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Good afternoon, Rep. Wieckert, Sen. Lassa and members of the sub-committee.

My name is John Barkmeier, and I am here today representing ThedaCare, a community-owned health system consisting of Appleton Medical Center, Theda Clark Medical Center, New London Family Medical Center and Riverside Medical Center in Waupaca, as well as ThedaCare Physicians, Ingenuity First and other health care services. ThedaCare is one of the largest employers in Northeast Wisconsin with 5,300 employees. Our mission is to improve the health of the communities we serve.

I currently serve as the medical director for Information Technology for ThedaCare and practice half time as a family practitioner and geriatrician at our ThedaCare Physicians office in Menasha. I also had the opportunity to serve as medical director for Touchpoint Health Plan prior to its sale.

In these positions, I have seen a strong need for disease management among patients and the community, and guided by our mission, I have been directly involved in establishing ThedaCare's proactive disease management initiative to answer these concerns. I am happy to share my observations and insights regarding this issue with the committee this afternoon.

I want to begin by saying that proactive disease management programs work. They are the right thing to do, and they produce results. ThedaCare has experienced significant improvement in patient outcomes thanks to our disease management efforts for chronic health concerns like diabetes, high cholesterol, and hypertension, as well as preventive services like pediatric immunizations and screening for breast and cervical cancer.

Our initial success was through our health plan, Touchpoint, which achieved top national ranking among health plans in the nation for its HEDIS measures through development and use of a patient registry along with supporting tools and strategies to help patients achieve control of their diseases and receive preventive services. We found that simply knowing which patients were not controlled and intervening with them, we could double the rate of optimal control. This resulted in reduction of admission for diabetes by 50%.

ThedaCare embarked on implementation of an EMR so that all of our patients would benefit. The EMR has not only allowed us to track and help all of our patients, but also, through use of alerts and workflows to deliver needed services while the patients are in the office, rather than addressing them later, when their deficiencies are noted through the registry. EMR tools enable staff to better assist clinicians so that more diseases can be addressed reliably, freeing up physician time to concentrate on patient issues requiring judgment as well as updating the care plans to assure optimal care delivery.

ThedaCare's EMR provides a platform to monitor patient compliance with disease management treatment methods and analyze results. It also encourages patient interaction and involvement. For example, through mythedacare.org, our online patient portal, patients can access their medical history, schedule appointments, view educational material about their condition, and receive health maintenance alerts that help them adhere to their treatment plan and meet personal health goals. Seeing results, alerts and key information has improved outcomes, efficiency of care delivery and patient satisfaction.

EMR and mythedacare.org empower patients to actively monitor their lifestyle habits, beyond regular doctors' visits, to improve their health. More than ever before, patients have a day-to-day stake in their own healthcare.

Over the last three years, through these efforts, we have consistently increased the percentage of our patients who achieve optimal control of their chronic diseases and preventive screening. As a result, we are now the premier healthcare provider for management of these conditions, according to the Wisconsin Collaborative for Healthcare Quality's 2007 rankings.

You may be asking "If there are proven protocols for successful disease management and effective care delivery systems, why isn't everyone following them?" While there are several commonly understood standards for effective disease management, such as issuing Pneumococcal vaccines to anyone over age 65, providers continue to struggle with how best to apply these procedures in their day-to-day practice. Disease management programs often are challenging to implement and track. Investment in information systems and support staff are required, which are beyond the reach of many smaller practices. In addition, the current reimbursement models impose significant barriers that prevent providers from investing in the needed solutions.

A successful disease management program must incorporate national treatment guidelines into a system able to support physicians in managing patients with multiple health needs. Once a program is in place, the healthcare provider and support team also must collect and analyze outcomes data and other information to understand the root cause of interventions that work and those that do not. It needs to be expandable to accommodate new diseases and screenings as populations are controlled and there is capacity to address new populations or health issues.

Great systems for managing disease will not be enough to stem the tide of emerging poor health related to our Wisconsin lifestyle. We are learning the incremental efforts to improve lifestyle are not sufficient and are not sustainable.

We need to fundamentally change how patients and communities approach diet and exercise.

Our CHIP program is a great example of the benefits of sustained lifestyle change. In early 2007, ThedaCare and Ingenuity First, a division of ThedaCare focused on building relationships with local employers, introduced the Coronary Health Improvement Project, or CHIP, to the Fox Valley area.

