

WISCONSIN STATE
LEGISLATURE
COMMITTEE HEARING
RECORDS

2007-08

(session year)

Senate

(Assembly, Senate or Joint)

Committee on
Economic
Development
(SC-ED)

(Form Updated: 08/11/2009)

COMMITTEE NOTICES ...

➤ Committee Reports ... CR
**

➤ Executive Sessions ... ES
**

➤ Public Hearings ... PH
**

➤ Record of Comm. Proceedings ... RCP
**

INFORMATION COLLECTED BY COMMITTEE
FOR AND AGAINST PROPOSAL ...

➤ Appointments ... Appt
**

Name:

➤ Clearinghouse Rules ... CRule
**

➤ Hearing Records ... HR (bills and resolutions)
**

(companion bill: _____)

➤ Miscellaneous ... Misc

07hr_SC-ED_Misc_pt02a
(2007 documents)



MARSHFIELD CLINIC®

Senate Committee on Economic Development

Senator Julie Lassa (Chair)

Senator Carol Roessler

Senator Pat Kreitlow

Senator Kathleen Vinehout

Thursday, February 21, 2008

11:30 a.m. - 1 p.m., Clinic Boardroom

Lunch Provided


Valet Parking Provided at Main

Entrance of Marshfield Clinic

- 11:30 a.m. **Meet and Greet**
Douglas Reding, M.D., Vice President, Chairman, Government Relations,
Marshfield Clinic
Robert Phillips, M.D., Medical Director, Government Relations, Marshfield Clinic
- 11:35 - 12:05 p.m. **Clinic Growth 2003-2008**
Douglas Reding, M.D., Vice President, Chairman, Government Relations,
Marshfield Clinic
- 12:05 - 12:15 p.m. **Buffet Working Lunch -- Continue Presentation**
- 12:15 - 12:30 p.m. **Electronic Medical Record**
Carl Christensen, CIO, Marshfield Clinic
Tom Berg, General Manager, I.S. Strategic Relations, Marshfield Clinic
- 12:30 - 12:45 p.m. **Physician Group Practice Demonstration**
Ted Praxel, M.D., Medical Director, Quality Improvement and Care Management,
Marshfield Clinic
- 12:45 - 1:00 p.m. **Questions & Answers**
- 1:00 p.m. **Conclusion**

Other Marshfield Clinic Participants

Robert Carlson, M.D., Director, Applied Sciences, Marshfield Clinic
Jim Coleman, Chief Operating Officer, Marshfield Clinic
Teresa Derfus, Media Relations Manager, Marshfield Clinic
Nate Elias, Director, Government Relations, Marshfield Clinic
David Keefe, Director, Human Resources, Marshfield Clinic
Cheryl Lubach, Government Relations Specialist, Marshfield Clinic
Vicky Strobel, Director, Business Development, Marshfield Clinic
Karl J. Ulrich, M.D., M.M.M., President and Chief Executive Officer, Marshfield Clinic
Steven Youso, Chief Administrative Officer, Security Health Plan




Marshfield Clinic

A Growing Proposition

Senate Committee on Economic Development

February 21, 2008

Douglas J. Reding, M.D., M.P.H., FACP
Vice President, Chairman Government Relations



MARSHFIELD CLINIC.



Growing a clinic


1890

- ▶ K.W. Doege, M.D.
Opens practice
- ▶ Saint Joseph's
Hospital constructed


1916

- ▶ Marshfield Clinic founded






Growing a clinic



1975

- ▶ Clinic moves to current location

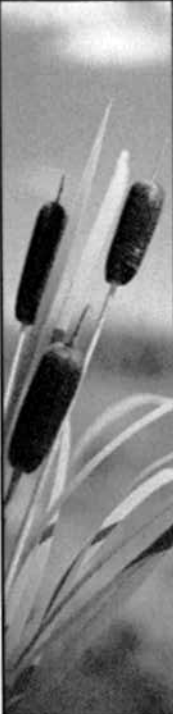


Growing research


1959

- ▶ Marshfield Medical Research Foundation formed
- ▶ Old Research Building (ORB)



