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👉 Details: Miscellaneous

(FORM UPDATED: 08/11/2010)

## WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

### 2003-04

(session year)

### Joint

(Assembly, Senate or Joint)

### Committee on Audit...

### COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

### INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  - (**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)
  - (**sb** = Senate Bill)                              (**sr** = Senate Resolution)                              (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

\* Contents organized for archiving by: Stefanie Rose (LRB) (November 2012)

## Matthews, Pam

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**From:** Asbjornson, Karen  
**Sent:** Thursday, December 16, 2004 6:05 PM  
**To:** Chrisman, James; Matthews, Pam; Shannon, Pam  
**Cc:** Asbjornson, Karen  
**Subject:** Re: contracting still of interest to Carol

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi Friends,

Just wanted to email you all that Carol and I met this afternoon and she still has a concern with state contracting. I'm attaching two emails we have received recently on this issue. Carol would like this issue added to the agenda for the cochair meeting in January.

### 1. Dan Meehan, Waupun

To the Editor: How many more expensive state outsourcing contracts do we have to read about before something is done. State employees and other vendors have pointed out "unusual elements" in these wasteful contracts. I do not see this as unusual in this state. I see it as "business as usual"; companies donate money to state legislators campaign finance accounts and these same companies are awarded lucrative wasteful contracts as a reward. I see it as a vicious circle of corruption. Governor Doyle's response to this is to layoff 265 employees in the Department of Transportation who are the very people who could do this same work at a fraction of what is being paid to these outside vendors. No wonder there is another "budget deficit" {sp}. My hats off to the Milwaukee Journal and Patrick Marley for exposing this waste of "our money".

### 2.

Senator Roessler,

The email text copied below was sent to Sen. Kedzie earlier this week by Ken Weaver, one of his constituents. Ken is a DOT employee, serves with me on the Wisconsin State Employees Union Executive Board and chairs the WSEU Contracting Out Committee. The Contracting Out Committee has been looking for situations where the state is spending more money contracting work to outside firms where it would save money to keep the work "in house" done by state employees.

Ken is requesting an audit by the Legislative Audit Bureau of DOT's contracting practices. I am forwarding this request to you, as chair of the Legislative Audit Committee and as my representative in the State Senate.

Thank you for considering this request. Feel free to contact myself or Ken Weaver (his contact information is located at the end of his email to Sen. Kedzie) if you have any further questions.

Paulette Feld  
President, WSEU AFSCME Local 579  
Secretary, Wisconsin State Employees Union  
416 W. 5th Ave.  
Oshkosh, WI 54902

Senator Kedzie,

I am writing to you to ask for your assistance in ordering the Legislative Audit Bureau to conduct an audit of the Department of Transportation and its out of control business plan.

Recently the DOT has released a cost analysis of in-house staff vs. Engineering Consultants to perform duties for the delivery of services for the State's Highway program. As stated by District 1 management leadership the in-house staff analysis shows an 18% savings and is a conservative estimate of the true costs.

The report, drafted on April 20th, 2004 was kept secret when AFSCME Council 24 Executive Director Marty Beil, AFSCME Lobbyist Susan McMurray, WSEU Lobbyist Steve Williams and myself met with Sec. Busalachhi and his staff on July 6th, 2004. Our meeting was to discuss the wasteful practice of outsourcing based on our unions review of costs associated with Contracting out and countless reports of waste from our members. Busalachhi said he needed more time to convince Governor Doyle that outsourcing is a waste of gas tax dollars.

In late October the DOT released their April 20th report along with a flawed Dept. of Administration report that appears to be manufactured to contradict the DOT's conservative analysis. It also contains misleading data that double charges in-house staff for the cost of its benefit package, underreports the average wage of a consultant engineer by 30% to 40%, and fails to report the sizeable costs of department support of consultant services. The DOT's own management has repeatedly pointed out to me the flaws contained in Doyle's DOA report and complained of the low estimate of in-house savings.

As a both a dedicated state employee of 25 years and concerned voter in your district, I am respectfully requesting that you join in efforts to have the Legislative Audit Bureau perform a complete review of outsourcing DOT services. I am confident that you will be shown the true costs of the wasteful practice of massive outsourcing.

For too long the DOT has been allowed to privatize the DOT, fully knowing that in-house staff perform more efficiently. They have allowed the Consultant industry to dictate policy and have lost track of what should be their first concern, the State's taxpayers. With former Consultant employees at the head of our new Division I strongly believe that the DOT has lost the ability to put the taxpayers concerns and needs before the demands of the consultant industry.

The road sign inventory scandal in the Division of Infrastructure Development, that paid HNTB corp. over \$160,000 to oversee the DOT's sign inventory is the poster child of waste in the DOT. By the DOT's own numbers it would cost, using in-house staff \$51,700 to perform.

After the DOT could no longer fabricate data to protect HNTB they cancelled the contract and saved the taxpayers over \$100,000. This I know is just the tip of the iceberg, and many more contracts are of little value to the taxpayer.

I am the Chair of the Wisconsin State Employees Union Standing Committee on Contracting out and have more data and information that I would like to share with you and your staff and would like to set up a meeting at your office to discuss.

I look forward to meeting with you again,

Ken Weaver

Please contact me at

Ken Weaver

W116 Ruders Circle Home # 262-593-5413

Oconomowoc WI 53066 email: kweaver1@charter.net

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Karen Asbjornson

Office of Senator Carol Roessler

608-266-5300/1-888-736-8720

Karen.Asbjornson@legis.state.wi.us



**Milwaukee County  
Primary Care Initiative**



*A Valued Voice*

**Wisconsin Hospital Association**  
**wha.org**

WHA: Milwaukee County Primary Care Initiative

**Index**

Summary Statement and Executive Summary..... Tab 1

Business Plan and Hospital Contributions..... Tab 2

Primary Care Alliance Mission & Purpose..... Tab 3

Endorsements of Primary Care Initiative..... Tab 4



## MILWAUKEE COUNTY PRIMARY CARE INITIATIVE



### SUMMARY STATEMENT

Four Federally Qualified Health Centers (Sixteenth Street Community Health Center, Milwaukee Health Services, Westside Healthcare Association, and Health Care for the Homeless) and the five health systems in Milwaukee County (Aurora Health Care, Children's Hospital and Health System, Columbia St. Mary's, Covenant Healthcare System, and Froedtert & Community Health, in concert with the Medical College of Wisconsin), have formed an Alliance to develop a comprehensive plan for enhancing primary health care access for the underserved in Milwaukee County.

### Issues

- ✓ Milwaukee County hospitals are experiencing increasing levels of emergency department usage for primary care services. A study by the Wisconsin Hospital Association (WHA) points out that there were 429,023 total emergency department encounters in 2002. Of those encounters, 83,323 (or 19.7%) were either uninsured or enrollees in the County General Assistance Medical Program (GAMP). Conservative estimates indicate that nearly 55% of these encounters could have been treated in a less expensive primary care clinic.
- ✓ In the medically underserved areas of Milwaukee County, there is a deficit of 72 primary care physicians as disclosed by a recent WHA report of the Task Force on Wisconsin's Future Physician Workforce.
- ✓ Typically, primary care clinics have little or no ability to see new or existing patients on a "same day" basis due to a lack of capacity. For example, Sixteenth Street Community Health Center turns away more than 50 registered patients and 30 prospective patients each day. These clinic patients are referred to hospital emergency departments for their primary care medical needs.
- ✓ The lack of primary care access contributes significantly to the rising costs of health care in Milwaukee County.

### Health Policy Considerations

- ✓ By increasing primary care access (including extending clinic hours), more underserved and uninsured consumers can find primary care clinics and not utilize costly hospital emergency department services. This not only addresses some of the "cost shifting" activity that occurs, but also is the right thing to do for patients. Wellness and disease management interventions are best served in a primary care setting rather than in a hospital emergency department.
- ✓ By developing and expanding comprehensive primary care access and services, including mental health, environmental health and dental services, the health status of the underserved and uninsured will improve. By developing a triage and referral system that will assure primary care follow-up visits to a primary care clinic provider outside the emergency department and by identifying high-frequency emergency department users for targeted case management, the need for hospital inpatient stays will be lessened.

