



Healthier People. Health Care Value.

Wisconsin Current Initiatives

Welcome to the Wisconsin Current Initiatives Survey

Make sure your organization/initiative is recognized as a health or health care innovator in the Wisconsin State Health Innovation Plan (SHIP) by completing this short survey.

This project is part of a cooperative agreement between the State of Wisconsin and the Centers for Medicare & Medicaid Innovation (CMMI) to plan an approach to improving population health and the value of health care services in Wisconsin. Your answers to the survey below will inform the development of the SHIP. For more information on this effort please visit the Wisconsin SIM website: <https://www.dhs.wisconsin.gov/sim/index.htm>.

Please respond to this survey if your organization has implemented or is planning to implement an initiative related to diabetes, hypertension, and/or depression. In addition, if your organization is working on an initiative that addresses common risk factors and health determinants please include that as well (for example, improving access to healthy food, etc.) Please complete the following survey based on your organization's experience. It includes questions about your experience with innovative, transformative programs, as well as the details of the program. Results of the survey will be made available on the Wisconsin SIM website and be incorporated into the SHIP.

Because there are more than 300 people engaged in the development of the SHIP it's possible that your organization may have received this survey through multiple distribution lists. We apologize in advance for any duplication and ask that when possible, your organization coordinates its response.

A copy of this survey is provided for your reference to enable you to collect the appropriate responses for your organization as a whole. Please submit your survey response using the survey tool to assist in the data collection, versus responding with the document. You will find the survey electronic submission tool here (insert Survey Monkey URL). We ask that you answer the questions

to the best of your ability, and skip those that do not apply.

This survey is voluntary; there is no penalty for not responding and individual responses will not be made public. If you need assistance or have questions, please contact the SHIP project team at DHSWisconsinSIM@dhs.wisconsin.gov.

Thank you for participating in our survey. Your feedback is important.



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Initiative Participation

1. Does your organization participate in an initiative related to diabetes, hypertension, and/or depression?

Yes

No



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Initiative #1 - Involvement

Please complete the following questions related to one initiative. If your organization participates in more than one initiative, you will be prompted to fill out the questions for the other initiatives later in the survey.

2. Please select your organization's role in the initiative related to diabetes, hypertension, and/or depression.

- Sponsor
- Participant
- Funder
- Other (please specify)



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Initiative #1 - Sponsor

3. If you are not the sponsor of the initiative, please identify the sponsoring organization:



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Respondent Organization Demographics

Please complete the following questions related to the demographics of your organization.

4. Organization Demographics

Name of Organization	<input type="text"/>
Contact Name	<input type="text"/>
Contact Title	<input type="text"/>
Contact Email	<input type="text"/>
Contact Phone	<input type="text"/>
Address, including zip	<input type="text"/>
County	<input type="text"/>

5. Type of organization/setting

6. Please list the care/services you offer within the organization/setting

7. Number of people served annually by your organization across all programs/services:

- Less than 100
- 100 – 299
- 300 – 499
- 500 - 1000
- Greater than 1000

8. Please estimate your public/private payer mix using percentages, i.e. 50% in the space provided below:

Medicaid	<input type="text"/>
Medicare	<input type="text"/>
Commercial Insurance	<input type="text"/>
Self-pay	<input type="text"/>
Grant/charity support	<input type="text"/>
Uninsured	<input type="text"/>
Other, specify	<input type="text"/>

9. Which of the following best describes the primary work of your organization?

- Health care
- Government
- Employer
- Education
- Nonprofit
- Other (please specify)



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Initiative #1 - Description

Please answer the following questions about the initiative that your organization has implemented or is planning to implement related to diabetes, hypertension, and/or depression. In addition, if your organization is working on an initiative that addresses common risk factors and determinants please include that as well (for example, improving access to healthy food, etc.).

10. Initiative Title

11. Describe the initiative goals

Goals:

Measures of success:

Briefly, what does the initiative do to reach its goal(s)?

12. Timeframe of the initiative

Start:

End:

13. Identify the geographic focus of the initiative:

- City
- County
- Multi-county region
- Statewide
- Other (please specify)

14. Identify the target population(s) (i.e. age, race/ethnicity, gender, conditions, etc.):

15. How are the costs of this initiative being funded or covered?

Source of funding?

Amount of funding available for the initiative:

16. Initiative enrollment

Number of people initially enrolled in the initiative

Number of current participants enrolled in the initiative

Target goal for number of participants for the initiative

17. Describe the initiative interventions

What actions?

Who completes the actions?

Whom do they work with?

When does the action take place?

For what purpose?

18. Identify the total workforce involved in the initiative:

Physicians (FTE)

Nurses (FTE)

Care coordinators

: (FTE)

Other, specify (FTE):



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Initiative #1 - Evaluations

19. Does the initiative have any results/evaluations?

Yes

No



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Initiative #1 - Evaluations

20. When are evaluations expected to be completed?

Month

Year



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Initiative #1 - Results

21. Describe the results and provide URL to reports if available.



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Initiative #1 - Information Publicly Available

22. Does the initiative have information about it currently available to the public?

Yes

No



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Initiative #1 - Information Publicly Available

23. Please describe the information that is available to the public and provide a URL if available:



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Initiative #1 - Anything else?

