



## Department of Health Services - State of Wisconsin Town Hall Results Provider (Other Programs)

### Prescription Savings

Ralph

#### What could the Department of Health Services improve?

A Coordinated Pharmacy Program for measurable savings. BidRx + PartnersRx combines old and new. It is the best of old - a traditional prescription benefit with convenient service at over 60,000 pharmacies and new - an online internet based, transparent, information rich, competitive auction system that gets bids from participating pharmacies across the street and across the United States.

#### Do you have any cost savings suggestions for the Department of Health Services?

By using an interoperable CEM (Competitive Electronic Marketplace) costs and budgets are decreased and sustained by changing the way care is delivered because doctors, pharmacists and beneficiaries have the tools to make better decisions. It is where the free marketplace, through competition, is allowed to decrease cost and increase services which in the prescription drug arena can combine for a 68% decrease in cost.

### Primary Care Options

#### Health Affairs Article

#### What could the Department of Health Services improve?

Bellin Health, based in Green Bay, serves a market of 600,000 patients. The foundation of the system is a network of 117 primary care physicians - along with 41 employer-based clinics, 40 retail clinics in stores, a 220-bed community hospital, a critical-access hospital, a psychiatric hospital, and hospice. Bellin takes a life and health cycle approach stressing prevention and minimizing the likelihood that those who use the system will ever need costly acute, inpatient care. It seeks to engage basically healthy people in new ways and to structure services so that patients can easily access appropriate care at the lowest cost. An example is FastCare Clinics inside retail stores, which are affiliated with medical practices and connected through a system of electronic health records.

#### Do you have any cost savings suggestions for the Department of Health Services?

The systems costs have been relatively flat in recent years, as most health systems have seen their costs steadily rise. Bellin estimates that the FastCare Clinics have delivered care outside regular business hours to 124,781 patients. If those people had sought care at emergency departments, they would have cost the system an additional \$52.9 million based on average emergency department costs.

## **Behavioral Health Care**

**Gary**

### **What could the Department of Health Services improve?**

Providers that provide in-patient care for people with very acute behavioral crises and are paid by the admission. They are incented to admit more patients. They provide crisis care for that same population and are paid by the hours of crisis care provided. They are incented to generate as many hours of care as is justifiable. They provide community mental health services in the form of Community Support Programs, Comprehensive Community Services and Targeted Case Management and are paid for every episode of care, incented to provide as many episodes of care. They provide out-patient services in the form of counseling, group therapy and Psychiatry, and paid by the visit.

### **Do you have any cost savings suggestions for the Department of Health Services?**

Change the rules and charge providers with the responsibility of managing the behavioral health of a population effectively and efficiently rather than paying for generating volume. Providers should be evaluated (and paid) based on ability to keep that population out of the hospital, out of jail, off the streets and employed.

## **Pay-for-Performance**

### **WHA Medicaid Reengineering Group**

#### **What could the Department of Health Services improve?**

It is expected that all hospitals will have one percent of base funding withheld. All funding would be redistributed to hospitals based on a specified formula. Option 1 - Benchmark using Statewide Average: Use of the statewide average does not recognize and reward hospitals for improvement. By using the statewide average, 50% of all hospitals would not have the ability to score for each measure. Assign a dollar value to each measure. If the hospital exceeds the statewide average for that measure, the hospital receives a portion of the funds assigned to that measure. Option 2 - Modified Value Based Purchasing Based on Past Performance: DHS should adopt the same general methodology used for the CMS Value Based Purchasing Program. Credit would be given for high achievement or improvement; whichever is higher. Basing on past performance is not consistent with the principle of providing timely communication to all stakeholders, or with the principle that financial incentives must be tied to the ability to affect outcome. Hospitals could lose funding based on prior years when they did not know what the performance measures were. Benchmarks performance should be the state 75th percentile; achievement thresholds should be the state 25th percentile. Hospitals can achieve the maximum earn back on the measures that are applicable to their patients (i.e. hospitals are not penalized because they don't care for patients in all of the measures). Option 3 - Modified Value Based Purchasing Based on Current Performance: Withhold funds beginning 7/1/12, use 09-11 data as the benchmark, measure performance based on 2012 data, funds withheld beginning 7/1/12 would be distributed by 6/30/13.