CHIP is a series of 16, two-hour classes designed to substantially lower high levels of blood pressure, blood sugar, cholesterol, heartburn, angina and to lessen depression. The program gives individuals the information they need to make decisions about improved eating habits, lifestyle and health. It promotes eating foods like fruits, vegetables, whole grains and legumes, as they are grown. It encourages people to reduce their fat intake to less than 20 percent, and to reduce their sodium intake of by reducing the amount of processed foods they eat. It also promotes physical activity.

Employees who participate in the CHIP program receive:
- Two health screenings for total cholesterol, LDL, HDL, triglycerides and fasting blood sugar
- Two lifestyle evaluations
- 16 dynamic health and lifestyle lectures
- Dynamic Living textbook and workbook
- Food demonstrations and samples

Program participants also hear motivational messages, learn lifestyle changing skills and benefit from peer support. Reading assignments and class discussions reinforce key messages and help ensure successful transition to a healthier lifestyle.

In the last year and a half, we have graduated more than 150 people through our CHIP program. On average, CHIP participants reduced their cholesterol levels by 11 percent, lost nearly 10 pounds, and decreased blood pressure by about 5 percent.

A few of our participants have seen dramatic improvements from the CHIP program. With me today is Verna Van Nuland. Verna is a former CHIP participant, who is now one of our facilitators for the program. She would like to share her personal story of success, to bring the statistics and numbers to life.

As successful as our CHIP program in the Fox Valley has been, the city of Rockford, Ill. has taken it even farther. More than 30 area restaurants support the Rockford CHIP program and offer CHIP-approved choices on their menus.

Rockford's mayor issued a challenge to the community to shed a collective 150,000 pounds.

With the support of state officials and leaders, Wisconsin, too, could achieve similar results. Initiatives like a statewide smoking ban and the creation of additional green space for exercising also are important steps toward controlling chronic health conditions statewide.

However, the current reimbursement model for health care does not encourage proactive disease management tools like the programs ThedaCare has in place. Because there are no reimbursement models based on quality outcomes or performance, providers spend more money tracking patient compliance than they make. By doing the right thing, providers are actually penalized.

Our disease management programs help keep patients out of hospitals and reduce medical claims costs for employers. As a recent ad for the Center for Value-Based Health Management points out, an employee managing his diabetes might cost his employer $5,000 per year, but an employee not managing his diabetes could cost up to $45,000. The Bridges to Excellence Program demonstrated that a patient with diabetes with ideal blood pressure, blood sugar and cholesterol will save $1200 per year compared to a patient whose diabetes is uncontrolled. When ThedaCare had a health plan, the rate of hospitalization was reduced by 50 percent. However the cost benefits could be distributed to those who achieve the results. If you have no health plan, the providers bear the cost and revenue reduction, and the employers, insurance companies and governmental organizations reap the benefits.

While significant savings and benefits are obvious for both the patient and employer, the same is not the case for the healthcare provider.

ThedaCare is a strong advocate for a new reimbursement model that rewards providers based on performance and outcomes. The disease management results achieved by each healthcare provider should be made transparent, allowing for easy comparison across the market. This will give patients an indication of where they can achieve the most successful outcomes, based on their individual disease management needs. It also provides motivation for providers to seek continuous improvement in their own approaches to disease management in order to remain competitive.

Since EMR plays such a key role in the implementation and maintenance of an effective disease management program, especially among large patient populations, we also support incentives for more healthcare providers to move from paper records to an EMR.

It also is important to note that disease management often begins with a patient's primary care physician, who plays a major part in creating the patient's treatment plan. Unfortunately, primary care seems to be a dying specialty. Recent trends indicate that fewer and fewer medical graduates are choosing this line of work. In order for our disease management efforts to have any long-term impact, we must preserve the primary care field. This can be done through reward models or through training support programs for graduates interested in pursuing primary care.

In closing, let me re-emphasize that effective disease management for large populations is possible and is vital for our communities. The efforts by ThedaCare and others prove that fact. We have seen that patients' health and quality of life can significantly improve through disease management programs. The EMR has revolutionized our ability to interact with and empower patients, as well as our ability to track and monitor their compliance.

However, current payment systems must change to better support chronic disease care. Public performance measures are needed, as is a new approach to reimbursement models.

Now is the time to take action in support of disease management programs. By expanding successful programs and creating new disease management techniques, we can improve workforce productivity, increase patients' health outlook and create a cultural lifestyle shift that will enact long-term, positive change in our state.

Thank you, Rep. Wieckert, Sen. Lassa and members of the sub-committee. I'd be happy to respond to any questions you might have for me today.

Submitted by:
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