

**2001/2003 State Budget
(SB55)**

My name is Jason Pape and I am currently president of the Specialized Medical Vehicle Association of Wisconsin (SMVAW). The Specialized Medical Vehicle Association of Wisconsin is a voluntary association. Our members are not paid or reimbursed and are not lobbyists.

Specialized Medical Vehicles (SMV's) play an important role in allowing individuals with disabilities access to critical and vital medical care. SMV's allow people the opportunity to stay in their homes, rather than go to nursing homes. SMV's provide a higher level of service than a bus or taxi at a much lower cost than an ambulance.

Today, the Specialized Medical Vehicle industry faces a crisis in which many providers of services are deciding to limit or no longer provide services. Some factors affecting their decisions to discontinue or limit services is in part to non funded mandates that began in 1995 and will continue into next year. These mandates, along with increasing costs of fuel and insurance, have made it extremely difficult for SMV providers to be able to remain in business.

In February 1997, there were 318 SMV companies statewide. The number dwindled to 220 in March of 2000 and 194 in September 2000. As of February 2001, there are 174 SMV companies providing services to Medical Assistance recipients. There will be an active re-certification taking place of SMV providers within the next three months. Based on the non funded mandates and increased expenses, it will not be surprising if the number of SMV companies is less than 125 on July 1, 2001.

According to the Department of Health & Family Services, \$24,305,900 was spent on SMV services in 2000. Of this amount, \$10,129,200 (or 41.7%) was Wisconsin's share. In order to maintain SMV services in Wisconsin, we estimate needing \$37.5 million in 2002 and \$43 million in 2003. The share for Wisconsin would be \$15,637,500 in 2002 and \$17,931,000 in 2003.

If SMV services continue the decline that has begun, the alternatives do not offer much hope. First, family may be able to help, if they reside close enough and are able to purchase a \$35,000 vehicle to transport their loved one. Utilizing this choice, a family member would have to take off work each time it is necessary to transport their relative. Some relatives may have to go to dialysis three times a week. This may cause a hardship on the family. Not many people can afford to take the necessary time off of work or afford such a vehicle that their relatives need.

Second, if the families decide they cannot afford the first option, they may decide that their relative will have to go to a nursing home. This is also a very expensive option for the state of Wisconsin.

Third, if people with disabilities do not have relatives living close to them, or are already in a nursing home, they may have to go by ambulance. This is an expensive service to be used each time someone has a non-emergency medical appointment. This also places the ambulance out of service for actual emergencies, until the non-emergency transport is complete. This is not a comforting thought.

Fourth, in urban cities, mass transit may be an alternative. This service is an option, however, it is only an option in larger cities where the transportation is available. Many, if not most recipients do not have the capacity to be able to use mass transit and need more supervision than mass transit can provide. Rural Wisconsin does not have mass transit operations. It would not be cost effective to have mass transit in towns of 500-1,000 people.

In short, these alternatives are not cost effective. If you forecast the existing number of recipients that SMV's transport, put 75% of those in ambulances, and calculate the number that will be forced into nursing homes early, your best investment is in Specialized Medical Vehicles.

Respectfully submitted,

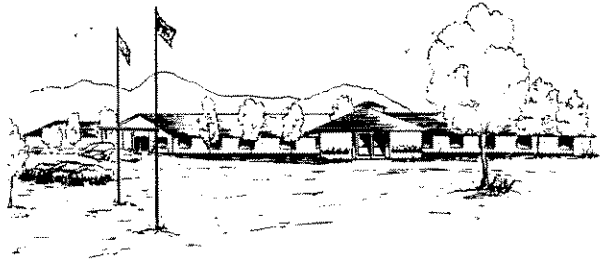
Jason Pape
President SMVAW
P.O. Box 209
New Richmond, WI 54017
715-246-2933

Hillview Health Care Center

3501 Park Lane Drive
La Crosse, Wisconsin 54601-7700

Phone: (608) 789-4800

Fax: (608) 789-4860



April 3, 2001

Honorable John Gard, Co-Chair
Joint Committee on Finance

Honorable Brian Burke, Co-chair
Joint Committee on Finance

FOR: Hearing testimony on April 3, 2001 in La Crosse

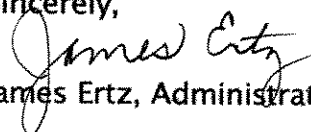
Gentlemen:

Hillview Health Care Center is a nursing home/care center licensed for 222 beds. We have been operating for over 100 years. We care for residents who have high acuity and rehabilitation needs. Our Medical Assistance funding has been dwindling year to year. We have been penalized under the occupancy rules even though we have downsized to provide the demand and need for private rooms. We did not receive an increase in our Medical Assistance rates last year. Our rates went down. Costs in wages, health insurance and operating costs continue to increase. As careful and efficient as we are in attempting to control costs, it is impossible to cover our expenses when medical assistance funds such a low portion of our true costs and in fact, decrease.

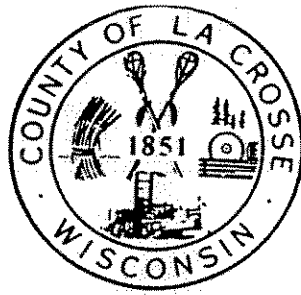
Medicaid underfunding of nursing homes is seriously affecting our staffs' ability to provide care. We have lived too long with minimal or no increases to our funding. We support Governor McCallum's proposed expansion of the intergovernment transfer program - IGT - and the additional Medicaid funding for nursing homes that would be generated. We oppose "raiding" the Medicaid trust fund created to "house" the added MA funds generated by IGT for any purposes other than those proposed in SB55/AB144. We support the removal of the Chapter 50/51 "Health Facility Licensing and Enforcement" provisions from the budget and introduction of them instead as separate legislation.

We urge you to understand the seriousness of these issues and to take measures to see that funding is provided to cover the loss of medical assistance dollars to nursing homes over the prior formulas. Thank you.

Sincerely,


James Ertz, Administrator


Barbara Pulfrey, Director of Nursing



SHIRLEY HOLMAN
1st Vice Chairperson
La Crosse County Board
34th District Supervisor

N4352 Pralle Road
Onalaska, Wisconsin 54650
(608)783-2890

LA CROSSE COUNTY, WISCONSIN

April 3, 2001

To Members of Joint Finance:

I know the next months will present you with many challenges in meeting the needs of the public through the budget process. Good Luck!

There are many areas of concern I have as a County Board Supervisor and member of our Finance Committee. I would like to list just a few.

First is the IGT program. County property taxes cover unreimbursed medical assistance expenditures. These expenditures have allowed the state to bring matching federal funds to fund all nursing homes' rates without using state GPR funds. These funds are held in a Medicaid Trust Fund. This trust fund will continue to cover nursing home rates and should be left in tact.

Second. The county, which serves as an arm of the state and partner, should be treated as such. We are asked to provide many programs for the state. Costs of those programs have limited funding by the state with little or no increase in funding in recent years. This has put a burden on the county taxpayers.

Which brings me to the third problem, one that more counties are facing this year – "levy limits". In the early nineties levy limits were set for each county. We all have done an exceptional job in complying with the levy limits. Each year as the state has limited the funding for programs it requires, the counties have picked up the slack. This can no longer be done. If you can't fund the programs, then don't require that we do them according to your requirements. Give us room to meet the needs of our constituents or the funding needed to meet your requirements and revisit the levy limit legislation.

Sincerely,

Shirley Holman

To: Members of the Joint Finance Committee

I speak in favor of an increase in funding for the Wisconsin Area Health Education Center System. AHEC'S mission aims to enhance the knowledge and skills of health professionals to meet the health needs of rural and medically underserved communities. AHEC fosters health care education and the building of community partnerships to expand the future healthcare workforce.

Viterbo University and its health professions students have benefited in a number of ways from the financial support of AHEC in recent years. 1) Pre-professional students have been able to participate in a Rural Interdisciplinary Health Care Delivery course with peers from Western Wisconsin Technical College and the University of Wisconsin-La Crosse. These students have been able to learn the complexity of rural health care through seminar and clinical experiences with health care providers in Juneau County. 2) Middle school students from the Hmong and Native American communities were able to participate in Health Careers Camps facilitated by nursing and dietetics faculty members on the Viterbo campus. A more expansive interdisciplinary camp is being facilitated by AHEC for this coming summer through the partners in the Health Science Consortium. Both have addressed our great need for increasing the healthcare workforce in Wisconsin.

The AHEC supported program that I would like to describe in greater detail is CARING, Inc.: A Partnership for Public Health Practice. This project is a unique partnership between the Viterbo University School of Nursing, the La Crosse County Health Department, and the Salvation Army that was created for the mutual benefit of improving the community's health and strengthening student learning in public health nursing. The project has resulted in the establishment of a Health Resource Center that provides health screening, follow-up and referral, and health education services for the homeless at the Salvation Army shelter in La Crosse. In addition, it has provided a community-based clinical learning experience for undergraduate and graduate nursing students that is grounded in public health practice.

AHEC funded the initial community assessment and program planning, the development of the Community Action Council, and curriculum efforts between the community and academic partners in summer of 2000. AHEC funding also facilitated the implementation and evaluation of the project this academic year. In the first six months of the project, 308 individuals received health education and counseling, 281 received various health screenings, and 23 were referred for follow-up services. In addition, 47 undergraduates and one graduate nursing student were involved in clinical experiences in public health nursing. By the end of this academic year, 34 additional undergraduate, two graduate, and two returning RN students will have had this significant clinical opportunity.

We hope to expand the educational component to include nutrition and dietetics students from Viterbo in the next academic year. They will be able to expand services for both the Salvation Army program participants and staff. Nursing and dietetics students and faculty will collaborate with Health Department staff as interdisciplinary partners in service and learning. Other academic and community links will emerge in the future as the program grows to meet the health needs of the underserved.

Other community sources are being tapped to support part of this project. Without continued funding from AHEC, the partners will need to seek other sources of funding to support the educational aspects of the program as well as the operational components of the Resource Center.

Submitted by: Silvana F. Richardson, RN, PhD
Dean, School of Nursing, Viterbo University

ROLLING HILLS

Rehabilitation Center • Special Care Home
14345 Co. Hwy. B • Sparta, Wisconsin 54656 • (608) 269-8800


My name is Gene Schwarze. I'm employed by Rolling Hills Rehabilitation Center, that's the Monroe County Home, in Sparta. For years, county homes have had to look for creative ways to deal with a Medicaid reimbursement shortfall in order to provide quality care for the types of residents county homes care for. In most counties, there is a tax levy to support the county home.

During the 1990's, county homes discovered Federal matching grants known as Intergovernmental Transfer Program, or ITP, funding. Presently these ITP matching grants help reimburse county homes for their direct care losses, and help fund the Medicaid Reimbursement Formula for all nursing homes in Wisconsin.