#### **Do you have any cost savings suggestions for the Department of Health Services?**

Recommend using option 3.

## **Medical Nutrition Therapy**

**Nancy**

### **What could the Department of Health Services improve?**

Any serious discussion of the state's Medicaid program needs to consider the positive impact that Medical Nutrition Therapy (MNT) provided by Registered Dietitians can provide related to cost savings and improved health outcomes. It is an evidence-based component of the medical treatment for managing specific diseases and conditions. Several chronic diseases are amenable to MNT and studies have shown the cost benefit of such intervention: Cardiovascular disease, diabetes, obesity.

### **Do you have any cost savings suggestions for the Department of Health Services?**

Journal of the American Dietetic Association study revealed a savings of \$4.25 for each dollar spent on MNT, which was much less than the cost of drug therapy. The Journal of Occupational and Environmental Medicine revealed that for every dollar an employer invests in the lifestyle modification program for employees with diabetes, the employer would see a return of \$2.67 in productivity.

## **Mental Health Services**

**Becky**

### **What could the Department of Health Services improve?**

Stop cutting funding. Money not spent for care of addictions and mental health illness will be money spent in ER, urgent care, and other medical areas for care that is inappropriate, expensive, and does not solve the problem.

### **Do you have any cost savings suggestions for the Department of Health Services?**

Review the restrictive regulations, codes, and policies dictated by the state. Trying to provide care by licensed, credentialed provider and adhere to rules imposed by the state bureaucracy.

## **Medicaid**

**Andrew**

### **What could the Department of Health Services improve?**

(1) Fund services that give the most bang for the buck. (2) Pay enough so that mental health providers can afford to see patients who are covered by state programs and Medicaid in general. Medicaid and state programs pay about 25% of usual and customary rates, reducing my income to slightly more than minimum wage after expenses.

### **Do you have any cost savings suggestions for the Department of Health Services?**

(1) Psychotherapy costs less than psychiatric medication long-term, AND is more effective, according to a large body of research.(2) Psychotherapy reduces other medical expenses, reduces medical and psychiatric hospitalizations, and improves people's ability to get jobs and stay employed.(3) Peer support is an effective service that reduces the amount of medical, psychological, and other treatment that people with serious mental illnesses need.

## **Family Planning Only Services**

**Julie**

### **What could the Department of Health Services improve?**

With the assistance of the Department of Health Services, we can better our economy and reduce the healthcare burden of unplanned, unwanted pregnancies through prevention, reduce abortions, and continue reproductive health to improve the lives of Wisconsin families who cannot afford children during these economic pressures and difficult times. By being proactive instead of reactive we can save money, and more importantly lives of the people we serve.

### **Do you have any cost savings suggestions for the Department of Health Services?**

Reduce overhead and all the layers of administrators that currently bog the system with illogical rhetoric and bureaucratic nonsense making those who need to make such tough decisions even more difficult without accurate or truth driven data.

## **Medical Nutrition Therapy**

**Kim**

### **What could the Department of Health Services improve?**

None

### **Do you have any cost savings suggestions for the Department of Health Services?**

Medical Nutrition Therapy (MNT) provided by a Registered Dietitian is both cost effective and in the best interests of Medicaid patients. It is estimated that expenses associated with diabetes treatment are \$174 billion/year. Data shows that \$6 can be saved for every dollar spent on nutrition intervention to treat diabetes. The cost of providing a statin therapy for one year is about \$700-\$2100, compared with the cost of MNT to reduce cholesterol levels, only about \$217/year. Data shows that 1-2 hours of counseling by a Registered Dietitian and 15-20 minute follow up can produce sustainable weight loss in obese and overweight individuals.