### Proposal

- ✓ The Primary Care Initiative Coalition, comprised of the five Milwaukee County health care systems and the four Federally Qualified Health Centers (FQHCs), has developed a comprehensive plan for enhancing access to primary health care services in Milwaukee County. This expansion plan will be submitted to the Secretary of the U.S. Department of Health and Human Services for consideration for funding as a three-year demonstration project. The total amount being requested is \$8,850,000 over three years to enhance and expand the primary care operations of the four FQHCs in the medically underserved areas of Milwaukee County. Plan implementation will allow over 31,000 new patients to be served by already existing, full service primary care centers.



# **MILWAUKEE PRIMARY CARE ACCESS PROJECT**

**A Collaboration Between Milwaukee's  
Health Systems  
And  
Federally Funded Community Health Centers**

**FEBRUARY 2004**

**The Project was made possible by a grant from the Wisconsin Hospital Association  
Foundation and received administrative support from the Wisconsin Primary  
Health Care Association.**

## Executive Summary

The Milwaukee Primary Care Access Project is a unique collaboration between Milwaukee's Health Systems and the Federally Qualified Health Centers with two main goals:

- *To develop a comprehensive plan for enhancing access to primary health care for the underserved in the City of Milwaukee*
- *To address the policy problem of inappropriate emergency room use at the city's hospitals.*

Several factors are converging to drive the urgency of this project's timing:

- Critical health care needs and disparities in the City of Milwaukee,
- Rising health care costs, including those from inappropriate emergency use
- The immediate need to maximize federal funding opportunities with the President's Initiative for Health Center Growth

The project goals include building a community-wide collaborative demonstration for primary care planning and development that can be maintained over time in Milwaukee. The proposed three-year demonstration project outlined in this report has great potential to stand as a national model for other communities similarly struggling to address primary care capacity enhancement and inappropriate emergency room usage. The model will test the effectiveness of public education in addition to non-clinical case management and other strategies to direct inappropriate emergency room users to "medical homes" within the expanded primary care system.

### Why this initiative is needed in Milwaukee

- In the medically underserved area of Milwaukee County, there is a deficit of 72 primary care physicians. *Source: WHA Report of the Task Force on Wisconsin's Future Physician Supply, which used the recommended average for primary physicians per 100,000 residents.*
- On a typical day, Sixteenth Street Community Health Center turns away more than 50 registered patients and approximately 30 new, prospective patients requesting service, who are then usually referred to area emergency departments.
- A 2003 study by the Wisconsin Public Health and Health Policy Institute ranked Milwaukee County 71st out of 72 counties in the state for the health status of its residents with alarming examples:
  - 13.6 % of children ages six and under tested positive for lead poisoning in 2002, compared to the state average of 7.2 %.
  - Milwaukee County consistently leads the state in disparities in health indicators, such as death rates per hundred thousand:

Cause of death	Milwaukee Co.	WI
Cancer	216.8	197.8
Heart disease	273.8	247.8
HIV/AIDS	13.3	1.4
Asthma	2.8	1.2

- The City of Milwaukee continues to experience significant barriers in access to care and disparities in health status compared to the State of Wisconsin and the United States as a whole:
  - According to the 2000 Census, 21.3% of Milwaukee residents live below the federal poverty level, compared to 5.6% statewide and 12.4% nationally.
  - In 2002, 18% of the city's residents were uninsured for all or part of the year.
  - In December 2003, the city's unemployment rate was 7.9% compared to 5.2% statewide and 5.7% nationally.
  
- Milwaukee ranks among the worst cities nationally in overall infant mortality (7th), 1st in Hispanic and 2nd in African American infant mortality and has the highest Black-White infant mortality gap. It continues to have the highest teen pregnancy rate among African Americans in the country and is among the five worst cities in the U.S. in the percentage of births to teens, double the state average.
  
- The hospitals in Milwaukee are experiencing serious and increasing levels of inappropriate utilization of emergency rooms. A study by the Wisconsin Hospital Association of five Milwaukee health system hospitals' 2002 emergency room utilization data disclosed that there were 429,023 total visits to area emergency departments. Of those individuals seeking treatment at an emergency department, 83,323 patients (or 19%) were either uninsured or enrollees in the County General Assistance Medical Program (GAMP). Conservative estimates indicate that approximately 55% of these individuals could have been treated in a primary care setting that had X-ray facilities. These data clearly display the serious financial losses attributable to inappropriate primary care usage of hospital emergency rooms.

There are four federally-funded community clinics in Milwaukee, which are known as Federally Qualified Health Centers or FQHCs. Three of these are geographically-based, serving federally-designated medically underserved areas.

Collaborative Participants	Area Served	Role
Sixteenth Street Community Health Center	South side of Milwaukee	FQHC
Milwaukee Health Services, Inc.	North and West sides of Milwaukee	FQHC
Westside Healthcare Association Inc	North and West sides of Milwaukee	FQHC
Health Care for the Homeless	homeless population of Milwaukee's metro area	FQHC
Aurora Health Care		Health care system
Children's Hospital of Wisconsin		Health care system
Columbia-St. Mary's		Health care system
Covenant Healthcare System		Health care system
Froedtert Lutheran Memorial Hospital in concert with the Medical College of WI		Health care system

The Wisconsin Hospital Association		Convener, funder and project coordinator
The Wisconsin Primary Health Care Association		Steering Committee member and project coordinator
CIC/for/Health in Washington, D.C.		project consultants

The primary care access expansion plan will be submitted to the Secretary of the U.S. Department of Health and Human Services for consideration for funding as a three-year demonstration project.

### Measuring Demonstration Project Impact

The Milwaukee Primary Care Access Project will seek funding for a research and evaluation component to conduct a longitudinal study measuring the impact of increased primary care capacity and of other specific strategies, interventions and policy actions in reducing inappropriate emergency room use.

Policy actions to be evaluated:

- Develop alternative sites for primary/urgent care during non-office hours at existing and new satellites of community health centers.
- Develop a triage and referral system to assure that a primary care follow-up visit to an appropriate provider outside the emergency department environment is made following each ED visit.
- Identify high-frequency emergency department users for targeted case management or specialized services.
- Target 18 to 30-year old males for alternative public education strategies to encourage primary care usage, including providing education materials in community places such as barber shops, taverns and restaurants, and businesses.
- Develop a system to track high utilization of emergency rooms for drug prescriptions.
- Increase access to dental services.

The project should also incorporate strategies being developed by Wisconsin's Medicaid HMO vendors and other relevant federal and state policy initiatives.

### Conclusion

The Milwaukee Primary Care Access Project brings together competing entities in a unique collaboration to address significant health care access barriers. The focused strategies utilize measurable, demonstrable outcomes and could serve as a national model.

