

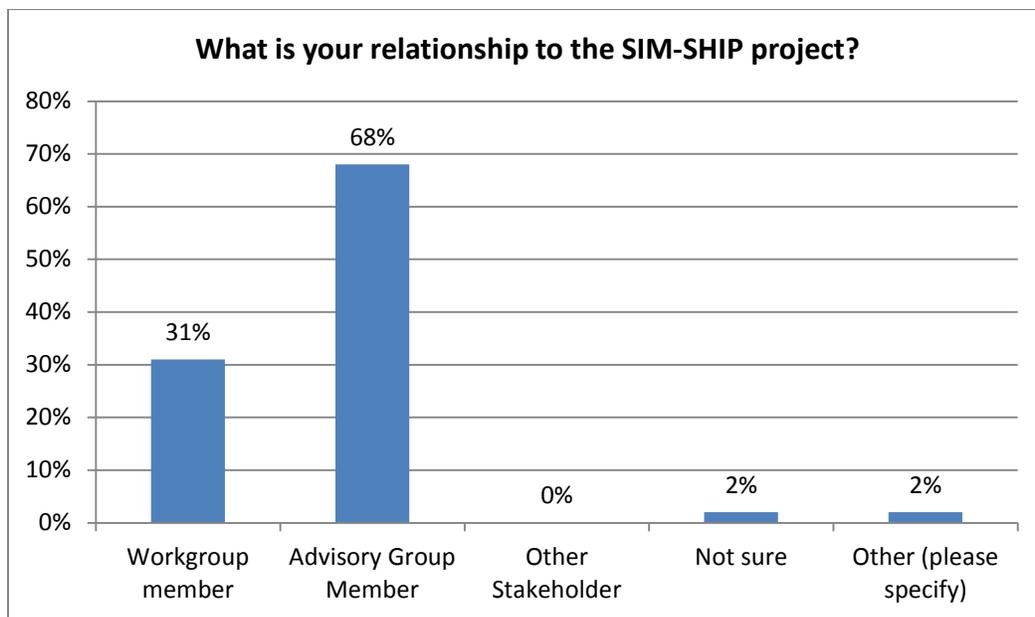
## Summary of Post-June 4 Report Out

### SIM-SHIP Stakeholder Survey

Survey sent June 5 to “All Contacts” list, N = 272

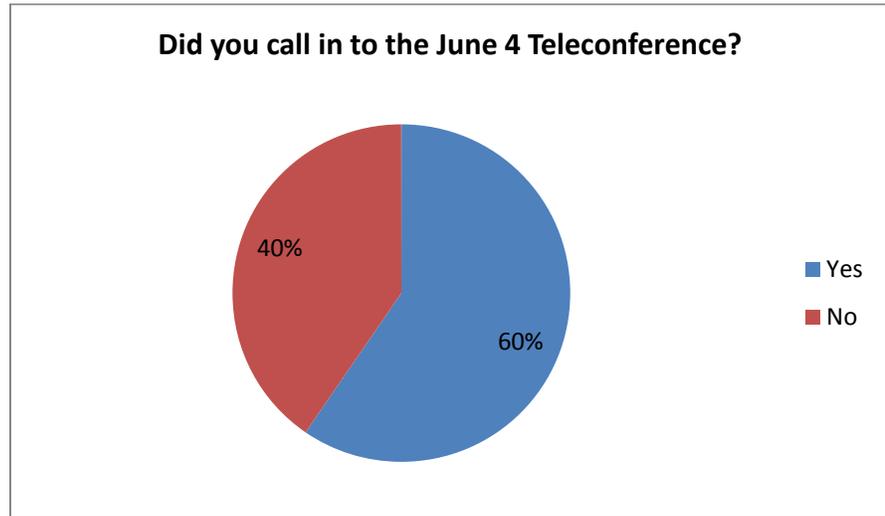
Total Survey Respondents: 100 as of June 12, 2015

Q1.

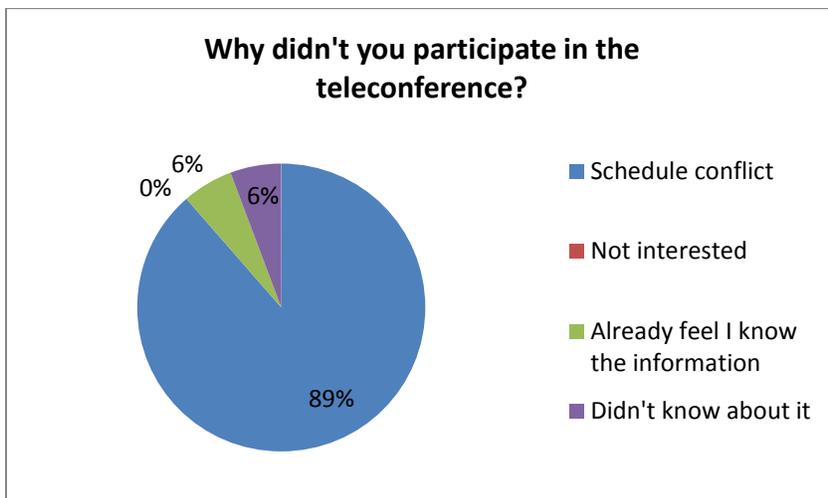


Answer Options	Response Percent	Response Count
Workgroup member	31%	31
Advisory Group Member	68%	68
Other Stakeholder	0%	0
Not sure	2%	2
Other (please specify)	2%	2
answered question	33	100
skipped question	0	0

**Q2-3.**



Answer Options	Response Percent	Response Count
Yes	60%	59
No	40%	40
answered question	33	99
skipped question	0	1



Answer Options	Response Percent	Response Count
Schedule conflict	89%	31
Not interested	0%	0
Already feel I know the information	6%	2
Didn't know about it	6%	2
Other (please specify)		8
answered question	16	35
skipped question	17	65

There are several of us on the team from my workplace and one of us got delegated to call in and report back to the rest.

Not enough notice

Traveling back from Fitchburg (on-site advisory panel meeting) during that time.

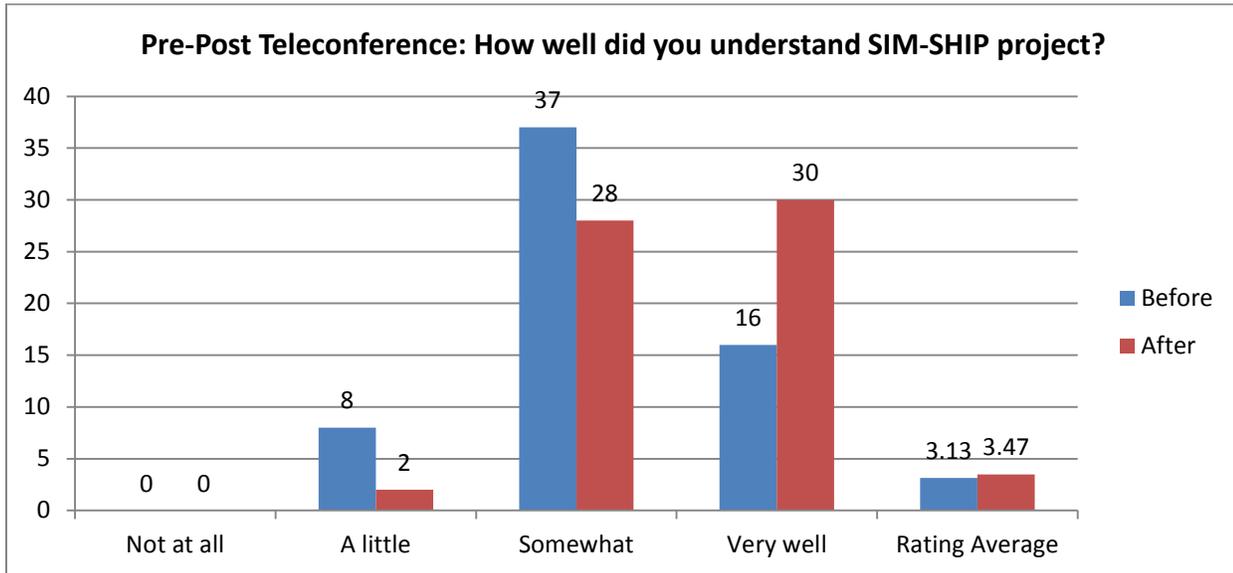
I was out of the country and unable to call in

Had a last minute time sensitive project that conflicted. Anticipate that material will be available on the website soon?

Not high priority to dial in when info is covered in PPT. Also didn't understand I needed to set up access in advance.

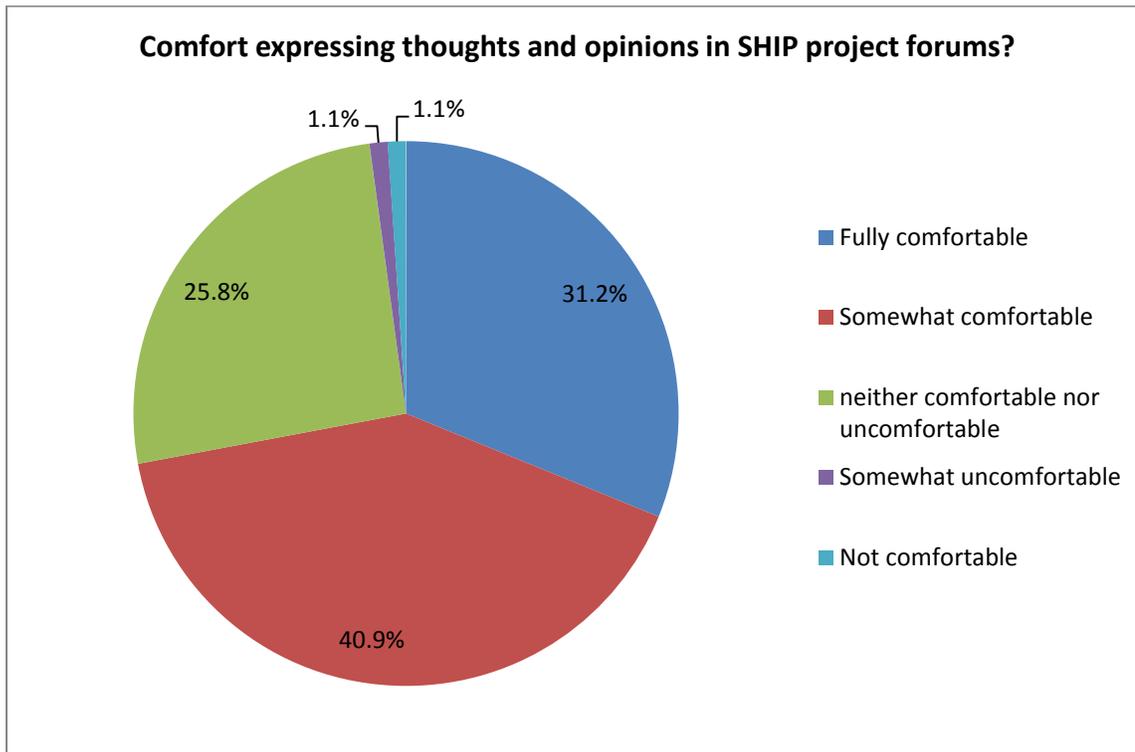
It also was information I already saw in a summary report and generally the conference calls have not been informative beyond the materials/reports already sent.

**Q4-5.**



How well did you understand the SIM-SHIP project?						
	1 Not at all	2 A little	3 Somewhat	4 Very well	Rating Average	Response Count
Prior to the teleconference?	0	8	37	16	3.13	61
Skipped question						39
After the teleconference?	0	2	28	30	3.47	60
Skipped question						40

Q6.



Answer Options	Response Percent	Response Count
Fully comfortable	31.2%	29
Somewhat comfortable	40.9%	38
neither comfortable nor uncomfortable	25.8%	24
Somewhat uncomfortable	1.1%	1
Not comfortable	1.1%	1
Other (please specify)	0	5
answered question	32	93
skipped question	1	7

Open text comments:

- This call was muted and not interactive
- Was the chat function working on the report-out yesterday? I didn't see it.
- If input is desired, I recommend the hosting of a series of small focus groups
- Not fully aware of the forums.
- I could not actually get on the webinars....the software would not load and I didn't have time to figure out how to fix it. I called in audio only and viewed the slide set but had trouble matching the slides to the speaker since they only said things like "next slide please" and I didn't t know which slide they meant. I gave up after about 15 minutes and hung up.
- As the process unfolds, the 'comfort' is becoming much easier to sense and feel. Thanks for these timely, important information processes

**Q7.**

<b>How well do you feel that the SHIP project would value and consider your thoughts and opinions?</b>						
	<b>1 Not at all</b>	<b>2 A little</b>	<b>3 Somewhat</b>	<b>4 Very well</b>	<b>Rating Average</b>	<b>Response Count</b>
<b>Answer</b>	1	20	40	33	3.12	94
Skipped question						6
Open text responses						3

**Open text comments:**

- To date, little has been asked or sought, so the 'value' of my 'considered thoughts and opinions' is very limited. Hopefully, when that time comes, prior preparation and levels of information, will have occurred and then, thoughts and opinions will be of use.
- I feel a little detached, as the Advisory group hasn't yet asked for any type of advising.
- The facilitators do a phenomenal job in eliciting different perspectives from diverse stakeholders.