**general**

**Crystal**

### **What could the Department of Health Services improve?**

None

### **Do you have any cost savings suggestions for the Department of Health Services?**

Is there a way to provide incentives for appropriate use of the ED? I'm not sure which programs are affected, but parents of my students have told me they have a co-pay if they go to their doctor, but not if they go to the ER. Private insurance has a higher co-pay for using the ED than PMD and if it's found to be non-emergent, the co-pay is raised still further. Parents also sometimes end up in the ED because of having to wait too long to see the PMD, during which time the health situation deteriorates or they lose patience, as they can't stay home from work for long with a sick child & keep their job. Is there a way to help avoid this scenario? Also a friend working in the ED has told me patients come in by ambulance, then decline care & demand a ride home, since hospitals are required to provide rides home for T19 patients. Is this true? If so, that could use some revision, as it increases costs for DHS, hospitals, and perhaps others.

## **Prenatal Care Coordination--PNCC**

**Laura**

### **What could the Department of Health Services improve?**

Approve (fund) the provision of Medical Nutrition Therapy (MNT) to Medical Assistance patients (regardless of age), by registered dietitians. Especially look at the provision of preventative nutrition education, through programs such as Prenatal Care Coordination.

### **Do you have any cost savings suggestions for the Department of Health Services?**

WIC Nutritionists, those that are Registered Dietitians (RDs) are able to provide nutrition counseling to pregnant women and PP women (up to 60 days PP), that are enrolled into the Prenatal Care Coordination Program. One of the criteria for enrollment into PNCC, is that the enrollee must be on Medicaid. In Sheboygan County, WIC Nutritionists make referrals to public health nurses (RNs) that act as case managers. Once the nurse has determined that a pregnant woman meets the criteria to be enrolled into PNCC, (there are criteria that need to be met, in addition to being on Medicaid), we, as WIC Nutritionists can bill our nutrition counseling for each 15 min. of nutrition assessment, counseling and documentation that we provide from the time a woman is enrolled, up until 60 days post partum. We bill our follow-up high risk WIC appointments. Unfortunately we do not have any documentation related to the cost benefits of RDs following these women via the PNCC program. In terms of fiscal benefits of being enrolled into the WIC Program, for every \$1.00 spent on the WIC Program, there is a savings of up to \$4.00 in Medicaid benefits. It is unknown how much of the dollar estimate can be attributed entirely to the nutrition counseling received by RDs but it does have an impact. Other medical diseases and conditions requiring nutritional counseling by RDs could be pursued.

## **Fsmily Planning Only Services**

**Michele**

### **What could the Department of Health Services improve?**

Streamline paperwork to enroll in HMOS for MA

### **Do you have any cost savings suggestions for the Department of Health Services?**

Increase co-pays that enrollees are asked to contribute Continue funding of family planning only services at least 250% above the Federal Poverty Level; however institute a nominal co-pay for every office visit and/or RX

**Free clinics provide a lot of services and Obama plan left them out of the funding loop**

**Whitman**

**What could the Department of Health Services improve?**

Take a look at the services provided by free clinics at the local level and help with the funding of these clinics. We provided over \$1,000,000 worth of services here at my free clinic with an actual cost of less than \$350 per client served. This included all labs, medication, diagnostic services including CT/MRI scans. The previous administration left us out of the loop for funding and the Obama plan left the free clinics out of the loop too. Free clinic support provides more services and may be a better way to spend the dollars on healthcare over time.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Katie Beckett**

**Ellen**

**What could the Department of Health Services improve?**

15 yr old Grandson diagnosed with Reactive Attachment Disorder, Oppositional Defiant Disorder, PDD-NOS, and severe depression. Currently he receives assistance from the Katie Beckett program which provides financial assistance for the high cost of his medication, as well as mentoring services through Co. HHS. If it weren't for his medication, the services provided by the County, and special education, it would be a gloomy outlook. We have had 10 yrs of counseling and training to help handle issues at home. We are very concerned that with a loss of services we may need to alter his meds and he would no longer receive mentoring. Monthly meds are \$1500, even with ins it's more than our budget can handle. We also don't know what to expect when he turns 18, without available programs, he may fall between the cracks.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**School Nurses**

**Susan**

**What could the Department of Health Services improve?**

Without BadgerCare adequately funded people will get sicker, costs will go up and children will die. School nurses see broken bones, abscesses, undiagnosed genetic disorders. People will still go to doctor no matter what, so without coverage, health care costs will go up.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

## **Centralization Model**

**Jill**

**What could the Department of Health Services improve?**

Reduce costs by ending BadgerCare coverage at age 18.

