among other comments, WHA voiced opposition to increasing fines related to the Hospital Price Transparency Rule and expressed strong support for CMS continuing telehealth-related flexibilities granted during the COVID-19 pandemic.

In keeping with policies established over the last few outpatient rules, CMS mentioned it would be continuing its policy of paying lower reimbursements for 340B outpatient drugs and for hospital clinic visit services performed at off-campus hospital outpatient departments. WHA expressed its continued opposition to these cuts, given how payment cuts impact the ability of hospitals to offer needed service lines that often run at a loss. Furthermore, WHA noted that the U.S. Supreme Court is currently reviewing the American Hospital Association lawsuit challenging the cuts to the 340B program and advised that CMS should at the very least pause these cuts until a decision is announced.

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WHA offered strong comments against the proposal by CMS to increase fines by 1,700% on hospitals that CMS finds to be in violation of its Hospital Price Transparency Rule. Given the strong track record Wisconsin hospitals have in promoting price transparency and significant strides hospitals have made in increasing cost information available to consumers, WHA encouraged CMS to take a more collaborative approach. For instance, it makes no sense for CMS to respond to health insurers' concerns about complying with the Transparency in Coverage Rule by delaying its effective date, but then respond to similar concerns from hospitals by increasing their fines.

CMS also asked for feedback about whether it should continue some of the technology-related flexibilities first granted during the COVID-19 pandemic once the public health emergency ends. WHA offered its strong endorsement of continuing these flexibilities, noting that the COVID-19 pandemic has offered proof-of-concept that such flexibilities providers have long requested can be effectively and safely utilized to improve care delivery for Medicare patients. Specifically, WHA strongly encouraged CMS to continue allowing mental health services to be aided by technology and allowing direct supervision to be performed remotely.

For more information, read WHA's full [comment letter](#) or contact WHA Vice President of Federal and State Relations [Jon Hoelter](#).

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## **Training Series Offers Disaster and Public Health Emergency Response Education for Nurses**

The Wisconsin Center for Nursing and the National Nurse Case Manager Training Center are offering a faculty-guided online training series to prepare nurses to respond to disasters and public health emergencies while promoting a culture of health within health care settings.

### **Wisconsin Nurses Respond Now**

**Part 1:** Identifying Vulnerable Populations as an Essential Part of Community Preparedness (3.0 continuing education credits)

**Part 2:** The Nurse's Role in Responding to Public Health Emergencies in Your Community (3.0 continuing education credits)

Attendees will gain specialized knowledge needed to better respond to vulnerable populations during a public health emergency.

The series is designed for registered nurses (RNs) and advanced practice RNs working across all practice settings responsible for discharge planning, care transitions, case management, care management and care coordination who are seeking a better understanding of the impact of social determinants of health on health outcomes for vulnerable populations.

For dates, cost, registration link and more information, click [here](#).

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## **2021 WHA Foundation Announces Global Vision Award Winners**

The WHA Foundation, Inc. has awarded its 2021 Global Vision Community Partnership Award to three organizations for work done in conjunction with WHA member hospitals to improve health within their communities. The Global Vision Community Partnership Award recognizes and rewards community partnership projects undertaken with a WHA member hospital or hospitals to meet an identified community health need in an innovative or creative manner.



This year's Global Vision Community Partnership Award winners are:

### **Community Health Asthma Management Program**

#### ***Children's Wisconsin-Milwaukee***

Children's Community Health Asthma Management Program (CHAMP) was established more than five years ago to improve uncontrolled asthma in children. CHAMP aims to reduce the frequency of asthma complications and the associated number of missed school or workdays, as well as decrease asthma-related emergency department utilization and hospitalization. CHAMP serves families in Milwaukee County with an emphasis on reaching people who are socioeconomically disadvantaged and those burdened by health disparities, including people of color. Referrals are received both from Children's Wisconsin's clinical areas as well as community partners.

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### Maternal Health Social Systems Initiative

#### **Ascension Wisconsin St. Joseph-Glendale**

The Maternal Health Social Systems Initiative was launched to identify broken social systems and develop solutions as a pathway to improve maternal and infant health outcomes. The program connects pregnant women and recent mothers with social services and care they need to support good health outcomes for themselves and their babies. The maternal health team identified perinatal visit care as a key determinant in maternal morbidity and infant mortality. Early and adequate prenatal care promotes healthy pregnancies through screening and management of a woman's risk factors and health conditions, while encouraging healthy behaviors during pregnancy.

