

2019 DRAFTING REQUEST

Bill

For: Administration-Budget Drafter: swalkenh
 By: Stinebrink Secondary Drafters:
 Date: 10/26/2018 May Contact:

Same as LRB:

Submit via email: YES
 Requester's email:
 Carbon copy (CC) to: doasbostatlanguage@wisconsin.gov
 sarah.walkenhorstbarber@legis.wisconsin.gov
 tamara.dodge@legis.wisconsin.gov

Pre Topic:

DOA:.....Stinebrink, BB0036 -

Topic:

Dementia training for health care providers

Instructions:

See attached

Drafting History:

| <u>Vers.</u> | <u>Drafted</u> | <u>Reviewed</u> | <u>Submitted</u> | <u>Jacketed</u> | <u>Required</u> |
|--------------|-----------------------|-----------------------|----------------------|-----------------|-----------------|
| /? | swalkenh 2/19/2019 | csicilia 2/19/2019 | | | |
| /P1 | swalkenh 2/21/2019 | | mbarman 2/19/2019 | | State |
| /P2 | | kmochal 2/21/2019 | lparisi 2/21/2019 | | State |

FE Sent For: <END>

See Amended Request

This request is for statutory or non-statutory authority for the Department of Health Services to implement two separate two-year projects related to Dementia. The request is for the following two programs, with excerpts included from the budget request submitted by the department.

- A. **Academic Detailing Training Program**. Request funding to implement a 2-year Academic Detailing primary care clinic dementia training pilot program in 10 Wisconsin primary care clinics through a contract with the Wisconsin Alzheimer's Institute.
- B. **Health Care Provider Information on Community Dementia Resources**. Implement a 2-year project through a contract with the Wisconsin Alzheimer's Institute to strengthen the ability of health care providers to link individuals with dementia to community resources.

A. *Dementia Training for Health Care Providers Using an 'Academic Detailing' Model*

1. One potential strategy to increase the timeliness and accuracy of dementia diagnosis identified at the 2018 Dementia Care Summit would be to provide primary care providers with clinical training and access to educational resources on best practices for diagnosis and management of common cognitive disorders, and referral strategies to dementia specialists for complicated or rare cognitive/behavioral disorders.
2. The Department has identified a training model, known as 'Academic Detailing' that could be implemented with primary care providers in Wisconsin to increase knowledge among primary care providers related to clinical interventions and practices for individuals with mild cognitive impairment (MCI) and dementia.
3. The Academic Detailing model was originally developed in the early 1980s by physicians at Harvard Medical School and Vanderbilt University School of Medicine, with funding from federal research grants. Cost-benefit analysis of these interventions demonstrated financial savings due to implementation. The model was subsequently applied in health care systems worldwide to provide training across numerous specialty areas.
4. Academic Detailing is a 'train-the-trainer' style model that teaches health care experts techniques for engaging in interactional educational outreach to other health care providers and clinical staff to provide information on evidence-based practices and successful therapeutic interventions with the goal of improving patient care. The training model was developed based upon certain highly effective communication, behavior change, and marketing techniques employed by pharmaceutical industry sales representative (known as 'detailers') to increase the use of their company's products. Adapted for the purpose of training health care practitioners, the Academic Detailing model applies the communication approach used by pharmaceutical 'detailers' to relay medical information and model expert practice techniques to health care providers.
5. The Academic Detailing model consists of three key components:

1. The most current research on effective clinical treatments and practices is systematically evaluated by the 'academic detailing' team.
 2. This information is packaged into an easily accessible format that is clinically relevant, rigorously sourced, and compellingly formatted.
 3. Clinicians are trained to serve as academic detailers – equipping them with both the clinical expertise and proficiency in conducting an interactive educational exchange that facilitates individualized learning among participating primary care practitioners in the target clinics.
6. The Department requests funding in the biennial budget to implement the Academic Detailing model in 10 clinic sites across the State. This initiative could be implemented as a 2-year pilot project resulting in an outcomes evaluation report with recommendations.
 7. The Division proposes implementation of this initiative through a sole-source contract with the Wisconsin ADRC, which would be responsible for recruiting 10 clinicians with expertise in dementia to be trained as Academic Detailers, compiling the research and developing training materials, and implementing the model in 10 clinic sites across the state.
 8. Anticipated benefits of this initiative include support for physicians and their staff in meeting the needs of their own real-world patients with dementia, while providing education around best practices for clinicians to utilize on their own going forward. Improvements in primary care provider capacity and confidence in diagnosing MCI and dementia, as well as evaluating appropriate medications for symptom management, are expected to increase physician engagement in diagnosis and treatment of dementia. The Wisconsin Alzheimer's Institute has offered to undertake an evaluation of this initiative and would be responsible for all costs associated with the evaluation. Consideration of future funding by the Department could be contingent upon the initiative demonstrating successful outcomes related to increased early diagnosis and use of evidence-based therapeutic interventions.