**Do you have any cost savings suggestions for the Department of Health Services?**

The draft statewide income maintenance model is a \$33 million dollar cost savings from the current system.

## **HIRSP**

**Carolyn**

**What could the Department of Health Services improve?**

Allow Registered Dietitians (RDs) to enroll as providers in Medicaid plans. I see many MA patients every day and there are hurdles to providing Medical Nutrition Therapy for conditions such as diabetes, heart disease, morbid obesity, etc. that are hindered by the current lack of credentialing as a provider.

**Do you have any cost savings suggestions for the Department of Health Services?**

Cover Medical Nutrition Therapy (MNT) provided by Registered Dietitians in all plans for all medical diagnoses. MNT has been repeatedly shown in studies to prevent the onset of diabetes and/or to delay the complications of such chronic conditions as diabetes, heart disease and kidney disease. I am writing a chapter on the Cost-Effectiveness of Medical Nutrition Therapy in Diabetes Care for the American Diabetes Association and can specifically cite many references documenting the \$ savings.

## **Medicaid**

**Sharon**

**What could the Department of Health Services improve?**

None

**Do you have any cost savings suggestions for the Department of Health Services?**

The price that most vendors charge for items that special needs clients get are outrageous-oftentimes triple the amount charged at retail stores for the exact same product. Also medical supplies are much inflated and need to be addressed.

## **All EBD and County administered benefits**

**Stephanie**

**What could the Department of Health Services improve?**

None

**Do you have any cost savings suggestions for the Department of Health Services?**

Training is generally cut out of the system to save money, and over the past 5 years, the services and knowledge of economic support workers, HP enterprises, and the ESC has greatly declined. Because there are individuals who are not properly trained and supported, there is more work, communication and follow-up time required to get cases fixed and clarified. This time is wasteful for both the workers and community partners. CARES is not a perfect system, and going back to making sure that the workers understand the various Medicaid, FS, and other programs would likely save time. There was a time when all the economic support workers knew how the programs worked, could recognize errors better, and mistakes were fixed much more quickly. Training may be expensive up front as well as the presences of onsite supervisors who are knowledgeable of the programs, but it will likely save money in the end to implement these two things.

Currently, many providers must contact supervisors to get answers, to question incorrect information and decisions being made by economic support workers and ESC workers. I feel that this is costly for everyone and a great disservice to consumers. The providers work hard to understand the information and the rules mainly because things slip through the cracks more and more each year. A combination of large caseloads, workers with a lack of critical knowledge of programs, and a growing bitterness, makes the process wasteful and everyone loses time that could be better used serving individuals.

## **IM Centralization**

**Greg**

**What could the Department of Health Services improve?**

You are looking at a more expensive way of doing business, a system that is facing federal Food Share sanctions, a higher error rate than the counties and a system that will likely lead to increased fraud. Please consider keeping some local presence, i.e. county staff.

**Do you have any cost savings suggestions for the Department of Health Services?**

Wage rates for state employed enrollment specialists are much higher than our local county offers.  
[https://wisc.jobs/public/job\\_view.asp?annoid=50865&jobid=50380](https://wisc.jobs/public/job_view.asp?annoid=50865&jobid=50380)

## **Less cost, better care**

**Susan**

**What could the Department of Health Services improve?**

Use of Medical Nutrition therapy (MNT) provided by registered dietitians as a tool to reduce Medicaid costs while providing the best care for WI residents.

**Do you have any cost savings suggestions for the Department of Health Services?**

MNT will reduce costs associated with diabetes, cardiovascular disease, and obesity.

## **SDS Services**

### **What could the Department of Health Services improve?**

Self direct but still have infrastructure of business.

### **Do you have any cost savings suggestions for the Department of Health Services?**

Agency with choice may be an alternative to total SDS.

