WISCONSIN LEGISLATIVE COUNCIL
STAFF MEMORANDUM

Memo No. 1

TO: MEMBERS OF THE SPECIAL COMMITTEE ON PERFORMANCE-BASED DISEASE MANAGEMENT PROGRAMS FOR LARGE POPULATIONS

FROM: Rachel Letzing and Mary Matthias, Senior Staff Attorneys

RE: Summary of Recommendations Made to the Special Committee at its July 24 and September 12, 2008 Meetings

DATE: October 8, 2008

This Memo sets forth recommendations made to the Special Committee, and programs in other states that were discussed, by speakers who addressed the committee at its July 24 and September 12, 2008 meetings, grouped by general topic area. Following each recommendation, in brackets, is the name of the speaker who made the recommendation or described the program.

The purpose of the Memo is to assist the committee in determining which recommendations or program options it would like to pursue as possible committee recommendations to the Legislature. At the committee's direction, staff will conduct research and prepare draft legislation on those selected topics for the committee's review at subsequent meetings.

This Memo is not meant to limit discussion in any way--the committee is free to develop its own alternatives and consider ideas that were not raised by speakers.

Although this Memo provides some information on current Wisconsin statutes and programs, it is not meant to be an exhaustive identification or description of all relevant laws or programs that may already be in place. After the committee determines which items it is interested in pursuing further, we will do more focused research to determine the impact of current laws and programs, if any, on the recommendations.

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OBESITY

A. School Wellness

1. Enact legislation in support of school wellness policies. [Amy Winterfeld, National Conference of State Legislatures (NCSL)]

> Comment: The federal Child Nutrition and Women, Infants and Children (WIC) Reauthorization Act of 2004 requires each local school district that participates in U.S. Department of Agriculture (USDA) school meal programs to establish a local wellness policy by the beginning of the 2006-07 school year. A wellness policy must include a statement on nutrition guidelines, using the USDA guidelines as a minimum, set goals for nutrition education and physical education, receive input from community stakeholders, and include a plan to measure implementation. A school wellness policy is not required to include an evaluation component. USDA policy stipulates that the wellness policy must be adopted through a participatory process that includes input from community stakeholders, including parents, the local food industry, vendors, and the school food service. The wellness policy must be adopted by the district school board.

The Department of Public Instruction (DPI) has developed policy guidance to help school districts develop school wellness policies. In testimony at the Special Committee's July 24 meeting, DPI also noted that is has changed the ordering system for school foods to, among other things, increase school flexibility to address student preferences and healthy options consistent with school wellness policies.

2. Advise school districts to create a health council made up of local stakeholders to advise the district on programs and goals. [DPI]

3. Mandate the establishment of school health councils to implement coordinated school health programs. [Healthier Wisconsin Schools Project]

B. School Nutrition

1. Enact legislation to establish nutrition standards for foods and beverages available at school. [Amy Winterfeld]

> Comment: DPI administers the National School Lunch and School Breakfast Programs, which provide federal funding to schools to serve free and reduced-priced meals and snacks. In exchange for receiving federal funds, schools must serve meals and snacks that adhere to federal nutrition standards set by the USDA. These guidelines do not limit the sale of a la carte items and other foods sold in addition to federally funded meals and snacks. USDA guidelines are the minimum standards set for nutrition in Wisconsin schools. However, schools may choose to adopt nutrition standards beyond those set by USDA. Current law specifies that

school contracts with soft drink vendors may not prohibit the sale of milk. [s. 118.12 (4), Stats.]

2. Adopt and enforce sound school nutrition policies. [Dr. David Allen]

3. Enact legislation to require fresh fruit and vegetable programs at school. [Amy Winterfeld]

Comment: Wisconsin recently received federal funding from the USDA under the federal Fresh Fruit and Vegetable Program for the period of July 1, 2008 through June 30, 2009. The purpose of the program is to increase fresh fruit and vegetable consumption in elementary schools by providing a snack to all students free of charge. Twenty-five schools in Wisconsin were selected to participate in the program.

4. Provide free fruits and vegetables throughout the day at school. [Healthier Wisconsin Schools Project]

5. Encourage school districts to expand access to fresh fruit and vegetables at school. [DPI]

6. Expand the school breakfast program. [DPI]

7. Expand the Movin' and Munchin' Schools program. [DPI; Casey Fitzrandolph and Suzy Favor Hamilton]

Comment: The Movin' and Munchin' Schools program is administered by DPI, funded by the Centers for Disease Control and sponsored by the Wisconsin Education Association Trust. The program encourages schools to develop creative strategies to promote healthy eating and increase physical activity among students and their families. Individuals earn "Movin' and Munchin' Miles" for various physical activities and good nutrition choices. All schools that participate are considered for awards up to $500 to use for improving their nutrition and physical education programs.