**Q8.**

<b>At this point, do you think that the SHIP project is on track toward meeting its overall goals?</b>							
	<b>1 No, Not at all</b>	<b>2 Some, but not much</b>	<b>3 Neither yes or no</b>	<b>4 Somewhat</b>	<b>5 Yes, quite on track</b>	<b>Rating Average</b>	<b>Response Count</b>
<b>Answer</b>	1	9	21	41	20	3.73	92
Skipped question							8
Open text responses							4

**Open text comments:**

- I am concerned about implementation. I think the SHIP project is on track. I am concerned that the outcome will not be implement-able. The biggest issue is: who will pay?, and that is a difficult question to agree upon.
- I have no idea
- I think that do to the group processes and trying to get people on the same level of understanding has been a challenge. However, the discussions need to move now more into the prevention areas and in addressing the determinants of health and in collaborating across the areas where health occurs. This includes a frank discussion that addresses how low socioeconomic status, low living wages, poor housing conditions, health inequities and disparities are experienced in our population and increasingly more so with education and health care access being more influenced by policies that support individual accessibility based upon their own personal and finite resources vs. for the common/public good. This is essential from a health perspective given these factors influence mortality and morbidity and years of quality of life so as to retain as healthy of a population through their life course.
- Given the very complex nature of this effort, to get periodic updates and status reviews serves to keep us well informed and gaining more a sense of cohesion to the entire effort. Thanks.

## Q9. Other Comments or Suggestions – grouped by theme

- At this point, it seems to me that the direction and primary considerations of each group are set with very limited room for outside interaction or consideration of alternatives.
- It feels like the SHIP team has a pre-formulated plan/expectation and that the purpose of the workgroups is essentially to validate that plan.
- The process used by SHIP, while intended to be inclusive, seems driven by a few, including key decision points. That's OK but not consistent with what is purported. It would be better to state that upfront. The process that the work groups are being put through seems academic exercise and not very pragmatic. It would be useful to discuss and debate potential "how to's" within the work groups and gain input/feedback from the advisory group members to the same.
  
- I was under the impression that work group leaders would be reaching out and updating advisory group members on a regular basis. Instead, all I have received is general updates about upcoming calls that are open to all. I am not sure what my role is supposed to be as an advisory group member.
- I am not sure that I have seen an opportunity to contribute as an advisory member. If there has been, I missed it. I am not real sure how I should be contributing at this point.
- It is very confusing. It very broad. It is difficult to know what I can contribute.
- I am unclear how the correct or expected process for commenting other than to connect with the work group lead. If there is a form or survey that is capturing feedback I am not aware of it.
- Not being able to participate, and only judging from reviewing the massive amount of content in the slides, the amount of work to be carried out seems far beyond the timeframe that is available to complete it. Could not get my head around it from the slides at all. Info overload.
- I would like more frequent updates as the PDSAs begin
- More updates along the way would have been helpful.
- I think it is important to have more 'push' messaging to partners.
  
- Seems well organized ... not sure what the conclusion should look like -- common purpose among resources, improved transitions in care, healthier communities (less diabetes, less obesity, better condition control), better sharing of information, improved per capita savings, reimbursement reform (value-based-purchasing), more meaningful metrics, etc. ... ???
  
- It appears to be very orderly and well-managed to me.
- It appears progress is being made.
- Very good job orchestrating 100 agencies and many more workers and advisers.
- At present, the status updates are very much appreciated, as one not directly charged with or responsible for some tangible aspect of the process, at this point.
- The timeline is ambitious considering the multiple stakeholders.
- Making much better progress than I expected with such a large group of participants.
  
- I feel that the selected target interventions are not what I would be interested in

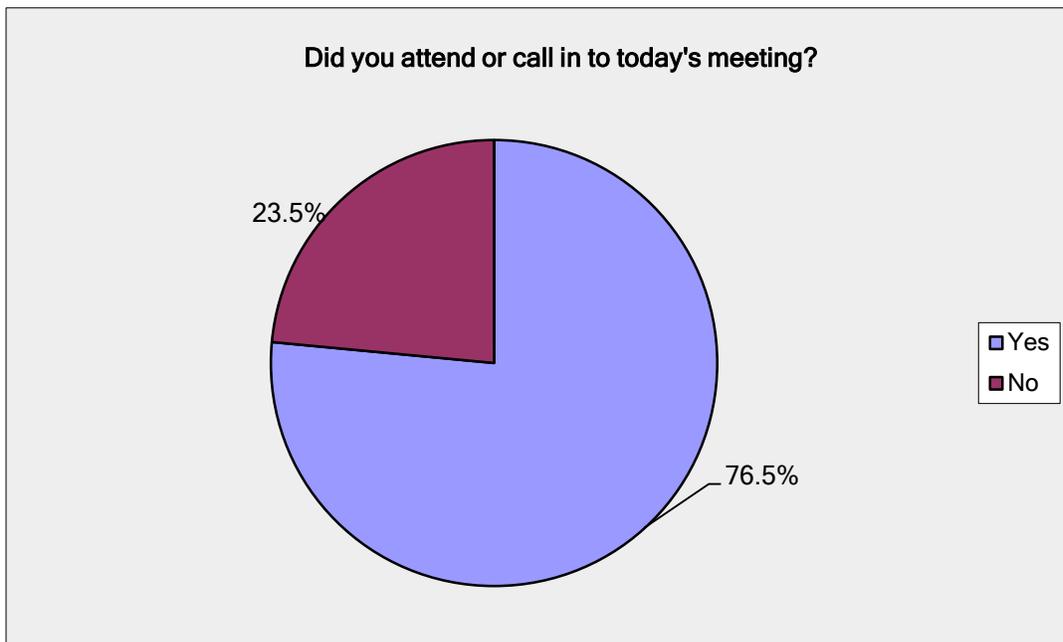
**Summary of Post-August 18 Combined  
SIM-SHIP Advisory Panels Report Out  
Survey of Invited Participants**

**Survey sent to “All Contacts” list, N =134**

**Teleconference participants ~67**

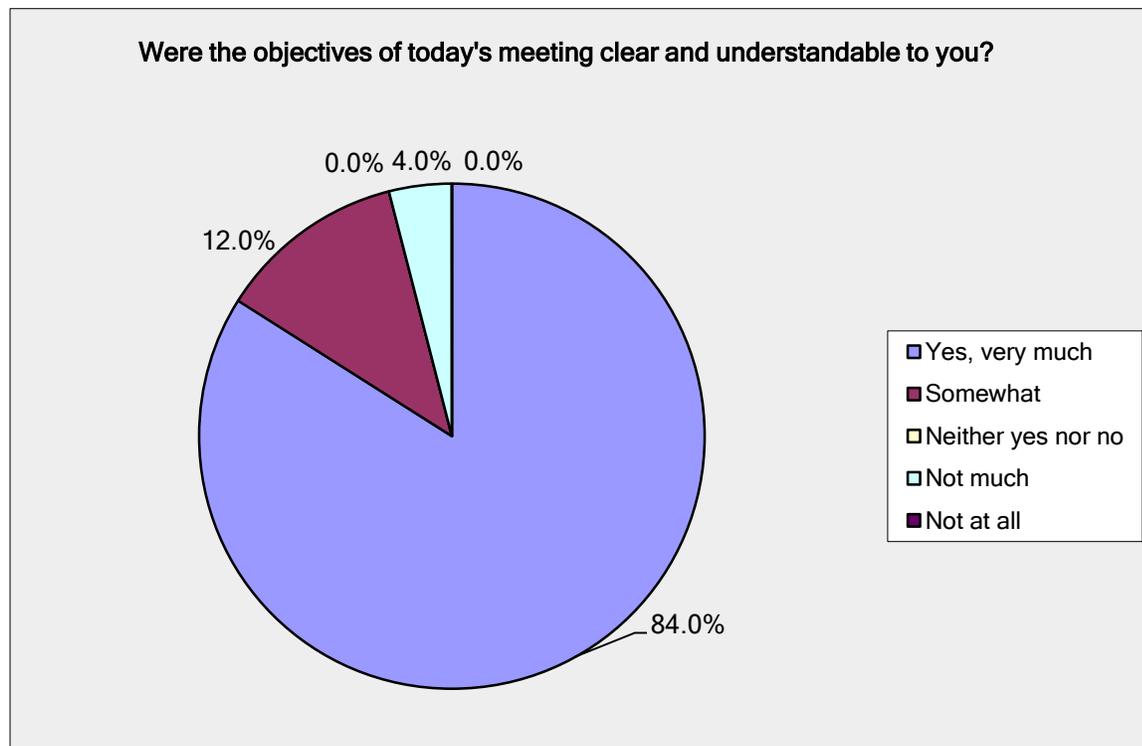
**Survey Respondents: 34**

**Participated in teleconference:    Yes: 26            No: 8**



Q2.

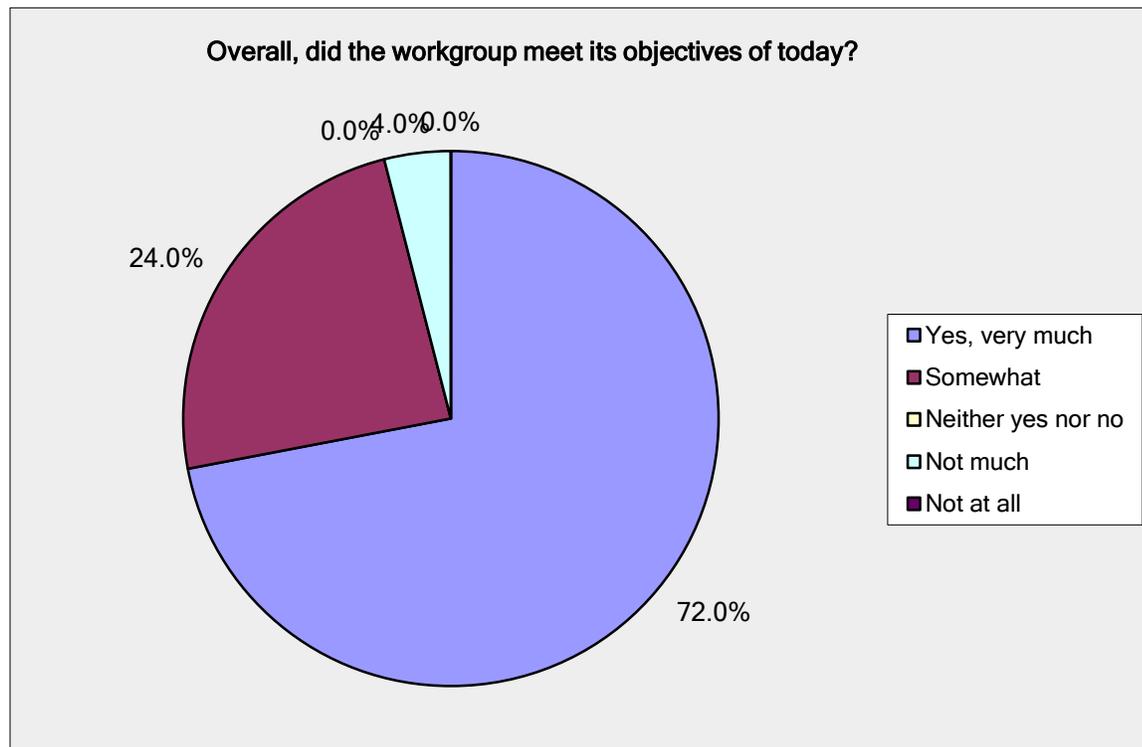
Were the objectives of today's meeting clear and understandable to you?		
Answer Options	Response Percent	Response Count
Yes, very much	84.0%	21
Somewhat	12.0%	3
Neither yes nor no	0.0%	0
Not much	4.0%	1
Not at all	0.0%	0
<i>answered question</i>		<b>25</b>
<i>skipped question</i>		<b>9</b>



- gave a very good overview of direction/purpose
- Well laid out & nice job of pulling all of it together. Beginning to take shape very nicely
- Thank you all for an excellent presentation. I don't think you could have it any clearer or more concise.
- Somewhat is not quite fair, nor is Yes, very much. As we are not on a regular continuum of information, status, updates, cramming all the interval work into a rapid-fire, 20+ slide presentation has the peril of leaving one in the dust, a bit. Okay, the 'gist' of the process WAS well presented, it is the digesting in order to feel reasonably valid in any response is the challenge.