In recent weeks a group of county homes has applied for some increased ITP funding available from the Feds. The amount would be sufficient to cover county home deficits, and to fund rate increases under Medicaid to all nursing homes, for the next 5-7 years without any increase in State funding, by the establishment of a Medicaid trust fund.

My request to this Committee, when that Medicaid trust fund is established, is simply: Don't be tempted to raid the trust fund when you are approached by various causes who want to tap into it. Protect the fund for the purpose it's intended.

Thank you.

A handwritten signature in cursive script that reads "Gene Schwarze". The signature is written in black ink and is positioned above a horizontal line that extends across the width of the signature.

Gene Schwarze



April 2, 2001

Joint Finance Committee Members

Dear Members,

With the support of the Coulee Region Retired and Senior Volunteer Program Advisory Council, I, as director of this program, would like to call your attention to the financial needs of our state RSVP programs.

The RSVP program recruits persons 55 and older to volunteer at non-profit agencies and projects within their communities. Coulee Region RSVP serves the four counties of Crawford, La Crosse, Monroe and Vernon. Our program has approximately 1200 volunteers who donated more than 150,000 hours during the year 2000. The National Independent Sector puts a dollar value on volunteer service of \$14.00 per hour which means volunteers in our program area contributed 2,100,000 dollars to their communities.

The State of Wisconsin supports the national RSVP projects with funds from the General Purpose Revenue fund which is distributed through the Bureau on Aging. In the year 2000, 43% of Wisconsin RSVP budgets came from federal dollars, 35% from local money, and 22% from the State of Wisconsin. The state contributes what the federal government does, and close to only half of what is raised locally.

Increasing the state's contribution to RSVP programs would allow us to increase our service to each of the counties we currently serve as well as add other counties that do not have the program. Based on the value of volunteer hours cited earlier, the state's return on investment would be very large indeed. Taxpayers, as well as senior citizens and their communities can benefit enormously from the RSVP programs.

Some of the current benefits to our communities include:

- TRIAD-a program collaborating with local law enforcement agencies to promote senior safety.
- Study Buddies-bringing tutors to local elementary schools to work one-on-one with students to improve reading and study skills.
- BABES-bringing information to early elementary students on self-esteem, coping skills, and good decision-making
- Hospital Doll Friends-seniors making and donating dolls to local hospitals given to children for the purpose of demonstrating any procedure the child may need to undergo, and for the child to keep with them.

Retired and Senior Volunteer Program • 2025 South Ave., Suite 200 • La Crosse, WI • (608) 785-0500 • FAX (608) 785-2573
Sponsored by Bethany Lutheran Homes, Inc.

Office Hours: 8 a.m.-4 p.m., Mon-Fri

Alice Hall, RSVP Director

Crawford

La Crosse

Counties

Monroe

Vernon

- Driver Escort-transportation for seniors 60+ who are unable to access public transportation or the Mini Bus and medical assistance patients to medical appointments through the use of volunteer drivers using their own vehicles.
- Special projects-seniors knitting, sewing, and crocheting numerous quilts, layettes, caps and mittens which are given to social service agencies to distribute to needy individuals throughout the area.
- One hundred fifty local volunteer sites who rely on RSVP volunteers to provide volunteer services.

The RSVP programs in Wisconsin are asking for an increase from the General Purpose Revenue fund in the amount of \$575,000 dollars which would bring its contributions to a level of that with the Federal Government and local dollars contributed.

Thank you for your consideration.

Sincerely,



Alice M. Hall, Director
Retired and Senior Volunteer Program

TO: Members of the Wisconsin Legislature Joint Finance Committee

FROM: Mark A. Dahlke, UW-L Class of 1995
Financial Consultant

DATE: Tuesday, April 3, 2001

RE: UW-L's request for continued support of the operation of the Health Science Center for the next two fiscal years.

Good morning! My name is Mark Dahlke. I am a 1995 UW-L graduate. I am a lifelong resident of La Crosse and am currently a Financial Consultant with a National Brokerage Firm here in La Crosse.

I appreciate your time and will therefore keep my comments brief. I have one main point to make in support of restoring the \$678,900 for each of the next two fiscal years to support the operation of the Health Science Center. UW-L is an economic engine for the region. Students attending UW-L account for more than \$160 million in economic activity. The varied events sponsored by the University attract people from throughout the Midwest. These events generate more than \$65 million in activity. The UW-L family which includes students, faculty, and staff contribute to the quality of life throughout the Coulee Region by giving their time and gifts to more than 400 agencies and projects each year. Faculty and staff alone contribute more than 1,000 hours each month. I have been involved with a number of them on many community projects.

In conclusion there are many reasons to support this funding but clearly the economic benefits to our area are many. Please consider what I have said today. Thank you for allowing me to speak and for your time.



Alliance for the Mentally Ill of La Crosse County, Inc.

4062 Terrace Drive
La Crosse WI 54601
April 3, 2001

TO: THE JOINT FINANCE COMMITTEE
Cleary Alumni Center
La Crosse WI 54601

FROM: Helen and Ralph Buehler

We refer to the mental health component of this biennial budget.

We have had first hand contact in our family with the importance of the COMMUNITY SUPPORT PROGRAM (CSP) in La Crosse County. The CSP are invaluable in helping the seriously mentally ill to function in the community.

1. We know that currently the CSP can bill Medical Assistance for part of their funding, but the county must pick up 40% of this cost. We feel it would be more fair for the state to pay this 40% of the funding, instead of the hard-pressed counties.

2. We believe that jail is inappropriate for most of those with serious mental illness and that we need to have more CSP's in the state:

Make funding for more CSP's available....

- a. With this help more people can be kept out of jail
- b. For those mentally ill who can be released from jail, put them immediately into CSP programs. The cost of confinement in jail is greater than the cost of treatment in the community.

Helen + Ralph Buehler

(608) 788-4888

WLE 00912
WLE 00907a

David *Mara Brooks*

My name is Lisa Perry and I would like to address the issue of dental access for Medical Assistance patients.

I have a brother that is developmentally disabled with a diagnosis of cerebral palsy, and I am his primary caregiver. For the most part he is independent, but when it comes to attending his doctor and dentist appointments, I'm the one that he turns to.

Being on Medical Assistance works fairly well for his medical needs, but the ability to find Dental care is difficult, if next to impossible. By definition, his dental care should be paid for, but finding a Dentist willing to literally go into the "red" by treating him is far from reality.

We have asked his social worker to help us in this regard, to no avail. The State has made the forms more complicated and time-consuming than is necessary. If any insurance company in this state operated in the same fashion, they would soon be dealing directly with the Insurance Commissioner.

We were fortunate enough to have our family Dentist, Dr. Lucas in LaCrosse, take on a couple of interns from Marquette University. These interns were scheduled to see those patients in need of immediate dental work that would otherwise not see a dentist because of the aforementioned reasons. After three years of dental neglect brought on totally by a system that simply does not work, my brother was able to receive the needed care through these interns.

Dr. Lucas shared with me his actual costs associated with my brother's care. After considering the fact that there wasn't any labor cost involved, the dental office still lost money on my brother's treatment and their ability to support interns on an ongoing basis will be very limited. So the reality of the matter is, my brother will be without care again.

My brother would love to be able to hold a "real job" as he puts it, which offers both medical and dental insurance. I always tell him that he will some day, but I'm here to let you know that day will never come.

I feel this is a group of people being pushed under the rug, so to speak. They don't have a huge consortium lobbying for our state funds. If you really want to do what is right for this powerless group of Wisconsin citizens, vote your conscience.

All the unheard voices thank you for your careful consideration of this health issue.

Lisa Perry
618 Troy Street
Onalaska, WI 54650
(608) 783-4128
edman2@aol.com

Brian D. Rude
307 Babcock Street
Coon Valley, Wisconsin 54623

April 3, 2001

Members, Joint Finance Committee
Wisconsin State Legislature
Madison, Wisconsin 53702

Dear Senators and Representatives:

I am writing to you today to share my concern regarding the 2001 budget proposal's lack of funding for operation and maintenance of the Health Science Center in La Crosse. I strongly support addressing this critical need as you do your review of the budget.


The Health Science Center is a national model of cooperation between institutions of higher education and private sector health providers. Consistently, the Center has enjoyed the support of the five partners of the coalition – the University of Wisconsin-La Crosse, Western Wisconsin Technical College, Viterbo University, Gundersen Lutheran and the Franciscan-Mayo System – as well as broad community support. Probably the single best indicator of community support was passage of a referendum in the Technical College District to raise taxes to pay for the construction of the building.

With the strong state commitment to this building's construction, it is inconceivable to me that we would now fail to fund the project's operation and maintenance. I implore you to help find ways to achieve this funding so that the model of cooperation can grow and succeed.

I believe this project is one of the most important initiatives in western Wisconsin: Many good things will come from the research and teaching which will occur here, including improvements in public health, spin-offs of new business, continued efforts to save money in cooperative ventures, not competition. The project has received broad bipartisan support and has enjoyed strong support from the Legislature and the State Building Commission in the past, as the many benefits have contributed to moving forward on this initiative.

I encourage you to support the request of the University of Wisconsin System for \$678,900 in each year of the biennium for funding the ongoing maintenance and operation of this center.




Sincerely,



Brian Rude

What is Family Care?

Family Care is a new program in Wisconsin that makes important changes in the way the county plans and provides long term care services for frail seniors and adults with developmental or physical disabilities. In LaCrosse County, Family Care services are provided by LaCrosse County CMO. Some Family Care goals are to:

-  Make it faster and easier for people to get long-term care services.
-  Plan services in ways that fit the needs and choices of each person.
-  Serve some people who in the past would have been placed on waiting lists for services.

Family Care Independent Advocacy has two advocates available in LaCrosse County. The Advocates receive training and legal back up from the Wisconsin Coalition for Advocacy. An attorney can provide direct assistance, if that is needed.

Persons under age 60
contact Rebecca Price at:

Great Rivers

Independent Living Services
4328 Mormon Coulee Road
LaCrosse, WI 54601
(608) 787-1111

or Toll free
1-888-474-5745

E-mail: rebecca.price@greatrivers.org

Persons over age 60
contact Pam Dalton at:

AgeAdvantage, Inc
1920 Ward Ave. Suite 4
LaCrosse, WI 54601
(608) 787-7784

E-mail: pdalton@centurytel.net



ADVOCATE AVAILABLE
FOR PEOPLE NEEDING
LONG TERM CARE SERVICES



We provide
independent advocacy
to help you and your family
get long term care services
that fit your needs and choices.

Who Can We Help?

Are you unsure whether to enroll in LaCrosse County Care Management Organization (LaCrosse County CMO)?

Are you in a nursing home because services were not available to help you stay in your own home?

Are you getting the services you need or want?

Have you been told you are not eligible for services or must wait for services?

