2007 DRAFTING REQUEST

Bill

Received: **02/05/2007**

Received By: **dkennedy**

Wanted: **As time permits**

Identical to LRB:

For: **Carol Roessler (608) 266-5300**

By/Representing: **Jennifer Stegall (aide)**

This file may be shown to any legislator: **NO**

Drafter: **dkennedy**

May Contact:

Addl. Drafters:

Subject: **Health - medical assistance**

Extra Copies: **PJK**

Submit via email: **YES**

Requester's email: **Sen.Roessler@legis.wisconsin.gov**

Carbon copy (CC:) to: **robin.ryan@legis.wisconsin.gov**

Pre Topic:

No specific pre topic given

Topic:

Require DHFS to require physical health risk assessments for MA and BadgerCare enrollees and develop disease management programs

Instructions:

See Attached

Drafting History:

Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required
/?	dkennedy 03/07/2007	lkunkel 03/08/2007		_____ _____			
/P1			rschluet 03/08/2007	_____ _____	lparisi 03/08/2007		
/1	dkennedy 03/22/2007	lkunkel 03/23/2007	nnatzke 03/23/2007	_____ _____	cduerst 03/23/2007	cduerst 03/29/2007	

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/?	dkennedy	/pl lmk 3/8					

FE Sent For:

<END>

Kennedy, Debora

From: Stegall, Jennifer
Sent: Monday, February 05, 2007 1:56 PM
To: Kennedy, Debora; Kahler, Pam
Subject: FW: Drafts

Attachments: 1-30-07 MA drafting requests.doc; 07-18271.pdf

Sorry...forgot the attachments...


1-30-07 MA drafting requests.d..


07-18271.pdf (31 KB)

From: Stegall, Jennifer
Sent: Monday, February 05, 2007 1:54 PM
To: Kennedy, Debora; Kahler, Pam
Subject: Drafts

Hi,

I have attached a document which briefly details three bill draft requests from Senator Roessler. All of them relate to MA.

The Senator would like to know if there is any way possible that she could have 1 draft that encompasses:

*The three MA proposals attached;
*The WHEFA related draft I have attached; 07-1827/1
*The BadgerCare employer reporting bill (Debora has that request);
*A premium tax deduction proposal (Marc Shovers drafting);
*Deficit Reduction Act changes...longer look back period, etc. (Pam has this request);

If it helps, Senator Roessler said we could exclude the reference to Marshfield Clinic in the MA drafts if it meant that we could have this big draft ready before the Senate Health Committee goes on the road to hold hearings on various health care proposals (beginning mid Feb. to late Feb.).

Let me know what you think...(after you stop laughing :)

Thanks!
Jennifer

Kennedy, Debora

From: phillips.robert@marshfieldclinic.org
Sent: Monday, March 05, 2007 1:32 PM
To: Kennedy, Debora
Subject: Re: Getting in touch

Attachments: HTML.mht

HTML.mht (5 KB)

Debora,

Let's see if the link goes through with this return note.Let me know.

Bob Phillips,MD

http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=ascending&itemID=CMS024227&intNumPerPage=10

------Original Message------
From: "Kennedy, Debora" <Debora.Kennedy@legis.wisconsin.gov>
Date: Mon Mar 05, 2007 -- 09:43:02 AM
To: "phillips.robert@marshfieldclinic.org" <phillips.robert@marshfieldclinic.org>
Subject: Getting in touch

Dr. Phillips--

Hope this message reaches you and that you'll be able to respond. If I don't hear from you today, I'll try phoning tomorrow. One way or the other, we'll work it out. By the way, if you want to send a FAX, our number is (608) 264-6948.

Thank you very much for your help.

Debora Kennedy
Debora A. Kennedy
Managing Attorney
Legislative Reference Bureau
(608) 266-0137
debora.kennedy@legis.state.wi.us

Please for Dr. Phillips
(715) 221-8692

----------}]mCl#AtT:----------

Dr. Phillips also referred to
Dr. Ted Paxel of Marshfield Clinic

July 2006

Marshfield Clinic Physician Group Practice Demonstration

Site Visit Final Report

Prepared for

Fred Thomas
John Pilotte
Heather Grimsley
Centers for Medicare & Medicaid Services
Office of Research, Development, and Information
Mail Stop C3-21-25
7500 Security Boulevard
Baltimore, MD 21244-1850

Prepared by

Gregory C. Pope
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RTI International
Health, Social, and Economics Research
Research Triangle Park, NC 27709

RTI Project Number 0208506.002

Marshfield Clinic
Physician Group Practice Demonstration
Site Visit Final Report

By:

Gregory C. Pope
Musetta Leung
Roberta Constantine
Jyoti Aggarwal
RTI International

Submitted to:
Fred Thomas
John Pilotte
Heather Grimsley
Centers for Medicare and Medicaid Services

RTI International*

CMS Contract No. 500-00-0024 Task Order # 13

July 2006

This project was funded by the Centers for Medicare & Medicaid Services under contract no. 500-00-0024 Task Order # 13. The statements contained in this report are solely those of the authors and do not necessarily reflect the views or policies of the Centers for Medicare & Medicaid Services. RTI assumes responsibility for the accuracy and completeness of the information contained in this report.

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*RTI International is a trade name of Research Triangle Institute.

