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This week Sen. Kathleen Vinehout writes about the recent advocacy day related to health care providers and hospitals. Nearly 65 western Wisconsin health care advocates travelled to Madison to share their concerns and views with area legislators.

MADISON - "YOU are the reason why we were so successful…" Eric Borgerding of the Wisconsin Hospital Association told the health advocates. "You are extremely effective in communicating with and educating your legislators on local health care issues."

Recently over 800 health advocates traveled to Madison. Some 65 western Wisconsin advocates met with Senator Moulton, staff and I to discuss the challenges facing hospitals. And they shared their passion for caregiving and healing.

Health leaders face new challenges with the passage of the Affordable Care Act (ACA). Leaders from Durand, Black River Falls, and Whitehall shared a frustration with the new health law. "There's not a good model for rural hospitals," one administrator told me. "We need a rural model where we all work together - schools, nursing homes, the county, Western Dairyland."

"We need to get back to primary care: education, nutrition, parenting – including health care of children. We must really get on that side of it." There's a real need – and real cost savings - in preventing health problems.

"Think about the mom whose child has an ear infection coming to the Emergency Department at 2:00 am. By law, the hospital must treat the patient. The doctor must do a health assessment. But this isn't the best place for the mom or the child. She really needs parent education to help her with common childhood illnesses. She may not get that in the ED. For everyone – including those on Medicaid – this is a very expensive way to care for the child."

“Hospitals are still getting paid for crisis care and a single event,” another administrator said. “Yet we are trying to provide the patient with the right care, at the right time and the right place. The system doesn’t always pay for this.”

Sometimes the hospital finds such value in a different way of providing care, they invest in a new program without reimbursement. An example is the Transitional Nurse Program, which employs a full time nurse who travels to patients’ homes and helps people adjust to living with a chronic condition.

Little things like grocery shopping can be a real challenge for a newly diagnosed diabetic. Getting expensive antibiotics right away to a man just discharged with pneumonia can mean the difference between getting well and another hospital stay.

Ending up back in the hospital is something hospital leaders very much want to avoid. And for good reason: patient readmission within 30 days is often considered a preventable failure. To encourage hospitals to prevent readmissions the ACA set new federal rules. In most circumstances, hospitals will no longer be paid by Medicare for readmission of a patient who was admitted less than 30 days prior.

A Chippewa Valley finance director told me, “There is an important connection between the hospital and the nursing home. If the nursing home doesn’t do its job, the hospital is penalized.” This is the case when a patient is readmitted from a nursing home.

During our vigorous discussion of challenges facing nursing homes, I shared some of the conversation I recently had with several area nursing home administrators. The administrators said homes experienced a 14% cut in Medicare rates. They talked about how the state pays hospitals and nursing homes well below their cost to care for patients. Facilities cost shift by covering Medicaid patient costs with money from other patients. Federal Medicare cuts now make this much more difficult.

The hospital leaders called the underfunding ‘the hidden health care tax’ because private insurance patients pay higher premiums to cover these losses. The advocates challenged lawmakers to better fund Medicaid. This is a big ask of lawmakers who know health care is the largest and fastest growing part of the state budget.

Health leaders were eager to engage lawmakers in new ideas and outside the box solutions. This engagement is vital, especially because few lawmakers can keep up with the complex, fast changing world of health care.

Thank you to all those hospital volunteers, trustees, leaders, doctors, nurses and other professionals for your work. Your continued advocacy is critical as the state struggles to balance budget realities with preserving high quality health care and improving access.