*Case management by HMO's*

**FINANCIAL NEEDS FOR COMMUNITY HEALTH CENTER EXPANSION  
SERVING 24,665 – 31,598 NEW PATIENTS**

<b>PRIMARY CARE CAPACITY EXPANSIONS</b>	<b>COST</b>	<b>NEW ONGOING FEDERAL SUPPORT</b>	<b>CURRENT HEALTH SYSTEM SUPPORT*</b>
<b>PHASE I – Present to 9/30/04</b>			
<b>Health Care for the Homeless of Milwaukee</b> Ongoing Health System Support			\$100,000 (CSM) \$146,980 (Covenant)
Madre Angela Dental Expansion		\$250,000	
<b>Milwaukee Health Services</b> Ongoing Health System Support			\$120,000 (Aurora) \$50,000 (Children's) \$120,000 (Covenant)
Capitol Court Expansion Site Building Construction & Equipment	\$6,552,409		
<b>Sixteenth Street Community Health Center</b> Ongoing Health System Support			\$100,000(Aurora) \$100,000 (Children's)
Expansion Site Building Construction & Equipment	\$6,000,000		
<b>Westside Healthcare Association</b> Hillside Expansion Site Building Construction & Equipment Operating Expenses	\$165,000 \$1,035,000	\$650,000	
<b>Other Health System Support of Primary Care</b> Burlleigh Medical Clinic Internal Medicine Clinic Johnston Community Health Center Madison Street Clinic Salvation Army Clinic			\$151,122 (Covenant) \$650,000 (Froedtert) \$1,011,331 (Aurora) \$479,067 (Aurora) \$42,021 (Aurora)
<b>TOTAL FEDERAL DOLLARS FOR PHASE I</b>		<b>\$900,000</b>	

PRIMARY CARE CAPACITY EXPANSIONS	COST	NEW ONGOING FEDERAL SUPPORT	CURRENT HEALTH SYSTEM SUPPORT*
<b>PHASE II – 10/1/04 to 9/30/05</b>			
<b>Health Care for the Homeless of Milwaukee</b> Ongoing Health System Support		\$250,000 \$650,000	\$100,000 (CSM) \$125,000 (Covenant)
Madre Angela Dental Clinic Silver Spring Public Housing Clinic			\$120,000 (Aurora) \$50,000 (Children's) \$120,000 (Covenant)
<b>Milwaukee Health Services</b> Ongoing Health System Support			\$151,122 (Covenant)
Capitol Court Site Operating Expenses Burleigh Medical Clinic Expansion (Under Discussion)	\$5,064,392	\$650,000	
<b>Sixteenth Street Community Health Center</b>			
Ongoing Health System Support			\$100,000 (Aurora) \$100,000 (Children's)
Expansion Site and Johnston Health Center Consolidation Operating Expenses	\$5,000,000	\$650,000	\$1,011,331 (Aurora)
<b>Westside Health Care Association</b>			
Hillside Operating Expenses Lisbon Avenue		\$650,000	
Building Expansion and Equipment Operating Expenses	\$6,000,000 \$5,000,000	\$600,000	
<b>Other Health System Support of Primary Care</b>			
Internal Medicine Clinic Madison Street Clinic Salvation Army Clinic			\$650,000 (Froedtert) \$479,067 (Aurora) \$42,021 (Aurora)
<b>TOTAL FEDERAL DOLLARS FOR PHASE II</b>			
<b>PHASE III – 10/1/05 to 9/30/06</b>			
<b>Health Care for the Homeless of Milwaukee</b> Ongoing Health System Support		\$3,450,000	\$100,000 (CSM)

PRIMARY CARE CAPACITY EXPANSIONS	COST	NEW ONGOING FEDERAL SUPPORT	CURRENT HEALTH SYSTEM SUPPORT*
<b>Health Care for the Homeless of Milwaukee (cont'd)</b> Madre Angela Dental Clinic Silver Spring Public Housing Clinic Expansion		\$250,000 \$650,000	\$125,000
<b>Milwaukee Health Services</b> Ongoing Health System Support			\$120,000 (Aurora) \$50,000 (Children's) \$120,000 (Covenant)
Capitol Court Site Operating Expenses Burleigh Medical Clinic (Under Discussion) Brown Deer Expansion Building Construction & Equipment Operating Expenses	\$1,310,482 \$1,257,418	\$650,000 \$650,000	\$151,122 (Covenant)
<b>Sixteenth Street Community Health Center</b> Ongoing Health System Support Expansion Site/Johnston Consolidation Operating Expenses Madre Angela Medical Consolidation (Under Discussion)		\$650,000 \$400,000	\$100,000 (Aurora) \$100,000 (Children's) \$1,011,331 (Aurora) \$145,857 (Covenant) \$200,000 (CSM)
<b>Westside Health Care Association</b> Hillside Operating Expenses Lisbon Operating Expenses		\$650,000 \$600,000	
<b>Other Health System Support of Primary Care</b> Internal Medicine Clinic Madison Street Clinic Salvation Army Clinic			\$650,000 (Froedtert) \$479,067 (Aurora) \$42,021 (Aurora)
<b>TOTAL FEDERAL DOLLARS FOR PHASE III</b>		<b>\$4,500,000</b>	

<b>Grand total of federal dollars - Phases I, II and III: \$8,850,000</b>
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\* These figures represent only the direct support the health systems provide the Health Centers and do not include in-kind contributions, reduced charges or any other uncompensated care provided to Health Center patients and the community.

## ADDENDUM

### HEALTH SYSTEM CONTRIBUTIONS TO PRIMARY CARE INITIATIVE

#### Summary

Primary care providers and acute care providers share a common space in the delivery of health care services to the community. Each is connected together as part of a larger continuum of health care services for individuals spanning the whole of their lives. As an integral partner with the Federally Qualified Health Centers (FQHCs), each hospital within each of the five Milwaukee County health systems has a vital role to play in the delivery of care along this continuum. Among those roles are:

- ❖ A referral partner for acute care services for each of the FQHCs;
- ❖ A provider of available specialty services for FQHC patients;
- ❖ An invaluable resource with 24/7 emergency department services.

The patients of Milwaukee County's FQHC primary care providers benefit directly from this ongoing partnership. It is this partnership that brings solidarity to the *Milwaukee Primary Care Initiative*. The financial commitment of the health systems to the growing health care needs of the underserved and uninsured in Milwaukee County is evidenced also by the financial data outlined below.

#### 2003 Charity Care\* (NOT including bad debt and government payment shortfalls)

Aurora Health System	
* St. Luke's Medical Center	\$20,184,000
* Aurora Sinai Medical Center	\$30,893,000
* West Allis Memorial Hospital	<u>\$ 2,623,000</u>
	<b>\$53,700,000</b>
Children's Hospital & Health System	
* Children's Hospital	<b>\$1,208,408</b>
Columbia St. Mary's Health System	
* Columbia Hospital	\$ 1,449,335
* St. Mary's Hospital	<u>\$ 3,956,110</u>
	<b>\$5,405,445</b>
Covenant Healthcare System	
* St. Francis Hospital	\$ 3,039,000
* St. Joseph's Regional Medical Center	\$ 7,726,000
* St. Michael Hospital	<u>\$ 3,709,000</u>
	<b>\$14,474,000</b>
Froedtert Community Health	
* Froedtert Memorial Lutheran Hospital	<b>\$8,816,416</b>
<b>TOTAL</b>	<b>\$83,604,269</b>

\* These charity care financial numbers only represent each health system's Milwaukee County hospitals.



March, 2004

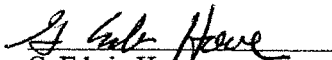
## CHARTER FOR MILWAUKEE COUNTY PRIMARY CARE ALLIANCE


**Mission:** The central mission of the Primary Care Alliance (the Alliance) is to enhance and preserve primary care capacity in Milwaukee County for low income and uninsured patients who need health care services.


**Purpose:** The primary purpose of the Alliance is to create a forum to strengthen the health care safety net of the Milwaukee community. This will be accomplished through the following:

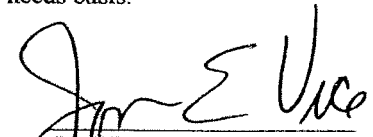
- Expand and facilitate the quality and quantity of collaborative partnerships between and among primary care clinic providers and health care systems;
- Develop voluntary emergency department protocols that can be adopted community-wide to alleviate emergency department overcrowding and inappropriate emergency department usage that occur as a result of unmet primary care needs of uninsured and GAMP patients;
- Gather data that can be used to help find primary care homes of uninsured and low income patients and develop tools to educate emergency department users in the proper and appropriate use of emergency department services;
- Nurture and concretize the primary care plan and the implementation of that plan that was created by the Primary Care Initiative steering committee;
- Develop a "day light clause" memorandum of understanding that would be signed by all Alliance participants that asserts that, while each organization reserves the right to make its own operational decisions around primary care, any reductions by health care providers in underserved areas of Milwaukee will be brought to the Alliance for discussion;
- Expand involvement of GAMP clinics and other pertinent primary care providers in strengthening and implementing the Primary Care Initiative Plan; and
- Foster a closer working relationship among the existing Federally Qualified Health Centers (and other primary care clinics) especially around such issues as joint planning, sharing of services, grant applications, group purchasing, health outcomes data, etc.