8. Severely limit access to refined carbohydrate-laden drinks and foods at school. [Dr. David Allen]

C. Nutrition Education

1. Enact legislation to require nutrition education in schools. [Amy Winterfeld]

Comment: Current law requires that health instruction be based upon a written comprehensive health education curriculum and coordinated by a professional staff member. [s. 121.02 (1) j. and k., Stats.] [s. PI 8.01 (2) j. and k., Wis. Adm. Code.] State law does not require nutrition education courses be included as part of the comprehensive health education curriculum. Health education classes in grades K-6 must be taught weekly under the direction of a licensed health teacher. [s. 121.02 (1) j. and L.,

Stats.] [s. PI 8.01 (2) j. and L., Wis. Adm. Code] In grades 7-12, health education must be taught by or under the direction of a licensed health educator. [s. 121.02 (1) j. and L., Stats.] [s. PI 8.01 (2) j. and L., Wis. Adm. Code] Students are required to take a health course for one semester during grades 7-12. The course is to be taught by the licensed health instructor. [s. 121.02 (1) j., Stats.] [s. PI 8.01 (2) j., Wis. Adm. Code] Schools are not required to offer health education courses in high school (provided that students take their one semester required course (see above) in 7th or 8th grade). [s. 121.02 (1) j., k. and L., Stats.] [s. PI 8.01 (2) j., k. and L., Wis. Adm. Code]

2. Provide nutrition education standards for schools. [DPI; Healthier Wisconsin Schools Project]

3. Provide health teachers and school districts with a document to help design a sequential K-12 written curriculum on nutrition. [DPI; Healthier Wisconsin Schools Project]

D. Trans Fats in School Foods

1. Enact legislation to limit or ban the use of trans fat in school foods. [Amy Winterfeld]

Comment: According to DPI, USDA is trying to introduce commodity products that are lower in fat, saturated fat, and trans fats.

E. Food and Beverage Taxes and Tax Credits

1. Enact legislation to tax foods and beverages with minimal nutritional value and direct the revenues to fund obesity or health-related services or programs, such as health care for children, fitness grants or dental care access, and education. [Amy Winterfeld]

F. Body Mass Index

1. Enact legislation to require schools to conduct some type of Body Mass Index (BMI) measurement or fitness testing for students, possibly sending the collected data to parents in a confidential report. [Amy Winterfeld]

2. Direct primary care providers to assess children for obesity risk to improve early identification of elevated BMI, medical risk and unhealthy eating, and physical activity habits. [Department of Health Services (DHS)]

3. Require assessment of height, weight, BMI, and fitness at school. [Dr. David Allen]

G. Raising Awareness

1. Create programs where communities partner with local restaurants and stores to promote healthy food choices. [Dr. David Allen; Dr. John Barkmeier]

2. Encourage primary care provides to provide obesity prevention messages for most children and to suggest weight control interventions for those with excess weight. [DHS]

3. Enact legislation to raise awareness of childhood obesity and its effects, such as designating a particular month or year to promote healthy eating or physical activity, or establishing a taskforce or commission to create a statewide wellness and physical activity program. [Amy Winterfeld]

> Comment: Wisconsin currently has a Nutrition and Physical Activity State Plan and the Wisconsin Partnership for Activity and Nutrition provides leadership for the implementation of the state plan. Wisconsin recently received funding from the CDC to provide some funding to implement the plan.

Other current programs which recognize healthy lifestyles include the Governor's School Health Award, funded in part by a National Governor's Association Healthy Kids Grant, which recognizes schools with policies, programs, and the infrastructure to support and promote healthy eating; physical activity; alcohol-, tobacco-, and drug-free lifestyles; and parental and community involvement. Another program, on which the state WIC program, the Senior Farmers' Market Nutrition Program, and the DHS Nutrition and Physical Activity Program collaborate, is the 14-Carrot Gold Award program, which recognizes excellence in the promotion of increased fruit and vegetable consumption in Wisconsin.

