



WISCONSIN LEGISLATIVE COUNCIL

PERFORMANCE-BASED DISEASE MANAGEMENT PROGRAMS FOR LARGE POPULATIONS

Room 412 East, State Capitol
Madison, Wisconsin

September 12, 2008
10:00 a.m. - 3:15 p.m.

[The following is a summary of the September 12, 2008 meeting of the Special Committee on Performance-Based Disease Management Programs for Large Populations. The file copy of this summary has appended to it a copy of each document prepared for or submitted to the committee during the meeting. A digital recording of the meeting is available on our Web site at <http://www.legis.state.wi.us/lc>.]

Call to Order and Roll Call

Chair Wieckert called the meeting to order. The roll was called and it was determined that a quorum was present.

COMMITTEE MEMBERS PRESENT: Rep. Steve Wieckert, Chair; Sen. Julie Lassa, Vice Chair; Rep. Jake Hines; and Public Members Dr. Alexandra Adams, Cinthia Christensen, Mikki Duran, Marilyn Follen, Jo Musser, Susan Nitzke, Dr. Kenneth Schellhase, and Dr. Deborah Wubben.

COMMITTEE MEMBER EXCUSED: Rep. Chuck Benedict.

COUNCIL STAFF PRESENT: Rachel Letzing and Mary Matthias, Senior Staff Attorneys.

APPEARANCES: Ken Thorpe, Executive Director, Partnership to Fight Chronic Disease, Atlanta; Laura Tobler, Program Director, Health Program, National Conference of State Legislatures (NCSL); Monica Pomasl, Food Services Director, Appleton School District; Dr. John Barkmeier and Verna Van Nuland, ThedaCare, Appleton; Carolyn Fisher, Senior Advisor, Coordinated School Health Programs Office of the Director, Division of Adolescent and School Health CDC/NCCDPHP, Atlanta; and Wisconsin Olympians Casey Fitzrandolph and Suzy Favor Hamilton.

Approval of the Minutes of the Committee's July 24, 2008 Meeting

The minutes from the committee's July 24, 2008 meeting will be approved at the next meeting of the Special Committee.

Presentations by Invited Speakers

[Note: PowerPoint presentations and other documents referred to by the speakers are posted on the committee's Internet site.]

Ken Thorpe, Executive Director, Partnership to Fight Chronic Disease, Atlanta.

Dr. Thorpe explained that "health care reform" has two parts: addressing the affordability of health care and reforming the system of health care delivery. He said the affordability issue tends to be politicized and contentious, but health system reform is not. He said that reforming the delivery system -- identifying and addressing the factors that account for current high spending levels -- is crucial to overall health care reform.

Dr. Thorpe presented an overview of the causes of the current high levels of health care spending in the United States. About 75% of total health care spending and 56% of medical care resources go to the care of chronically ill patients. Obesity and other modifiable risk factors, such as smoking, are significant causes of many chronic conditions. Rising rates of obesity is closely linked to the overall increase in health care costs.

Dr. Thorpe laid out a model state roadmap for health care reform. The model is designed to decrease total health care spending by reducing the statewide prevalence of chronic disease and improving the effectiveness of the care provided to the chronically ill. The five components of the model are as follows:

- Redesign of the health care delivery system, which includes development of a chronic care clinical management model and creation of incentives for more effective patient self-management.
- Development of health care homes utilizing physician-led, multi-disciplinary teams.
- Administrative simplification, including development of electronic claims and simplification of billing.
- Development of a statewide inter-operable health care information technology system, including requiring all health care providers to adopt electronic records.
- Reduction in statewide obesity levels and rates of smoking, and promotion of healthy lifestyles.

In response to questions, Dr. Thorpe said that short-term financial incentives may be needed to assist smaller medical practices in developing electronic health care records systems. He also described

the components of a primary care team in a “health care home” and explained how this approach provides better care at a lower cost.

Ms. Musser said providers may be reluctant to invest in prevention and disease management because the current reimbursement system does not reward these activities. In addition, the long-term cost savings may not accrue to the provider because patients tend to move around among health care plans every year or so.

Dr. Schellhase commented that the health care home model relies heavily on primary care providers, which are already in very short supply. Dr. Thorpe agreed that incentives to increase the number of primary care providers must be implemented, and doctors must be trained to work in teams with non-physician providers.

Dr. Thorpe also discussed the importance of implementing performance measures and stressed that adequate electronic records are vital to this effort. Ms. Follen agreed that electronic records systems are crucial to improving patient care and said that the period of transition to a new system is very challenging for providers.

Laura Tobler, Program Director, Health Program, NCSL.

Ms. Tobler described the economic impact of chronic health conditions and unhealthy lifestyles in the United States and described legislation that states have enacted to improve the delivery and quality of health care for those with chronic conditions. She also described state programs designed to promote prevention, wellness and personal responsibility.

Ms. Tobler first described several state initiatives to increase access to primary care providers including Massachusetts incentives aimed at medical students and Kentucky and Minnesota, which both utilize community health workers to help patients with basics such as refilling prescriptions.

Ms. Tobler discussed quality initiatives, such as the Vermont Blueprint for Health, the Pennsylvania Chronic Care Management Program, Washington Senate Bill 5930, and North Carolina’s Chronic Disease Management Collaborative.

Ms. Tobler went on to discuss Medicaid disease management pilot programs, which she said are in place in many states. These typically focus on high-cost cases and diseases. These pilots aim to determine whether up-front investment in disease management will provide overall cost savings to the state.

Ms. Tobler explained that transparency and disclosure are critical components of value based purchasing and consumer-driven approaches. Public reporting of statistics, such as the number of infections acquired in a particular health care setting, has been shown to improve quality of care.