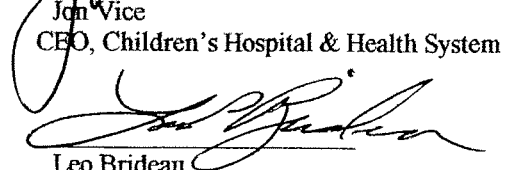
**Membership:** In order to achieve its mission and purpose, the initial membership would be composed of one representative from each of the 5 Milwaukee County health care systems and one representative from each of the 4 Federally Qualified Health Centers... all of whom are and have been part of the original Primary Care Initiative Steering Committee. Bill Bazan, VP, Metro Milwaukee, for WHA and Sarah Lewis, executive director of the Wisconsin Primary Health Care Association will serve as staff to the Alliance. The Alliance would be able to create work groups (from both the public and private sector) that would involve a broader participation to address specific issues that need resolution. Full membership into the Alliance by other organizations and public bodies will be discussed on a needs basis.

  
G. Edwin Howe  
CEO, Aurora Health Care System

  
Paul Dell Uomo  
CEO, Covenant Healthcare System

  
William Petasnick  
CEO, Froedtert & Community Health System

  
Jon Vice  
CEO, Children's Hospital & Health System

  
Leo Brideau  
CEO, Columbia St. Mary's Health System



## WISCONSIN LEGISLATURE

P.O. BOX 8952 • MADISON, WI 53708

March 11, 2004

The Honorable Tommy Thompson  
Secretary, U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
615F Hubert Humphrey Building  
Washington, D.C. 20201

Dear Secretary Thompson:

We are writing to urge you to support a proposal recently advanced to you by a coalition of healthcare providers in the metropolitan Milwaukee area. As you are already aware, the five major health systems in Milwaukee -- Aurora Health Care, Covenant Healthcare System, Froedtert and Community Health (in concert with the Medical College of Wisconsin), Children's Hospital of Wisconsin and Columbia-St. Mary's -- have joined together in a collaborative partnership with the four Federally Qualified Health Centers -- Sixteenth Street Community Health Center, Milwaukee Health Services, Westside Healthcare Association and Health Care for the Homeless -- to explore creative ways to increase access to primary health care for the uninsured and underinsured in Milwaukee County. This collaborative effort has resulted in a detailed proposal that we believe should become a national demonstration project, with assistance from the Health Resources and Services Administration (HRSA).

We are growing increasingly concerned about the lack of adequate primary care resources for the underserved in Milwaukee County. Area hospitals report significant increases in the inappropriate use of emergency departments for primary care needs. And, many clinics lack the capacity or the financial resources to expand to serve more patients. As you well know, use of the emergency department is costly, and when it is accessed for primary care needs, that cost is shifted to privately insured patients, which, in turn, drives up the overall cost of health care.

Because of the many unique challenges facing the Milwaukee health care community, we hope you can be supportive of the proposal before you. Any federal assistance you can lend to this effort will go a long way to improve health care access to so many underserved individuals in metropolitan Milwaukee. We are grateful that area providers have come together in this unprecedented partnership to seek a community-wide solution this problem. With your assistance, we are confident they will succeed.

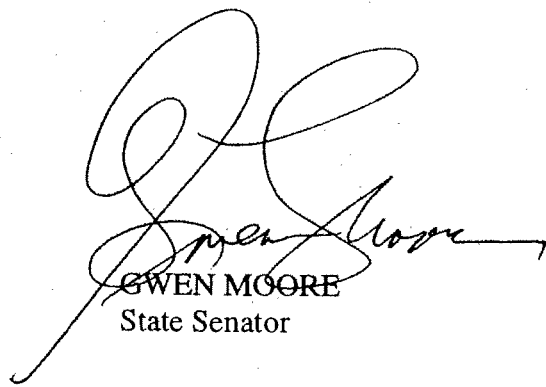
Sincerely,

MARY PANZER  
Senate Majority Leader

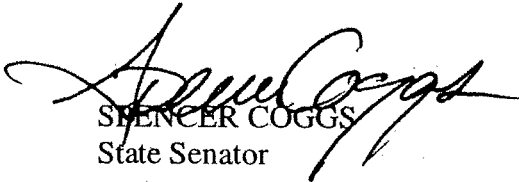
JOHN GARD  
Speaker of the Assembly



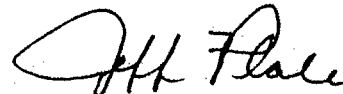
ALBERTA DARLING  
State Senator



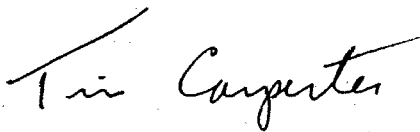
GWEN MOORE  
State Senator



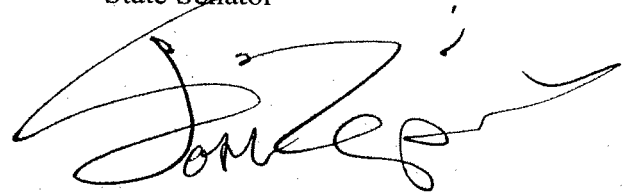
SPENCER COGGS  
State Senator



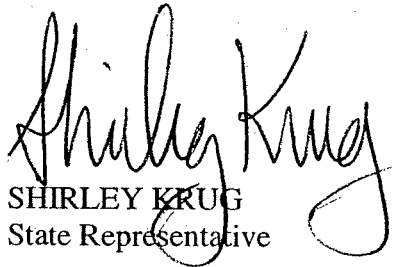
JEFF PLALE  
State Senator



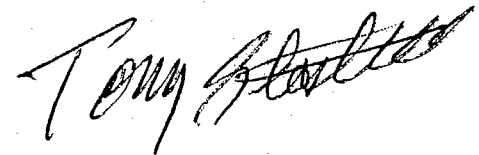
TIM CARPENTER  
State Senator



JOSH ZEPNICK  
State Representative



SHIRLEY KRUG  
State Representative



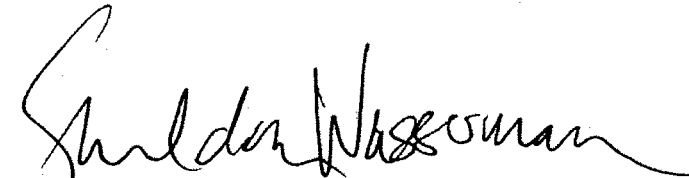
TONY STASKUNAS  
State Representative



LENA TAYLOR  
State Representative



MARK HONADEL  
State Representative



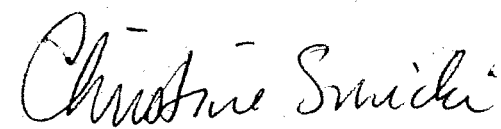
SHELDON WASSERMAN  
State Representative



CURT GIELOW  
State Representative



JEFF STONE  
State Representative



CHRISTINE SINICKI  
State Representative

# *M*ilwaukee Health Services, Inc. Est. 1989

*MLK - Heritage Health Center*

*Your Health is Our Business*

*Isaac Cogg's Health Connection*

March 15, 2004

The Honorable Tommy Thompson, Secretary,  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
615F Hubert Humphrey Building  
Washington, D.C. 20201

Dear Secretary Thompson:

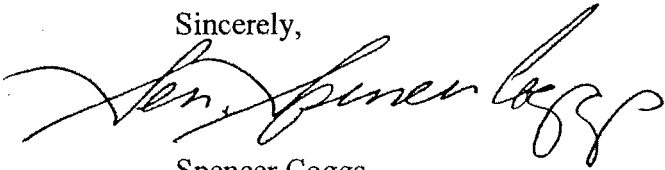
Many in the community-based health care industry in Milwaukee County see the impact of the innovative welfare reform efforts you spearheaded while Governor of Wisconsin. We believe a similar approach to systemic change is necessary to help improve access to quality health care services for the uninsured, underinsured and underserved populations, many of whom are former welfare recipients striving to reach the primary W-2 goal of self-sufficiency.