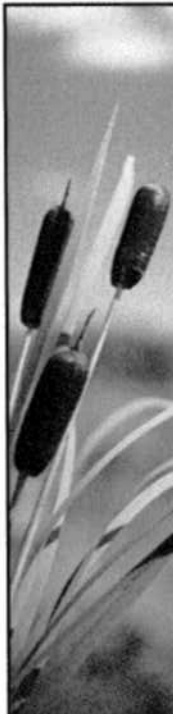



Growing facilities




1991

- ▶ Lawton Center dedicated




Growing facilities



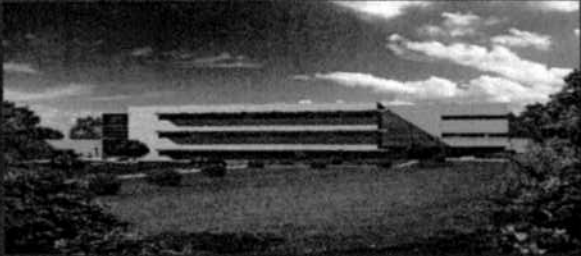
1997

- ▶ Laird Center dedication
- ▶ 50,000 square feet
- ▶ \$12 million






Growing facilities



2008

- ▶ Laird Center for Medical Research
- ▶ 112,300 square feet
- ▶ \$40 million



East Wing construction



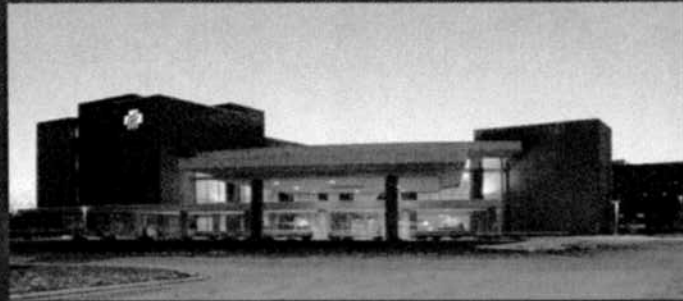
2003 completion

- ▶ 139,600 square feet
- ▶ \$20 million





East Wing



2008 addition

- 86,600 square feet
- \$17.5 million
- Dermatology, Orthopaedics/Spine, shell space



Fig Building



- ▶ 2002 - 63,000 square feet
 - Information Systems
 - Health Information Management
 - Center for Community Outreach





Growing facilities

- ▶ Security Health Plan of Wisconsin
 - building construction in 1999
- ▶ Hume Avenue addition
- ▶ Leased locations
 - Wildwood Plaza 1999



Eau Claire Center



2007 addition

- ▶ 54,000 square feet
- ▶ \$23.6 million






Rice Lake Center



2008 Completion


- ▶ 138,200 square feet
- ▶ \$43.5 million
- ▶ Exploring integration with Lakeview Medical Center



Western expansion

- Cumberland
- Bloomer
- Lake Hallie
- Elk Mound
- Arcadia
- Hayward
- Menomonie Center addition






Growing staff

- ▶ Physicians: 774
- ▶ Employees: 6,484
- ▶ Total: 7,258 (November 2007)

- ▶ Total (November 2006): 6,887



Growing staff

- ▶ Marshfield Center (11/2007)
Physicians: 361 (344 Marshfield residents)
Employees: 3,785 (1,924 Marshfield residents)

Total: 4,146






Growing staff


- ▶ All other centers
 - Physicians: 413
 - Employees: 2,699

Total: 3,112



Growing staff

- ▶ Physician Recruitment
 - Marshfield campus -- 56
 - All other centers -- 105





Growing staff

- ▶ Other staff recruitment

450 new job postings

66 IS positions

- ▶ High paying jobs



Growing research

- ▶ \$10 million in grant awards





Growing research

- ▶ \$4.2 million – Clinical and Translational Science Award (CTSA)
 - Humberto Vidaillet, M.D., principal investigator
- ▶ University of Wisconsin-Madison partnership



Growing research

- ▶ \$3.2 million – National Human Genome Research Institute grant
 - Cathy McCarty, Ph.D., principal investigator





Growing research

- ▶ \$1.3 million – Centers for Disease Control & Prevention grant
 - Ed Belongia, M.D., principal investigator
- ▶ Monitor influenza severity and transmission on Tamiflu



Growing research

- ▶ \$500,000 – CDC influenza vaccine effectiveness study
 - Ed Belongia, M. D., principal investigator
- ▶ Only US location with capacity to rapidly evaluate flu vaccine effectiveness