**Q3.**

Overall, did the workgroup meet its objectives of today?		
Answer Options	Response Percent	Response Count
Yes, very much	72.0%	18
Somewhat	24.0%	6
Neither yes nor no	0.0%	0
Not much	4.0%	1
Not at all	0.0%	0
<i>answered question</i>		<b>25</b>
<i>skipped question</i>		<b>9</b>



- It is abundantly clear, as this process evolves, just how complex and multifactorial medical practice, even when as focused as this effort is, becomes very evident. Here, only DM, BP and depression, alone or in combo, are being examined.....add three, four other major issues and it really gets complicated.

Q4.

Was participation in today's meeting a valuable use of your time?		
Yes	No	Unsure
24	1	0
Answered Question		25
Skipped Question		9

- The information about ER visits and statistics on the target population was helpful - in particular for thinking about how the FCCs could do depression screenings to have a higher impact on diabetic patients to address these concerning statistics
- I appreciate the balance you are trying to keep in minimizing our time while still allowing us an opportunity for meaningful input.
- The meeting offered a context for me to frame the ideas I've had for the SHIP.
- No matter that we are given these updates and not otherwise by necessity or worth, caught up either daily or weekly or so, the large scale grand overview is very helpful and of course, useful to being of help in the advisory panel role.

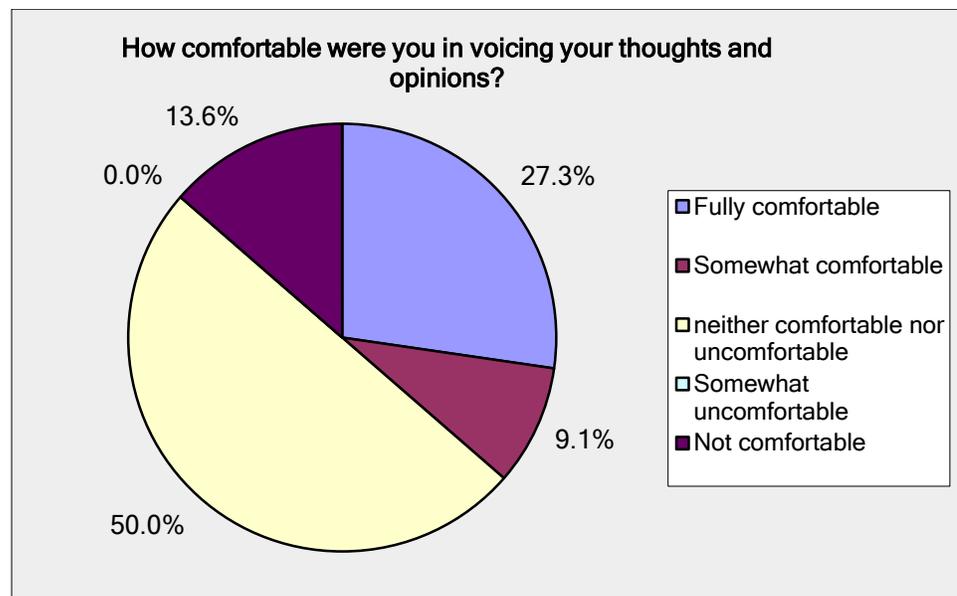
Q6.

Please rate the meeting for the principle of promoting candor with respect.					
Very poor	Poor	Neither poor nor good	Good	Excellent	Rating Average
0	0	7	11	6	3.96
Answered question					24
Skipped question					10

- Didn't have the opportunity to solicit discussion due to large group size.
- N/a-- no interactive discussion- all phones muted due to large group size and short time
- It is up to us to be candid in our responses.
- No quite sure how this applies given no direct discussion after the presentation. But, the request for our thoughts was clearly emphasized. No question about that.
- Odd question given no opportunity to interact
- Not interactive; but understand why given number on call.

Q5.

How comfortable were you in voicing your thoughts and opinions?		
Answer Options	Response Percent	Response Count
Fully comfortable	27.3%	6
Somewhat comfortable	9.1%	2
neither comfortable nor uncomfortable	50.0%	11
Somewhat uncomfortable	0.0%	0
Not comfortable	13.6%	3
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>12</b>



- I was late to the call so I did miss some content.
- No time
- No opportunity during the call but can do so via survey
- NA was not a interactive session
- No time on call for this that I knew of?
- The way the call is set up (muted lines) and the large number of callers makes it difficult to have two way conversation.
- I really like the process you have laid out for clear presentations followed by feedback through the survey format.
- There is not an opportunity to voice thoughts/opinions.
- No time allowed
- Was not given opportunity to voice any thoughts due to size of audience
- 67 people on the line and 5 at DHS

**Q7.**

At this point, is the group on track toward meeting its overall goals?					
No, not at all	Some, but not much	Neither yes or no	Yes, somewhat	Yes, quite on track	Rating Average
1	1	0	14	9	4.16
				Answered question	25
				Skipped question	4

- The goals of the "project" are very vague. I don't understand what the end goal is???
- Would have been quite lost without the slides.
- It is an enormous project and in some respects seems a bit like what has been pulled together in the past under different headings (e.g., SVC, State Health Plan 2020, etc.). I think in order to really move the process, we're going to need funding to really incentivize change - and that needs to be factored in to the plan.
- We still have to deal more fully with the affordability of care

**Q8. Other comments about the process or progress**

1. related to the second goal. I would suggest that the goal may be more clear by stating it as reduce disparities linked to poor health and ""access"" to healthcare. I think the direction overall for the goals are spot on. I don't think anything is missing related to identifying risk factors but this may become more clear as the goals and objectives are refined.
2. Q1- I believe the general draft goals are good. I'm just real foggy on the how (hoping that will become more clear as time goes on).  
Q2- I believe that community planning/development needs to be included [look at Minneapolis-St. Paul area]. Statewide there needs to be a deliberate plan for 'activity friendly' communities. There are too many communities without sidewalks, safe walk/run/bike areas, park & trail connections, community park free activities/pools/adult & child exercise playgrounds. Advocate for all new development to be required to add sidewalks, green space, and parks. "
3. With regard to question 1 from the presentation today, how could these goals be improved - I believe they are broad enough at this point to not leave anything of significant import out of the picture. With the possible exception (although this might be covered under ""engage in smarter spending..."" I might suggest optimize insurance benefit designs including out-of-pocket spending. Without such optimization the move to larger deductibles without exception will frustrate efforts. With regard to the second question ""have we missed anything"" - there is no mention of the importance of managing periodontal disease as the 6th risk factor for diabetes. Without such management I fear we will not achieve optimal management of patients suffering from diabetes. I have many other comments about barriers to achieving goals, but understand those might be best articulated in the next step in the process. If this is not the case, let me

know and I'd be happy to share them with you sooner. - Greg Nycz, Family Health Center of Marshfield, Inc.

4. Only one: to what extent is any published literature on existing models, which is a very large literature, being sought or employed in this process? The same applies to articles on key elements which can lead to more functional/structural likelihood of success. And there's quite a literature on this, also. The point is how to help groups incorporate such information into their work, rather than feel they have or need to 'reinvent the wheel'. The wheel has been invented....it is getting it to turn and mesh with other wheels, that often is the problem."
5. The speakers are very knowledgeable, but it is basically a lecture. The conferences are not interactive, which seems unusual if we are the advisory group.
6. I don't think I'm being asked to do very much. The staff teams seem to have it all under control.
7. Keeping the "Advisory Groups" included remains a challenge. Aside/In the weeds: The reference to 9 medications in diabetics / depressive patients needs greater visibility and assessment of adherence.
8. it was a very good high level overview - details to come
9. I think you are doing an excellent job with the work and the communication. Not an easy task!
10. When sending out calendar appointments; please put the date & time in the subject as sometimes Outlook does not see all elements and I want to make sure I attend all sessions.
11. Since there was no capacity for feedback during the meeting it would've been helpful to know where to submit it (unless I missed something?)

**Summary of Post-September 9 Report Out**  
**SIM-SHIP Stakeholder Survey**

Survey sent to “All Contacts” list, N = 272

Teleconference participants

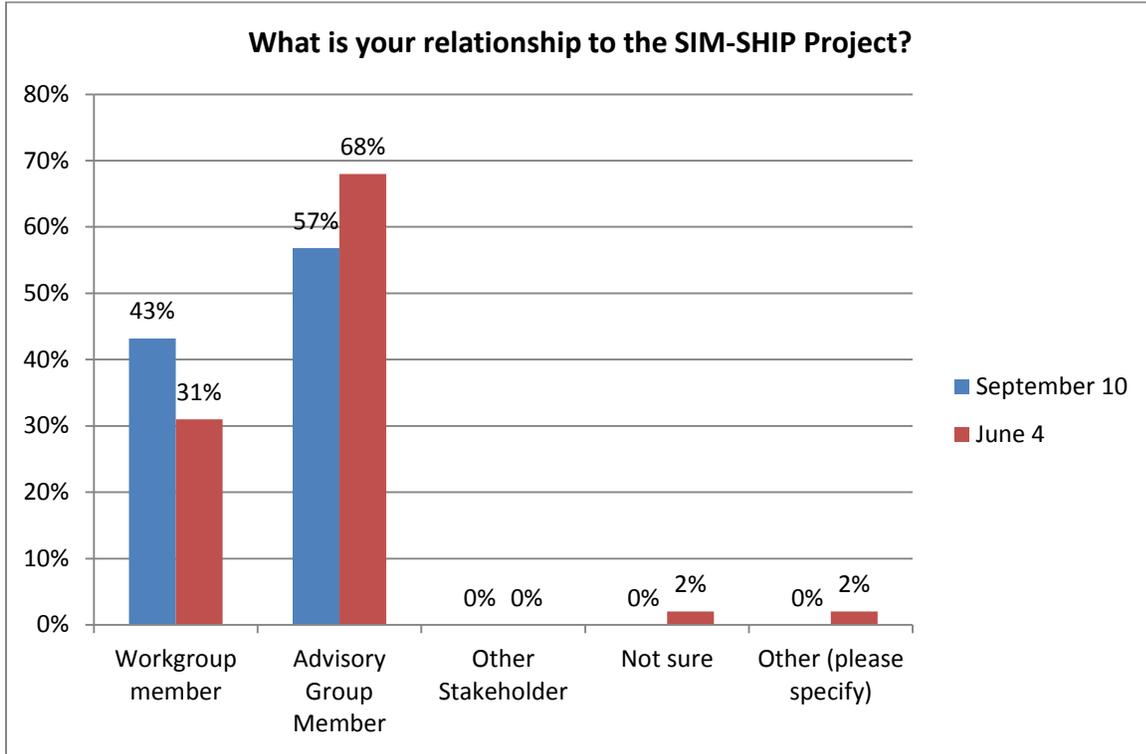
September: -----

Survey Respondents:

	<b>September</b>	<b>June</b>
Total	37	100
Workgroup Member	16	31
Advisory Group Member	21	68
Other	0	2

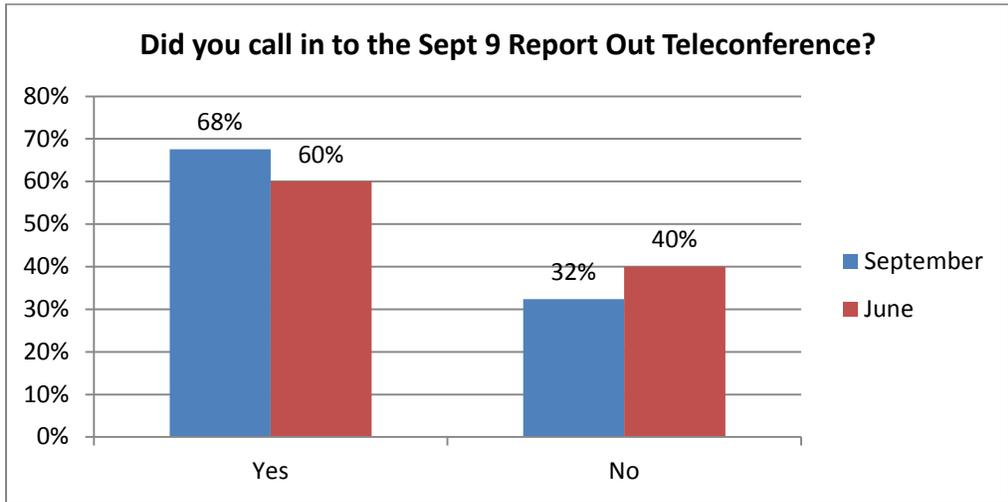
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**Q1.**