We are writing to urge you to support a detailed proposal recently advanced to you by a coalition of healthcare providers in metropolitan Milwaukee. As you are already aware, the five major health systems in the area -- Aurora Health Care, Covenant Healthcare System, Froedtert and Community Health (in conjunction with the Medical College of Wisconsin), Children's Hospital of Wisconsin and Columbia-St. Mary's -- have joined together in a collaborative partnership with the four Milwaukee-based Federally Qualified Health Centers. These FQHCs include Sixteenth Street Community Health Center, Milwaukee Health Services, Westside Healthcare Association and Health Care for the Homeless. This collaborative effort, with assistance from the Health Resources and Services Administration (HRSA), could become a national demonstration project to increase access to primary health care for the uninsured and underinsured in Milwaukee County.

We have grown increasingly concerned that many community-based healthcare clinics lack the capacity or the financial resources to expand to serve more patients. In addition, many people inappropriately use hospital emergency departments for primary care, which is costly. We believe that the proposed demonstration project would significantly reduce these problems by improving access to primary care for thousands. In turn, this would help prevent shifting additional costs to privately insured patients and limit additional increases in the overall cost of health care.

Because of the many unique challenges facing the Milwaukee health care community, we hope you can be supportive of the project proposal from this unprecedented partnership. We believe that this effort to improve access to healthcare for underserved populations is highly likely to succeed.

Sincerely,

A handwritten signature in black ink, appearing to read "Spencer Coggs". The signature is fluid and cursive, with a large initial "S" and "C".

Spencer Coggs  
MHSI Board Chair

SC/tla

CC: Attorney Emery Harlan, MHSI Vice Chair  
George Hinton, MHSI Treasurer  
Rosemary Holley, MHSI Secretary  
Larry Ponder, MHSI Board Member  
Karen Baker, MHSI Board Member  
Betty Russ-Banks, MHSI Board Member  
Dr. Richard Evans, MHSI Board Member  
Thomas Terry, MHSI Board Member  
Walt Buckhanan, MHSI Board Member

HERB KOHL  
WISCONSIN

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## United States Senate

WASHINGTON, DC 20510-4903

COMMITTEES:  
APPROPRIATIONS  
JUDICIARY  
SPECIAL COMMITTEE  
ON AGING

March 11, 2004

Secretary Tommy Thompson  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Thompson:

I am pleased to express my support for the Milwaukee Primary Care Initiative proposal for funds to expand health care services in our city.

Health professionals convey that the overall success and vitality of a city are directly linked to the health of its residents. With that in mind, on-going reports point to sharp disparities in Milwaukee's health services and rank the health status of our city's residents 71<sup>st</sup> out of the 72 counties in the state. On a national level, Milwaukee has the highest and second highest infant mortality rates among Hispanic and African American populations respectively. Even though Milwaukee is home to outstanding community clinics, the demand for affordable health care far exceeds available clinic space and medical resources.

There is a clear and immediate need for expanded health care options in the city of Milwaukee. That need is even more crucial with the overwhelming financial burden placed on local hospitals. Limited clinic space has led to increased non-emergency visits to hospitals, contributing to the overall rising health costs in the area. The four Federally Qualified Health Centers and the five health systems in Milwaukee created a strong alliance to address this growing problem.

This partnership proposal will provide Milwaukee's community clinics with the opportunity to use their experience as existing delivery sites, and knowledge of the social and economic obstacles to health care, to provide services to an estimated 31,000 new patients. Over the years, I have been proud to lend my support to the city's community clinics. Created to bring health resources to some of Wisconsin's most medically underserved neighborhoods, these clinics have been a strong force in the medical community. Together, with the commitment of Milwaukee's health systems, this initiative will bridge the gaps in health care for low-income residents.

During your time as Secretary of Health and Human Services, you have stressed the importance of supporting community health clinics and improving the health of all Americans. On visits to our state, you have even seen first hand the incredible value these clinics bring to the people they serve. I hear from both constituents and health

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402 GRAHAM AVENUE  
SUITE 206  
EAU CLAIRE, WI 54701  
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APPLETON OFFICE:  
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SUITE 235  
APPLETON, WI 54914  
(920) 738-1640

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425 STATE STREET  
SUITE 202  
LACROSSE, WI 54601  
(608) 796-0045

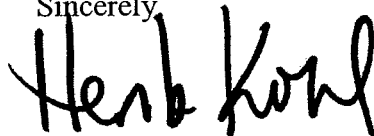
Page 2

providers alike about the demand for more services. The Milwaukee County Primary Care Initiative is a unique community-wide approach to meeting that demand and strives to ensure that no one goes without the most basic medical care.

**Therefore, I strongly urge the Department of Health and Human Services to consider this proposal and the tremendous benefit increased clinic services will have on the health of Milwaukee.** If I may be of further assistance or provide additional information, please do not hesitate to contact me.

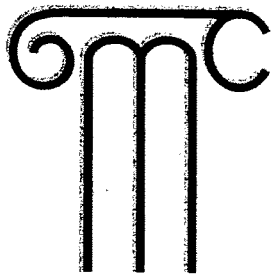
Thank you in advance for your time and attention to this request and for allowing me to lend my support to such a worthwhile endeavor.

Sincerely,

A handwritten signature in black ink that reads "Herb Kohl". The signature is written in a cursive, slightly slanted style.

Herb Kohl  
U.S. Senator

HK:rf



**GREATER  
MILWAUKEE  
COMMITTEE**

Daniel J. Bader  
Chairman

Julia H. Taylor  
President

March 15, 2004

The Honorable Tommy Thompson  
Secretary, U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
615F Hubert Humphrey Building  
Washington, D.C. 20201

Dear Secretary Thompson:

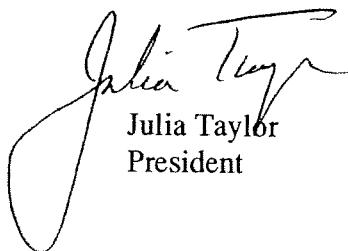
We recently learned of a proposal advanced to you by a group of area health care providers to expand access to existing primary health care services in Milwaukee. As you well know, access to primary care for the underserved in our community is a growing problem that is contributing to rising health care costs for everyone.

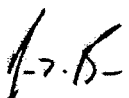
Milwaukee continues to struggle with poor health status for our residents. In Milwaukee County in 2002, 13.6% of children six and under tested positive for lead poisoning, compared to the state average of 7.2%. Also in 2002, 18% of the residents of the City of Milwaukee were uninsured for all or part of the year.

Because our existing clinics lack the capacity or ability to treat everyone who seeks care, many of the City's uninsured or underinsured residents turn to hospital emergency departments for their primary care needs. Emergency department care is costly and many of these problems can and should be appropriately addressed in a primary care setting.

As representatives of Milwaukee's business and civic community, we proudly endorse this important effort. Not only is improved access to quality health care for everyone the right thing to do, but we also know that it will help bring the cost of health care in our community under control. Success in this area will help us accomplish one of our key goals -- improving economic development opportunities for the City of Milwaukee. We urge you to fund this critical effort.