H. Physical Activity or Physical Education

1. Enact legislation to specify the time and frequency of physical education or physical activity in school. [Amy Winterfeld]

> Comment: Current law requires that physical education instruction follow a developmental, sequential, comprehensive curriculum. [s. 121.02 (1) j. and k., Stats.] [s. PI 8.01 (2) j. and k., Wis. Adm. Code] In grades K-6, classes must be taught three times weekly by or under the direction of a licensed physical education teacher. In grades 7-12 (or 6-12 if middle school has grade 6), classes are taught by a licensed physical education teacher. Students are required to participate in the physical education program each year with the exception that one year in senior high school is optional. In grades 9-12, physical education must be offered each year; students are required to fulfill 1.5 credits of physical education over three separate years. [s. 121.02 (1) j., k. and L., Stats.] [s. PI 8.01 (2) j., k. and L., Wis. Adm. Code]

2. Revise state physical education standards to more succinctly reflect national standards. [DPI]

3. Change current state law for physical education from K-6 to K-8 for the amount of physical education periods per week. [Healthier Wisconsin Schools Project]

4. Expand or revise physical education in schools toward daily physical activity with an emphasis on fitness. [Dr. David Allen]

5. Enact legislation to require or encourage schools to provide daily recess for a specified duration during the school day. [Amy Winterfeld]

6. Enact legislation to require or encourage schools to provide daily physical activity opportunities before, during, or after school. [Amy Winterfeld]

7. Create year-round fitness-oriented recreation activities for kids, including after-school and summer physical activities. [Dr. David Allen]

8. Create safe, kid-friendly walking and biking routes to school. Require distant drop-off zones for children who must ride the bus to school. [Dr. David Allen]

9. Recommend that school districts look at implementing virtual fitness centers for students. [DPI]

10. Create additional green space in the community for exercise. [Dr. John Barkmeier]

I. Diabetes Screening and Management

1. Enact legislation to require risk screening for diabetes at school or create policies to facilitate diabetic care for students while limiting the liability of caregivers and schools. [Amy Winterfeld]

J. Healthcare and Insurance Coverage

1. Require parents to treat childhood obesity as a chronic health-threatening disorder and facilitate the necessary treatment. [Dr. David Allen]

2. Replace acceptance of excessive early childhood weight gain with early intervention. [Dr. David Allen]

3. Require medical reimbursement of preventive services and treatment for obesity. [Dr. Brian Fidlin; Laura Tobler, NCSL]

4. Require medical reimbursement of treatment for obesity. [Dr. Brian Fidlin]

5. Increase Medicare coverage of dietitians for preventive services. [Dr. Brian Fidlin]

6. Create insurance incentives such as premium discounts or rebates for employees who have low health risk factors (based on blood pressure, cholesterol, glucose, or BMI, for example). [Laura Tobler]

J. Workplace Wellness

1. Create a wellness program or initiative for state employees. [Laura Tobler]

2. Create tax credits available to employers who offer wellness plans. [Laura Tobler]

K. Tobacco

1. Enact legislation to create a statewide smoking ban. [Dr. John Barkmeier]

DISEASE MANAGEMENT

A. Redesign of the Chronic Care Delivery System

1. Utilizing a consensus building process including all major stakeholders, identify the best practices in chronic disease management, design an optimal chronic care delivery model incorporating these practices, and implement the model throughout the state's health care system. [Dr. Ken Thorpe]

B. Collection of Data Relevant to Chronic Disease Management

1. Establish a method of collecting non-identifying laboratory test data from physicians that is relevant to the management of chronic diseases and to the development of public policy on chronic diseases. For example, require reporting of, or establish a system of voluntary reporting of BMI, LDL, Hba1c, and cholesterol levels. Consider directing the State Laboratory of Hygiene to collect and analyze this data. [Denise Runde]

C. Health Information Technology (HIT)

1. Create incentives to encourage physicians to establish electronic patient registries to enable them to implement chronic disease management principles in their practices. [Denise Runde; Dr. John Barkmeier]

2. Provide technical assistance, training, and financial incentives for health care providers to implement electronic health care records systems in their practices. [Dr. Ken Thorpe; Dr. John Barkmeier] For example, provide matching grants for these costs, or grant physicians the authority to bill for certain preventative services only if they have an electronic billing system in place. [Dr. Ken Thorpe]

> Note: 2007 Wisconsin Act 20 (2007-09 Biennial Budget Act) created an electronic medical records tax credit under the individual income and corporate income and franchise taxes. The tax credit is equal to 50% of the amount paid by a health care provider in a tax year for information technology hardware or software that is used to maintain medical records in an electronic form. The maximum total amount of electronic medical records tax credits that could be claimed in a tax year would be $10 million, and would be allocated to claimants by the Department of Commerce. The tax credit is first available for expenses incurred in tax years beginning after December 31, 2009.

3. Foster the development of a coordinated, interoperable statewide HIT system. Establish state or regional level interoperability standards. Develop a listing of HIT hardware and vendors that the state will ensure will be compatible with the statewide system to assure physicians that their HIT investments will retain their value. [Dr. Ken Thorpe; Laura Tobler]

Note: In November 2005, Governor Doyle created the Board for eHealth Care Quality and Patient Safety (Board) under Executive Order 129, and directed the Board to review issues surrounding the creation of an ehealth information infrastructure in Wisconsin, and to develop recommendations. On December 1, 2006, the Board released its final report, entitled *Wisconsin eHealth Action Plan*. That report contains a five-year plan for statewide adoption of an electronic health information infrastructure by 2012. That plan and the 2007 annual report of the Board are available at http://ehealthboard.dhfs.wisconsin.gov/reports/.