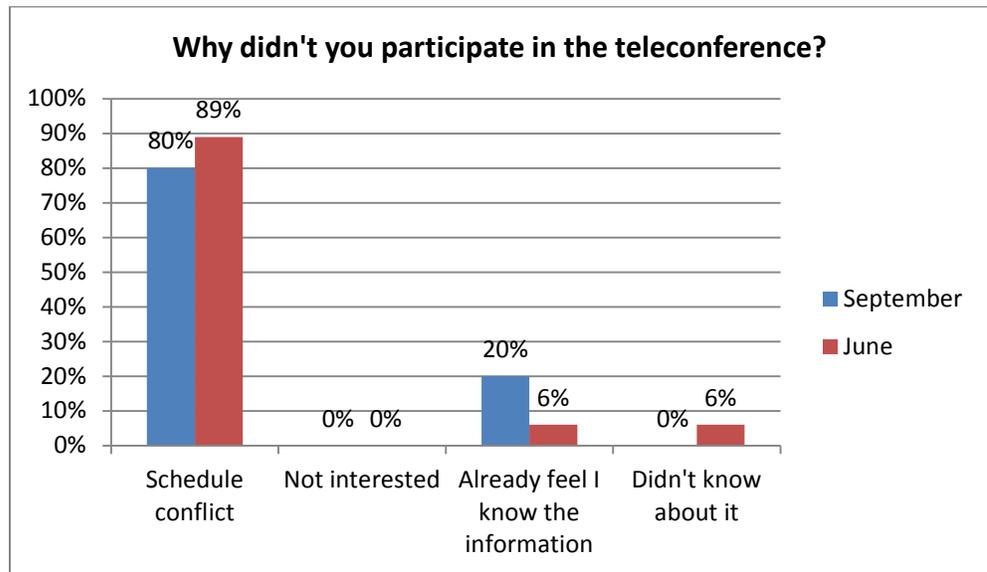


	Response Counts	
	September	June
Workgroup member	16	31
Advisory Group Member	21	68
Other Stakeholder	0	0
Not sure	0	2
Other (please specify)	0	2
answered question	37	100
skipped question	0	0

**Q2-3. Full Group**

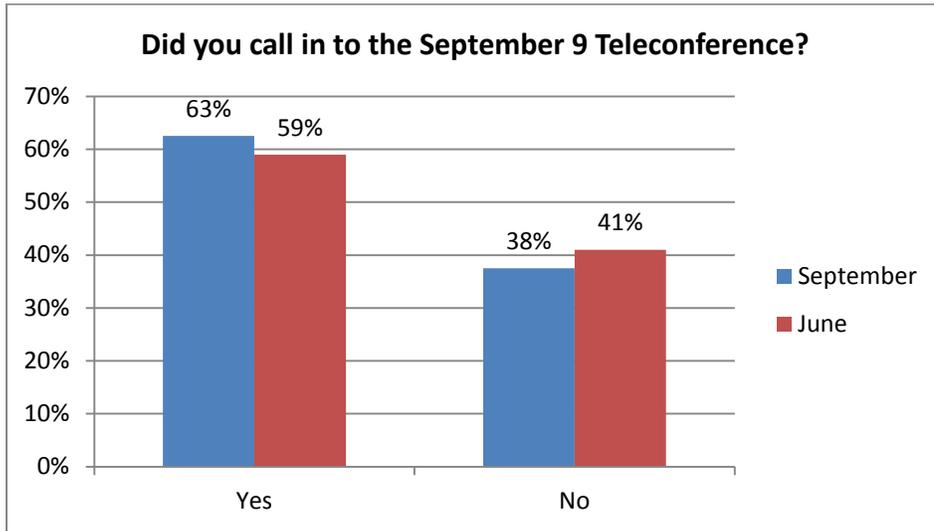


Response Counts	September	June
Yes	25	59
No	12	40
answered question	27	99
skipped question	0	1

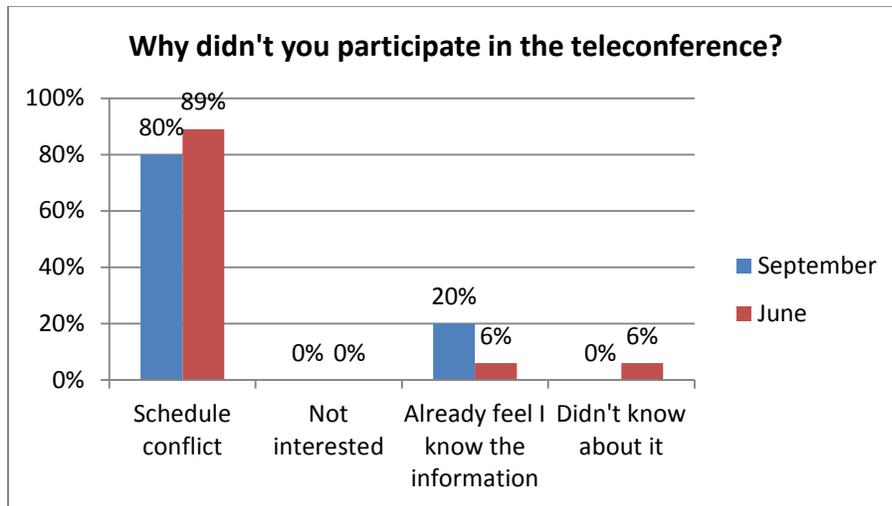


Response Counts	September	June
Schedule conflict	8	31
Not interested	0	0
Already feel I know the information	2	2
Didn't know about it	0	2
Other (please specify)	0	8
answered question	10	35
skipped question	27	65

**Q2=3 Work Group Members N=16**

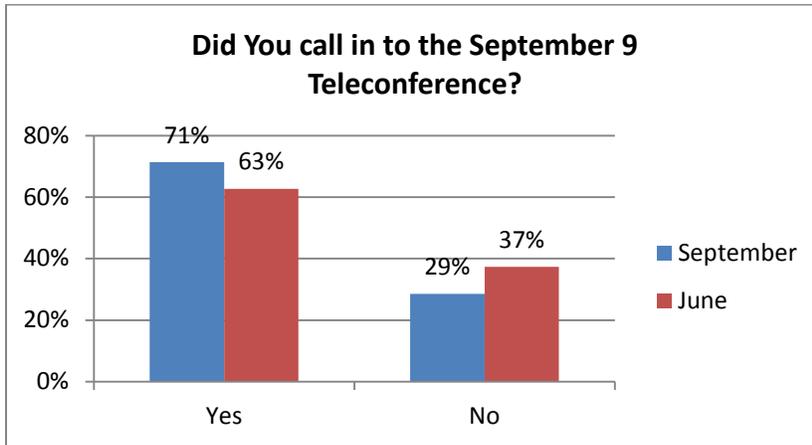


Response Counts	September	June
Yes	10	19
No	6	13
answered question	16	32
skipped question	0	0

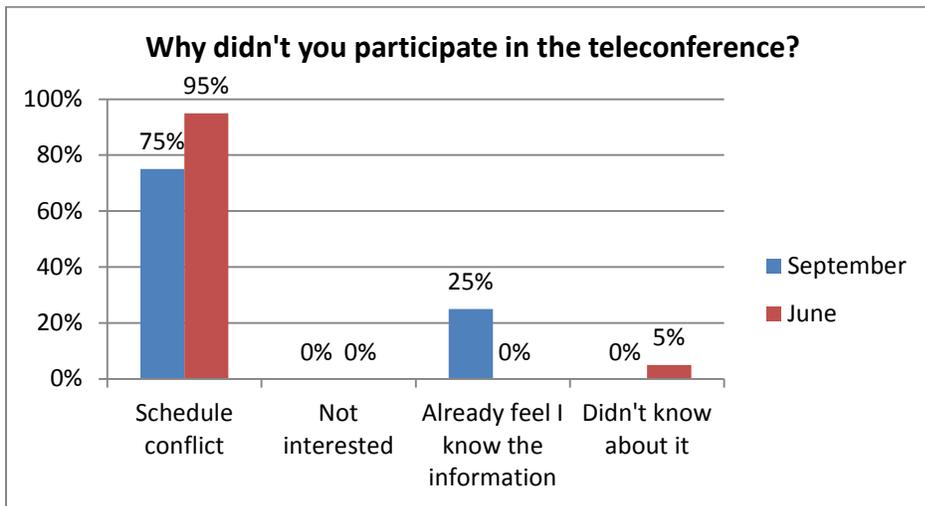


Response Counts	September	June
Schedule conflict	5	9
Not interested	0	0
Already feel I know the information	1	2
Didn't know about it	0	1
Other (please specify)		1
answered question	6	12
skipped question	10	20

**Q2=3 Advisory Group Members N= 21**

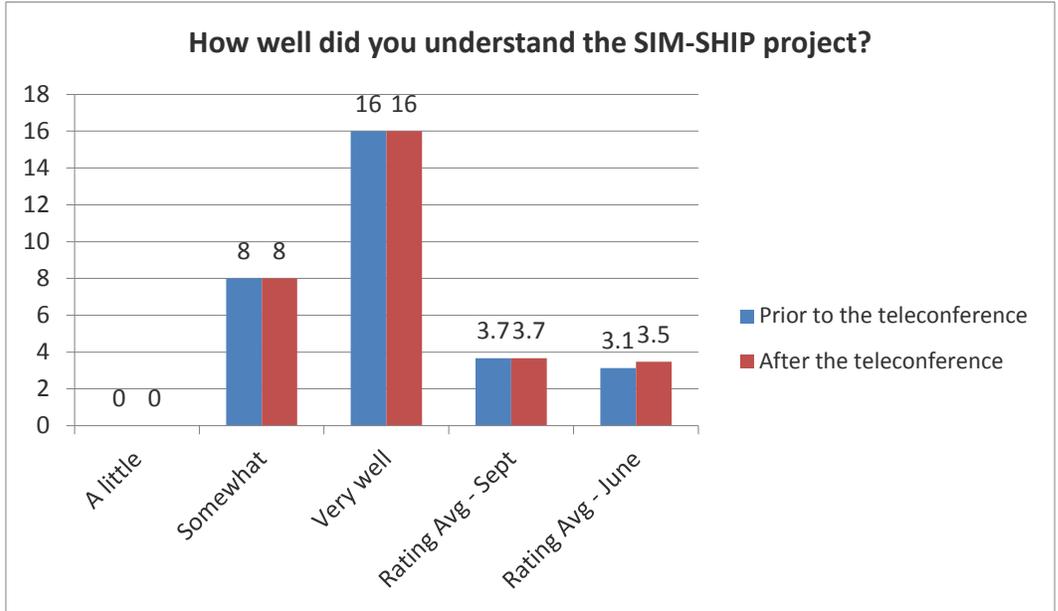


Response Counts	September	June
Yes	15	42
No	6	25
answered question	21	67
skipped question	0	1

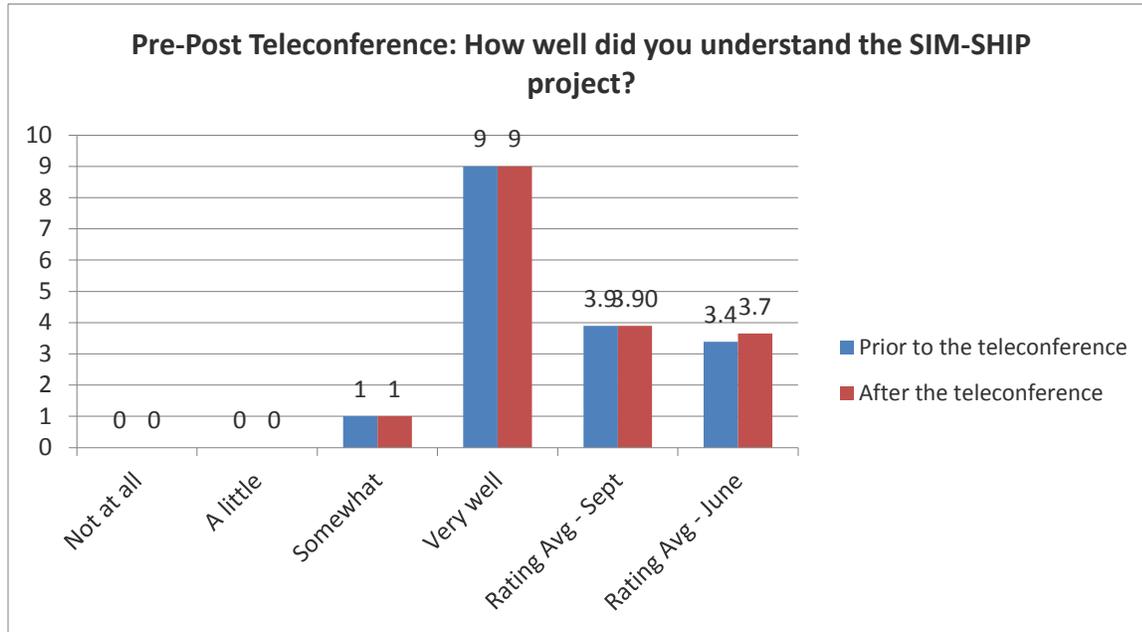


Response Counts	September	June
Schedule conflict	3	20
Not interested	0	0
Already feel I know the information	1	0
Didn't know about it	0	1
answered question	4	21
skipped question	17	47