Sincerely,

  
Julia Taylor  
President

  
Dan Bader  
Chairman





*Council of Small Business Executives*

March 1, 2004

The Honorable Tommy Thompson  
Secretary, U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
615F Hubert Humphrey Building  
Washington, D.C. 20201

Dear Secretary Thompson:

I am pleased to offer my support of the Milwaukee Primary Care Access Project, which was recently forwarded to you by a coalition of Milwaukee area health care providers. The five major health systems in Milwaukee -- Aurora Health Care, Covenant Healthcare System, Froedtert and Community Health (in concert with the Medical College of Wisconsin), Children's Hospital of Wisconsin and Columbia-St. Mary's -- have joined together in a collaborative partnership with the four Federally Qualified Health Centers -- Sixteenth Street Community Health Center, Milwaukee Health Services, Westside Healthcare Association and Health Care for the Homeless -- to develop a comprehensive plan for enhancing access to primary health care for the underserved in the City of Milwaukee.

Access to primary care for the underserved in our community is a growing problem. As you well know, not only does this contribute to the high cost of health care, as patients inappropriately turn to hospital emergency departments for primary care services, but it also further exacerbates the decline in health status for our residents. In Milwaukee County in 2002, 13.6% of children six and under tested positive for lead poisoning, compared to the state average of 7.2%. Also in 2002, 18% of the residents of the City of Milwaukee were uninsured for all or part of the year. And, perhaps most alarming, when comparing Milwaukee to other cities nationally, we rank 7<sup>th</sup> overall for infant mortality rates.

As a representative of Milwaukee's business community, I can assure you we are 100% behind this important effort. My members know that by improving access to critical primary care services in our community, we will improve the health of our residents and simultaneously control the overall the cost of delivering health care. I hope you will give this effort your most serious consideration.

Sincerely,

Timothy R. Sheehy  
President

[www.mmac.org](http://www.mmac.org)

756 North Milwaukee Street, Suite 400 • Milwaukee, Wisconsin 53202

Phone (414) 287-4100 Fax (414) 271-7753



OFFICE OF THE COUNTY EXECUTIVE

# Milwaukee County

SCOTT WALKER • COUNTY EXECUTIVE

March 4, 2004

The Honorable Tommy Thompson  
Secretary, U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
615F Hubert Humphrey Building  
Washington, D.C. 20201

*Gov. Thompson*  
Dear Secretary Thompson:

I was recently briefed on details about the Milwaukee Primary Care Access Project, which is the product of a collaborative effort between the five major health systems in Milwaukee and the four Federally Qualified Health Centers. Their mission is to develop a comprehensive plan for enhancing access to primary health care for the underserved in the City of Milwaukee.

I am impressed by the strength of this coalition and the unprecedented partnership of community health providers to address one of Milwaukee's most critical needs, an expansion of primary care resources. The coalition has worked very diligently to produce a proposal which I believe could serve as a national model for a demonstration project.

I know you are acutely aware of the serious health issues facing the underserved in Milwaukee. Because of the lack of adequate primary care resources, many individuals turn to hospital emergency departments for treatment. Of the more than 400,000 visits to area emergency departments in 2001, nearly 20% were for uninsured patients or enrollees in the County GAMP program. More than half of these medical encounters were for individuals with health problems that could have been treated in a primary care setting at a significantly reduced cost.

This proposal has the potential to address many of this community's health care needs and disparities, rising health care costs and the desire to maximize federal funding opportunities in light of the President's Initiative for Health Center Growth. I would be grateful for your support of this important project.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Walker", written over a horizontal line.

Scott Walker  
County Executive



**Marvin E. Pratt**  
Acting Mayor, City of Milwaukee

March 5, 2004

The Honorable Tommy Thompson, Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
615F Hubert Humphrey Building  
Washington, D.C. 20201

Dear Secretary Thompson:

I am writing to offer my endorsement of the Milwaukee Primary Care Access Project, which was recently advanced to you by a coalition of the major healthcare providers in the metropolitan Milwaukee area. Their proposal seeks to address the growing problem of inappropriate hospital emergency department use by expanding access to critical primary care services for the underserved in our community.

As you well know, Milwaukee County is a medically underserved area with a deficit of primary care physicians. In fact, a recent study by the Wisconsin Public Health and Health Policy Institute ranked Milwaukee County 71<sup>st</sup> out of all 72 counties in the state in assessing the health status of its residents. And, the City of Milwaukee faces significant challenges in overcoming issues related to access to health care and disparities in health status compared to residents of the rest of state and the nation overall.

I am confident this comprehensive proposal will go a long way to address the problems associated with limited primary care access for the underserved. Improved primary care access will help control skyrocketing health care costs and improve the overall health of our community.

I am grateful for the leadership this coalition has provided to the community on this important issue. I am hopeful you will agree their proposal makes significant strides in addressing one of the most serious health care challenges facing Milwaukee. Please do your best to find funding for this critical effort.

Sincerely,

MARVIN E. PRATT  
Acting Mayor

Enc. \_\_\_\_\_

- Speciality =

for  
profile { Orthopedic Hosp. - Port Washington  
Thilo Heart - Metcalf  
Heart Hosp. of WI -

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### **WHA CheckPoint Initiative**

Through CheckPoint, consumers and businesses in Wisconsin for the first time will have access to meaningful, relevant information about hospital quality and safety. This hospital driven initiative is the result of hospitals wanting to be publicly accountable for the care they provide, while at the same time, seeking to help Wisconsin citizens learn more about the importance of measuring quality and safety in patient care.

CheckPoint, which is a voluntary program (99% of Wisconsin hospitals are members), will provide information to:

- Allow consumers to learn about the care that research has demonstrated leads to the best care and outcome
- Allow consumers to take this information and make more informed decisions about their insurance plan and providers
- Aid businesses and other health care purchasers in designing their benefit plans
- Allow hospitals to share information about research that has demonstrated its effectiveness at improving quality and safety.

While CheckPoint currently provides information on 15 quality and safety measures, it is just the beginning. CheckPoint will collect more measures moving forward as hospitals begin to collect and report the data.

This information is easily accessible to the public at

### **Wisconsin Collaborative for Healthcare Quality**

The Wisconsin Collaborative for Healthcare Quality is a voluntary statewide consortium of quality improvement-driven healthcare organizations learning and working together to improve the quality of healthcare in the State of Wisconsin. The Collaborative collects a set of common measures of healthcare quality outcomes. These results are used to publicly report performance of healthcare delivery organizations against these measures.

Founding members of the Wisconsin Collaborative for Healthcare Quality include Bellin Health of Green Bay, Dean Health System of Madison, Froedtert Hospital of Milwaukee, Gunderson Lutheran of La Crosse, Marshfield Clinic, the Medical College of Wisconsin, St. Marys Hospital Medical Center in Madison, Saint Joseph's Hospital in Marshfield, and ThedaCare in the Fox Valley.

Endorsing and participating in the Collaborative are some of Wisconsin's most important groups representing employers, employees and businesses, including the Alliance, Appleton Papers, Badger Meter, DaimlerChrysler, Schneider National, Sentry Insurance, Serigraph, Inc., The Trane Company, the United Auto Workers, and Wisconsin Manufacturers & Commerce (WMC).

The Collaborative will more than double in size with the announcement on June 22 of eleven new participating hospitals, physician practices, health systems and business partners from every major market in Wisconsin. More information about the Collaborative, including the *Performance and Progress Report*, is available on the Web at



# TheMilwaukeeChannel.com

## 'Safe Place For Newborns' -- Is It Helping?

### *Law Has Saved 10 Babies*

POSTED: 5:17 PM CST January 28, 2004

**MILWAUKEE** -- A Sheboygan woman accused of killing her newborn baby will stand trial.

It's a death that may have been prevented.

A state law gives parents who don't want their babies a safe alternative, but is it working?

In spite of the fact the posters are plastered all over the South Division High School's health clinic, many don't know about Wisconsin's nearly 3-year-old law.

A new public service announcement, paid for by the nonprofit group A Safe Place For Newborns, is trying to get the word out.

Parents can anonymously leave their newborns at a hospital, police station or a staffed fire house. They can even call 911.

"There's always going to be people who make bad choices, but it's important to get the word out that there is a safe alternative," Safe Place For Newborns Executive Director Terry Walsh said.

The group is also starting to advertise on city busses.

