

# Wisconsin Health Care on the Road to Reform

Guest Column from Eric Borgerding

**H**ealth reform has been in the headlines for months. From the local coffee shop to the hospital board room - conversations are taking place about the impact the law will have in our state.

Quite honestly, Wisconsin health care providers were already well down the road to reforming health care long before it became the law of the land. Wisconsin is nationally recognized for providing some of the highest quality, safest and most accessible patient care in the country. That's not to say we can't improve, because we certainly can. With or without health reform, hospitals are focused on improving quality, moderating costs and raising the health status of our communities.

That's not to say health reform is without challenges or that it won't bring changes to Wisconsin that we didn't ask for. But we think Wisconsin is well positioned to manage the coming changes. That's because Wisconsin has one of the most highly integrated, or coordinated, health care systems in the country. Meaning physicians, hospitals and other care providers work together to make sure that patients receive the right care, in the right place, at the right time. If health care is coordinated, it is less costly, more efficient and delivers better outcomes.

When care is coordinated it is less likely that a patient will be readmitted to the hospital. Last year, Wisconsin hospitals reduced their readmissions by more than 15 percent. In states where care is less integrated, or more "siloed" (pun intended), it's difficult to achieve

those types of results. Our health care systems invest heavily in family physicians, nurse practitioners and other "primary care" providers because they are the first point of entry into this more coordinated system - they are the patient's navigator and partner.

Health reform introduced us to a new concept - the health insurance exchange. Under the new law, people earning up to \$46,000/yr (\$94,000/yr for a family of 4) will be eligible for government-subsidized premiums if they purchase insurance through the exchange. In theory, exchanges are also a way for consumers to compare, select and purchase an insurance plan, similar to how we buy airline tickets on Travelocity. In reality, purchasing health insurance, even if heavily subsidized, is more complicated than buying a plane ticket. There are co-pays and deductibles to consider, as well as how accessible the physicians and hospitals are that are included in the plan you might select.

Will health insurance exchanges affect how you purchase insurance and will they result in more people having insurance? It's hard to say since there is so little concrete information available about exchanges. That's a concern given that exchange enrollment is supposed to begin in less than three months. We do know that the Wisconsin state budget calls for moving some 90,000 low-income people who are now in Medicaid into the new exchange. Some are predicting large premium increases in Wisconsin, especially for those who are relatively healthy. Others speculate that many employers will drop coverage altogether,



in favor of allowing people to connect on their own with coverage in the exchange.

The bottom line is this is an uncertain time in health care. We can agree that we cannot have more expensive insurance or fewer people with insurance and more people coming into hospital ERs for basic care. In spite of these challenges and uncertainties, Wisconsin hospitals, clinics and health systems will continue to put patients first and will not be deterred from their commitment to improve care and achieve better outcomes for their patients.

That is the good news for everyone who lives in Wisconsin. ■

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