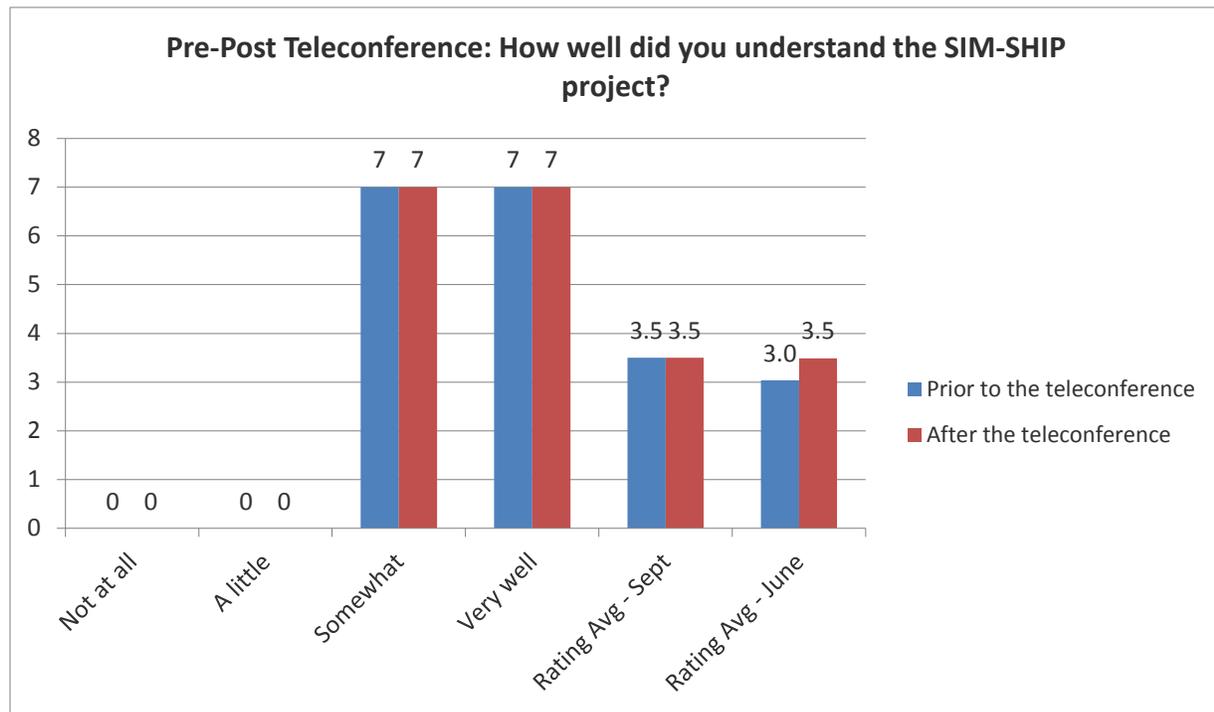
**Q4-5. Full Group N=24/37**



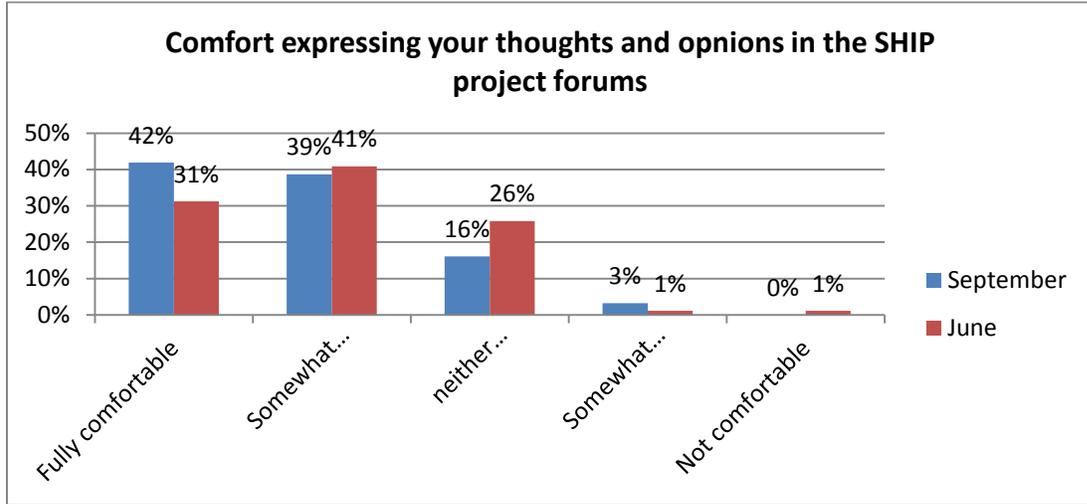
**Q4-5. Workgroup Members. N=10/16**



**Q4-5. Advisory Group Members. N=14/21**

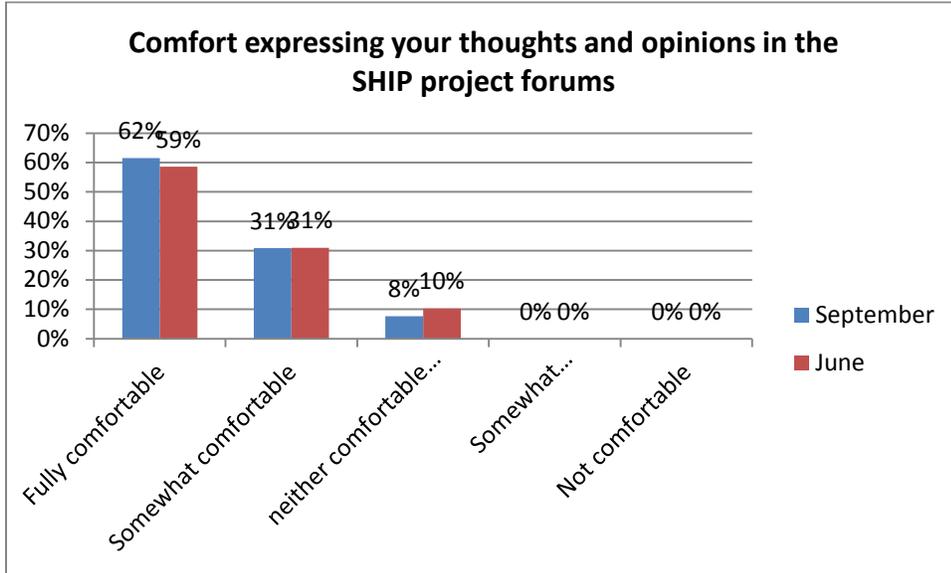


**Q6. Full group N=31/37**



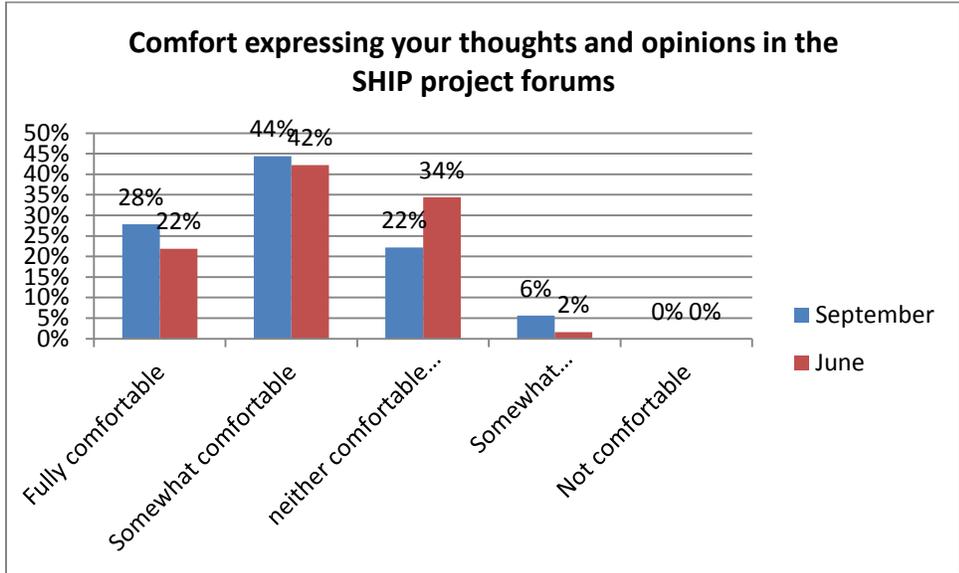
	Response Counts	September	June
Fully comfortable		13	29
Somewhat comfortable		12	38
neither comfortable nor uncomfortable		5	24
Somewhat uncomfortable		1	1
Not comfortable		0	1
Other (please specify)		2	5
answered question		31	93
skipped question		6	7

**Q6. Workgroup Members: N=13/16**



Response Counts	September	June
Fully comfortable	8	17
Somewhat comfortable	4	9
neither comfortable nor uncomfortable	1	3
Somewhat uncomfortable	0	0
Not comfortable	0	0
answered question	13	29
skipped question	3	3

**Q6. Advisory Group Members N=18/21**



Response Counts	September	June
Fully comfortable	5	14
Somewhat comfortable	8	27
neither comfortable nor uncomfortable	4	22
Somewhat uncomfortable	1	1
Not comfortable	0	0
answered question	18	64
skipped question	3	4

**Open Text Responses:**

- not aware of forums
- With the large numbers in attendance, it is difficult to have dialog but it is certainly encouraged.

**Q7.****Full Group:**

How well do you feel that the SHIP project would value and consider your thoughts and opinions?						
Answer Options	Very poorly	A little	Somewhat	Very much	Rating Average (June)	Response Count
	0	3	10	19	3.50 (3.12)	32
Open text responses						1
<i>skipped question</i>						5

**Workgroup Members:**

How well do you feel that the SHIP project would value and consider your thoughts and opinions?						
	1 Not at all	2 A little	3 Somewhat	4 Very well	Rating Average	Response Count
<b>Answer</b>	0	0	5	9	3.64 (3.45)	14
Skipped question						2
Open text responses						0

**Advisory Group Members:**

How well do you feel that the SHIP project would value and consider your thoughts and opinions?						
	1 Not at all	2 A little	3 Somewhat	4 Very well	Rating Average	Response Count
<b>Answer</b>	0	3	5	10	3.39 (3.05)	18
Skipped question						3
Open text responses						1

- I guess I'm waiting to see. I did my part.

**Q8.**

**All Responses**

At this point, do you think the SHIP project on track toward meeting its overall goals?							
Answer Options	No, Not at all	Some, but not much	Neither yes or no	Yes, Somewh at	Yes, quite on track	Rating Average (June)	Response Count
	1	3	2	15	11	4.00 (3.92)	32
Open text responses							2
<i>skipped question</i>							5

**Workgroup Members**

At this point, do you think that the SHIP project is on track toward meeting its overall goals?							
	1 No, Not at all	2 Some, but not much	3 Neither yes or no	4 Somewhat	5 Yes, quite on track	Rating Average (June)	Response Count
Answer	1	0	0	10	3	4.00 (3.92)	14
Skipped question							2
Open text responses							1

- Other than an HIT plan it is not evident that any other transformations have been designed, after 7 months of work. The goals are also very broad and not likely to be measurable.

**Advisory Group Members**

At this point, do you think that the SHIP project is on track toward meeting its overall goals?							
	1 No, Not at all	2 Some, but not much	3 Neither yes or no	4 Somewhat	5 Yes, quite on track	Rating Average (June)	Response Count
Answer	0	3	2	5	8	4.00 (3.80)	18
Skipped question							3
Open text responses							1

- Given the scope and complexity, layers and participatory components that this effort impacts, the progress that is needed to bring the SHIP/SIM grant to fruition is remarkable at this point!