### Lakeshore Regional Child Advocacy Center

#### **Aurora Medical Center-Sheboygan County**

Aurora Medical Center Sheboygan County's (AMCSC) Nurse Examiners Program (SANE) partnered with Lakeshore Regional Child Advocacy Center (LRCAC) in 2015 to provide children and families the protection and support needed to navigate tough situations brought on by sexual violence. AMCSC and LRCAC partner to provide community training on how to care for and work with victims of crime using trauma-informed care. This includes Sexual Assault Response Team training for law enforcement, abuse training, and Department of Justice Sexual Assault Nurse Examiner training, in addition to providing other areas of support.

Award winners each receive a plaque of recognition and a \$2,500 grant to continue to fulfill the mission and activities of these valuable programs.

WHA Foundation Inc. is thankful for all nominations submitted for the Global Vision Community Partnership Award.

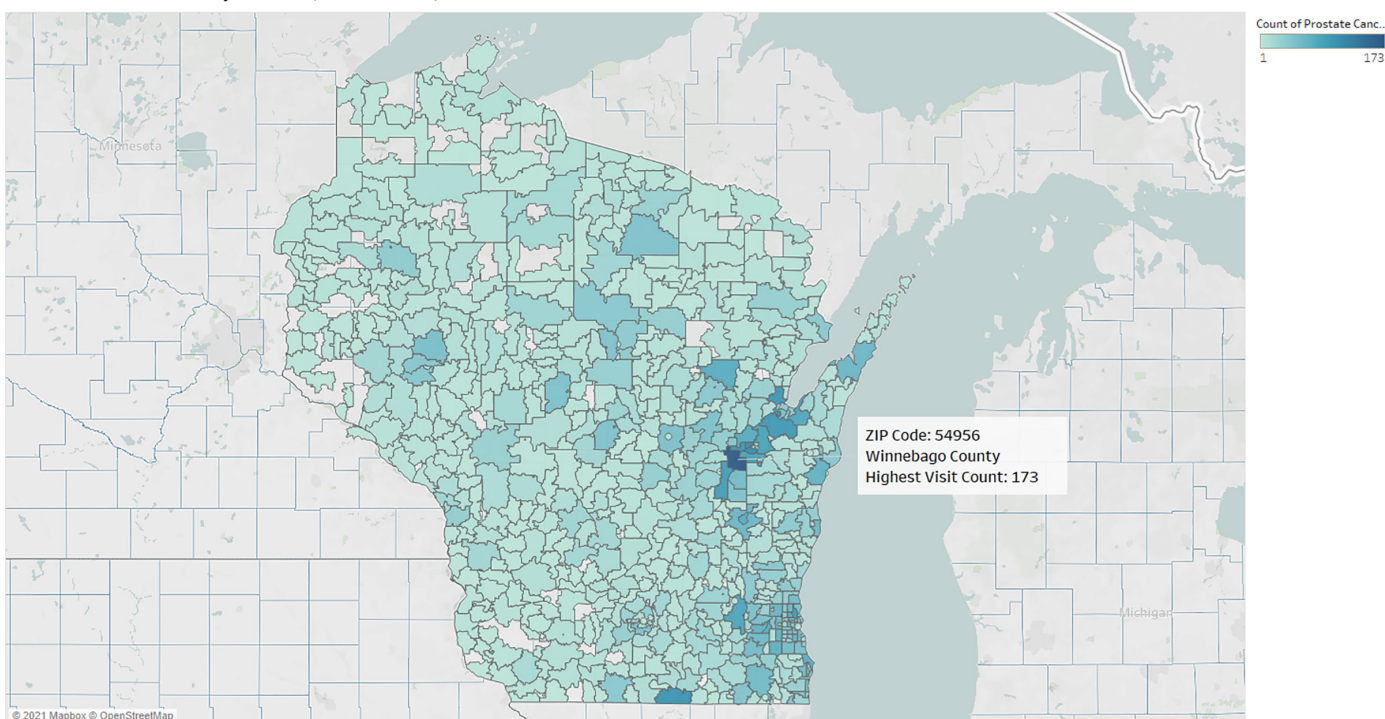
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## Fast Facts from the WHA Information Center: Prostate Cancer