B. Strengthening the Ability of Health Care Providers to Link Individuals with Dementia to Community Resources

9. Another strategy for health care systems improvement identified through the 2018 Dementia Care Summit is to ensure that primary care providers have knowledge of and access to resources so that they may provide information to individuals with dementia and family caregivers to help link them with community resources.
10. Health care provider responses to commonly occurring conditions, such as Alzheimer's disease, are driven by increasingly automated procedures for therapeutic intervention implemented at the systems level, including the information that is provided by health care providers to their patients about diagnosed conditions. Health care systems develop automated protocols for commonly occurring conditions that prescribe the specific literature to be shared with patients at the time of diagnosis.

11. In addition to providing applicable therapeutic health care interventions for an individual diagnosed with MCI or dementia, one of the most valuable tools a health care provider could employ when discussing a dementia diagnosis with a patient and his or her caregivers would be to share information on the community resources and supports available to help manage the non-medical aspects of dementia. However, this type of information is not always prioritized within the medical setting, so health care providers often lack access to these important resources for their patients.
12. To address this information gap for Wisconsin health care providers and health care systems, the Department proposes to undertake a 2-year initiative during the 2019-21 biennium with the goal of engaging with physician's offices, health care systems, and other relevant health care settings across the State to provide information on community resources in a format that can be shared with patients diagnosed with MCI or dementia. Community resource information targeted for dissemination as part of this initiative may include information on services provided by ADRCs, Dementia Care Specialists, the Guardian Support Center, and information on how to request a driving evaluation through the Department of Transportation.
13. In some cases, health care providers may be willing to share Department-developed resources (e.g. brochures, referral information) with patients. Other health care systems are proprietary, and only provide materials to their patients that have been developed by the health care system. One goal of this initiative would be to work with these proprietary health care systems to develop or update these proprietary materials to ensure consistent content and the most up-to-date and accurate information is being shared with patients.
14. The Department estimates that this initiative would require a full-time position dedicated to engaging in outreach to the nearly 2,000 physician's offices statewide to understand the processes used to provide information to patients by their office or the health care systems within which they work. This position would also collaborate with medical systems to develop system-specific informational materials on community-based dementia resources for each system to adopt and disseminate. The Department estimates that annual position costs for this individual would be \$104,800 per year based on a position equivalent to State Public Health Educator – Advanced position (includes salary, fringe, supplies and services costs).
15. Similar to the Academic Detailing pilot, the Department could consider undertaking this initiative through a sole-source contract with the Wisconsin Alzheimer's Institute, as this entity is perhaps the only resource in the State that has expertise in dementia and is closely linked with the State's network of health care providers that provide health care services to individuals with dementia.

Amended Request

This request is for statutory or non-statutory authority for the Department of Health Services to implement the following program for Dementia.

- A. **Academic Detailing Training Program**. Request funding to implement a 2-year Academic Detailing primary care clinic dementia training pilot program in 10 Wisconsin primary care clinics through a contract with the Wisconsin Alzheimer's Institute.

Presumably, this would be a nonstate provision. But, for additional information on the program, here is the department's explanation of it.