Growing research

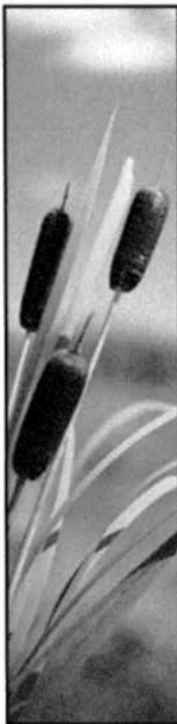
- ▶ \$509,000 – Centers for Disease Control & Prevention grant
 - Ed Belongia, M.D., principal investigator
- ▶ Study of avian influenza transmission to backyard poultry flock owners



Growing research

- ▶ \$300,000 - National Institute of Environmental Health Sciences, National Institutes of Health grant
 - Kemissa Bejaoui, Ph.D., principal investigator





Future growth

- ▶ Commercialization
- ▶ Medical tourism
- ▶ Technology transfer
- ▶ China
- ▶ Additional center locations



CMS demonstration project

Improved quality of care, resulting
in cost savings

1 of 10 sites nationwide

\$4.5 million performance payment





Quality Improvement and Care Management February 21, 2008

- Theodore A. Praxel, MD, MMM, FACP



Objectives

- Review Marshfield Clinic's participation in the Centers for Medicare and Medicaid Services (CMS) Physician Group Practice (PGP) Demonstration project (one of ten sites selected in the nation).
- Implications for all patients and payers.

Marshfield Clinic Experience

- Why did Marshfield Clinic enter the CMS PGP demonstration project?
- How did we attempt to intervene?
- What were the results of PY1?
- When do we expect to hear about PY2?
- Where are we going in the future?

Why enter the CMS PGP Project?

- Consistent with the Clinic's mission
- Marshfield Clinic's long term strategy built around the six aims of the Institute of Medicine.
- Founding member of Wisconsin Collaborative for Healthcare Quality
- Marshfield Clinic was headed in a similar direction as the PGP demo and participation allowed us to accelerate our learning.
- Goals of the CMS PGP demo – Improve efficiency (decrease costs) while improving quality (32 measures) simultaneously vs a regional comparison beneficiary group with care from non-Marshfield Clinic physicians.

How did we intervene for the PGP project?

Multiple simultaneous interventions for *all patients*, not just CMS beneficiaries

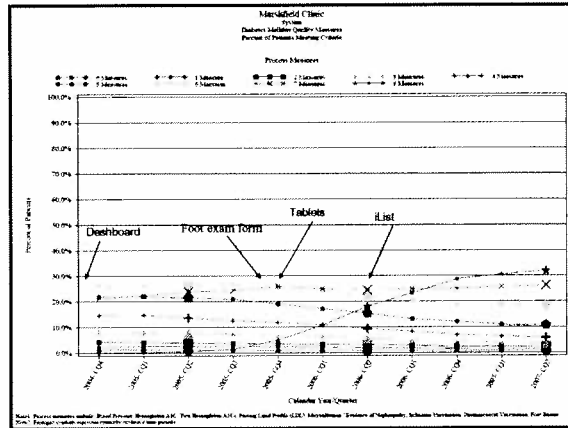
- Best practice models developed for core conditions
- Computer based CME opportunities
- Care management programs
- Population based feedback to providers
- Health Information Technology
- Physician/Clinical Nurse Specialist regional teams

Interventions

- Care Management
 - Anticoagulation System – clinic wide
 - Telephonic CHF care management
 - Nurseline available to all Marshfield Clinic Primary Care patients
 - Dyslipidemia program

Interventions

- Feedback to system, divisions, departments, providers
 - Intranet reports
 - Departmental meetings
- Goal to begin to develop population based thinking while maintaining the needs of the individual patients.