**Q9. Given what you understand of the emerging SIM/SHIP plan, how much do you think this effort will contribute toward improving health care quality, cost, and outcomes in Wisconsin?**

**All Responses**

Answer Options	1. Not at all	2. A little	3. Somewhat	4. Very much	Rating Average	Response Count
	2	8	11	10	2.94	31
Text Responses						3
<i>skipped question</i>						6

**Workgroup Members**

Answer Options	1. Not at all	2. A little	3. Somewhat	4. Very much	Rating Average	Response Count
	1	3	6	3	2.85	13
Text responses						3
<i>skipped question</i>						3

- The potential is there based on the goals of the project - the proof will be if there is opportunity/money/will to implement.
- Depends upon what we are actually able to implement.
- Other than an HIT plan it is not evident that any other transformations have been designed, after 7 months of work. The goals are also very broad and not likely to be measurable.

**Advisory Group Members**

Answer Options	1. Not at all	2. A little	3. Somewhat	4. Very much	Rating Average	Response Count
	1	5	5	7	3.00	18
Text Response						1
<i>skipped question</i>						3

- This is the most hopeful consideration. We have a goodly ways to go, in this process, and how it will be or might be or even can be truly translated into significant new ways to leverage existing resources or more judiciously develop resources needed is very much my present view. So, the question above is, at this point, maybe a bit premature for specific answers, but ultimate goals noted, or, at the very least, a workable template that will provide means and mechanisms to get the desired endpoints seems likelier to happen

## Q10. Other Comments or Suggestions

### Workgroup members:

- The HIT plan is very aggressive and highly unlikely to happen without significant funding and buy-in. There was no discussion about getting feedback from stakeholders outside the current limited SHIP team.

### Advisory Group Members:

- It would be nice to have more detailed report outs from the other workgroups.
- I think this has been a well-managed process with great communication. Excellent job to the people working behind the scenes on a daily basis.
- Very good update set against the 'working timeline' which seems to bode well for achieving the ultimate SHIP/SIM grant goals!

Here's where I am a bit lost: the latest set, and past sets of slides seems to depict 'ideal system(s)' that 'ought be the way things are run'.

What I can't quite get around is how any of this stacks up on some large spreadsheet, which contains every existing practice model we know we have in Wisconsin. That is, how or to what extent do the ranges from solo physicians to large private group practices, to academic practices, and so on, match this SHIP/SIM model of medical care and disease management? Or is this not even what this is the goal?

I hope I am not really way off track in this perception.

**SIM Workgroups and Advisory Groups: Average score of respondents participating in all meetings through October 9, 2015**

	<b>Payment Reform WG</b>	<b>Pop Health WG</b>	<b>Behavioral Health WG</b>	<b>Care Redesign WG</b>	<b>Measurement WG</b>	<b>HIG WG</b>	<b>Measurement AP</b>	<b>HIT AP</b>
# of Respondents	40	20	46	14	21	35	4	4
Were the objectives of today's meeting clear and understandable to you?	4.9	4.9	4.6	4.5	4.9	4.7	4.8	4.5
Overall, did the workgroup meet its objectives of today?	4.7	4.9	3.9	4.3	4.9	4.5	4.5	4.5
Was participation in today's meeting a valuable use of your time? (3 point scale)	2.9	2.9	2.7	2.6	2.9	2.8	2.5	3.0
How comfortable were you in voicing your thoughts and opinions?	4.9	5.0	4.8	4.7	5.0	4.7	4.2	4.5
Please rate the meeting for the principle of promoting candor with respect.	4.7	5.0	4.7	5.0	4.8	4.5	4.0	4.5
At this point, is the workgroup on track toward meeting its overall goals?	4.3	4.6	4.0	4.4	4.2	4.3	4.0	4.0

**Open Text Comments**

**Payment Reform WG**

No open text comments

**Population Health WG**

I know things are moving fast with the SHIP, but it might be good to schedule meetings with the advisory team ahead of time to be more on the front end of things and dedicate a little more time on the front end, as well.

I thought today was a great meeting! People seemed engaged and it seemed like things "clicked" today for many people!

Great, productive meeting!!

Great support for all this work!

### **Care Redesign WG**

Goals unclear, so how to say - mostly sharing?

Awful lot of time spent (now in multiple meetings) learning things we already know, not working toward a care model.

Excellent facilitation!

I believe there is a lack of viewing health as occurring more than within the institutional walls of clinics and hospitals. I recognize that it is important to start where we are and have been in regard to current norms for discussing health

There is a higher rate of the incidence of diabetes and hypertension in African Americans. However, we have not examined the effect of continual stress and disparities that affect this population which over time contributes to diabetes, depression, and hypertension. The correlation to low-income and poverty are important aspects to factor in, so I am hopeful these areas will start to be noted. In addition, the aspects of a missing population that is undiagnosed and un-treated and under treated is imperative information that has not been adequately captured. This is a challenge and of which I don't have an easy answer. Overall, I think the work group and with the support from the team we are making some good progress overall.

Hard topic, but administration is doing a great job of keeping us moving

It was a great meeting, though I have to admit feeling frustrated with the lack of health care systems not seeing beyond the clinical care setting as being part of the responsibility of obtaining improved population health care outcomes. I live and breathe health disparities and I feel and observe the same disparities clients feel who are recipients of unfair policies that impact their health through unfair distribution of resources. Community settings address the determinants of health and mirror the same disparities with inequities experienced as the lack of adequate resources for clients who present with an "emergency". Why is it that ER has resources for payment of a client's health need, but the same "ER" visit of a pregnant mom or a veteran who is homeless isn't given similar "ER" resources? Isn't having a home as important of an ER situation from a community perspective as is the need for a pain medication?. I am not convinced this is a group that I should be involved in given the amount of time and effort expended from my community setting that is so under resourced who doesn't have discretionary funding to support my travel, time, etc. to provide input on health care redesign. 3 trips of 3-4 hours each way (6-8 hours of drive time round trip), is a huge cost for the Agency; even with personal commitment of driving all of this in one day so as not to incur additional hotel costs for the Agency has a negative personal health cost of increased stress and worry in how to support the efforts and voice of the population I represent. The lack of financial resources to support my participation on top of precious administrative time lost to carry on the organizational responsibilities given skeleton

staff is a disparity in of itself. This is exactly what is seen in health care and health disparities around diabetes, hypertension, mental health, etc. It may be that we just are not at the point yet that all of us in the workgroups are all on the same page yet; so I make this comment to show the similarities and recurrent themes just in of representation within our own work groups.

We are finally getting closer to root issues/causes that contribute to poor health outcomes. We still need to focus more on community /systems related measures and strategies ( such as policies) on addressing structural aspects of what really defines health and health equity within the social, economic, and educational determinants of health. Thank you for your excellent facilitation and guidance.

### **Behavioral Health WG**

On track toward progress or not: I keep telling you that this is your call.

It continues to be unclear what members can contribute. Seems to be full speed ahead!

Perhaps working ahead of time with folks that seem to have consistent issues in navigating google documents.

Definitely appreciated the facilitators allowing the group to express what it needed to about both the process and the content items.

It would be good if the questions you want answered by our workgroup are clearly stated at the beginning of the meeting so we know how to help. When so much background info is given, our purpose gets lost. Ask direct questions so you can get the answers needed. Thanks!

Cindy has done a great job of empowering this group.

Cindy is doing a great job.

The task at hand required more time and we ran out of time.

Though it's hard to resist the urge to go faster!

It seems that we are squeezing more stuff in to a compressed timeline which makes me think we're not really on track.

Joelle appeared frustrated with the group process.

The time demands of the project are considerable and may be contributing to some of the attrition in meeting attendance. This is important to note in terms of evaluating the process. It may be very hard to replicate this process given these demands without providing compensation for people to do so; especially those coming from clinical practices. It has, of course, also been a factor in realizing true consumer engagement in the process.

The group process was much more conducive to the process of identifying root causes than an expectation that individuals do this on their own. The interplay brings out ideas that probably would not have come out otherwise. It was also more fun. Plus, given the amount of meeting time we have asking people to do a considerable amount of homework is burdensome and a stretch.

Sustained engagement and participation by work group members has been challenging given other demands on time.

1) I really felt we were listened to and not hurried along in a forced way by the agenda and 2) because with Google Drive I was able to work on some of the products during the meeting. I don't think this detracted from my participation; it may have helped it because it was forcing me to read and think about the things we were also talking about. More importantly, with everything I've got on my plate right now doing stuff after the meeting is challenging.

### **Measurement WG**

It is very hard to know if we will accomplish the overall SIM objectives at this point in time.

The Transformation Measurement workgroup remains somewhat dependant upon the other workgroups.

Until the other work groups give us more to work with we're just treading water.

It is hard for this group to do much meaningful work until the other groups have established their goals.

The work of this group isn't meaningful until goals are established. This feels like it is moving very slow.

Still waiting for goals from the other teams.

Today's meeting location was very inconvenient. We also need to improve the technology for people who need to call in. Jesi is doing a great job leading this group.

The goals the transformation teams came up with are very vague. I am worried we will spend a lot of time rating and choosing measures that are not what they intended.

### **HIT WG**

I'd like more information on what the other workgroups are doing/deciding. It is nice to have the updates, but using their decisions to inform our discussions/decisions would be beneficial. b. The facilitator does a great job promoting discussion and respective everyone's point of view. But sometimes I think we may deliberate too much on something and/or discuss something that may not be high priority and it would be nice if the facilitator reigned us in and/or directed us a little more.

I thought it was very beneficial to have advisory group members and WHIO/WISHIN representation so we could have an informed discussion of HIT needs.

It doesn't seem like the facilitator is getting maximum participation and input.

I did not receive the materials in time to obtain input from colleagues expert in the telehealth area.

I am consistently feeling like we are talking about these shared services without much connection to what the other workgroups are doing and how the shared services will support what they are designing and are focused on. HIT should be a tool that enables a solution, not simply stand-alone services.

It would be helpful to start with the meeting's objectives at the beginning of the meeting.

It may be beneficial to have more of a structure to the workgroups....an outline of what needs to be defined and by what date would be helpful. We need to focus on the following: a. WHAT are we suggesting as changing/using regarding HIT to enable the initiatives and b. HOW are we going to accomplish this? I know this is a multi-step process.

#### **AP Measurement**

Was an aggressive fit to review all 6 goals in an hour but appreciate the need to balance people's schedules with opportunities for review.

#### **AP HIT**

It would have been nice to better understand the materials ahead of time. We could have also used more built-in breaks.

Discussion on the straw models and telehealth was very helpful

**Summary of Final Stakeholder Feedback Survey**  
**Conducted Week of January 18-22, 2016**  
**Summary of Findings**

1. Survey sent to “All Contacts” list, but excluding Leadership Team Members

N=262 with a 30% response rate

Total Respondents	78
Workgroup Member	46
Advisory Group Member	30
Other	2

2. Rating whether SIM/SHIP put Wisconsin on a better track toward meeting its overall goals for health and health care, using a five point scale ranging from 1=No to 5=very much, responses yielded an average rating of 3.55.
3. Rating various workgroup processes on a five point scale ranging from 1=Not effective and 5=Very effective, Workgroup members provided average ratings ranging from 3.7 to 4.70.
4. Advisory Group members rated their experience lower, with average ratings on three components ranging from 2.92 to 3.08.
5. About half of respondents report that the SHIP process and objectives are clear and understandable, while another 40% say they are “somewhat” clear and understandable.
6. About one-third of respondents say the SHIP process “very much” met its objectives, while another half say it “somewhat” did so, 10% select “neither yes nor no,” and 5% select “not much” in whether the SHIP process met its objectives.
7. About 60% report that the process was a valuable use of their time, while 30% are not sure and 10% report that it was not.
8. About half of respondents believe that most of the needed stakeholders were engaged, while another half believe that only some of the needed stakeholders were engaged.
9. Individuals and groups identified as missing from the process included employers, business, consumers, purchasers, payers, significant providers, community organizations, and law enforcement.
10. Asked what should be the next steps, now that the SIM process has completed its federal funding period, about half of respondents said state government agencies should seek funding to move the plan forward; 30% said private sector stakeholders should form a structure and seek implementation funds; 60% said the plan should be used as a roadmap for local actions by health care providers, payers, and organizations, and 10% report that the plan does not justify its own sustaining as a funded effort.
11. A wide variety of open-text comments throughout the survey indicate detailed thought behind survey responses.