A. ***Dementia Training for Health Care Providers Using an 'Academic Detailing' Model***

1. One potential strategy to increase the timeliness and accuracy of dementia diagnosis identified at the 2018 Dementia Care Summit would be to provide primary care providers with clinical training and access to educational resources on best practices for diagnosis and management of common cognitive disorders, and referral strategies to dementia specialists for complicated or rare cognitive/behavioral disorders.
2. The Department has identified a training model, known as 'Academic Detailing' that could be implemented with primary care providers in Wisconsin to increase knowledge among primary care providers related to clinical interventions and practices for individuals with mild cognitive impairment (MCI) and dementia.
3. The Academic Detailing model was originally developed in the early 1980s by physicians at Harvard Medical School and Vanderbilt University School of Medicine, with funding from federal research grants. Cost-benefit analysis of these interventions demonstrated financial savings due to implementation. The model was subsequently applied in health care systems worldwide to provide training across numerous specialty areas.
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5. The Academic Detailing model consists of three key components:
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 3. Clinicians are trained to serve as academic detailers – equipping them with both the clinical expertise and proficiency in conducting an interactive educational exchange that facilitates individualized learning among participating primary care practitioners in the target clinics.
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6. The Department requests funding in the biennial budget to implement the Academic Detailing model in 10 clinic sites across the State. This initiative could be implemented as a 2-year pilot project resulting in an outcomes evaluation report with recommendations.
 7. The Division proposes implementation of this initiative through a sole-source contract with the Wisconsin ADRC, which would be responsible for recruiting 10 clinicians with expertise in dementia to be trained as Academic Detailers, compiling the research and developing training materials, and implementing the model in 10 clinic sites across the state.
 8. Anticipated benefits of this initiative include support for physicians and their staff in meeting the needs of their own real-world patients with dementia, while providing education around best practices for clinicians to utilize on their own going forward. Improvements in primary care provider capacity and confidence in diagnosing MCI and dementia, as well as evaluating appropriate medications for symptom management, are expected to increase physician engagement in diagnosis and treatment of dementia. The Wisconsin Alzheimer's Institute has offered to undertake an evaluation of this initiative and would be responsible for all costs associated with the evaluation. Consideration of future funding by the Department could be contingent upon the initiative demonstrating successful outcomes related to increased early diagnosis and use of evidence-based therapeutic interventions.

Dodge, Tamara

From: Hanaman, Cathlene
Sent: Friday, October 26, 2018 12:49 PM
To: Dodge, Tamara; Walkenhorst Barber, Sarah
Subject: FW: Statutory Language Drafting Request - 2019-21
Attachments: Dementia.docx

From: Stinebrink, Cory R - DOA
Sent: Friday, October 26, 2018 12:44 PM
To: Hanaman, Cathlene <Cathlene.Hanaman@legis.wisconsin.gov>
Cc: Dombrowski, Cynthia A - DOA <Cynthia.Dombrowski@wisconsin.gov>; Stinebrink, Cory R - DOA <Cory.Stinebrink@wisconsin.gov>
Subject: Statutory Language Drafting Request - 2019-21

Biennial Budget: 2019-21

Topic: Dementia

Tracking Code: BB0036

SBO Team: HSI

SBO Analyst: Stinebrink, Cory R - DOA
Phone: (608) 266-0239
E-mail: Cory.Stinebrink@Wisconsin.gov

Agency Acronym: 435

Agency Number: 435

Priority: Low

Intent:

See attached file for intent/request.

*— See amended
request attachment
sent 2/19*

Attachments: True

Please send completed drafts to SBOSatlanguage@spmail.enterprise.wistate.us



State of Wisconsin
2019 - 2020 LEGISLATURE

LRB-0581

SWB:...

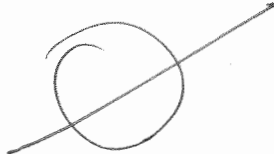
1PL

DOA:.....Stinebrink, BB0036 - Dementia training for health care providers

FOR 2019-2021 BUDGET -- NOT READY FOR INTRODUCTION

IN 2/19

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1 AN ACT ...; relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

HEALTH

1. Dementia training for health care providers

This bill requires DHS to establish a two-year academic detailing primary care clinic dementia training program for health care providers in 10 primary care clinics in the state through a contract with the Wisconsin Alzheimer's Institute. As part of the training program, DHS must provide primary care providers with clinical training and access to educational resources on best practices for diagnosis and management of common cognitive disorders, and referral strategies to dementia specialists for complicated or rare cognitive or behavioral disorders. DHS must also ensure the program includes at least the following components: 1) the most current research on effective clinical treatments and practices is systematically evaluated by the academic detailing team; 2) information gathered and evaluated regarding the effective clinical treatments and practices packaged into an easily accessible format that is clinically relevant, rigorously sourced, and compellingly formatted; and 3) training for clinicians to serve as academic detailers, equipping them with clinical expertise and proficiency in conducting an interactive educational exchange to facilitate individualized learning among participating primary care practitioners in the target clinics. Finally, DHS must, in consultation with the Wisconsin

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Alzheimer's Institute, provide a report to the legislature including a description of the outcomes resulting from activities funded by the training program, including whether there is substantiation of successful outcomes related to increased early diagnosis and use of evidence-based therapeutic interventions, as well as a recommendation regarding future funding.