Chartless Environment – completed in 2007

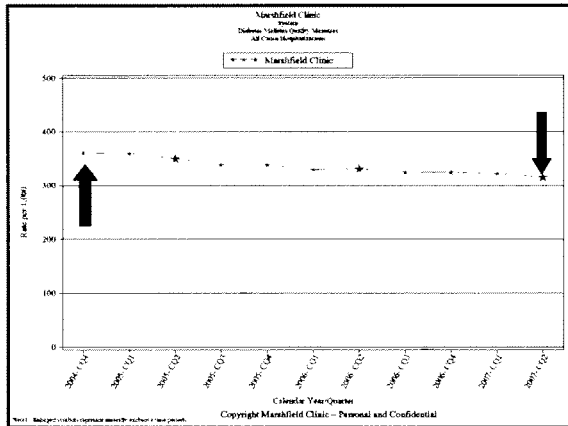


Interventions

- Electronic medical record
 - Accelerated deployment of tablet computers to primary care providers
 - Specific applications to assist in care delivery and support providers
 - Point of care
 - Dashboard
 - PreServ
 - RECTN
 - Future visit planning
 - iList

Interventions

- EHR
 - Continuity and coordination of care across all 41 Clinic sites
 - Promotes efficiency of services



Interventions

- Physician support/involvement
 - Guideline development
 - Regional medical directors paired with Clinical Nurse Specialists
 - Working relationship with Clinic leadership at both Executive Committee and System Operations Group

Marshfield Clinic PY1 Results

- Marshfield Clinic
 - Earned a performance bonus of \$4.5 million dollars
 - Improved quality measures from baseline measurement year.
 - Met 9 of 10 quality measures.
 - Saved the CMS trust fund ~\$6.02 million net of the 2% corridor (~\$12 million if 2% corridor included).

Results from PY2

- Note we are almost through PY3.
- Results for PY2 anticipated in mid 2008.
 - Preliminary results met all 6 claims based measures for PY2.
 - Beginning chart audits for remaining 21 quality measures.
- No efficiency data to date from CMS for PY2.

Future Directions

- EHR enhancements
 - Patient activation tools being released 2/27.
- Refinement of reporting to physicians
 - Include risk adjustment information.
- Practice redesign
 - Current screening requirements for primary care providers are not possible in current models given time constraints
- Include specialists in reporting

Challenges

- Current reimbursement models do not support
 - Practice redesign
 - Team based approach
 - Care management efforts – individual or population based
- Enhancing speed of data delivery for feedback (rapid cycle improvement).
- Competing definitions of quality from multiple payors
- Convincing payors to engage in sharing of cost savings for currently non-reimbursed services (nurseline, anticoagulation, etc).

Challenges

- For patients and other purchasers in the future -

$$Value = \frac{Quality}{Cost}$$

We will continue to **measure quality** in order to continue to improve and deliver high quality care, **and** simultaneously work to **control costs** in order to **maximize** our **value** to all participants



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Potential Economic Impact from Healthcare Informatics at Marshfield Clinic

Prepared for Senate Economic Development Committee
February 21, 2006

CCHIT
CERTIFIED
2006

Today's Goal

Heighten Awareness of Healthcare Informatics at Marshfield Clinic
and
Communicate our Potential

Today's Topics

What's the problem?

- Strategy - The Biomedical Informatics Research Center (BIRC) is a nationally recognized center for biomedical informatics research and development
- Strategy - Engineer electronic medical record software that provides safe, timely, effective, efficient, equitable, and patient-centric care
- Strategy - Commercialize our software development