But with a tight budget and no state aid, 12 News wondered if the message is getting out.

State Rep. Sue Jeskewitz helped author the bill.

"I think it is, and we saved 10 babies. That's 10 babies we that we wouldn't have saved if we didn't have the law and 10 babies that are now in adoptive homes," Jeskewitz said.

But, since the law was passed, another eight infants have been found dead. The group admits there's more work to be done.

"Now we're trying to go into other areas -- the taverns, into skate boarding places, shopping malls -- wherever students and young people can learn about this law,"



Walsh said.

A Safe Place For Newborns also said it needs volunteers to help them pass out information about the law and to get people talking about it.

For more information, visit [www.safeplacefornewborns.com](http://www.safeplacefornewborns.com) or call (877) 440-2229.

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## Economic report stings city leaders

### Barrett, Sheehy defend development efforts, rip study

By JOHN SCHMID  
[jschmid@journalsentinel.com](mailto:jschmid@journalsentinel.com)

*Posted: Nov. 15, 2006*

Seldom do think-tank reports roil Milwaukee's civic establishment like this week's Public Policy Forum study that assailed the city's economic leadership.

*Advertisement* Mayor Tom Barrett, eager to "set the record straight," posted a rebuttal on a city Web site Tuesday. He charged that the group ignores several efforts that are meant to reverse some of the shortcomings documented by the report, including efforts to channel more funds into training programs for the city's vast numbers of unemployed.

"The Public Policy Forum's report was long on rhetoric but fell short when it came to reporting results," Barrett wrote.

The Forum report also incensed the Metropolitan Milwaukee Association of Commerce.

MMAC President Tim Sheehy said the study neglects efforts to groom Milwaukee as the anchor of the southeastern Wisconsin economy under a strategy to create a cohesive seven-county bloc, large enough to be globally competitive. That effort, called the Milwaukee 7, seeks strategies to retain, expand and attract industry to the region.

"They wrote an entire report ignorant of any of the strides or strategies engaged by the Milwaukee 7," said Sheehy, an architect of the Milwaukee 7.

No one disputes that the Forum managed to inflame a debate with rare intensity - at least by Milwaukee's standards - on the often dry subject of economic strategy.

The Forum's 28-page report essentially prompts the question whether Milwaukee needs an economic Vince Lombardi - a hard-driven deal-broker with a winning playbook for industrial policy.

"Milwaukee now does not have a department of economic development or a director of economic development," the report notes.

It found that the city lacks an economic plan and disperses crucial economic development funds "in an ad hoc fashion" without tracking its portfolio.

It's unclear who is "ultimately accountable for the performance of the city's economic development investment."

In an analysis of 2002-'04, it found that the city has shortchanged business-driven job-creation strategies while spending most of its \$100 million in annual resources on land development, commercial districts, streetscapes and housing.

Sheehy noted that Milwaukee is at work on a citywide plan, due by 2010, which the city promises to align with regional priorities determined by the M-7 group.

Amid the uproar, the Forum stood by its report.

"Milwaukee needs to be the strongest it can be within the region and the region will be better off," Forum President Jeffrey Browne said.

"The Milwaukee 7 does not substitute for what the city needs to do."

### **Playing field has shifted**

The language of the report - which describes the city budget in terms of investment portfolios or balance sheets - also reflects a shift in how industrial cities can make themselves competitive.

"It is critical that we make sure our expenditures net a solid return," the Forum wrote.

The playing field has shifted for all big-city policy-makers, said Ned Hill, an economics professor at Cleveland State University and specialist in modern urban economic planning.

"Economic development folks have to be savvy, think like business people, they have to be like business solution consultants," Hill said.

"They have to respond to the economy at the economy's speed."

The non-partisan Forum is not alone in raising concerns about economic management. Two years ago, Barrett was briefed twice on a proposal to create a dedicated "jobs czar" - someone to fill what the Forum sees as a hole in the city's economic development team.

"Milwaukee is in need of what amounts to a 'Marshall Plan,' " said the September 2004 proposal, which was drafted by a real-estate developer and circulated among the city's business leaders. It called for a "CEO" for economic development.

"There has been, and continues to be, a leadership and visionary void on the public side with respect to economic development," the 2004 white paper said.

The idea was widely discussed but never created.

"We put that idea to bed two years ago when we embarked on the regional strategy," Sheehy said.

"The reality is that we have a jobs team."

### **M-7's team in place**

Down the hall from Sheehy are the two men in the MMAC's offices who will coordinate the seven-county

- efforts to retain, expand and attract industry. They are Pat O'Brien, president of the Milwaukee Development Corp., an arm of the MMAC, and his deputy, MDC Vice President Jim Paetsch.

When the M-7 Web site is up, it will offer a single phone number and contact for any potential investors into southeastern Wisconsin.

Inquiries from foreign corporations that might choose to locate in Milwaukee, or pleas from a local industry that's struggling and might choose to leave the metro area, will go directly to O'Brien or Paetsch.

They, in turn, will farm them out to relevant teams in the counties or the City of Milwaukee.

"Pat is quarterbacking the effort, but that doesn't mean he plays every position," Sheehy said.

The M-7 structure, however, still means that Milwaukee's municipal planners are the ones who need to execute on any crisis calls or industrial expansion.

"Yes, economic development has changed," said the report's author, Ryan Horton.

"But has the city changed with it? According to this report, it has not."

*Barrett's position can be found at: [www.mkedcd.org/eBulletin/growth](http://www.mkedcd.org/eBulletin/growth) The Forum's report is available at: [www.publicpolicyforum.org](http://www.publicpolicyforum.org)*

From the Nov. 15, 2006 editions of the Milwaukee Journal Sentinel  
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Thursday, February 6, 2003 4:47 PM

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# Lawmakers order audits of 3 state programs

**DNR, DOT, UW to get look**

**By Anita Weier  
February 6, 2003**

State legislators have ordered a comprehensive audit of the Department of Natural Resources' air emission permit program, which has come under increasing criticism for its huge backlog.

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The Joint Legislative Audit Committee also ordered the Audit Bureau to conduct audits of the Department of Transportation's major highway development program and the University of Wisconsin System's administrative expenditures and staffing.

All the audit votes were 10-0.

Environmental groups have criticized the DNR for the large number of air permit requests that await action for some time.

The Clean Air Act required that permits be issued that control air pollution. The department has received 1,287 permit applications since 1995, and issued 802, leaving a backlog of 485.

The Sierra Club and Midwest Environmental Advocates filed a petition with the U.S. Environmental Protection Agency asking that agency to issue a notice of deficiency on the funding of Wisconsin's program. The EPA must respond to the petition by Feb. 14. If the agency finds deficiency, it could order the DNR to fix the problem or it might impose sanctions, including withholding some highway funds. If the EPA does not meet the time limit, the petitioners could go to federal court.



DNR Secretary Scott Hassett wrote to the legislative committee that Wisconsin's air permit program was funded in 1995 by emission fees that used a Consumer Price Index model to adjust for changing costs, but Wisconsin legislators eliminated that adjustment.

Wisconsin Manufacturers & Commerce also has criticized the DNR regarding a separate permit program involving construction permits for facilities that could potentially pollute the air. "Time and again, these permits take too long to process and we need to find out what's going on because it's killing jobs," wrote Jeff Schoepke of WMC, in a request for an audit.

But Hassett said that the construction permit program is among the best in the United States. Permits are processed in an average of seven months compared with a national average of more than a year.

DNR officials said they will be happy to work with the Legislative Audit Bureau to get objective findings on the permit programs.

State Auditor Janice Mueller said she plans to review: workload issues, comparisons with other states, the extent to which fees from regulated utilities cover program costs, the equitableness of fees assessed on entities of varying sizes, air quality monitoring efforts, research about the effects of air pollution on human health, and the extent to which the state has expanded regulatory requirements set by federal law.

Regarding the highway program audit, some legislators have questioned the timeframe, in which potential projects are known so far ahead of time that developers buy up rights-of-way and make a good deal of money by selling the newly valuable property to the state.