We help people who may be eligible for Family Care services from LaCrosse County CMO, or who are already getting them. *You may be eligible for our services if you:*

Are over age 60 or are an adult with a physical or developmental disability; **and** have a need for long-term care services.



Family Care Independent Advocacy offers independent and confidential assistance. We are here to help you understand the Family Care services being provided by LaCrosse County CMO, and to help you get long term care services that work for you and your family. There is no charge for our help. There are two advocates serving LaCrosse County, one for persons under age 60 and one for persons over age 60.

Persons under age 60 call:

608-787-1111

or toll free:


1-888-474-5745


Persons over age 60 call:


608-787-7784

What Do We Do?

Independent advocacy could mean:

 Meeting with you to talk about what you can do to make long term care programs work better for you.

 Going to a service planning meeting with you, to help you present concerns or to help you work out disagreements between you and other members of the care management team.

 Helping you with a complaint or grievance.

We are not part of state or county government. We are not connected with anyone providing Family Care services. Anything you ask or tell us is confidential. We will not talk to anyone about your concern unless you ask us to. If you have a concern, we try to help you work things out in ways that will not create bad feelings.

I am here today to express opposition to SB55&AB144, specifically Governor McCallum's recommendation to reduce pharmacy Medicaid reimbursement rates from AWP-10% to AWP -15% for the following reasons:

Pharmacists are not responsible for the rising cost of the Wisconsin Medicaid drug program. Prescription drugs are now being advertised heavily to the public on television and print media. Medicaid recipients are requesting these medications. Governor McCallum's recommendation shows no leadership to address the true problem, the increased cost to the pharmacist of prescription drugs. The Governor and DHSS should work with the Pharmacy Society of Wisconsin to limit the high dollar medications available to patients which is called formulary management. The private sector is using this management tool now. Why not raise the MA recipients copay on certain high priced drugs to limit usage?

The current pharmacy dispensing fee has stayed the same for 12 years. Wisconsin's pharmacy reimbursement rate is currently 21st in the nation and if the Governor's plan is implemented we will have the lowest reimbursement rate in the nation. That's right 50th, dead last!! May I remind you that over the last 12 years my personal state income tax figured as a percentage of income has increased 20%. Sales tax, gas tax, property tax and state license fees have all increased while the pharmacist's dispensing fee has remained the same.

I am presently on the faculty of the UW School of Pharmacy as a clinical instructor. I know the costs of training pharmacists and this is one reason why we have a shortage of pharmacists. Mandated pharmacist consultation and drug utilization review by the state Medicaid program have all added to increased pharmacist intervention and have added costs to dispensing a prescription.

If the Governor's reduction is passed in the State budget, I feel many pharmacies will discontinue serving MA patients. 20% of the states pharmacies will close and MA recipients will have difficulty in receiving their medications. The Governor has suggested a mail order program to save money. MA patients will lose face to face contact to properly use their medications. Mail order can take up to 2 weeks to receive and the Governor does not have a plan to serve MA recipients acute care needs. The mail order proposal will take away business from 1,000 Wisconsin pharmacies and the tax revenue they generate. Mail order would come from outside the state and the State of Wisconsin and the Pharmacy Examining Board will have limited ability to regulate an out of state provider.

Also remember that a state senior drug program uses the Wisconsin Medicaid program drug reimbursement formula. This program although needed badly by the residents of the State of Wisconsin will have the same accessibility problems. Please work with the Pharmacy Society of Wisconsin in helping to solve the escalating drug cost problem, which I might add is not the pharmacist's responsibility.

Respectfully submitted,

Randy Miller RPh.
Randy Miller RPh
19984 W. Ridge Av.
Galesville, WI 54630

Pharmacist-25 years
Treasurer Coulee Region Pharmaceutical Association
Member Pharmacy Society of Wisconsin
Clinical Instructor UW School of Pharmacy

Date: April 3, 2001

To: Members of the Wisconsin Joint Finance Committee

From: Tom Rislow, administrator – Bethany Riverside

Subject: Nursing Home Challenges

Good morning/afternoon.

My name is Tom Rislow. I am the administrator of Bethany Riverside, a nursing home located here in La Crosse.

Thank you for coming to our city to hear our concerns.

I have just two to share with you: staffing and funding.

Regarding staffing, all one has to do is pick up a Sunday newspaper here in La Crosse to learn of the challenges facing nursing homes. Facility after facility is pleading for help – some so desperate they offer hiring “sign-on” bonuses.

Our organization spent \$25,000 last year alone on help wanted ads.

Most of the nursing homes in this community have turned away numerous possible admissions – people from this community needing care – because they lack the staff to care for them.

Though we cannot afford it, we have provided wage and benefit increases far beyond the rate of inflation, just to be able to continue to attract and retain staff.

However, 60% of our residents are covered by Medical Assistance.

For each day of their care, Medical Assistance pays us 20% below our costs.

When you combine such poor funding, with what's needed to attract and retain staff, you end up with a financial situation that borders on a crisis.

Our facility lost over \$250,000 last year.

It's projected to lose a lot of money again this year.

We "survive" (if you can call it that) because we belong to an organization that has diversified into many forms of housing, including assisted living, Community Based Residential Facilities, and independent apartments.

**We support Governor McCallum's proposed expansion of the IGT program, and the additional Medicaid funding for nursing homes that would be generated that way

While we wish there was another way to generate funds, we accept and support this as being the best available option to us at this time.

Nursing homes provide a valuable service to their communities. Contrary to popular belief, one of our main focuses for the past few years has been serving as rehab centers, rehabilitating and discharging many people back to the community.

By addressing the funding, this valuable community service can continue to be provided, and also help facilities obtain adequate staffing so as not to have to turn away people needing their care.

Thank you for your time.

M. Jane Jones, RPh

18596 Idaho Rd.

Sparta, WI 54656

Home Phone 608-269-5323 Work Phone 608-786-0210

home email: fishsjj@aol.com work email: wspharm@aol.com

Distinguished members of the Joint Finance Committee, I would like to thank you for allowing me to appear today in order to address Senate Bill 55 and Assembly Bill 144 as it pertains to my profession.

My name is Jane Jones and I am a Registered Pharmacist. I live in Sparta, WI and work for pharmacies in West Salem, Black River Falls and Galesville. I grew up in Southern Wisconsin and attended this University before obtaining my degree in Pharmacy from the University of Wisconsin in Madison. The pharmacies that I work for provide pharmaceutical care to those in the community, along with five skilled care nursing facilities representing over 500 residents and several community based residential facilities.

I appear here today in opposition to Governor Scott McCallum's pharmacy medical reimbursement rate reduction and to comment on the proposed state-based prescription drug benefits provision. The governor's proposals to reduce the Medicaid reimbursement rate and his prescription drug discount plan will have a devastating impact on Wisconsin pharmacies and pharmacists.

My opposition to a reduction in the Medicaid reimbursement rate is simple. Small rural pharmacies serving local skilled nursing care centers and other residential facilities have a very high proportion of Medicaid recipients. Along with the regular community based Medicaid patients, some of these pharmacies business consists of 30 to 50% Medicaid. The proposed change reduces pharmacy reimbursement by \$30 million statewide and results in a 40% reduction to a pharmacy's gross margin. Wisconsin would rank dead last in Pharmacy Medicaid reimbursement nationwide. This would put many pharmacies out of business! What are the health care centers going to do when the majority of their residents are Medicaid and don't have pharmaceutical service because pharmacies either can't afford to provide it or they have gone out of business?

Pharmacists are not the cause of the escalation of the Medical Assistance Drug Budget, in fact; pharmacy reimbursement has not increased in over twelve years! The increase in the cost of medication comes from drug companies who have literally no cost controls placed on what they charge. Believe me, it is no fun to be on the "front lines" and have to tell your patients that their prescriptions have gone up in price, again! Please note that pharmacies don't benefit financially with the increasing costs of prescriptions. We receive a fee for providing the medication and consultation, therefore, as the cost of medication goes up, our gross margin goes down! You can imagine the impact that this has had on pharmacies over the past decade. The private sector of insurance companies

have implemented mandatory formularies, variable copays for brands and generic use as well as trials of less costly older medications before paying for the expensive "I saw it advertised on TV" drug that many physicians prescribed for their patients. Perhaps by having tighter controls on drug use and prescribing, as well as making the recipient more responsible financially, would help.

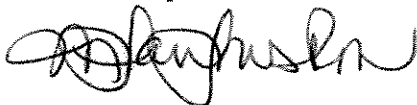
I support comprehensive Medicare reforms that bring about the inclusion of prescription drugs as a covered benefit. Until this becomes a reality, I support the establishment of a state-based prescription drug program for Wisconsin's low-income senior citizens. Such a program will help to ensure that low-income seniors will have the ability to purchase valuable, often life-saving, medicines.

I oppose and recommend the elimination of the Governor's proposal to create a prescription drug benefit for any Wisconsin resident regardless of age or income and the bulk purchase and mail order delivery of prescriptions without the appropriate pharmaceutical care that only face-to-face contact with a pharmacist can provide. We are now at an all time high in the drug misadventures that people find themselves in at emergency rooms across the country. Wisconsin does not need to contribute to this via the Medicaid program.

Pharmacists are the most accessible health care providers. We take a great deal of pride in the quality of care that we provide to our patients. Wisconsin should not adopt programs that impose price controls on retail community pharmacies. Community pharmacies operate in an extremely competitive marketplace, resulting in very low profit margins. State-administered price controls will only distort this competitive marketplace. Instead, marketplace competition should dictate the retail price for medication. Pharmacy has been making real strides in pharmaceutical care in recent year. Studies have documented the effectiveness of therapy management programs in helping to assure the safe, effective and cost-conscious use of medications. Please help us continue to provide this level of care to the Medicaid Patients we serve by maintaining a viable Medicaid Fee.

Thank You,

Sincerely,

A handwritten signature in cursive script, appearing to read "M Jane Jones".

M Jane Jones, RPh.

TO: State Senator Brian Berke
Co-Chair
Joint Committee on Finance

State Representative John Gard
Co-Chair
Joint Committee on Finance

Members of Joint Finance Committee

Thank you for the opportunity to appear before your committee today to provide comment on the Governors budget as it affects the diverse needs of the people we serve.