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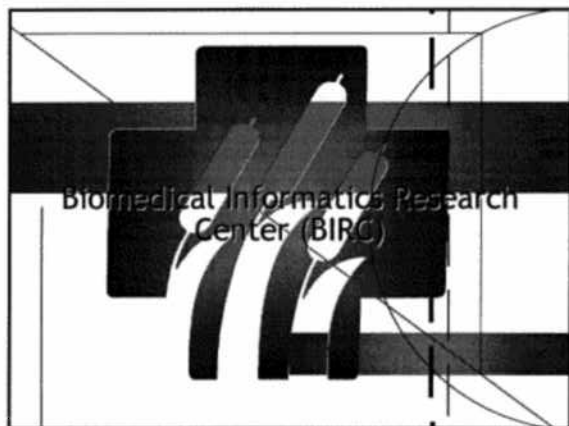
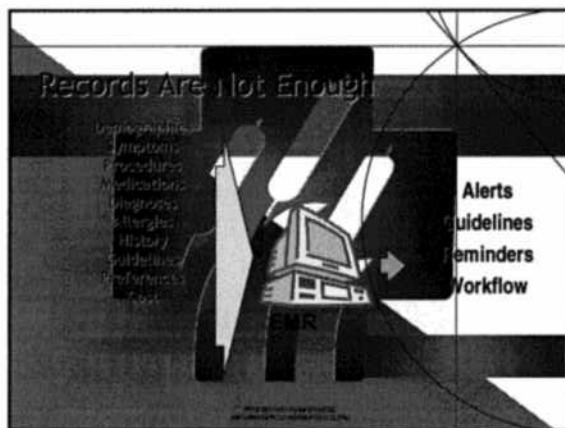
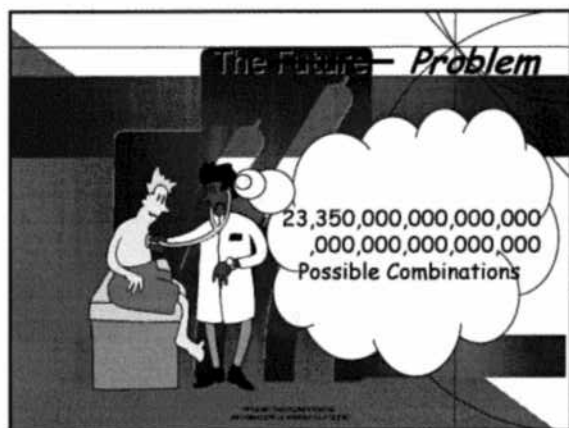
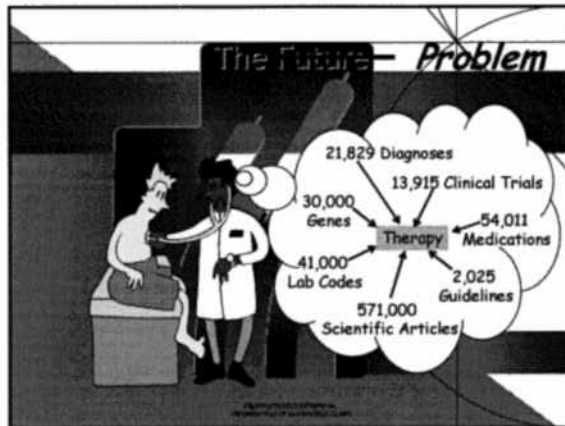
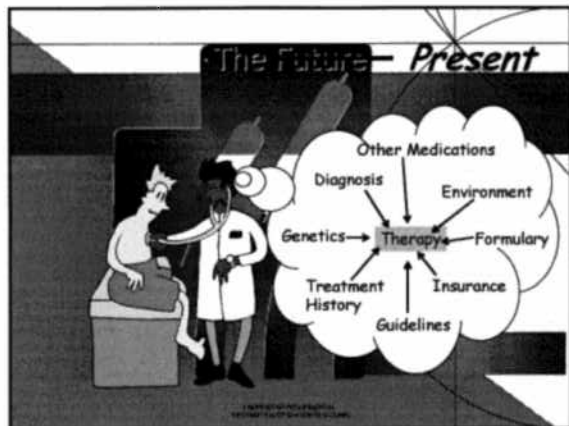
A New Problem?

For Doctors Practiced 5 Years ...

Diagnosis → Therapy



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Today's Topics

- **What's the problem?**
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- **Strategy:** Commercialize our software development.

BIRC Research Foci

- Translational Informatics
- Decision Support
- Knowledge Management
- Human Computer Interaction
- Patient-centered Health Information Technology
- Population Health
- Biosurveillance
- Dental Informatics

The Myth

Research Clinical

Bench Bedside

Clinical Research Today

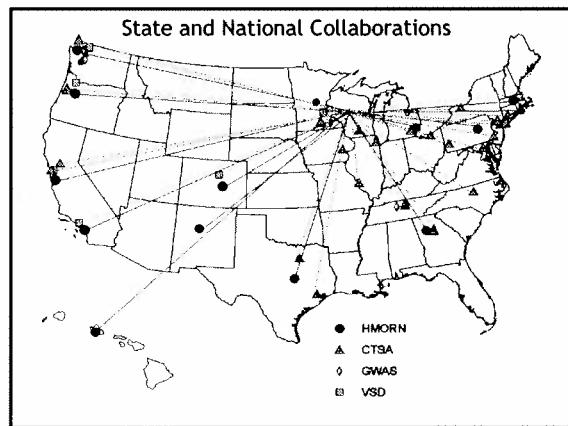
Research Clinical Care

The Future

Research Clinical Care

Collaborations

- ICTR - Institute for Clinical and Translational Research
- HMOH1 - HMO Research Network
- GWA - Genomic Wide Association
- VSD - Vaccine Safety Datalink
- CRN - Cancer Research Network