Tom Walker of the Wisconsin Transportation Builders Association told the legislative committee Wednesday that such projects take a very long time because of environmental analysis and right-of-way issues.



The University System audit will analyze administrative staffing at every campus and in System administration, salary and fringe benefit expenditures for administrative staff, whether administrative efficiencies have occurred due to operating flexibility granted by the Legislature, expenditures for contractual service and an overview of budget management strategies among peer institutions in other states.

UW System President Katherine Lyall told the legislators that university officials would cooperate fully with the audit. "We are interes




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## Some state officials may get big tax hit

### They followed Wisconsin's guidelines on vehicle use, but IRS had other rules

By **PATRICK MARLEY**  
[pmarley@journalsentinel.com](mailto:pmarley@journalsentinel.com)

*Posted: June 15, 2004*

**Madison** - Most state employees caught up in tax errors involving state cars will likely pay just nominal amounts, but some top officials could face significant bills and perhaps IRS penalties.

Among those facing large tax bills, 5% interest and possible penalties are 19 prison wardens and the head of the Wisconsin National Guard.

Those and other state employees followed state guidelines by not reimbursing the state for tens of thousands of personal miles but broke IRS rules by not reporting the benefit as taxable income. The state never included the income on employees' W-2 forms.

A Department of Administration report issued Friday estimates that many of the 683 state employees who often work out of their homes will face tax headaches.

Under the state rules, their commutes in state cars have been considered business expenses. But the IRS is not as generous in determining what is a home office and says that if workers report to another office, even if only occasionally, they must reimburse their employer for commuting miles or treat them as income.

Hundreds more workers might have to restate their earnings to the IRS because they reimbursed the state for the personal use of state vehicles at 32.5 cents a mile instead of the 37.5 cents a mile used by the IRS. Employees should pay taxes on the 5-cent difference as if it were income, under IRS rules.

The potential tax bite is the latest problem revealed by a review of the state's fleet of 7,300 vehicles. The inquiry has identified 569 underutilized vehicles to be sold off, and another 500 are expected to be trimmed by the end of July.

Selling the 1,069 vehicles is expected to bring in \$4 million to \$5 million, saving hundreds of thousands of dollars more a year in operational costs, said Deputy Administration Secretary Laura Engan.

Among state and local governments, Wisconsin is not alone in its failure to follow IRS rules, said agency spokeswoman Donna Migazzi.

"The tax laws are very complicated in this area," Migazzi said. "It's a very difficult area, very hard to understand."

Officials with the League of Wisconsin Municipalities and the Wisconsin Counties Association said they had heard of no such problems for other governments around the state.

### Penalties possible

The IRS could force state workers to pay any back taxes, plus penalties and interest, Migazzi said. Penalties are tacked on at a rate of 0.5% a month up to 25% of the unpaid taxes. Interest currently accrues at 5% annually, but the rate will drop to 4%

### Quotable

“The tax laws are very complicated in this area. It's a very difficult area, very hard to understand.”

- Donna Migazzi,  
 IRS spokeswoman

after July 1.

In addition, the state could be responsible for both the employer and employee share of Social Security and Medicare taxes on the unreported income, as well as income taxes, Migazzi said. The agency has the authority to perform audits as far back as three years, she said.

The reporting problem creates more of an administrative hassle than a financial crisis for the cash-strapped state, Engan said.

Complying with the IRS rules could prove especially difficult for the handful of employees who do not have to reimburse the state for any miles they put on their government vehicles. Many of them drive heavily.

For instance, Wisconsin National Guard Adjutant General Albert Wilkening put 29,563 miles on his state-owned 2002 Dodge Intrepid from January 2003 through February 2004. He reimbursed the state for none of that travel, according to state records.

In October 2002, shortly after Wilkening was appointed to the job by then-Gov. Scott McCallum, Jeffrey Knight of the Department of Administration wrote Wilkening a letter saying any use of the Intrepid would be considered a business purpose because he could be called on at any time to respond to natural disasters.

Wilkening's home in southern Dane County is 23 miles from his Madison office. If he made that trip every day in the state car, that would mean about 11,000 miles a year would be subject to taxation for commuting alone. That would add \$4,125 of taxable income to his \$93,486 yearly salary.

Guard spokesman Lt. Col. Tim Donovan said Wilkening was out of state this week and unavailable for comment. He said he did not know whether Wilkening kept a log of his miles.

The state's prison wardens have also logged ample miles for which they have not had to reimburse the state.

New Lisbon Correctional Institution Warden Cathy Farrey put 48,971 miles on her 2001 Chevrolet Blazer during a recent eight-month period. Eighteen other wardens drove 10,198 to 23,155 miles from July 2003 through February 2004.

Farrey, who earns \$90,628 a year, was in charge of two prisons during much of that period, which led to additional commuting, said Department of Corrections spokesman Bill Clausius.

Farrey did not return phone calls Tuesday. Other wardens were unavailable, declined comment or did not return calls.

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## State car program review stalled

Department of Justice calls policies too vague

### The Associated Press

MADISON — Policies on state cars are so vague that the Department of Justice can't perform a review of its vehicle use, department officials claim in a report obtained Friday.

The report found only one clear instance of improper use of a state car by a Justice Department employee who worked as a fraud investigator under then-Atty. Gen. Jim Doyle.

DOJ officials said they can't go any further in the investigation because car regulations are too muddy.

Dan Leistikow, a spokesman for Gov. Doyle, said he couldn't believe the Justice Department is confused. He said the Administration Department is doing a review that will clear up any ambiguity about its regulations.

"The fact is, for people in the Department of Justice, the rule has always been very clear. You have to pay the state for personal use of those cars," Leistikow said.

The Justice and Administration departments have been at odds since February when Atty. Gen. Peg Lautenschlager was arrested for drunken driving while in a state car on a trip from Madison to her Fond du Lac home.

Lautenschlager has accused the department, which is under Doyle's authority, of trying to smear her politically.

She ordered her agency to review state car use after she reached a settlement with the state Ethics Board over allegations she hadn't reimbursed the state for personal mileage.

She repaid the state \$672 to cover personal mileage and paid a \$250 fine in the settlement.

"Obviously, she was under a misunderstanding how the vehicle assigned to her should be used. She quite frankly wanted to make sure we're doing things correctly," said Division of Law Enforcement Services administrator Michael Roberts, who prepared the report.

Roberts said the review found that former Medicaid Fraud Control Unit investigator John Ohm hadn't reimbursed the state for commuting from his home near New Berlin to Madison in a state car for several years.

Ohm's abuses affected morale in the unit and generated negative remarks among investigators such as "if you want to see fraud just look down the hall in the fraud unit," according to a letter The AP obtained. The letter was written by former Assistant Attorney General Lisa Taylor to Doyle in 2002, about 10 months before Doyle was elected governor.

Ohm retired from the DOJ in January 2003. A message left at a telephone listing for John Ohm in New Berlin was not immediately returned Friday.

The report said DOJ officials discovered in the fall of 2000 that Ohm hadn't reimbursed the state for his personal travel. They made him pay the state for what the report describes as "two months of personal travel."

Roberts said he didn't know how much Ohm paid.

"That was the only instance we found of obvious abuse of the system," Roberts said.

Leistikow said Doyle was meticulous about reimbursing the state for his personal mileage as attorney general.

"The governor led by example," he said.

The report lists a several concerns DOJ officials have about state car regulations.

They said state workers on call 24 hours a day don't have to pay for personal mileage but they don't know if on-call DOJ agents fall in that category because the criteria are unclear.

They also are confused about what penalties workers who violate state car regulations should face and why the policies don't require mileage logs.

The report said the DOJ will impose an internal rule requiring mileage logs, but Roberts said he won't question the drivers of the 17 vehicles with no personal miles until he gets everything straightened out.

"If we go to them now and they begin to ask me questions about what a particular rule means, since I have confusion in my mind, I'd do more harm than good," he said.