The Trempealeau County Health Care Center is in part one of three County IMD nursing homes in the State of Wisconsin (the other two are Milwaukee and Sheboygan). We serve mentally ill from 56 plus of Wisconsin's Counties. In one portion of our facility we rely on State/County Community aids funding as mentally ill between the ages of 22 and 64 are not eligible for Medicaid. In this unit we are looked upon as a primary treatment facility for those mentally ill statewide requiring a high intensity of service. The individuals served are those who have exhausted every other treatment avenue. To this end, psythotropic medications are part of the therapeutic milieu that is required if we are to assist individuals in their recovery process and to assist them to leave the facility. The Department of Health and Family services recognized this and proposed to the Department of Administration:

- An increase from \$2.14/day to \$6.00/day for MA card carrying costs for individuals within the States three IMD's for an additional cost of \$203,000 for the State's three county IMD's. [Note: Since the IMD's were named in 1988, there has been no adjustment in the card carrying cost, which in addition to medications includes an IMD clients vision care, laboratory, dental and the like. Our total card carrying costs in 1988 were \$5.15/day, while today our medication costs alone are \$25.00/day.]
- The Governor did not include the department's request in his budget. I respectfully request that the Senate Health Committee find a way for the medications to be included in the budget.

In the Medicaid covered portion of our specialty long term care facility, our Medicaid covered IMD and our facility for the developmentally disabled, our Medicaid rates have actually decreased. These two units serve the individuals not served by the traditional nursing home or facilities for the developmentally disabled. We expect more and more from our staff while simultaneously looking to reduce staffing ratios and /or freeze staff salaries resultant in a multitude of negative implications.

The same holds true at our Pigeon Falls geriatric services facility where our rates at the skilled nursing level of care have gone down each year over the past two years. These rate declines have nearly depleted our cash reserves. This is the worst fiscal situation that I have seen our operations or for that matter, in talking with my peers, the worst situation I have seen the nursing homes in in years. Fortunately, there is the element of hope as the Wisconsin Counties in partnership with the State/Dept. of Administration via the Governors budget have included Intergovernmental Transfer funds as a means to assist the nursing homes. It is imperative that the Governors recommendation and this funding mechanism receive your support, and I conclude my comments beseeching your support of the IGT program as put forth.

Thank you for the opportunity to comment.

Phillip J. Borreson, Ex. Dir.
Trempealeau Co. Health Care Ctr.
Whitehall, Wisconsin 54773
(715) 538-4312 Ext. 210

Kendra-Sue Rohde
Retired & Senior Volunteer Program
1509 Tower Ave, P.O. Box 594
Superior, WI
715-394-4425

Please favorably consider the budget amendment that will be introduced in April by Rep. Shibuski that will request an increase for State Supplemental Funding for the Retired & Senior Volunteer Program.

More & more services are being picked up by local agencies & non profits. The agencies are not receiving additional funding to meet these needs. ^{RSVP}Volunteers have been & will continue to meet community need by providing volunteered services to their communities.

RSVP volunteers serve the elderly, children, disabled and families in need. Last year 17 projects serving 29 counties employed 11,697 RSVP volunteers for 1,271,314 hours of service in 1,581 volunteer stations. Dollar value of service generated \$18,853,586 worth of service to WI communities.

In Superior / Douglas County over 250 RSVP volunteers provided 28,369 hours of service in 51 community agencies. With additional funding our local project would be able to expand senior programming in the areas of Health & Safety, Driver Escort & Elder peer support - please see handouts. We will also expand our school tutoring program and other intergenerational literacy programming.

Thank you for your time and consideration. If you have any questions pertaining to the handouts or this note please call.

Kendra-Sue Rohde
715-394-4425



Kendra-Sue Rohde
Director
Retired & Senior Volunteer Program
Catholic Community Services-Volunteer Center



1509 Tower Avenue, PO Box 594
Superior, WI 54880
Phone (715) 394-4425
Fax (715) 394-9724
Toll Free 1-888-783-2397

2000 Fact Sheet
Retired and Senior Volunteer Program - Superior / Douglas County
1509 Tower Avenue, P.O. Box 594
Superior, WI 54880
Phone: 715-394-4425
Fax: 715-394-9724
E-mail: rsvpdoug@presenter.com

The mission of the Douglas County RSVP is to create opportunities for person age 55 and older to help meet community need by volunteering their time, talents and experience to serve others.

2000 Budget

Federal Government (through the Corporation for National Service)	\$48,629
State Government (through the Wisconsin Bureau on Aging /LTC Resources)	\$20,124
County Government (through the Douglas County Board / Commission on Aging)	\$ 3,200
Local (including in-kind)	\$12,300
Total	\$84,253

Background

- RSVP started nationally in 1971 and is celebrating 30 years of volunteer service this year.
- Sponsored locally by Catholic Charities Bureau, Inc. for 28 years.
- Part of the National Senior Service Corps administered federally by the Corporation for National Service.

New Initiatives Possible with Increased Funding

- * Work with Dove Home Health Care, Aging Resource Center, and Douglas County Health and Human Services to implement an Elder Peer Support Program to provide companionship, information and support to isolated elderly and frail elderly in Douglas County.
- * Work with the Benefit Specialists office at the Aging Resource Center to implement a Senior Home Repair Program which will provide seniors the opportunity to get small repairs done on their home for little or no expense. Seniors would be able to maintain their homes in good repair and will be living in a safer environment.
- * Work with Dove Home Health Care, St Mary's Hospital, UW- Superior and the Aging Resource Center to implement a Healthy Life Styles Program aimed Seniors. The first project would be a fall prevention campaign teaching seniors how to increase muscle tone and flexibility to prevent falls. Included would also be home safety checks with repairs being completed by the Home Repair Program.
- * Work with the Aging Resource Center to recruit and sustain a group of volunteer drivers for the Driver Escort Program providing transportation to the elderly in our community.
- * Work with rural Douglas County and Superior Schools to sustain and increase the volunteer tutoring program that works with children in grades K-3 to improve the reading level of these children.
- * Work with the literacy council, UW-Extension Home and Community Education and Head Start to encourage reading through First Book project.
- * Work with public library, literacy council and local book store on new and gently used book drive for needy children in the county to promote reading.

RETIRED AND SENIOR VOLUNTEER PROGRAM

Request for Increase in State Supplemental Funding

Current Status of Wisconsin RSVP projects (October 2000)

Number of Projects:	17 serving 29 counties
Funding Sources	
Corporation for National Service (Federal)	\$1,019,169
WI Department of Health and Family Service	502,654
Other (Includes local funding, grants and in-kind)	816,085
Total	\$2,337,908

RSVP needs increased financial support from the state to:

- Maintain volunteer services, especially in rural areas
- Expand projects into additional counties
- Respond to increased requests from nonprofit and public agencies

Additional state funding would generate an increase in numbers of volunteers who would mentor at-risk youth, tutor students who are struggling in reading, math and other areas, provide kindergarten readiness, support single parent and minority families, help in after-school programs and Headstart. In addition volunteers will assist other seniors in care facilities, in crime and consumer prevention, transportation and other needed services. Volunteers serve all ages.

REQUEST

Current Projects: \$15,000 per county annually	\$435,000
Expansion: Current projects into contiguous counties (Long range goal of expansion into all counties) 5 counties added at a cost of \$20,000 annually	\$100,000
Expansion: Add one new project in un served, Non-contiguous county at a cost of \$40,000 annually	\$ 40,000
Total Annual Request	\$575,000

Currently, there are:

17 projects serving 29 counties	11,697 RSVP volunteers
	1,271,314 Hours of Service
	1,581 Volunteer Stations

The value of volunteer service is reported by the National Independent Sector to be \$14.83 an hour
RSVP volunteers in Wisconsin generated \$18,853,586 worth of service to their communities in 1999



Testimony of Gary L. Bryant, MD, FACP before the Joint Finance Committee of the Wisconsin Legislature at its meeting in La Crosse, April 3, 2001

Topic: Removal of language regarding bans on HMO management contracts

Thank you for the opportunity to address the Joint Finance Committee today. I appreciate the committee taking time to hold hearings across the state in order for more citizens to provide input.

I am a physician who has practiced in La Crosse since 1983 at Gundersen Lutheran, an integrated health system. I am President and Medical Director of the Gundersen Lutheran Health Plan, a subsidiary not-for-profit HMO owned by Gundersen Lutheran, Inc. We are committed to minimizing administrative expenses in order that the vast majority of health insurance premium dollars go toward covering health care costs for our members and patients. The proposed language banning HMOs from entering management contracts would hinder ours and other HMOs across Wisconsin's ability to honor this commitment.

I strongly urge you to remove the language banning HMOs from entering into management contracts because this is a controversial non-fiscal policy item.

The ban on management contracts would make a potentially significant change to current law by restricting or eliminating an HMO's ability to contract with a separate entity to carry out administrative and management functions on behalf of the HMO. This language is not good for health plans, their employer client groups, or individual Wisconsin citizens. In consideration of this I bring to your attention the following points:

- Health Plans enter into management contracts to make the most efficient use of health care dollars. HMO's administrative costs are consistently lower than those of indemnity insurers, with Wisconsin HMOs consistently below the national average. At a time of rapidly escalating health care costs, the State should not discourage practices which enhance administrative efficiencies.
- Despite all of the rhetoric and concerns about HMOs allegedly "interfering" with medical decisions, the language in the Budget Bill could prohibit HMOs from contracting with medical professionals to oversee patient care issues. Policymakers have consistently and clearly stated that medical decisions should be made by medical professionals, and Wisconsin HMOs believe this as well. Enactment of the Budget language could directly contradict this principle.
- The proponent of this language argues that current law must be changed because it allows HMOs to avoid making important financial disclosures to the Office of the Commissioner of Insurance. This is false. HMOs with management agreements must disclose the same financial performance information as other HMOs. All HMOs must publicly report administrative costs, claims costs and utilization statistics on a quarterly basis.
- The Office of the Commissioner of Insurance (OCI) has the authority under current law to disapprove any contracts that delegate management authority. OCI can and does request changes if there are regulatory concerns about contract provisions. The only HMO management contracts that currently exist do so because they have been reviewed and approved by the OCI.

As an example, the Gundersen Lutheran Health Plan relies on services provided under a contract with Gundersen Lutheran, Inc. for administrative and management services. By doing so, the Plan lowers its administrative costs by avoiding duplication of certain services and relying on economies of scale. This

arrangement benefits our members and employer groups through coordination of care and services as well as economically. To eliminate this opportunity to save medical administrative costs would be a detriment to all.

Thank you for your consideration.

Gary L. Bryant, MD, FACP
President
Gundersen Lutheran Health Plan

Thomas H. Taylor
Vice President & General Counsel
Gundersen Lutheran Health System
1836 South Avenue
LaCrosse, Wisconsin 54601

COMMENTS TO JOINT FINANCE COMMITTEE

Senator Burke, Representative Gard, distinguished members of the Joint Finance Committee. My name is Thomas Taylor, Vice President and General Counsel of Gundersen Lutheran and its affiliates here in La Crosse, including Gundersen Clinic and Gundersen Lutheran Medical Center. Gundersen Lutheran and its affiliates are the largest employer in Western Wisconsin, employing more than 4,800 employees. Our organization has been providing acute inpatient and outpatient care in the Coulee Region for more than 100 years, dating back to 1891.