Ms. Tobler discussed the importance of health information technology (HIT) and the prevalence of state initiatives in this area. She stressed that states need strong state-level leadership to develop statewide HIT and said that NCSL and the National Governors Association provide assistance to states working on this issue. She discussed various state patient safety initiatives, including denying payment for costs of “never” events, and efforts to reduce health disparities.

Ms. Tobler described legislation in a number of states designed to create or encourage creation of “medical homes,” mainly for children, and said there is increasing legislative emphasis on policies to prevent disease. Prevention efforts often focus on obesity, which is a huge driver of increasing health care costs.

Monica Pomasl, Food Services Director, Appleton School District.

Ms. Pomasl described the food service program in the Appleton School District. She said the policy was implemented in 2003 and phased in over a three-year period. The policy was developed by a committee that included diverse community membership and it affects all school district functions within the instructional day. She described the foods offered, which include healthier alternatives to some favorites, such as baked French fries and chicken nuggets with whole grain breading.

Ms. Pomasl noted that as more school districts request and use healthier alternatives, major suppliers are increasing these types of offerings and prices are coming down. She said it is still a challenge to find healthy products for the ala carte portion of the lunch program.

Dr. John Barkmeier and Verna Van Nuland, ThedaCare, Appleton.

Dr. Barkmeier described ThedaCare’s disease management initiative, which has been very successful in improving patient outcomes. He explained the process used to develop the program, and said that implementation of an electronic medical records (EMR) system was crucial. The EMR enables providers to use their time with patients more effectively and monitor patient compliance, and enables and encourages patients to be involved in their own care. The EMR system also empowers patients to monitor and improve their lifestyle habits.

Dr. Barkmeier said that many disease management methods that have been proven to improve patient outcomes are challenging to implement, especially for smaller practices. He urged the committee to develop incentives or assistance for health care providers throughout the state to implement these strategies and to implement EMR systems.

Dr. Barkmeier said another key component to health care reform is to fundamentally change how communities approach diet and exercise. He described ThedaCare’s Coronary Health Improvement Project (CHIP) program, a series of 16 two-hour classes designed to change unhealthy lifestyles that contribute to coronary diseases.

Verna Van Nuland, a graduate of the CHIP program, who is now a program facilitator, described how the CHIP program dramatically improved her health and quality of life. When she started the program, she did not expect to live much longer due to serious heart problems. After completing the program and maintaining a healthy diet and exercise program, she was able to stop using oxygen and no longer needs any of the eight types of medication she was previously using. She urged the committee to help make this type of program available to more people like her.

Dr. Barkmeier pointed out that although programs like CHIP deliver dramatic improvements in health and quality of life, the current reimbursement model for health care does not encourage this type of proactive disease management tool. To the contrary, providers are actually penalized for these programs since they reduce the number of reimbursable events, such as hospitalizations and emergency room visits. He said a new reimbursement model that rewards providers based on performance and

outcomes must be developed, along with incentives for providers to move from paper records to an EMR. Finally, he said that for disease management to succeed, more primary care providers are needed.

Carolyn Fisher, Senior Advisor, Coordinated School Health Programs Office of the Director, Division of Adolescent and School Health CDC/NCCDPHP, Atlanta.

Ms. Fisher made a presentation entitled “How Schools Can help Prevent Obesity and How States Can Help Them Do It.” She provided background information on current obesity levels and the health and economic consequences of obesity in children. She also said that children with healthier lifestyles perform better in school.

Ms. Fisher described the state strategy of coordinating and integrating school programs across state agencies, which she said Wisconsin already does. She said it is important to use state and local data to guide development of policies. This data is available through the CDC’s Youth Risk Behavior Survey.

Ms. Fisher discussed the advantages of school health councils and rigorous planning processes for school health programs. She described ways that other states are supporting these efforts, such as providing professional assistance, requiring use of CDC data, and providing mini-grants to schools to improve their health programs.

Ms. Fisher said some states have taken steps to encourage or require development of school district wellness policies, and others require certification of school health staff and provide professional development for them.

A number of states have established requirements for the amount of time students must spend in physical education, and many have set nutrition standards for foods and beverages offered in schools. States promote high quality health and physical education and provide opportunities for students to engage in physical activity and to consume fruits and vegetables.

Ms. Fisher said that as the need for schools to compete academically has increased, the emphasis on physical and health education has been negatively affected.

Wisconsin Olympians Casey Fitzrandolph and Suzy Favor Hamilton.

Ms. Favor Hamilton and Mr. Fitzrandolph said that to make successful lifestyle changes, it is important to find an activity that you feel passionate about. They described their involvement in the Movin’ and Munchin’ Schools Program. They said the Legislature should provide more funding for this program, which is successful in promoting healthy lifestyle choices by kids.

Mr. Fitzrandolph and Ms. Favor Hamilton also described their new venture called “Winning Every Step of the Way,” in which they attempt to motivate adults in the workplace setting to adopt healthier lifestyle habits. They provide advice and examples of how to make small changes that are achievable and effective by providing examples useful in everyday activities.

Comparing their experiences in the two programs, they observed that in their experience, it is easier to get kids enthused about exercise and staying active than it is to get adults involved.

Discussion of Committee Assignment

Chairperson Wieckert thanked all the speakers and noted that the committee had received a large amount of information which it must now synthesize into a tangible work product. He said that due to current budget limitations, it will be important for the committee recommendations to make use of existing resources to the greatest extent possible.

Other Business

There was no other business brought before the committee.

Plans for Future Meetings

The next meeting of the Special Committee will be *Friday, October 17, 2008, at 10:00 a.m., in Room 412 East, State Capitol, Madison.*

Adjournment

The meeting was adjourned at 3:15 p.m.

MM:ksm