WISCONSIN LEGISLATIVE COUNCIL

PERFORMANCE-BASED DISEASE MANAGEMENT PROGRAMS FOR LARGE POPULATIONS

Room 412 East, State Capitol
Legislative Council Conference Room
Madison, Wisconsin

October 17, 2008
10:00 a.m. - 4:00 p.m.

[The following is a summary of the October 17, 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; Reps. Chuck Benedict and 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.

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

APPEARANCES: James Galloway, Assistant Surgeon General, Region V, Chicago, IL; Elaine Mischler, CEO, Mischler Consultants, Waukesha; and Denise Webb, Program Manager, eHealth Care Quality and Patient Safety Board, Department of Health Services, and Dr. Tim Bartholow, Wisconsin Health Information Organization.

Approval of the Minutes of the Committee's July 24 and September 12, 2008 Meetings

Representative Hines moved, seconded by Representative Benedict, that the minutes of the July 24 and September 12, 2008 meetings be approved. The motion passed by unanimous consent.

Presentations by Invited Speakers

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

James Galloway, Assistant Surgeon General, Region V, Chicago, IL.

Dr. Galloway presented an overview of Building a Healthier Chicago, a collaborative initiative led by the American Medical Association, the Chicago Department of Public Health, and the Office of the Regional Health Administrator of the U.S. Department of Health and Human Services. Dr. Galloway explained that the program is a social-ecological model which attempts to affect individuals at all levels and in all aspects of their lives through the integration of existing and new public health, medicine, and community health promotion activities. Dr. Galloway said that the measure of success for Building a Healthier Chicago will be hypertension levels, which are specific numbers that will be followed over many years. By 2010, the program hopes to decrease the prevalence of high blood pressure by 16% in the Chicago population.

Dr. Galloway explained the ways in which the public and private partners in Building a Healthier Chicago are encouraging people to eat healthier and be more physically active. These efforts have both an internal (within the agencies, organizations, and businesses that comprise the program) and an external approach and focus on action-based strategies that have been proven to work.

Dr. Galloway noted that other social-ecological models in public health such as smoking cessation and seatbelt awareness have been effective in changing societal norms and said that level of success must be achieved for healthier eating and physical activity. Dr. Galloway emphasized that community leaders are needed to help lead this effort.

In response to questions from committee members, Dr. Galloway said that a broad approach including schools, workplaces, and the community is needed to encourage healthy behavior, make it easy to do and make it an expected behavior. He said that voluntary and mandated incentives can have a big impact and be very effective in changing behaviors. Dr. Galloway emphasized that a key element of Building a Healthier Chicago is that it brings together a diverse group of public and private partners in a noncompetitive program. Dr. Galloway encouraged the committee to focus its efforts on having a health care system that focuses on prevention and creating tax opportunities and other economic incentives to change behavior.

Elaine Mischler, CEO, Mischler Consultants, Waukesha.

Ms. Mischler began by stating that she agreed with many of the recommendations set forth in Memo No. 1 including incentives, school programs, and health information technology. She said that her presentation focuses on measurement because without it, we do not know whether efforts are

successful. Ms. Mischler noted that a lot can be done if people "buy in" to being healthier and said that it is important to reach a balance between suitability and acceptability in the real world when working with large groups of people. Ms. Mischler explained the population health services program impact model. She then discussed the ways in which disease management programs measure their impact and calculate cost savings. Ms. Mischler explained that health plan members who participate in a disease management program cost less over time than members who have the same health issues but do not join the disease management program.

In response to questions from committee members, Ms. Mischler said that the biggest driver of success for a disease management program is incentives like money or rewarding participants with something they truly value. She noted that health risk assessments are an important place to start to encourage people to change their behaviors.

Ms. Musser described a successful workplace incentive program under which WPS offered to waive co-payments on maintenance drugs for people who participated in a disease management program. Ms. Mischler said that individuals must be held accountable for their own health. Dr. Adams stated that although there needs to be accountability, there also needs to be societal and environmental changes in order to help low-income children.

Denise Webb, Program Manager, eHealth Care Quality and Patient Safety Board, Department of Health Services (DHS), and Dr. Tim Bartholow, Wisconsin Health Information Organization.