Under the leadership of our former Governor, now Secretary of Health & Human Services, Tommy Thompson, Wisconsin prided itself on using an "education first" concept to assure compliance with laws and regulations. Nowhere is that more evident than the laws enforced by Wisconsin's Department of Regulation & Licensing and Department of Commerce. If education failed to work, the state reserved the right to proceed with enforcement actions as appropriate. With few exceptions, however, our state has avoided using a "hammer" approach.

I am appearing before today to express concerns about a major policy issue in the Governor's budget that we not only oppose, but also believe should be considered outside of the budget process. The fiscal effect for these provisions is nominal (\$62,000).

Specifically, Gundersen Lutheran Health System respectfully requests that all items in the budget that originated as LRB draft # 0193/3, which the Department of Health and Family Services characterizes as the "fraud and abuse" provisions, be removed from the budget. The key problem with DHFS' proposal is that it essentially would deny due process to health care providers even when they have not engaged in alleged fraud and abuse.

Key DHFS proposals that we oppose include:

- Eliminating the right to a fair hearing before DHFS recovers money that DHFS claims is erroneously or improperly paid. Health care providers would have only the opportunity to "present information and argument to department staff" before DHFS would recoup the money in controversy.

- Authorizing DHFS to suspend a provider's participation in the Medical Assistance Program before the provider has the opportunity for a hearing.
- Authorizing DHFS to limit the number of Medicaid providers, meaning DHFS may refuse to allow a provider to participate in the Medicaid program for no reason other than that there is already some undefined number of providers.
- The irony of this provision, from our perspective, is that in some specialties such as dental care there is an acute shortage of providers who are willing to care for Medical Assistance patients at the highly discounted reimbursement rates paid by the state.
- Authorizing DHFS to limit the staff and resources a provider can utilize if DHFS determines that the *potential* for fraud and abuse exists if additional staff or resources are used.
- Requiring surety bonds from a provider if DHFS determines that *other* providers of those services have violated Medicaid requirements in the past. In essence, DHFS wants to have the ability to require costly surety bonds from all providers if it finds one bad apple.
- Authorizing DHFS, in addition to recoveries and other sanctions that may be available, to charge a fee if DHFS determines that a provider has failed to follow similar billing procedures or program requirements. The fee would be at least \$1,000 and up to two times the amount of the violation.
- Expanding liability for repayment of erroneous or overpayments to entities that may have no responsibility for a provider's past conduct or practices with a different organization.

Gundersen Lutheran is proud to say that we have never been the subject of a newspaper headline, accusing our organization or any of our medical and other staff of health care fraud. Further, we support the efforts by the administration and the Department of Justice to eradicate fraud and abuse where it truly exists. That being said, we view the proposal in the Governor's budget on health care fraud and abuse as heavy-handed. At a minimum, any physician, nurse anesthetist, nurse midwife, hospital, clinic or other provider that participates in Medical Assistance should be given due process before the state engages in highly punitive actions such as suspending or revoking a provider number, recouping payments, or imposing any other sanctions. Further, these provisions should be subject to a full and open debate outside of the budget process. When the Governor proposed these and similar provisions in the budget last session, the Joint Finance Committee removed them as policy items. We respectfully request that you do so again.

Thank you for your consideration of this request.

Testimony before the Joint Committee on Finance
Submitted by Franciscan Skemp Healthcare
April 3, 2001

My name is Joan Mueller and I am testifying on behalf of Franciscan Skemp Healthcare, part of Mayo Health System. Our organization has a long history of service in this community. Nearly 125 years ago, the Franciscan Sisters of Perpetual Adoration established the first hospital in western Wisconsin in La Crosse. Today, in addition to its services in La Crosse, Franciscan Skemp operates clinics, hospitals and nursing homes in seven other Wisconsin communities including Sparta and Arcadia.

As a major provider in this region, Franciscan Skemp would like to comment on 4 aspects of the Governor's proposed budget. First, we support reimbursement increases for hospital outpatient services. Last year, Franciscan Skemp in La Crosse provided 5,300 Medicaid hospital outpatient visits. For those services, we receive 55 cents for every dollar of care. The proposed budget would increase our reimbursement from 55 to 94 cents on the dollar.

Second, we support reimbursement increases for physician visits. In 2000, Franciscan Skemp as a system provided 41,600 Medicaid physician visits. Today, Franciscan Skemp receives 30 cents for every dollar of care provided and would support the proposed 5% increase in reimbursement. This increase will offset the cost of clinic operations such as utilities, supplies and salaries for allied health staff.

We understand that funding for these increases in Medicaid reimbursement would come from Intergovernmental Transfer funds and that this program is being phased out over the next few years. We urge Wisconsin to explore long-term solutions for Medicaid reimbursement because the current shortfalls in government payments result in higher fees for employer-financed health plans and self-pay patients.

Third, demand for healthcare services will increase as the population ages. Like a growing number of healthcare organizations, Franciscan Skemp is concerned about the projected shortages in healthcare professionals. Improved reimbursement from government payors will have a direct impact on our ability to pay competitive salaries and provide ongoing education opportunities needed to attract and to retain qualified staff. Franciscan Skemp along with Gundersen Lutheran, UW-L, Viterbo and WWTC has anticipated this shortage in health professionals and created the Health Science Consortium. We encourage this committee to reconsider its funding for the Health Science Building that will train future healthcare professionals to serve patients in Wisconsin.

Our fourth and final comment is to encourage this committee to review the proposed changes to Badgercare. We realize that concerns about "crowd-out" have led to proposing a delay in eligibility from 3-months to 6-months, but are concerned that the exceptions to the waiting period will no longer apply. Persons in the La Crosse and Sparta area without insurance or eligibility for state or federal assistance do have an option in the St. Clare Health Mission – a free medical clinic. However, many residents across the state do not have such an option. We encourage the committee to consider whether these changes will limit access and have a negative impact on individuals with chronic conditions such as diabetes and asthma.

Joint Finance Committee Testimony
Wisconsin AHEC System

- I. Greeting
"Good morning members of the Committee. Welcome to Western Wisconsin and thank you for the opportunity to speak today."
- II. I am here today to speak in favor of an increase in funding for the Wisconsin AHEC System.
- III. What Is AHEC and What Does It Do?
 - A. Wisconsin Area Health Education Center System, or AHEC, aims to improve the distribution, supply, quality, utilization and efficiency of health personnel in rural and underserved communities.
 - B. AHEC is administered through the UW Medical School. The work of AHEC is done through four regional, community-based organizations.
 - C. Local AHEC's act to join together the resources of the UW Medical School with communities that have a health related need.
- IV. How Has AHEC Impacted Our Community and Organization?
 - A. AHEC has brought health professional student training to our community.
 - B. They have provided funding for equipment in our dental department to assist in patient care.
 - C. They have provided assistance for our rural health providers who need continuing education that is necessary to provide quality care to our rural populations.
- V. What activities do you need AHEC for in the future? How would a loss of funding impact these plans?
 - A. Our health centers have been experiencing difficulty in recruiting and retaining health and dental providers. We currently have the need for more dentists and family practice physicians. In our health centers alone we have a waiting list of approximately 500 patients needing dental care at an affordable price. Many clinicians find it difficult coming to the rural locations for the reason that the interaction and consultation with other providers is more limited than in urban centers. The need is high for them to receive continuing education to keep informed on current procedures, etc. We are hopeful for funding for meeting the needs of our rural clinicians regarding continuing education. Without some increase in funding, regional AHEC centers will have to cut programs and services and maybe even close.
 - B. Wisconsin AHEC System is requesting total state funding of \$1.5 million per year to maintain current programs and services.
- VI. I feel there is a need for an increase in funding for the Wisconsin AHEC System.
- VII. I would like to thank the committee for your attention to the health-related needs of rural and underserved areas.

Thank you for coming to La Crosse. It is much easier for us to access our government with you here today.

My name is Lori Furlano, program coordinator for Healthy Families at the Family and Children's Center here in La Crosse.

I urge you to expand funding for home visitation. I appreciate that this is not a new issue. Last year the Joint finance Committee approved AB731 by a vote of 14-2 in favor of Pochan – Prevention of Child Abuse and Neglect.

I would like to thank you for your support and especially Representative Mike Huebsch for his leadership role in bringing this issue to your attention. Those grants have certainly made a difference in the counties that received funding – but more – much more -- is needed.

I urge you to re-support the expansion of Pochan so that many more counties and tribes will benefit.

I know first-hand how effective home visiting can be with families who are overwhelmed and lack social support. Our Healthy Families program in La Crosse County began 8 years ago and we have served 384 “high risk” families during that time.

Normally, we would expect the abuse and neglect rate among these families to be 9 to 14 percent – that would be 35 to 54 families who would end up “in the system.”

With our services, however, only 3 families have had substantiated CPS (child protective services) reports – which is less than 1 percent. That’s a success rate of 99 percent. This success rate is only part of the story.

- All of the children in our program are immunized – while only 70% of 2-year-olds in the county are up-to-date with immunizations.
- We identify children who experience developmental delays so they can begin services early.
- Teen mothers complete high school and get additional education and training.
- Young mothers delay their second births.

Because of these outcomes, there are significant savings with home visiting --
fewer child abuse investigations
less police intervention
fewer medical appointments
less reliance on cash assistance
and ultimately, fewer out-of-home placements.

However, with services that are county administered and state supervised, the savings occur in different budgets (human services, law enforcement, social service, health, and corrections) over different periods of time.

No one entity is willing to step up and provide the funding this program needs to serve every at-risk family.

Working with "high risk" families is complicated even more by alcohol and drug abuse, depression, anger, violence and isolation. If I were to diagram the family trees of these families, you would clearly see the cycle of abuse in generation after generation of adults and children who have been "in the system." In essence, children are not valued. Our challenge is to stop the cycle.

The State has a rare opportunity to make a long lasting contribution to break the cycle of abuse that plagues families. By funding the expansion of home visiting programs, you insure the health and well-being of our greatest resource, our children.



AREA
HEALTH
EDUCATION
CENTER
SYSTEM

Southwest Wisconsin Area Health Education Center

Annual Report 2000

*IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF
RESOURCES BETWEEN
COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL
INSTITUTIONS*

SOUTHWEST WISCONSIN AREA HEALTH EDUCATION CENTER, INC.

Joel E. Davidson, Executive Director
1300 University Ave. Rm. 212 Bradley
Madison, WI 53706
(608) 265-0637 / (608) 265-0639 (fax)

Jennifer Morgan
(608) 265-9510

Cheri Leachman
608-357-2144

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*IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN
COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS*

SOUTHWEST WISCONSIN AREA HEALTH EDUCATION CENTER, INC.