BIRC Economic Potential

- Influx of Intellectual Capital
- Increased grant funds (Marshfield Clinic and collaborators)
- Usability Laboratory contract R & D using our facility to study computer-human interface
 - Direct research
 - Improves software products developed in WI
- Work Force Improvement - BIRC Informatics Masters
- Spin-offs (the body area sensor networks in and around the human body for clinical and health monitoring)

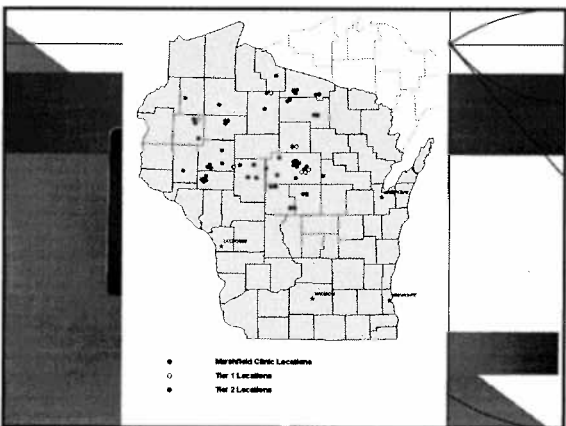
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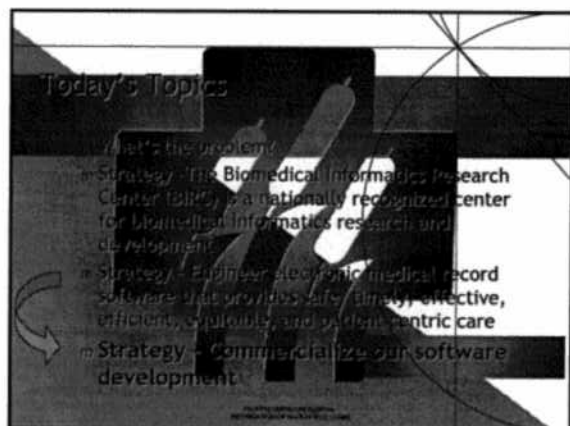
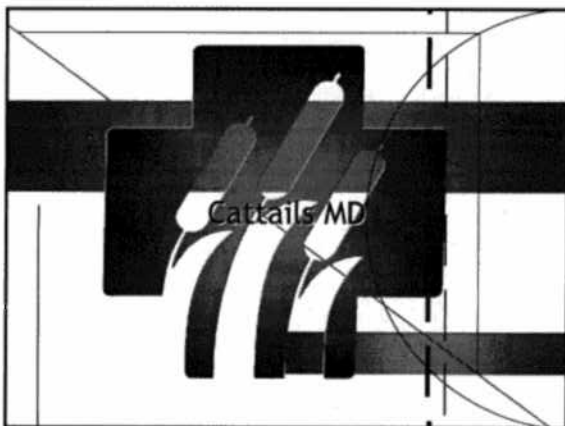
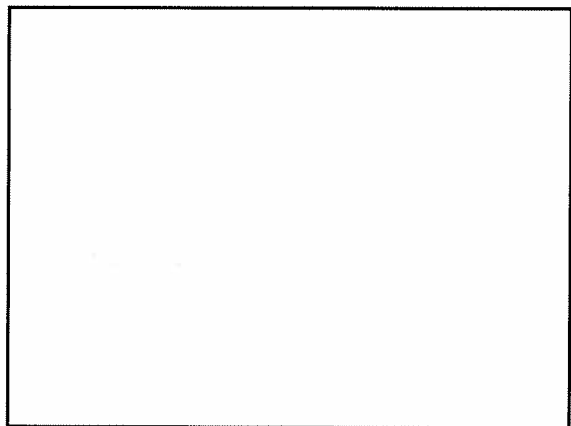
Marshfield Clinic the only large, multi-organization, integrated electronic healthcare information system in the country