**Q2. How would you rate your level of participation in the SIM process?**

<b>Answer Options</b>	<b>Very little, not a priority 1</b>	<b>Interested Bystander 2</b>	<b>Fear of Missing Out 3</b>	<b>Hoping to help 4</b>	<b>Enthused and Excited 5</b>	<b>Rating Average</b>	<b>Response Count</b>
<b>All</b>	1	17	3	42	13	3.64	76
<b>Workgroup Members</b>	1	6	3	25	11	3.85	46
<b>Advisory Group Members</b>	0	9	0	18	2	3.45	29

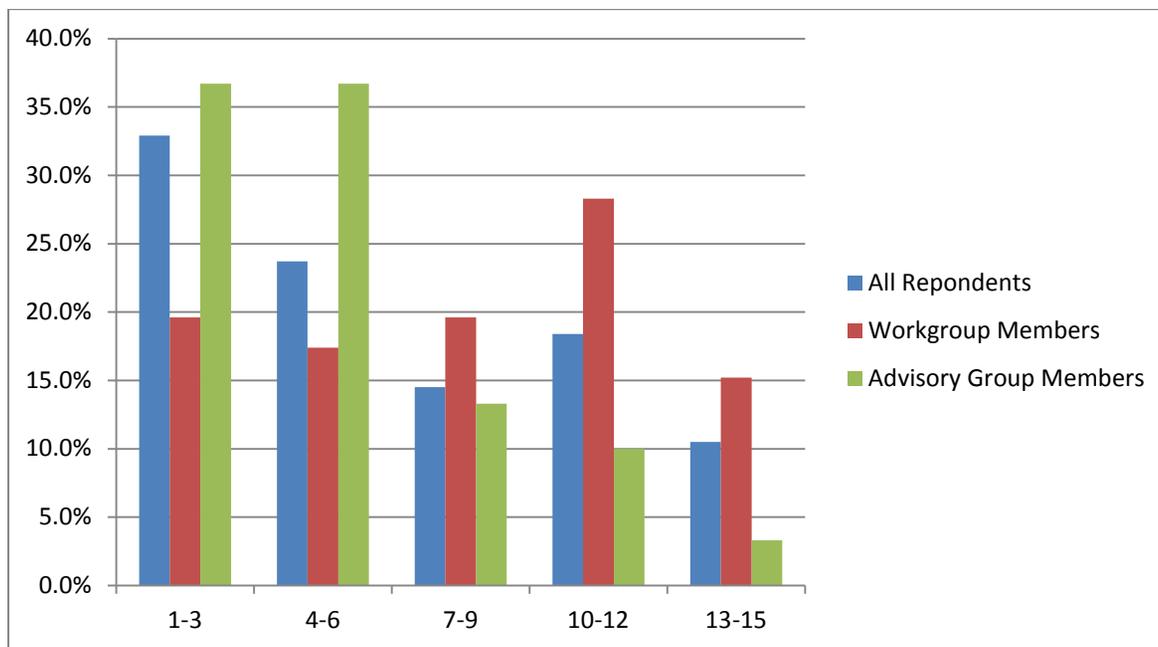
**Workgroup Comments**

- Wanted to be able to assist with the BH implementation ideas but was not included even after many attempts with the team leader.
- My expertise is in home health and health issues chosen for project are not ones that I deal with
- I had a couple of items that I thought would help with mental health access primarily in rural communities.
- The area of integration of mental health and primary care is one about which I have a lot of interest and I think is critical to adequately addressing the workforce issues in the mental health area.
- More than an interested bystander and a bit less than hoping to help, wanted to support the work, its good for Wisconsin!

**Advisory Group Comments**

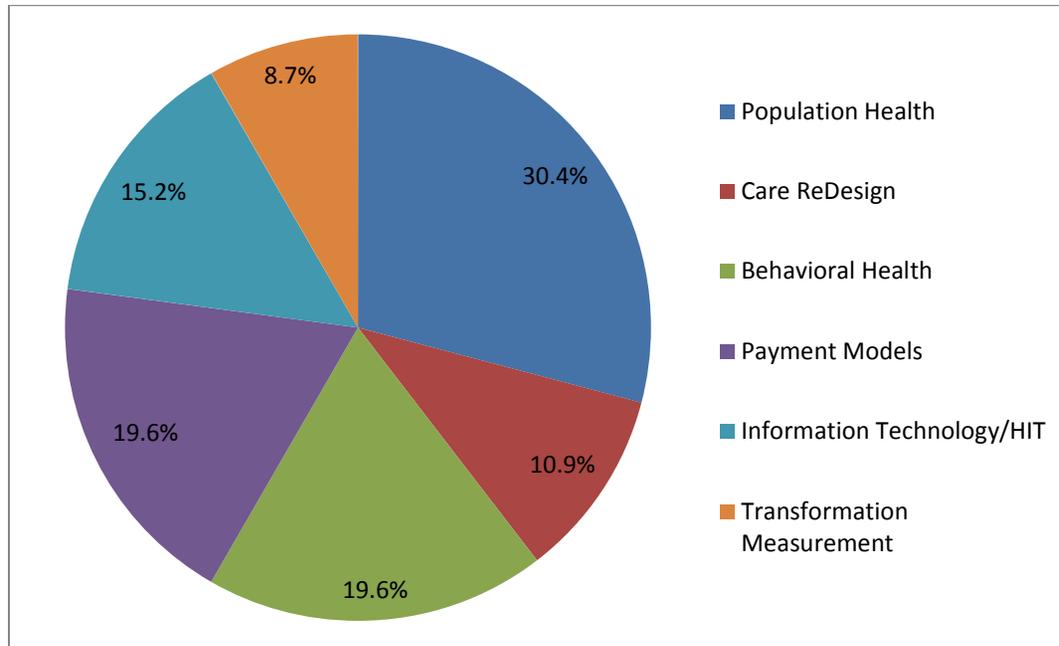
- Very interested in participating but my participation was limited to listening to webinars/teleconferences. Felt underutilized.
- Only 3 large group meetings and 2 smaller calls lasting an hour each.
- Did not find it very engaging. Focus on webinars with no opportunity for F2F mtgs
- Process was exclusionary
- Assigned to Advisory Panel. Felt the information as progress on the multiple aspects evolved allowed for response and suggestions.

**Q3. Approximately how many SIM meetings, webinars, and teleconferences did you attend or participate in since March 2015?**



Answer Options	All Respondents		Workgroup Members		Advisory Group Members	
	Response Percent	Response Count	Response Percent	Response Count	Response Percent	Response Count
<b>1-3</b>	32.9%	25	19.6%	9	36.7%	11
<b>4-6</b>	23.7%	18	17.4%	8	36.7%	11
<b>7-9</b>	14.5%	11	19.6%	9	13.3%	4
<b>10-12</b>	18.4%	14	28.3%	13	10.0%	3
<b>13-15</b>	10.5%	8	15.2%	7	3.3%	1
<b><i>answered question</i></b>		76		46		30

**Q4. Did you participate in one of the following workgroups?**

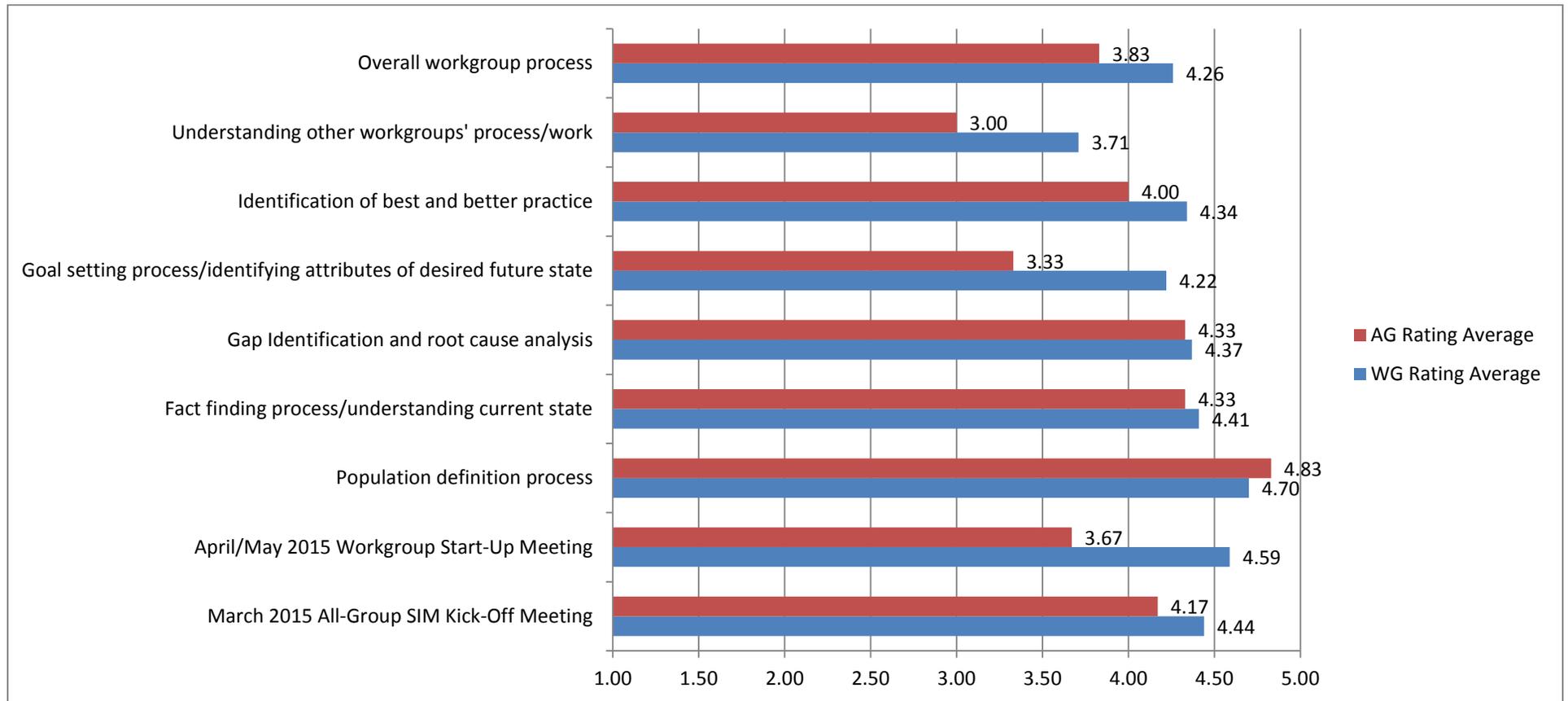
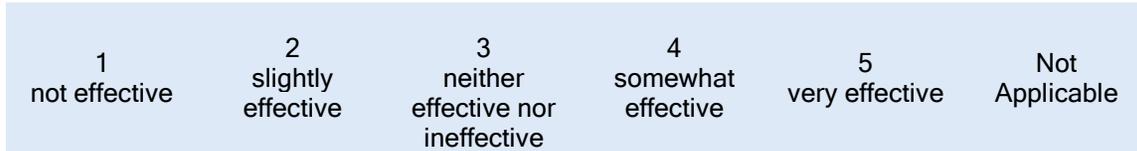


Answer Options	Response Percent	Response Count
Population Health	30.4%	14
Care ReDesign	10.9%	5
Behavioral Health	19.6%	9
Payment Models	19.6%	9
Information Technology/HIT	15.2%	7
Transformation Measurement	8.7%	4
I participated in an Advisory Group	13.0%	6

**Q5. Please rate the following components of the workgroup process, thinking back over your experience over the past 8-9 months.  
 (Mark Not Applicable if your group did not participate in that step.)**