## **Crisis Resource Center - Psychiatric Interventions services as an alternative to ER and Inpatient Hospitalization**

### **DuBord**

#### **What could the Department of Health Services improve?**

Recognize the community-based psychiatric crisis intervention services provided by the Crisis Resource Center as a level of service covered by Medicaid HMOs. This will reduce unnecessary emergency room and inpatient hospitalizations - which are covered services, but at much higher costs.

#### **Do you have any cost savings suggestions for the Department of Health Services?**

Recognize the community-based psychiatric crisis intervention services provided by the Crisis Resource Center as a level of service covered by Medicaid HMOs. This will reduce unnecessary emergency room and inpatient hospitalizations - which are covered services, but at much higher costs than the CRC and a much better service for consumers.

### **badgercare, T-19**

#### **Sarah**

#### **What could the Department of Health Services improve?**

An easier form of access to Primary care and Dental Care for families. More education of children and families so they can better determine what necessitates trips to the Emergency Department.

#### **Do you have any cost savings suggestions for the Department of Health Services?**

Invest in more primary care at the schools- Nurse Practitioner's. They are able to see students sooner and address health care issues before they become out of control or severe enough to require Emergency Department care. This would be a huge cost savings in the long run and less unnecessary use of the Emergency Department and hospitalizations. This is easier to access for parents and families also due to being right in the school where their children are. It does not necessitate leaving work, losing hours, potentially being under scrutiny of management in the work place. I work in the schools and there are many parents who are not able to leave work unless it is truly an emergency so they do wait to have their children seen.

## **Uninsured**

**Leona**

### **What could the Department of Health Services improve?**

Funding free clinics is very economical. here we serve the uninsured. We provide all services and medication needed to our clients. We have the three major health care providers in the area donate services on a quarterly basis for labs, basic diagnostic services like x-rays and MRI's.

### **Do you have any cost savings suggestions for the Department of Health Services?**

We not fund free clinics. Our cost are about \$400 per client. Offer matching funds to communities. The communities need to match the state dollars one to one.

## **Access to dental care**

**Linda**

### **What could the Department of Health Services improve?**

Assisting the educational institutions for dental hygiene education establish mid-level providers.

### **Do you have any cost savings suggestions for the Department of Health Services?**

Continue preventative services in the area of oral health and allow dental hygienists to access children and adults in settings without the oversight of a dentist. Particularly the underserved populations that are MA participants.

## **Straight Title 19 recipients**

**Susan**

### **What could the Department of Health Services improve?**

I am very concerned about funding the needs of our most vulnerable citizens: individuals with special needs. Rehab therapies (which consume approximately 1% of the Medicaid budget) -PT, OT, SLP- offer the best opportunities for a person to become independent, able to care for themselves, or actively participate in (and direct) their own care. The current PA process is cumbersome, arbitrary, and costly to the provider/health care system AND the State and results in delays in needed services. Prior statistical analysis has shown that the PA process is akin to putting a \$500 lock on a \$200 bike.

### **Do you have any cost savings suggestions for the Department of Health Services?**

The three proposals by the WPTA deserve consideration for their potential to improve cost effectiveness - best utilization of funds for optimal outcomes and fewest/no delays. The three proposals are 1) outsource to private HMOs, 2) tiered benefits, and/or 3) sample 10% of PAs to review. Details are available from the WPTA and have been shared with the Secretary. The WPTA has been an active participant in improving processes between providers and DHFS for years. However, suggestions at cost containment that target streamlining the PA process fall on deaf ears because they target bureaucratic positions that would then be at risk. I propose that we spend the funds on the recipients' needs by creating a streamlined fair and equitable benefit system and improve or eliminate the PA process.

**All Medical Assistance programs**

**Carla**

**What could the Department of Health Services improve?**

None

**Do you have any cost savings suggestions for the Department of Health Services?**

I would like to take this opportunity to recommend use of Medical Nutrition Therapy (MNT) provided by Registered Dietitians as a tool to decrease Medicaid costs while providing the best care for Wisconsin residents. MNT is legally defined by Medicare as nutrition counseling provided by a Registered Dietitian. It is evidence based component of the medical treatment for managing specific disease states and conditions.