Ms. Webb provided an overview of the Wisconsin eHealth Initiative and explained the state efforts regarding health information technology (HIT). She explained the background and goals of the eHealth Care Quality and Patient Safety Board, created by Governor Doyle's executive order. On December 1, 2006, the board issued an eHealth Action Plan, which includes a goal of having all health care providers adopt and use certified electronic medical record (EMR) systems. Ms. Webb explained that the majority of physicians in Wisconsin practice in large groups, which have higher HIT adoption rates than smaller group practices. However, overall HIT adoption rates are low. She stated that economics is the biggest barrier to HIT adoption.

Dr. Bartholow described the benefits and challenges to EMR adoption and discussed Prairie Clinic's experience with EMRs. Dr. Bartholow stated that strategies to encourage physicians to use HIT include tax credits and technical assistance to smaller practice groups. Dr. Bartholow noted that the last state budget provided a tax credit of up to 50% of the amount paid for EMR hardware and software in the taxable year, up to a maximum of $10 million per year.

Ms. Webb explained HIT from the consumer perspective and said there is a need for more education and marketing on EMRs and their benefits. DHS is designing an eHealth website to provide HIT information to consumers and providers. She noted that some health care plans currently have eHealth programs which allow consumers to access their own health care records on their computers.

Ms. Webb provided an overview of the state Health Information Exchange (HIE) and the regional level HIE emergency department linking project.

Ms. Webb explained that health information privacy is an important part of HIT. She noted the adoption of 2007 Wisconsin Act 108, which brings Wisconsin law in line with the Health Insurance

Portability and Accountability Act (HIPAA) and said that DHS continues to work with health care organizations to determine whether other barriers exist to implementing HIEs.

Ms. Webb discussed the Wisconsin Collaborative for Healthcare Quality and noted that Wisconsin is at the forefront of health care transparency and public reporting.

Ms. Webb explained the Wisconsin Health Information Organization (WHIO) and noted that Dr. Bartholow is the head of WHIO. The goals of WHIO include aggregating health care data from sources across the state and creating a reliable data source that can be used by physicians to examine variations in efficiency, quality, safety, and cost. The WHIO Data Mart will then be an important data source for health care providers and insurance groups.

Discussion of Committee Assignment

Following the testimony by invited speakers, the committee began to discuss options for committee recommendations. Chair Wieckert explained the various options for legislation, including having one large bill or multiple smaller bills, and noted that in general, the Legislature will not pass a bill with a fiscal note of over $10,000 before the budget bill passes. Chair Wieckert then asked each committee member to state which options they would like the committee to focus on.

Based on the response of members, the committee generated a list of items to be explored further in terms of potential legislation:

- Preschool and early childhood-based interventions, including creating a Governor's School Health Award for preschools; creating nutrition standards; nutrition education; creating physical education standards.

- K-12 school-based interventions, including nutrition education; nutrition standards; farm-to-school; banning soda; banning trans fat; increasing the amount of physical education; requiring certified specialists to teach physical education; mandating a student health report card using the Arkansas model; funding the Governor's School Health Award with state money and/or awarding money to winning schools.

- Worksite-based interventions, including tax credits for workplace wellness programs; encouraging health risk assessments; farm-to-work; creating a Governor's Worksite Wellness Award.

- Community-based interventions, including posting nutrition information at restaurants; creating an executive or legislative blue ribbon panel, committee, or council to coordinate a statewide or regional campaign for healthier living; taxing low nutrient food; banning trans fat; creating a centralized clearinghouse for information on healthier living; creating a Wisconsin Health Seal; creating a hotline for weight loss and exercise information; providing technical college training to encourage lifestyle changes; creating a statewide marketing campaign to raise awareness about healthier living.

- Strengthening the nutrition education components of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); ensuring that healthier food is available

through FoodShare (now called SNAP and previously called Food Stamps at the federal level).

- Increasing chronic disease management and counseling for the elderly.

- Setting standards for HIT; creating health care homes; increasing the number and retention of primary care doctors; expanding the authority of other health care workers to do disease management-related work.

Chair Wieckert stated that Legislative Council staff will prepare a memorandum that provides legislative options and additional information based upon the recommendations generated by the committee.

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, November 21, 2008, at 10:00 a.m., in Room 225 Northwest, State Capitol, Madison.***

Adjournment

The meeting was adjourned at 4:00 p.m.

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