February 22, 2001

Dear Friends of Southwest Wisconsin AHEC:


The 1999-2000 program year further built on the community-based and academic partnerships that have been the hallmark of our first five years of existence. Working with communities and academic partners from the far northwest part of region to the northeast and southern parts, Southwest Wisconsin AHEC(SWAHEC), is increasingly seen as an innovative facilitator of projects and programs committed to increasing access to healthcare services and to new technologies, and as a strong supporter of faculty mentors, students, and local community health care professionals.


SWAHEC supported initiatives in many areas that cover some of the most important healthcare issues in Wisconsin today: dental health care projects in La Crosse and at Scenic Bluffs Community Health Center will support training of dental hygienists and enable the delivery of dental services to the underserved, and the writing of a grant to develop a dental residency program; support of Rural Training Track residency programs that extend training in rural areas for family practice residents and give them intensive exposure to the opportunities and challenges of rural practice; an agricultural health and safety project that involves three central Wisconsin counties' public health departments and their local community hospitals in understanding the health care needs of farm families and developing interventions to better deliver services, and expanding computer technology and training to rural health care sites to help them use Web-based information for the benefit of their patients and to become better training sites for health professions students.

We can confidently say that SWAHEC is making a positive impact. Examples of these impacts are included in this report. During the next year, we will build on some of these initiatives and develop new ones. Already we know that critical healthcare workforce issues face Wisconsin and have begun developing statewide partnerships and projects to start informing middle-and- high school students, their parents, and others about the career opportunities in health care.

We are eagerly looking forward to the coming year's projects and working with partners throughout our region to expand access to healthcare, enhance technology, and provide innovative learning and training experiences for health professions students, faculty, and local community practitioners. We wish to thank our partners for their commitment to our rural and underserved communities and for supporting students who are the core of tomorrow's providers in these areas.

With sincere appreciation,


Joel Davidson
Executive Director


Patricia A. Lasky, R.N., Ph.D.
President, Board of Directors

*IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN
COMMUNITIES AND EDUCATIONAL INSTITUTIONS*

SOUTHWEST WISCONSIN AREA HEALTH EDUCATION CENTER, INC.

National Area Health Education Center Program

The long range plan of the National Area Health Education Center (AHEC) Program is to improve the distribution, supply, quality, utilization and efficiency of health personnel in the health services delivery system, by encouraging the regionalization and decentralization of health professions schools. The AHEC program encourages this goal by linking the academic resources of the health science center or school with local planning, educational and clinical resources. Through the establishment of these networks or partnerships, AHEC can ultimately improve the delivery of health care to rural and urban underserved communities.

Southwest Wisconsin Area Health Center, Inc.

Mission Statement

The Southwest Wisconsin Area Health Education Center is a community-based organization that seeks to improve access to health care in Wisconsin, with an emphasis on the needs of communities in underserved areas in the Southwest, through the exchange of resources between communities and educational institutions.

Vision

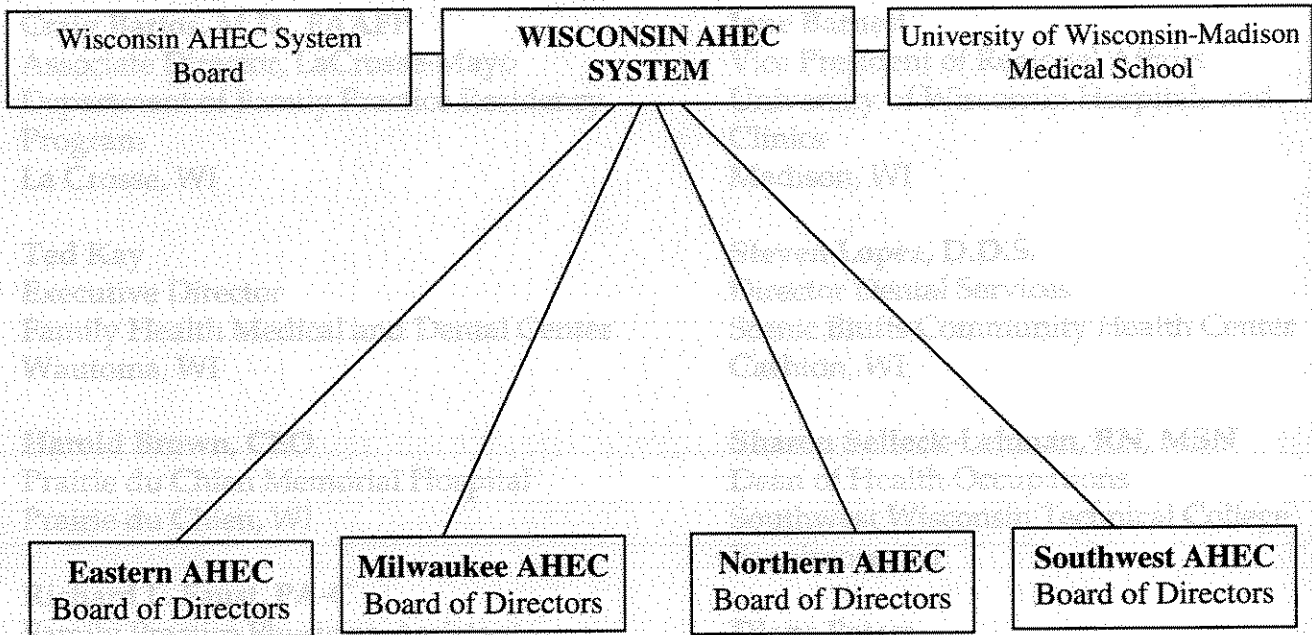
Southwest AHEC values its ability to effectively facilitate the exchange of resources between communities and educational institutions, thereby establishing new and enduring forums for community-based solutions for improved access to health care. Southwest Wisconsin Area Health Education Center improves access to health care through:

- Assessing and defining barriers to access to care
- Informing, facilitating and convening groups and individuals around access to care barriers
- Organizing and brokering resources to improve access to care

*IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN
COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS*

SOUTHWEST WISCONSIN AREA HEALTH EDUCATION CENTER, INC.

Organization of the Wisconsin AHEC System



IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS

SOUTHWEST WISCONSIN AREA HEALTH EDUCATION CENTER, INC.

Program Office Staff

Joel Davidson, M.B.A., M.P.A

Executive Director

Joel assumed leadership of SWAHEC in October of 1999. He holds a Masters of Business, Health Services Administration, from the University of Wisconsin in Madison, and a Masters of Public Administration from the University of Maine. While at UW-Madison, he received a first-ever fellowship awarded by Abbott Labs to students pursuing health care management advanced degrees. Immediately prior to joining SWAHEC, he was the manager of Physician Compensation and HMO Reimbursement for the University of Wisconsin Medical Foundation. He also has many years of experience working with the UW Department of Family Medicine, first as the Clinic Manager of Northeast Family Medical Center in Madison, and as the department's special projects analyst. He also has served as an Executive Budget and Policy Analyst in the State Budget Office, working with economic assistance, developmental disabilities, and mental health issues. His goals for SWAHEC are: expanding educational opportunities in rural and underserved areas for medical residents and medical students, and students in other health care degree programs; working with others to expose high school students to health career opportunities; working with local communities to understand their health care needs and linking them with appropriate resources to meet those needs; expanding Internet access to local health care sites providing training opportunities for health career students, and developing cooperative projects with the Wisconsin Division of Public Health.

Jennifer Morgan, M.S.

Education Coordinator

Ms. Morgan began her position with SWAHEC in 1996. Since that time she has assisted various collaborative groups with strategic planning, work development, and evaluation. She has taken on responsibility for generation and monitoring of project subcontracts, as well as documentation and reporting of project outcomes. She has directly assisted project partners with development of project objectives and documentation of results. This past year, she has been particularly involved in the Wisconsin Express experience for health professions students, programming for Partners in Agricultural Health, programming for Access to Health Information workshops, and Wisc-Trek. Aspects of her role at SWAHEC that she especially enjoys are helping project partners, staff, and board members articulate impacts their efforts have made on residents of Wisconsin.

Cheri Leachman

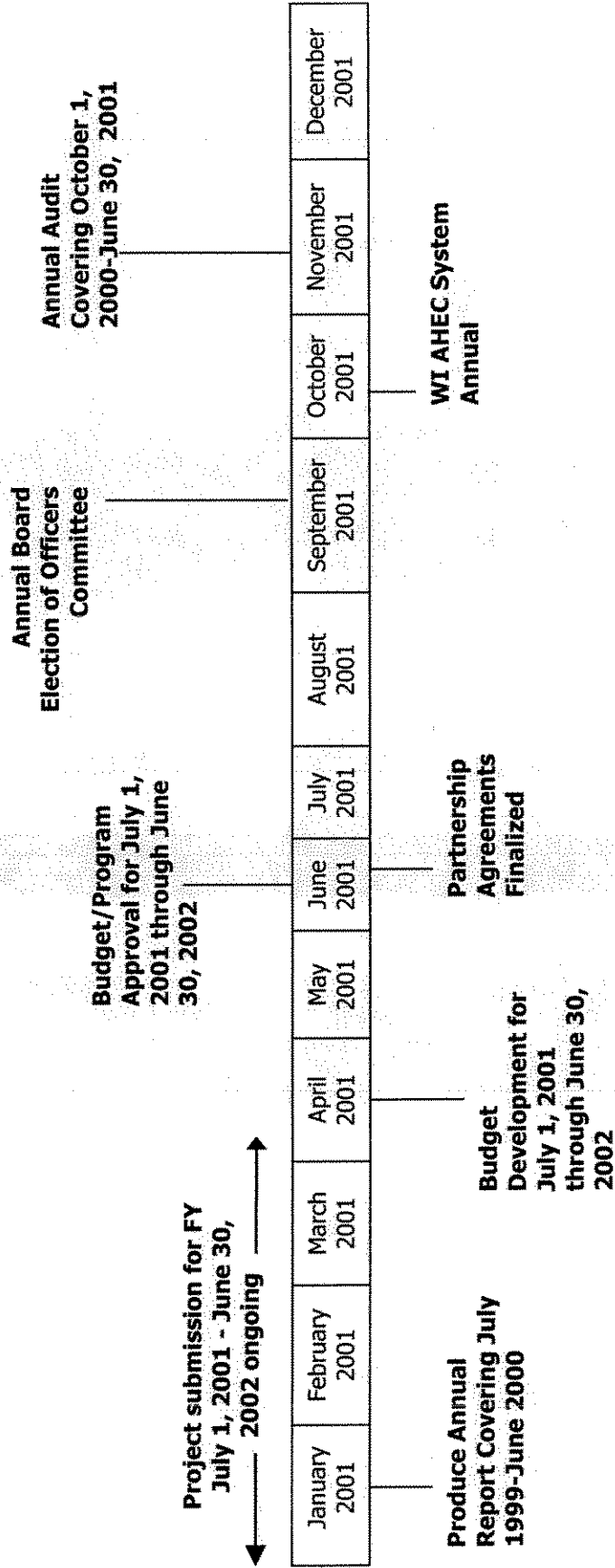
Community Education Coordinator

Cheri Leachman has been a member of the SWAHEC team since April of 2000 as Community Education Coordinator. Her focus has been educating students of all ages on career opportunities in the health field. She has held a similar position at Prairie du Chien Memorial Hospital for four years. Cheri is a Long Term Care Facility Administrator, licensed by the State of Iowa. She holds a Bachelor of Science Degree in Workforce Education and Development from Southern Illinois University with an emphasis on recruitment and curriculum design. She has an Associate's Degree in Human Resources, as well as an Associate's Degree in Personnel Development both obtained while on Active Duty in the United States Air Force. Cheri teaches a variety programs at a local Community College that focus on self-improvement, communication skills, and job seeking activities. Her previous experience includes over twenty-five years in the Air Force as a Certified Trainer in the field of Process Improvement and Quality Management, a member of the Inspector General Team, and Recruiting Manager. She is an active member of local mentorship programs, cross-generation focused activities and many civic groups.

*IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN
COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS*

Timeline

Southwest Wisconsin AHEC January 2001 - December 2001



IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS

SOUTHWEST WISCONSIN AREA HEALTH EDUCATION CENTER, INC.

EXAMPLES OF WAYS COMMUNITIES IN SOUTHWEST WISCONSIN HAVE BEEN AFFECTED BY SW AHEC PROGRAMS

SW AHEC connects community physicians and primary care providers with technology.

- Thirty-one community-based sites are now connected to the internet and other library resources as a result of Southwest AHEC support, technical assistance and training.
- The family medicine rural training track residency programs and other health care professionals in Mauston, Black River Falls, and Prairie du Chien are now all able to access educational programs at the La Crosse-Mayo Family Practice Residency Program via interactive video.
- The Baraboo family medicine rural training track residency program is now able to offer distance education to residents while they are training in the community.

SW AHEC facilitates access to continuing education for community health care professionals.

- Practicing health care providers and others in Sauk, Juneau, and Adams counties received continuing education on health care issues specific to the farming population.
- During the 1999-2000 programmatic year, continuing education was provided to almost 600 practicing health care professionals.
- Health care professionals and consumers throughout Southwest Wisconsin can search for health information on the internet more efficiently and accurately after attending internet searching workshops provided by SW AHEC and its partners.

SW AHEC promotes assessment of the economic impact of the health care industry in local communities as a tool for community development.

- Residents, health care providers, and government officials in Grant and Sauk counties now know the extent of the economic impact of the health care sector on their local economies. This knowledge can be used to promote access to primary care by mobilizing community recruitment and retention efforts.

SW AHEC assists communities in "growing their own" health care providers.

- Over 65 undergraduates volunteering at the South Madison Community Health Center received training and education in health careers. Many of these individuals reported having a stronger commitment to health care professions as well as a stronger interest in service to those without access to health care.
- Teachers, Guidance Counselors, and others in every high school and middle school in the Southwest region now have ready access to information on health careers, including academic programs in Wisconsin that offer degrees in health professions, salary surveys, working conditions, among other useful information, after receiving the WI AHEC Health Careers Manual.

IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS

SOUTHWEST WISCONSIN AREA HEALTH EDUCATION CENTER, INC.

EXAMPLES OF WAYS COMMUNITIES IN SOUTHWEST WISCONSIN HAVE BEEN AFFECTED BY SW AHEC PROGRAMS

SW AHEC helps to implement the results of community needs assessments.

- Scenic Bluffs Community Health Center is now providing services at its Norwalk Clinic.
- The Beloit Community Health Center is now providing services to patients where none were available before.

SW AHEC brings together community needs and resources with interests of students and faculty.

- Faculty and staff at Viterbo School of Nursing, the Salvation Army, and La Crosse County Health Department designed plans for student training and health care service delivery to homeless individuals at the Salvation Army homeless shelter.
- Homeless adolescents at the Briar Patch shelter in Madison received acute care and referral services on reproductive health care, mental health, dental, and alcohol and other drugs from University of Wisconsin medical students.
- Health professions and students in Lafayette county now have a better understanding of the health care needs of the farming community, after having completed on-site, in-depths interviews with farmers.

SW AHEC impacts the recruitment of health care professionals to communities in the Southwest AHEC region.

- Scenic Bluffs Community Health Center in Cashton recruited a dentist for the Cashton Clinic.
- Family Health Medical and Dental Center recruited a dentist for its dental clinic.
- SW AHEC supported recruitment of a dentist at the Three Rivers Dental Clinic in La Crosse.
- Beloit Area Community Health Center recruited 2 physicians and a nurse practitioner to the clinic.
- Medical Associates in Baraboo was able to recruit two, full-time, family medicine residents for the rural training track and a family practice physician who had the goal of teaching residents.

SW AHEC affects the development of projects for community-based, rural and alternative training for family medicine residents.

- Two residents spent time at Family Health Medical and Dental Center in Wautoma as part of an alternate 6-week, rural rotation for University of Wisconsin family medicine residents.
- Medical Associates in Baraboo, Mile Bluff Medical Center in Mauston, Gunderson Farrell Clinic in Prairie du Chien, and Krohn Clinic in Black River Falls have now become full-time rural training track sites for family medicine residents.
- Southwest AHEC enhanced the rural training of residents in Richland Center and Monroe through computer and library resources and through the development of financial infrastructure to support the training.

IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS

SOUTHWEST WISCONSIN AREA HEALTH EDUCATION CENTER, INC.

EXAMPLES OF WAYS COMMUNITIES IN SOUTHWEST WISCONSIN HAVE BEEN AFFECTED BY SW AHEC PROGRAMS

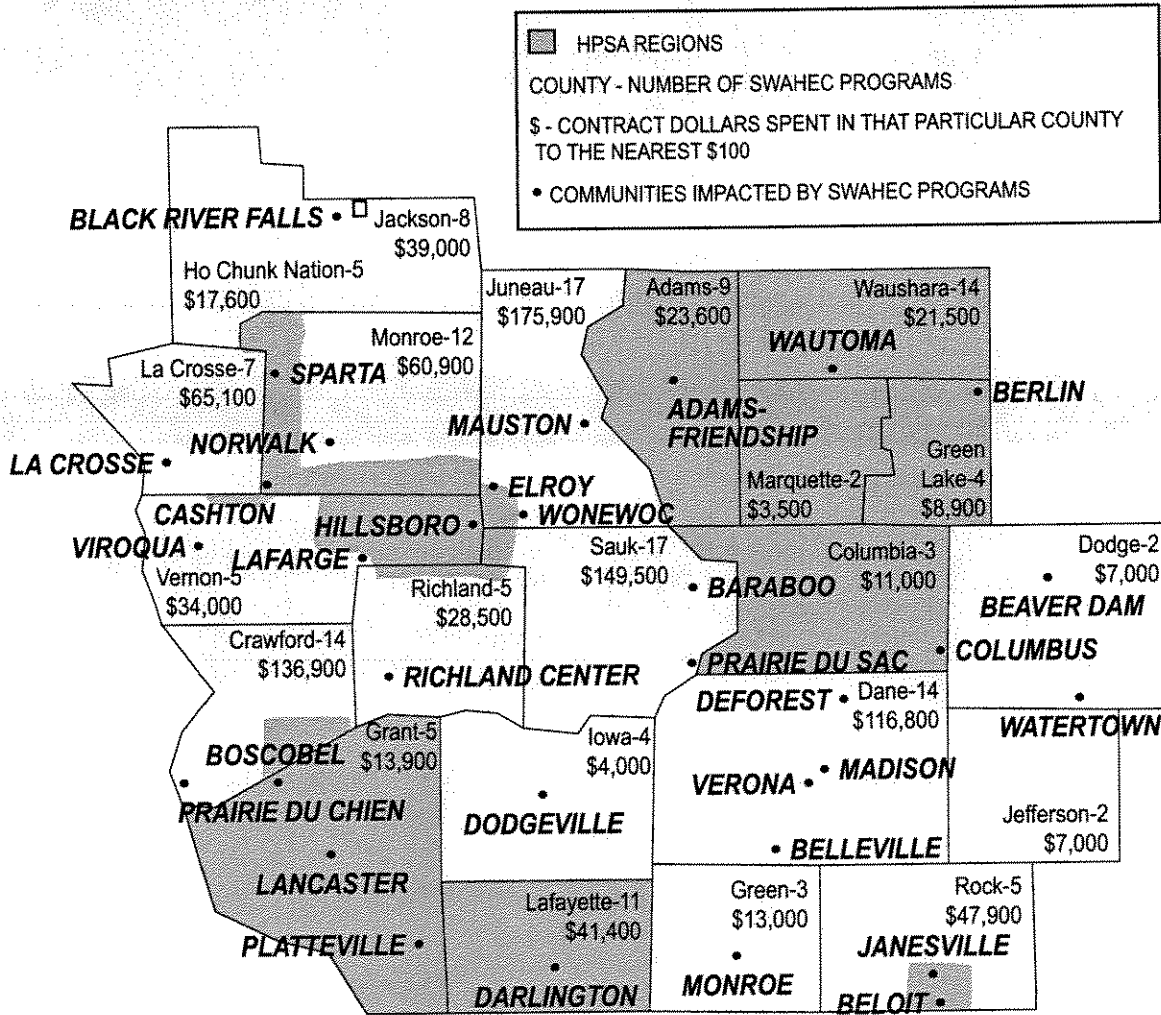
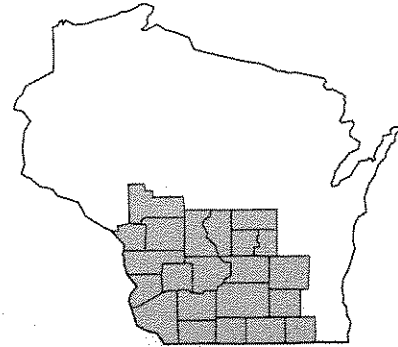
SW AHEC helps to expand capacity for clinical services.

- Residents of Waushara and Winnebago counties received public health services as a result of a collaboration between faculty and staff of UW Oshkosh College of Nursing, and the two public health departments.
- Development of a rotation at the Beloit Area Community Health Center for University of Wisconsin-Madison pediatric residents is underway.
- Southwest AHEC has supported the development of a program in La Crosse county that will improve access to dental care.

SW AHEC facilitates and provides forums for health issues.

- Communities and academic institutions who are involved in family medicine residency rural training tracks in Wisconsin, are now converging to share resources and study the impact of these programs in Wisconsin.