D. Use of Non-Physician Providers and Teams

1. Utilize non-physician health care workers such as community health workers to assist patients in managing their chronic disease. [Dr. Ken Thorpe; Laura Tobler]

2. Enhance the ability of physicians to contract with providers such as nurses, social workers, and care management vendors to work as teams to proactively manage patients with chronic conditions outside of the doctor's office. [Dr. Ken Thorpe]

3. Establish community health centers in rural areas that employ health care workers such as nurses, nurse practitioners, mental health workers, and social workers to assist physicians in managing patients with chronic conditions. [Dr. Ken Thorpe]

4. Set up pilot programs in different parts of the state to determine the most practical and effective delivery models for non-physician care in various areas of the state. Potential models include the utilization of community health centers in a public utility model or facilitating individual practices contracting with disease management vendors. [Dr. Ken Thorpe]

5. Teach medical school students how to work in teams with non-physician providers to provide care to chronically ill patients and assist those patients in self-management of their chronic conditions. [Dr. Ken Thorpe]

E. Health Care Homes

1. Develop statewide certification standards for health care homes. [Laura Tobler]

2. Change methods of payment for health care to encourage and enable the development and use of health care homes. [Dr. Ken Thorpe]

3. Develop a payment system to provide health care homes with per-person care coordination fees. [Laura Tobler]

4. Require state health care programs and private sector programs to provide coverage for services provided by health care homes. [Laura Tobler]

F. Provider Reimbursement

1. Redesign health benefits to enable providers to deliver services in accordance with disease management best practices for various conditions, as determined by national organizations, such as the American Diabetic Association and the American Heart Association. [Dr. Ken Thorpe]

2. Eliminate co-pays and deductibles for clinically recommended preventative care and disease management services to increase patient compliance and thereby reduce hospitalizations and emergency room visits. [Dr. Ken Thorpe]

3. Change the methods of reimbursement of health care costs by insurance companies and health plans to provide incentives for patients to comply with preventative care services and for providers to provide those types of services. [Dr. Ken Thorpe]

4. Require reimbursement by insurance companies and health plans for health care provider costs related to proactive disease management tools such as diet and exercise programs, including costs of establishing patient registries and tracking patient compliance and outcomes. [Dr. John Barkmeier]

5. Design a new model of reimbursement of health care costs by insurance companies and health plans that rewards providers based on performance and outcomes. [Dr. John Barkmeier]

G. Access to Primary Care Providers

1. Modify health care reimbursement methods to provide an incentive for physicians to choose primary care as their area of practice, to increase the availability of primary care providers. [Dr. Ken Thorpe]

2. Provide incentives and training support for medical students to choose primary care as their area of concentration. [Laura Tobler; Dr. John Barkmeier]

3. Provide incentives for primary care providers to remain in the state. [Laura Tobler]

H. Health Care Billing and Administration

1. Simplify health care billing by establishing an electronic claims adjustment process. [Dr. Ken Thorpe]

2. Simplify health care administration by creating centralized hospital and provider credentialing. [Dr. Ken Thorpe]

3. Establish a workgroup of health care payers to develop a simplified, uniform explanation of benefits for patients and to develop common coding systems. [Dr. Ken Thorpe]

I. Transparency and Public Reporting

1. Collect and publish data from health care providers and health plans assessing quality and efficiency of care to assist consumers in comparing providers to make purchasing decisions. [Laura Tobler; Dr. John Barkmeier] Provide information on a state web site. [Laura Tobler]

2. Require disclosure of prices of health care services on state-run web sites. [Laura Tobler]

> Note: 2005 Wisconsin Act 228 dedicates state funds to the Wisconsin Health Information Organization, a coalition of managed care companies, employer groups, health plans, physician associations, hospitals, and doctors, to analyze and publicly report the health care claims information with respect to the cost, quality, and effectiveness of health care.

J. Patient Safety

1. Require public reporting of adverse health care events such as health care acquired infections. [Laura Tobler]

2. Prohibit reimbursement for avoidable hospital complications and medical errors, referred to as "never events." [Laura Tobler]

3. Provide payments to hospitals that demonstrate reductions in hospital-acquired infections. [Laura Tobler]

K. Health Disparities

1. Establish programs to reduce or eliminate disparities in health for minority populations. [Laura Tobler]

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