Prostate cancer is the second most diagnosed form of cancer in American men, following skin cancer. The American Cancer Society projects there will be roughly 250,000 new cases and 34,000 deaths from prostate cancer in 2021. About 1 in 8 men will be diagnosed with prostate cancer. Older men and non-Hispanic African American men are at a greater risk of being diagnosed with prostate cancer. Risk factors other than race and age include family history (genetic) and lifestyle.

Prostate Cancer Visits by ZIP Code, INP and EDV, 2018-2020



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### *(Fast Facts from the WHA Information Center: Prostate Cancer . . . continued from page 4)*

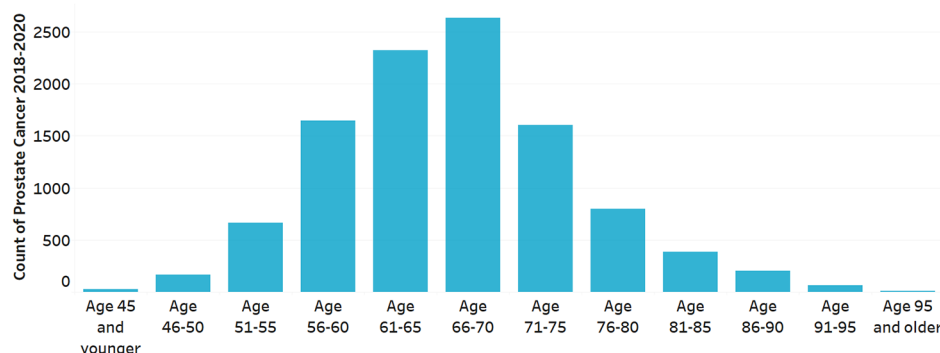
Analysis by the WHA Information Center shows roughly 10,500 records for prostate cancer for inpatient and emergency department visits in Wisconsin for years 2018-2020. The ZIP code which had the highest count of visits for prostate cancer was in Winnebago County. The Fox Valley region registered a higher number of cases by ZIP code than other areas of the state.

The average age of men diagnosed with prostate cancer nationally is 66, the same average seen in Wisconsin. The age group with the highest number of patient visits related to prostate cancer is 66-70, followed closely by ages 61-65.

Most prostate cancers are found early through screening. Early prostate cancer usually causes no symptoms. The American Cancer Society lists the following signs and symptoms to look out for:

- Problems urinating, including a slow or weak urinary stream or the need to urinate more often, especially at night;
- Blood in the urine or semen;
- Trouble getting an erection (erectile dysfunction, or ED);
- Pain in the hips, back (spine), chest (ribs) or other areas from cancer that has spread to bones; and
- Weakness or numbness in the legs or feet, or loss of bladder or bowel control from cancer pressing on the spinal cord.

Age Grouping of Prostate Cancer Visit Counts, 2018-2020, INP and EDV



### *(OCI Pushes Health Plans to Remove Barriers to Transferring Patients for Post-Acute Care . . . from page 1)*

The Office of the Commissioner of Insurance (OCI) is strongly encouraging health plan issuers to remove or streamline any prior authorization requirements and to consider coverage for out-of-network facilities where in-network facilities are unavailable. OCI also requests that insurers consider providing coverage for swing bed programs, both within the initial hospital's facility and by allowing a hospital to utilize unused patient capacity at other hospitals.

The OCI bulletin comes as hospitals manage inpatient capacity issues related to the ongoing pandemic. Hospitals in some regions of the state have reported up to 20% of their inpatient capacity used by patients ready for discharge but needing post-acute care and without a nursing home that will accept them, including for insurance-related reasons. WHA has been in discussions with the Wisconsin Department of Health Services and OCI about actions that can be taken to support hospitals and their patients during this critical time. WHA encourages its members to share the bulletin with the health plans frequently covering their patients.

The [bulletin](#) includes additional details related to the request.

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