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To: Members of the Wisconsin State Legislature

From: Beth Dibbert, Chief Quality Officer
Ann Zenk, Vice President Workforce & Clinical Practice
Kyle O'Brien, Senior Vice President Government Relations

Date: September 17, 2019

Re: WHA Opposes AARP Legislation Imposing More Regulations, Red Tape on Wisconsin Hospitals

We recently learned that AARP is, once again, pursuing legislation in Wisconsin to add even more hospital regulations related to discharge planning. The Wisconsin Hospital Association asks you to not co-sponsor or support this legislation, as it creates more regulatory burden for Wisconsin hospitals and will do little, if anything, to improve patient care beyond where we are today. This legislation was once introduced in 2015 as Senate Bill 19 (no Assembly companion) and did not receive a public hearing. This legislation was not introduced in 2017.

The government mandate in this proposal would create state-level regulations dictating how hospitals designate and involve a caregiver during the hospital discharge process. This Washington, D.C.-crafted, one-size-fits-all approach is unnecessary and truly a solution in search of a problem. An average size hospital already dedicates 59 full-time-equivalent positions to regulatory compliance, with over one-quarter of those individuals being physicians and nurses. Time spent on red tape and regulatory compliance results in less time with patients, frustration by providers and burnout. The American Hospital Association estimates the annual cost of hospital regulatory compliance to equate to \$1,200 per hospital admission.

**Average Size Hospital Dedicates
59 FTEs to Regulatory Compliance,
\$1,200 Per Patient Admission**

Source: American Hospital Association, Regulatory Overload Report

The frustrations by hospitals and providers become exponentially worse when Wisconsin already leads the country in care outcomes. According to CMS' most recent release of Hospital Compare data, Wisconsin ranks second in the nation, **and ahead of any state that has enacted this type of legislation**, in patient satisfaction rates regarding post-discharge care and information.

**Wisconsin's Hospitals Rank
Second Best in the US for
Post-Discharge Planning**

Source: Medicare Hospital Compare HCAHPS Metrics

We are writing this letter to provide information that negates the need for any new legislation and better informs lawmakers how hospital staff work with patients during discharge.

Effective discharge planning and caregiver involvement is very important for hospitals to achieve the best outcomes for their patients. It is standard practice for hospitals in Wisconsin to customize a patient's discharge plan based on a patient's needs. When a patient is discharged after their inpatient stay and a portion of their care will be the responsibility of a family member, friend or other significant person, that person is included in discussion of the

patient's discharge plan. That person is also involved in teaching to help ensure the plan is carried out as everyone has agreed.

In addition to existing standard practices for discharge planning, Wisconsin hospitals are working proactively on the transition from volume-based to value-based payment. To that end, extensive work is occurring in hospitals and communities across the state to improve the transition of patients back to their home or other places of care when they leave the hospital. Hospitals have been working with WHA, each other and multiple other health-related organizations in their communities to implement proven best practices that include:

- Redesigning patient education materials to make them easier for patients and their caregivers to understand;
- Using "teach back" techniques in which the patient is required to demonstrate what they have been taught to ensure good understanding;
- Hospital staff are calling patients after discharge to detect if they still understand their discharge plan and are implementing the plan correctly;
- Ensuring patients have timely follow-up appointments with their providers for early detection of recurring issues or problems; and
- Paying careful attention to medications to ensure patients understand what medications they need to take and how to take them.

At a statewide level, Wisconsin hospitals are joining forces to share best practices and implement the science around quality improvement through the Great Lakes Partners for Patients and Superior Health Quality Alliance. WHA is a founding member of both organizations, giving Wisconsin hospitals more tools to learn from and share information with hundreds of hospitals across the Midwest.

Hospitals are also convening and actively participating in 22 community coalitions across the state to improve care transitions. These coalitions are working locally to ensure smooth hand-offs and coordination of care and resources among hospitals, long-term care facilities, home care agencies and Aging and Disability Resource Centers. We believe that care is local and the tactics in each community are best supported by local solutions that are matched to the resources available in that community.

Finally, because Wisconsin hospitals are publicly reporting patient experience survey rates on WHA's CheckPoint website (www.wicheckpoint.org), hospitals are further incentivized to ensure patients and their caregivers are armed with the help and knowledge they need at discharge to continue healing and minimize the risk of a readmission. CheckPoint is a tool that is available to patients, payers and other providers and is frequently used as a metric to judge progress on quality among hospitals.

These voluntary quality improvement efforts are above and beyond an already robust regulatory environment that addresses hospital care plans and discharge planning - negating any perceived need for new legislation. All hospitals that receive Medicare or Medicaid payment are subject to survey by hospital regulators to determine compliance with federal hospital "Conditions of Participation" set by the federal Centers for Medicare & Medicaid Services (CMS). The adequacy of a hospital's discharge planning processes is something that CMS survey protocols already address.

Specifically, as part of those written regulatory survey protocols, CMS requires that regulators conducting a survey ensure that "A comprehensive review of care and services received by each patient in the sample should be part of the hospital survey. A comprehensive review includes observations of care/services provided to the patient, patient and/or family interview(s), staff interview(s), and medical record review." As part of that

comprehensive review of care and services, the CMS surveyor protocol requires patient interviews focusing on “questions specific to the patient’s condition, reason for hospital admission, quality of care received, and the patients knowledge of their plan of care.” The protocol further requires a regulatory survey to include a review of “clinical records, to validate information gained during the interviews, as well as for evidence of advanced directives, discharge planning instructions, and patient teaching. This review will provide a broad picture of the patient’s care. Plans of care and discharge plans should be initiated immediately upon admission, and be modified as patient care needs change.”¹

WHA appreciates the partnership we’ve had with the legislature in recognizing the great work our hospitals are doing to provide high-quality, high-value care for patients in Wisconsin. Yet again, in our [2018 WHA Quality Report](#), Wisconsin hospitals have clearly shown a commitment to improve patient care and health care quality. WHA’s nationally-recognized quality improvement team and our committed hospitals continue to achieve nation-leading results.

Lawmakers in other states should be looking to emulate what we’ve done in Wisconsin, not the other way around.

As we said in 2015, if this group would have approached us before pursuing this legislation, they may have understood this legislation is unnecessary and, potentially, partner with us to impact change if necessary. Unfortunately, this legislation seems more about achieving a national agenda by checking a box in all 50 states rather than working with hospitals to provide useful tools that improve care delivery.

We believe the work already being done without a legislative mandate and coupled with existing regulatory oversight has successfully enabled Wisconsin hospitals to achieve some of the best care outcomes in the nation. This legislation will waste hospital resources on more regulatory compliance and distract from ongoing and effective quality improvement efforts.

¹ Source: CMS State Operations Manual, Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 183, 10-12-18)