Southwest Wisconsin AHEC Geographic Impact 1994-2000



IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS

GEOGRAPHIC AREAS IMPACTED BY SOUTHWEST WISCONSIN AHEC ACTIVITIES

THROUGH JUNE 2000

County	Location Impacted	Connect Health Care Providers with Technology	Facilitate Access to Continuing Education	Build Infrastructure for Community Development	Grow Your Own Health Care Providers	Implement Community Needs Assessments	Convene Community Needs and Resources with Student and Faculty Interest	Impact Recruitment of New Health Care Professionals	Promote Development of Rural and Alternative Training for Family Medicine Residents	Expand Capacity for Clinical Services	Expand number of Community-based Clinical Training Sites	Provide Forums for Health Issues
Adams	Adams Friendship	✓	✓	✓	✓	✓		✓		✓		✓
Columbia	Friesland				✓							
	Lodi				✓							
	Columbus	✓			✓							
	Cambria	✓			✓		✓			✓		
Crawford	Prairie du Chien	✓	✓		✓			✓	✓	✓		✓
Dane	Deforest	✓	✓				✓		✓	✓		
	Verona	✓										
	Madison	✓	✓	✓	✓		✓		✓	✓		
Dodge	Beaver Dam		✓		✓				✓			
	Watertown			✓			✓			✓		✓
	Randolph				✓							

GEOGRAPHIC AREAS IMPACTED BY SOUTHWEST WISCONSIN AHEC ACTIVITIES

County	Location Impacted	Connect Health Care Providers with Technology	Facilitate Access to Continuing Education	Build Infrastructure for Community Development	Grow Your Own Health Care Providers	Implement Community Needs Assessments	Convene Community Needs and Resources with Student and Faculty Interest	Impact Recruitment of New Health Care Professionals	Promote Development of Rural and Alternative Training for Family Medicine Residents	Expand Capacity for Clinical Services	Expand number of Community-based Clinical Training Sites	Provide Forums for Health Issues
Green	Belleville	✓										
	Monroe	✓				✓			✓		✓	
Green Lake		✓	✓				✓					
	Berlin	✓	✓									
	Princeton	✓	✓									
Iowa		✓	✓									
	Dodgeville					✓				✓	✓	
Jackson		✓										
	Black River Falls	✓	✓			✓				✓	✓	
Juneau			✓		✓							
	Elroy	✓			✓							
	Mauston	✓	✓		✓					✓	✓	
	Wonewoc	✓			✓							
La Crosse		✓	✓		✓					✓	✓	
	La Crosse	✓	✓		✓					✓	✓	
Lafayette		✓	✓		✓							
	Darlington	✓	✓		✓				✓			
Grant												
	Boscabel				✓							✓
	Lancaster				✓							✓
	Platteville				✓							✓
	Fennimore	✓	✓		✓							

IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS

GEOGRAPHIC AREAS IMPACTED BY SOUTHWEST WISCONSIN AHEC ACTIVITIES

THROUGH JUNE 2000

County	Location Impacted	Connect Health Care Providers with Technology	Facilitate Access to Continuing Education	Build Infrastructure for Community Development	Grow Your Own Health Care Providers	Implement Community Needs Assessments	Convene Community Needs and Resources with Student and Faculty Interest	Impact Recruitment of New Health Care Professionals	Promote Development of Rural and Alternative Training for Family Medicine Residents	Expand Capacity for Clinical Services	Expand number of Community-based Clinical Training Sites	Provide Forums for Health Issues
Marquette						✓	✓			✓		
	Montello				✓					✓		
Monroe		✓					✓	✓		✓	✓	
	Norwalk	✓				✓	✓	✓		✓	✓	
	Wilton				✓							
	Kendall				✓							
	Sparta	✓	✓									
	Cashton	✓	✓			✓	✓	✓		✓		
Richland									✓			
	Richland Center	✓	✓					✓				
Rock												
	Beloit	✓		✓		✓		✓		✓	✓	✓
	Janesville	✓										
Sauk			✓	✓		✓				✓		
	Baraboo	✓	✓	✓			✓	✓		✓		✓
	Sauk City				✓							
Prairie du Sac		✓		✓							✓	✓
Vernon		✓					✓	✓		✓	✓	
	Hillsboro	✓			✓							
	Viroqua	✓	✓								✓	
	LaFarge	✓									✓	
Waushara		✓	✓				✓	✓		✓		
Wild Rose					✓		✓	✓		✓	✓	
Red Granite							✓	✓		✓	✓	
	Wautoma	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓

IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS

Southwest Wisconsin Area Health Education Center, Inc.
Program Areas, Partners and Outcomes
October 1, 1999 – September 30, 2000

ACCESS TO DENTAL CARE FOR UNDERSERVED POPULATIONS

Program Name and Funds Expended	Communities Impacted	Partners	Outcomes
<p>Development of a Dental Residency Program at Scenic Bluffs Community Health Center \$11,200</p>	<p>LaCrosse, Monroe, Jackson, Vernon counties</p>	<p>Scenic Bluffs Community Health Center</p>	<p>A proposal to support the development of a new dental residency program was submitted to the Bureau of Health Professions. Computer workstations were provided for use by dentists.</p>
<p>Training of Dental Hygienists to work with Medicaid and Underserved Patients in La Crosse \$9,900</p>	<p>La Crosse, Monroe, Crawford, Jackson, & Trempleau Counties in WI and Houston County in MN</p>	<p>La Crosse County Health Department La Crosse Community Foundation. Scenic Bluffs Community Health Center. La Crosse Area District Dental Society. Dental Hygiene and Dental Assistants Association. Western Wisconsin Technical College Dental Hygiene Program. St. Clare's Mission.</p>	<p>Scenic Bluffs Community Health Center will coordinate dental services offered in the new clinic. A dental director is being recruited. Equipment has been purchased and operatories are set-up. Additional funding has been raised for the project within the community.</p>

IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS

Southwest Wisconsin Area Health Education Center, Inc.
Program Areas, Partners and Outcomes
October 1, 1999 – September 30, 2000

INNOVATIVE PARTNERSHIPS WITH LOCAL HEALTH DEPARTMENTS

Program Name and Funds Expended	Communities Impacted	Partners	Outcomes
<p>Caring, Inc.: A Partnership for Public Health Practice \$14,400</p>	<p>La Crosse and the Coulee Region</p>	<p>Viterbo College of Nursing La Crosse County Health Department Savation Army La Crosse</p>	<p>A new community-based training site for student learning was opened. This site serves as a Health Resource Center for the homeless and is housed at the Salvation Army. New on-going partnerships were also formed between Viterbo and the partnering organizations.</p>
<p>Extension of Health Services to Underserved Communities by Senior Nursing Students \$15,000</p>	<p>Winnebago county, Waushara county, Green Lake county, Marquette county, Outagamie county, city of Oshkosh, city of Neenah.</p>	<p>UW Oshkosh College of Nursing Winnebago County Health Department Waushara County Health Department</p>	<p>Partnerships were created between UW Oshkosh College of Nursing and the two local health departments. An 8-week summer externship was carried out by two nursing students. Clinical projects for nursing students were developed. The health departments' resources were extended to underserved populations as a result.</p>
<p>Rural Health and Aging: Expansion of Health Care Services to Underserved Older Adults in Waushara County \$7,500</p>	<p>Wautoma, Redgranite, Wild Rose</p>	<p>UW Oshkosh College of Nursing Waushara County Health Department</p>	<p>A community health needs assessment for the rural elderly, including Amish elderly, was carried out. Follow-up services were provided by senior nursing students.</p>

IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS

Southwest Wisconsin Area Health Education Center, Inc.
Program Areas, Partners and Outcomes
October 1, 1999 – September 30, 2000

IMPROVING TELECOMMUNICATIONS ACCESS FOR UNDERSERVED SITES

Program Name and Funds Expended	Communities Impacted	Partners	Outcomes
<p>Southwest Wisconsin Health Information Access Project</p> <p>\$17,700</p>	<p>Mauston, Black River Falls, Iowa County, Berlin, Cashton, Adams County, Wautoma, Green Lake County, Lafayette County, Sparta, Prairie du Chien, Viroqua Madison La Crosse Sparta</p>	<ul style="list-style-type: none"> • Mile Bluff Medical Center • Krohn Clinic • Memorial Hospital of Iowa Co. • Berlin Memorial Hospital • Scenic Bluffs Comm. Health Center • Adams County Department of Aging • Family Health Medical & Dental Center • Adams County Public Health Department • Iowa County Health Department • Green Lake County Health Department • SW WI Technical College • Mile Bluff Medical Center • Memorial Hsptl Lafayette County • Medical Associates • Juneau County Health Department • Family Health Medical & Dental Center • Gundersen Lutheran Clinic • Franciscan Skemp • Memorial Hosp. Prairie du Chien • Vernon Memorial Hospital 	<p>On-site trainings and hands-on workshops were conducted for local public health departments, clinics, and hospitals in underserved areas. Participants were better able to retrieve and evaluate health information they found on the web as a result of the workshop.</p>

IMPROVING ACCESS TO HEALTH CARE THROUGH THE EXCHANGE OF RESOURCES BETWEEN COMMUNITIES, HEALTH CARE PROVIDERS AND EDUCATIONAL INSTITUTIONS

Southwest Wisconsin Area Health Education Center, Inc.
Program Areas, Partners and Outcomes
October 1, 1999 – September 30, 2000

ENHANCE CLINICAL TRAINING SITES

Program Name and Funds Expended	Communities Impacted	Partners	Outcomes
Development of HoChunk Tribal Wellness Center as a Pediatric Clinical Training site. \$14,700	HoChunk Nation	UW Madison Department of Pediatrics	Instructional and medical equipment was purchased to prepare the Center as a Pediatric Clinical training site.
Adolescent Health Experience for UW Medical Students \$3,000	Dane county	<ul style="list-style-type: none"> • Brian Patch • Salvation Army • Grace Episcopal Church • South Madison Family and Health Center • Safe Haven • UW Madison Department of Family Medicine 	A new clinic was started for homeless adolescents at Brian Patch. Adolescents received care and referrals for reproductive health care, mental health, dental, and alcohol and other drugs.
Enhancement of Family Health Medical and Dental Center as a Clinical Training Site \$4,500	Waushara County	Family Health Medical and Dental Center. UW Department of Family Medicine.	Two Family Medicine residents received clinical training at Family Health Medical and Dental Center, the only migrant health center in Wisconsin. A web page was also designed for the clinic to increase awareness of educational opportunities at the clinic.
UW Department of Family Medicine Rural Training Development \$5,000	Richland Center service area	UW Madison Medical School Department of Family Medicine	A study was conducted to determine the feasibility of using Medicare pass-through dollars to support Rural Training Track Residency education in Richland Center.
Expansion of the UW Department of Pediatric's Alcohol, Tobacco, and other Drugs Curriculum \$4,700	Madison and surrounding Dane County	UW Madison Medical School Department of Pediatrics	First- and second-year residents received training in assessment and management of adolescents who abuse alcohol, tobacco and other drugs.

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