Large, Multi-Organization, Integrated Electronic Healthcare Information System

Saint Clare's
Multiple Organizations
No paper charts
Single Electronic Record
Seamless Care
of our practice



Chartless - No Paper Records



Mission - Cattails MD

- m Earn a reasonable return on IT assets and investment
- m Support the core business strategies of Marshfield Clinic
- m Deliver reliable, state-of-the-art healthcare applications to commercial customers
- m Provide strong support and meet financial performance targets

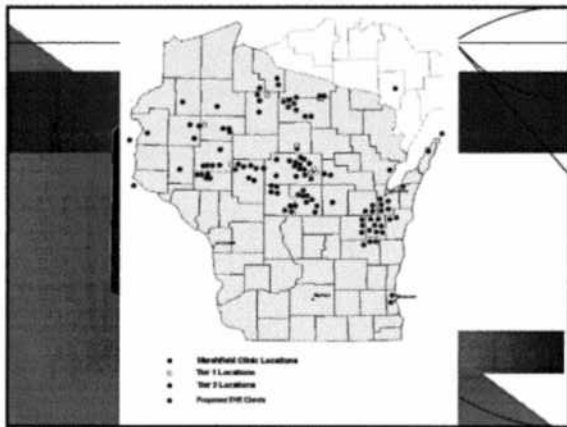
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Cattails Software Suite

Integrated suite of clinical applications

- Cattails - Care
- Cattails - Lab
- Cattails - Imaging
- Cattails - Finance
- Cattails - Decision Support
- Cattails - Portal

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CattailsMD

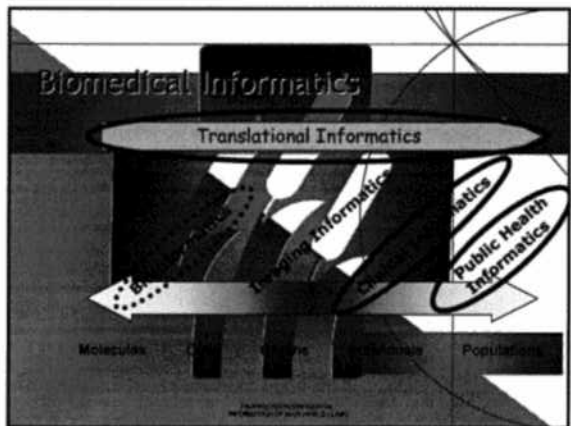
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CattailsMD
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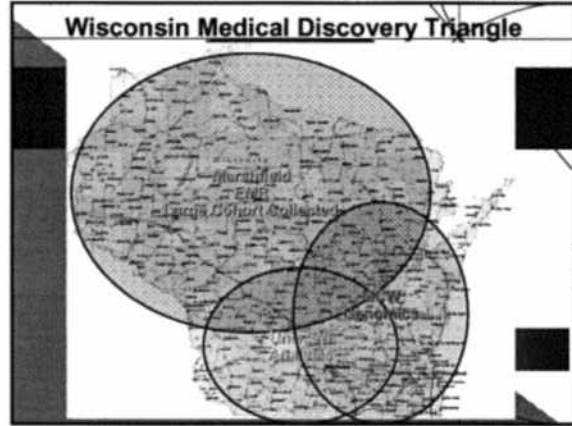
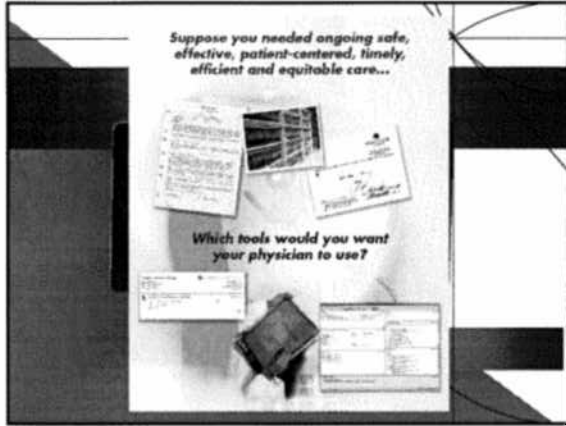
Built by physicians
for physicians

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2007

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Tim Swan



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