For further information see the **state** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 9119. Nonstatutory provisions; Health Services.

[#](1) ACADEMIC DETAILING TRAINING PROGRAM. (a) In this section, "academic detailing" means a teaching model under which health care experts are taught techniques for engaging in interactional educational outreach to other health care providers and clinical staff to provide information on evidence-based practices and successful therapeutic interventions with the goal of improving patient care.

[#](b) The department of health services shall establish and implement a 2-year academic detailing primary care clinic dementia training program in 10 primary care clinics in the state through a contract with the Wisconsin Alzheimer's Institute.

[#](c) The department shall, as part of the training program, provide primary care providers with clinical training and access to educational resources on best practices for diagnosis and management of common cognitive disorders, and referral strategies to dementia specialists for complicated or rare cognitive or behavioral disorders.

[#](e) The department shall ensure the training program under this subsection includes at least the following three components:

- [#]1. The most current research on effective clinical treatments and practices is systematically evaluated by the academic detailing team.

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1 2. Information gathered and evaluated under subd. 1. packaged into an easily
2 accessible format that is clinically relevant, rigorously sourced, and compellingly
3 formatted.

4 3. Training for clinicians to serve as academic detailers, equipping them with
5 clinical expertise and proficiency in conducting an interactive educational exchange
6 to facilitate individualized learning among participating primary care practitioners
7 in the target clinics.

8 (f) No later than December 1, 2020, the department of health services shall, in
9 consultation with the Wisconsin Alzheimer's Institute, submit a report to the chief
10 clerk of each house of the legislature for distribution to the legislature in the manner
11 under s. 13.172 (2) containing all of the following information:

12 1. A description of the outcomes resulting from activities funded by the training
13 program under this subsection, including whether there is substantiation of
14 successful outcomes related to increased early diagnosis and use of evidence-based
15 therapeutic interventions.

16 2. Recommendations regarding future funding of the program.

****NOTE: The December 1, 2020 date included in this paragraph (f) is a
placeholder. Please let me know if you would like the date changed, or if you would like
to modify the reporting requirements.

provided

Walkenhorst Barber, Sarah

From: Stinebrink, Cory R - DOA
Sent: Thursday, February 21, 2019 12:14 PM
To: Walkenhorst Barber, Sarah
Cc: Dombrowski, Cynthia A - DOA
Subject: LRB-0581/P1

Sarah-

You left a note in the non-stats for the Academic Detailing Training Program. Please redraft to remove the portion about the report under section (e) from Lines 10-17.

Thanks,

Cory R Stinebrink
Executive Policy and Budget Analyst
Health Services and Insurance Team
(608)267-9546
Cory.Stinebrink@wisconsin.gov



State of Wisconsin
2019 - 2020 LEGISLATURE

LRB-0581/P1

SWB:cjs

1P2

DOA:.....Stinebrink, BB0036 - Dementia training for health care providers

FOR 2019-2021 BUDGET -- NOT READY FOR INTRODUCTION

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with the Wisconsin Alzheimer's Institute, provide a report to the legislature that contains a description of the outcomes resulting from the training program, including whether there is substantiation of successful outcomes related to increased early diagnosis and use of evidence-based therapeutic interventions, as well as recommendations regarding future funding.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

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4 which health care experts are taught techniques for engaging in interational
5 educational outreach to other health care providers and clinical staff to provide
6 information on evidence-based practices and successful therapeutic interventions
7 with the goal of improving patient care.

8 (b) The department of health services shall establish and implement a 2-year
9 academic detailing primary care clinic dementia training program in 10 primary
10 care clinics in the state through a contract with the Wisconsin Alzheimer's Institute.

11 (c) The department shall, as part of the training program, provide primary care
12 providers with clinical training and access to educational resources on best practices
13 for diagnosis and management of common cognitive disorders, and referral
14 strategies to dementia specialists for complicated or rare cognitive or behavioral
15 disorders.

16 (d) The department shall ensure that the training program under this
17 subsection includes at least the following three components:



State of Wisconsin
2019 - 2020 LEGISLATURE

LRB-0581/P2
SWB:cjs

DOA:.....Stinebrink, BB0036 - Dementia training for health care providers

FOR 2019-2021 BUDGET -- NOT READY FOR INTRODUCTION

1 **AN ACT ...; relating to:** the budget.

Analysis by the Legislative Reference Bureau

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16 (d) The department shall ensure that the training program under this
17 subsection includes at least the following three components:

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19 systematically evaluated by the academic detailing team.