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EXECUTIVE SUMMARY

The Centers for Medicare & Medicaid Services (CMS) initiated The Physician Group Practice (PGP) demonstration in April 2005. This 3-year demonstration offers participating PGPs the opportunity to earn bonuses for improving the quality and efficiency of care delivered to Medicare fee-for-service (FFS) beneficiaries. Ten large PGPs are participating in the demonstration.

CMS contracted with RTI International, an independent, nonprofit research organization, to support and evaluate the PGP demonstration. As part of its evaluation, RTI is conducting site visits at each of the 10 PGPs participating in the demonstration in the winter of 2005-2006. The purpose of these site visits is to understand the decisions of the PGPs to participate in the demonstration, and their early implementation and operational experience with the demonstration. This report contains findings for Marshfield Clinic.

Marshfield Clinic is a multi-specialty not-for-profit group medical practice providing services primarily to the residents of Wisconsin. Marshfield Clinic operates as a charitable corporation with its assets held in a charitable trust. The group consists of 41 regional centers/sites with main facilities located in Marshfield, Wisconsin and employs 740 physicians covering over 80 specialties and over 6,000 support staff. Marshfield Clinic partly owns one hospital, but most of its admissions are to hospitals that it does not own or control. The Clinic owns an HMO, Security Health Plan, with 115,000 members, including 9,500 Medicare Advantage enrollees.

Demonstration Participation and Strategy. Marshfield Clinic is interested in the use of medical informatics to improve care management and population health. The Clinic's strategy is to standardize best practices, apply best practice models of cost-effective high quality care to all its patient populations and to generate a paradigm shift to disease prevention. The Clinic's prior experience with its Security Health Plan HMO has helped foster this perspective. The PGP demonstration fits very well with these goals. Additionally, the PGP demonstration aligns incentives for Marshfield Clinic and allows for the reimbursement of previously non-reimbursed initiatives that reduce Medicare costs (e.g., anticoagulation management program). The demonstration also aligns with Marshfield's strategic initiatives around improving access and becoming a fully electronic group practice.

Patient Care Interventions. Marshfield Clinic's main efficiency focus for the PGP demonstration is on reducing hospital admissions through better management of chronic conditions. The two patient care interventions that occurred specifically in response to the demonstration were the telephonic heart failure program and the development and implementation of Best Practice Models (BPMs). The Clinic is working to reduce admissions for congestive heart failure and hypertension complications through care management and best practice models. Also, the Clinic is expanding its anticoagulation drug therapy management program, which aims to reduce costly complications of warfarin therapy. The fact that Marshfield Clinic is a freestanding group practice has created some challenges in developing inpatient-oriented patient care interventions. The Clinic reports that hospitals have no motivation to help it with care management of the beneficiaries assigned to it under the demonstration.

Marshfield has had difficulty in identifying hospitalized patients in real time, gaining access to inpatient financial data, and in developing interventions such as end of life care, discharge instructions, and discharge medication review.

Provider Participation and Relations. The Marshfield Clinic PGP demonstration implementation team began working with various divisions and department directors in October 2004 to inform providers about the demonstration. Regional Medical Directors and clinical nurse specialists have been visiting all departments periodically to meet with providers and discuss quality improvement. Providers are educated about the shared savings model under the demonstration and the need to attain quality indicator threshold targets for receiving the full bonus. All providers and ancillary staff are also educated about the BPMs, which have been developed as part of the demonstration.

Marshfield Clinic leadership periodically meets with providers with outlying performance measurements to encourage improvement in provider performance. The approach is confidential feedback with no financial or non-financial incentives. Provider feedback data on quality measures are updated quarterly on the Clinic's intranet system. The demonstration has been an impetus to give physicians more feedback on their patients, and therefore has focused physician attention on managing chronic care. Providers are currently paid based on patient care productivity.

Demonstration Quality Indicators. Marshfield Clinic indicated that demonstration quality measures are reasonable. However, Marshfield raised concern about the alignment of measures across payers and stressed that inconsistent measures drive up costs substantially. The PGP demonstration measures are just different enough from HEDIS®, National Committee for Quality Assurance, and state accreditation measures that they require additional data collection. Several of the PGP demonstration quality measures require manual chart abstraction (e.g., diabetic eye exams to verify a dilated eye exam), which is expensive.

Marshfield Clinic has prioritized improving quality measures that would provide the greatest enhancement in patient care. Marshfield Clinic's strategy for quality improvement is based on a six-sigma process improvement framework: define, measure, analyze, improve and control. Quality performance reports and BPMs to standardize care have been developed or are being developed to define the situation. Data is being collected to measure baseline quality and for analysis to determine any root causes of poor performance. Marshfield Clinic then improves performance through the development of practice tools and point-of-care decision support. Control is established through the development of a Storyboard for each BPM and through response plans.

Information Technology. Marshfield Clinic has historically had strong, unwavering commitment from its leaders to use computers for improving healthcare. Participation in the PGP demonstration has served as a catalyst in the implementation and acceleration of Marshfield Clinic's information technology (IT) strategic plan. In general, benefits from IT investment do not accrue under fee-for-service Medicare, but there is the potential for some return under the demonstration. Marshfield Clinic stresses developing IT systems in-house. In-house development lends flexibility to the systems and allows them to be tailored to the Clinic's needs.

Clinic IT initiatives include an electronic medical record, tablet computers, a data warehouse, a real-time, point-of-care physician reminder system, enhanced charting and code data acquisition, patient registries, and care management software. None of these systems have been initiated specifically for the PGP demonstration, but they have supported its implementation.