24. Is there anything else that you would like to share with us about the initiative?



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Additional initiatives?

25. Does your organization participate in an additional initiative related to diabetes, hypertension, and/or depression?

- Yes
- No



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Initiative #2 - Involvement

Please complete the following questions related to one initiative. If your organization participates in more than one initiative, you will be prompted to fill out the questions for the other initiatives later in the survey.

26. Please select your organization's role in the initiative related to diabetes, hypertension, and/or depression.

- Sponsor
- Participant
- Funder
- Other (please specify)



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Initiative #2 - Sponsor

27. If you are not the sponsor of the initiative, please identify the sponsoring organization:



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Initiative #2 - Description

Please answer the following questions about the initiative that your organization has implemented or is planning to implement related to diabetes, hypertension, and/or depression. In addition, if your

organization is working on an initiative that addresses common risk factors and determinants please include that as well (for example, improving access to healthy food, etc.).

28. Initiative Title

29. Describe the initiative goals

Goals:

Measures of success:

Briefly, what does the initiative do to reach its goal(s)?

30. Timeframe of the initiative

Start:

End:

31. Identify the geographic focus of the initiative:

- City
- County
- Multi-county region
- Statewide
- Other (please specify)

32. Identify the target population(s) (i.e. age, race/ethnicity, gender, conditions, etc.):

33. How are the costs of this initiative being funded or covered?

Source of funding?

Amount of funding available for the initiative:

34. Initiative enrollment

Number of people initially enrolled in the initiative

Number of current participants enrolled in the initiative

Target goal for number of participants for the initiative

35. Describe the initiative interventions

What actions?

Who completes the actions?

Whom do they work with?

When does the action take place?

For what purpose?

36. Identify the total workforce involved in the initiative:

Physicians (FTE)

Nurses (FTE)

Care coordinators

: (FTE)

Other, specify (FTE):



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Initiative #2 - Evaluations

37. Does the initiative have any results/evaluations?

Yes

No



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Initiative #2 - Evaluations

38. When are evaluations expected to be completed?

Month

Year



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Initiative #2 - Results

39. Describe the results and provide URL to reports if available.



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Initiative #2 - Information Publicly Available

40. Does the initiative have information about it currently available to the public?

Yes

No



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Initiative #2 - Information Publicly Available

41. Please describe the information that is available to the public and provide a URL if available:



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Initiative #2 - Anything else?

42. Is there anything else that you would like to share with us about the initiative?



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Additional initiatives?

43. Does your organization participate in an additional initiative related to diabetes, hypertension, and/or depression?

- Yes
- No



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Initiative #3 - Involvement

Please complete the following questions related to one initiative. If your organization participates in more than one initiative, you will be prompted to fill out the questions for the other initiatives later in the survey.

44. Please select your organization's role in the initiative related to diabetes, hypertension, and/or depression.

- Sponsor
- Participant
- Funder
- Other (please specify)



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Initiative #3 - Sponsor

45. If you are not the sponsor of the initiative, please identify the sponsoring organization:



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Initiative #3 - Description

Please answer the following questions about the initiative that your organization has implemented or is planning to implement related to diabetes, hypertension, and/or depression. In addition, if your

organization is working on an initiative that addresses common risk factors and determinants please include that as well (for example, improving access to healthy food, etc.).

46. Initiative Title

47. Describe the initiative goals

Goals:

Measures of success:

Briefly, what does the initiative do to reach its goal(s)?

48. Timeframe of the initiative

Start:

End:

49. Identify the geographic focus of the initiative:

- City
- County
- Multi-county region
- Statewide
- Other (please specify)

50. Identify the target population(s) (i.e. age, race/ethnicity, gender, conditions, etc.):

51. How are the costs of this initiative being funded or covered?

Source of funding?

Amount of funding available for the initiative:

52. Initiative enrollment

Number of people initially enrolled in the initiative

Number of current participants enrolled in the initiative

Target goal for number of participants for the initiative

53. Describe the initiative interventions

What actions?

Who completes the actions?

Whom do they work with?

When does the action take place?

For what purpose?

54. Identify the total workforce involved in the initiative:

Physicians (FTE)

Nurses (FTE)

Care coordinators

: (FTE)

Other, specify (FTE):



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Initiative #3 - Evaluations

55. Does the initiative have any results/evaluations?

Yes

No



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Initiative #3 - Evaluations

56. When are evaluations expected to be completed?

Month

Year



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Initiative #3 - Results

57. Describe the results and provide URL to reports if available.



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Initiative #3 - Information Publicly Available

58. Does the initiative have information about it currently available to the public?

Yes

No



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Initiative #3 - Information Publicly Available

59. Please describe the information that is available to the public and provide a URL if available:



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Initiative #3 - Anything else?

60. Is there anything else that you would like to share with us about the initiative?



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Additional initiatives?

61. Does your organization participate in an additional initiative related to diabetes, hypertension, and/or depression?

Yes

No



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More than 3 initiatives...

If your organization participates in more than three initiatives related to diabetes, hypertension, and/or depression, please contact us at 608-267-7126 or email: dhswisconsinsim@dhs.wisconsin.gov.