**Workgroup N=41; Advisory Group: 6 members indicated participation in workgroups**

**Scale:**



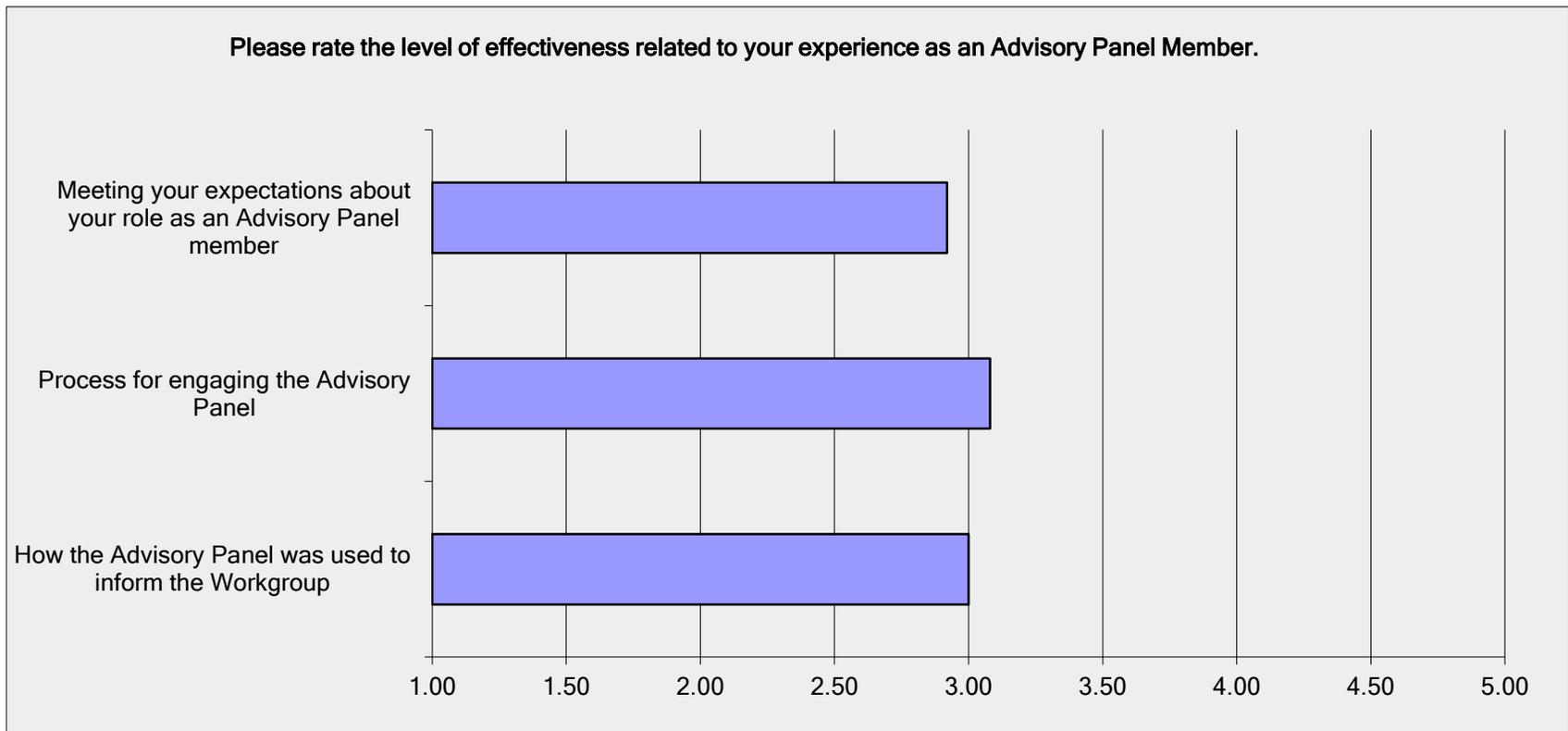
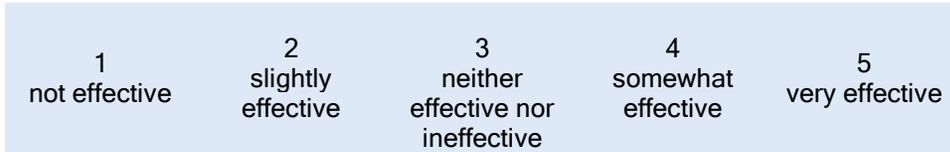
## Comments (Workgroup Only)

- Root cause analysis revealed importance of social determinants of health for adults with diabetes and hypertension or depression; however the best practices were health care-centered and did not emphasize the need for evidence-based state health policy changes and investments for optimal impact. Look to MN and others.
- I don't have a solution, but it felt like there was a disconnect between the workgroups which made it hard to understand the bigger picture.
- I participated as a member of the advisory panel and commented on one report.
- Communication and learnings from the transformational teams working on BH and Depression did not exist
  - Workgroup did not participate in the population definition process
  - Gap identification/root cause analysis did not loop back into fact finding for further analysis
  - Limited objectivity in identifying best and better practices - more of a discussion of what ""can"" work versus what ""does"" work"
- There was not enough clarity on what the outcomes really are and how/when/by whom they will be implemented
- There was not enough transparency on how this significant amount of funding was spent in one years' time; especially since nothing was provided to agencies to implement, or for that matter, even mileage for the volunteer committee members"
- Follow up on comments and suggestions that you say you are going to follow up on.
- In HIT workgroup, the role of the advisory panel (AP) vs. the workgroup was not clear, and the two groups ultimately morphed into one. This was probably a good thing, but it felt like the AP wasn't clear on the goals having missed the initial months of planning. It also often left like the HIT workgroup was not working enough in collaboration with the other teams, but rather coming up with solutions not knowing fully understanding the problems being solved.
- Given the short time frame we had to undertake this massive work, I think things went fairly smoothly. It was hard to see the "big picture" sometimes and especially hard to understand what other workgroups were doing and how it aligned. There were so many moving parts!
- Unfortunately, I had an intermittent presence on my work team due to multiple conflicts with my work schedule presenting competing priorities so I feel my feedback is most likely due to the fact I wasn't able to sustain focus and comprehension of progress and effect. While I was attending however, I recall feeling somewhat frustrated that our scope seemed larger than care delivery redesign as our group identified issues and problems that I felt did not necessarily fall within our primary accountability. Perhaps, this impression is based on my clinical nursing perspective and experience retooling clinical practice delivery systems and work flows vs solving the larger cultural gaps that often require resources well beyond the means afforded to us by payers, state or the broader community.
- Our measurement workgroup was very effective but it was very difficult to try and develop measures when the project goals kept changing and the other workgroups took so long to complete their work.

**Q6. Please rate the level of effectiveness related to your experience as an Advisory Panel Member.**

**N=24**

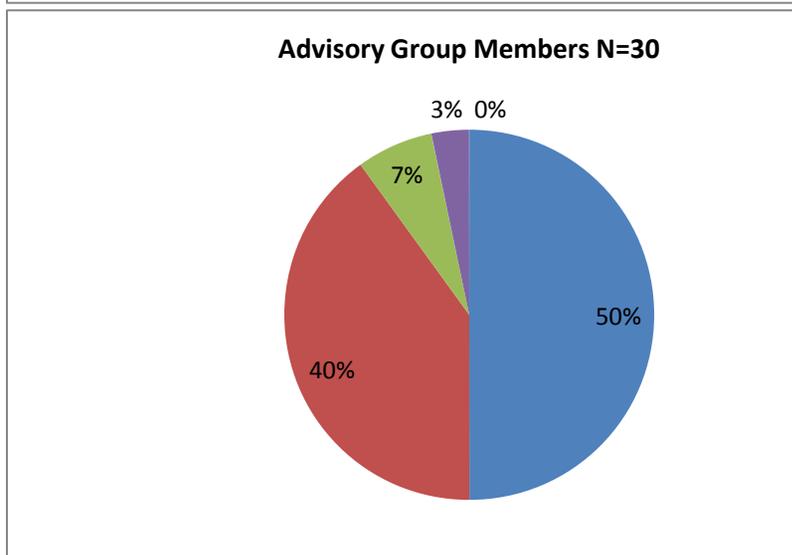
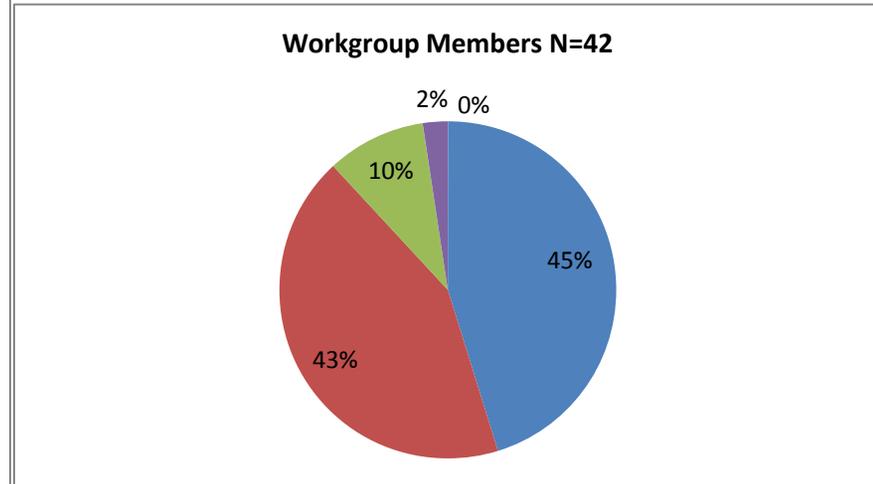
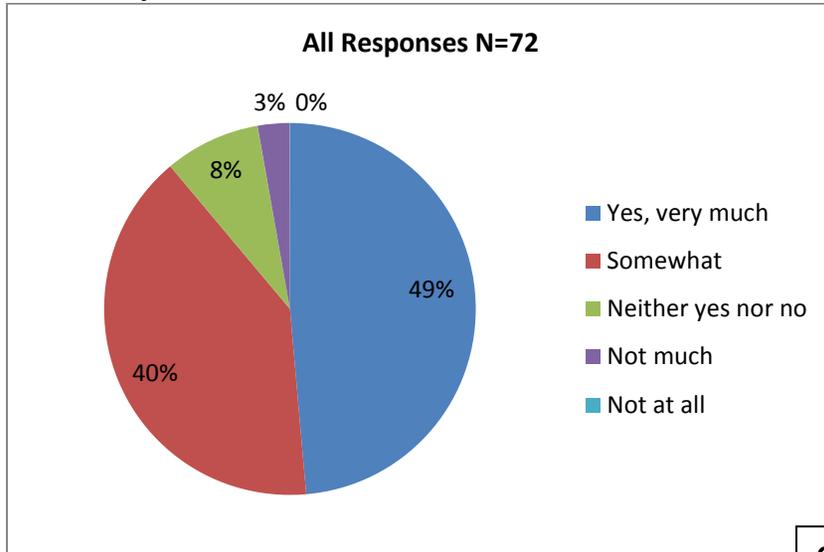
**Scale:**



## Advisory Group Comments

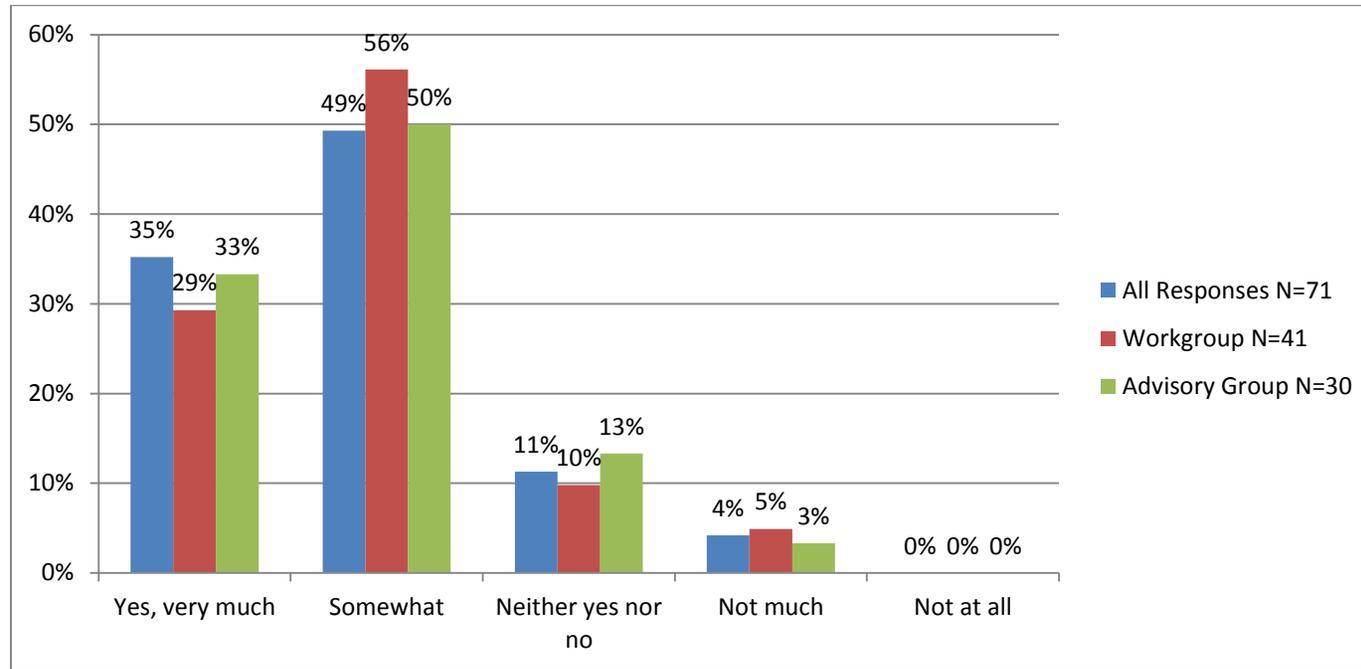
- Calls were so infrequent that it was hard to keep momentum of what the project was about or the role we would/could play. I realized just before the final call that I could not give an elevator speech to say what the project was about. Part of that is the process and project was communicated in a way that was inaccessible to explain to the average consumer - there were no memorable applications.
- Seemed we were talked to most of the time. The information was always presented fast. I don't think this committee was needed
- Meetings/webinars were not set up far enough in advance to easily fit in schedule
- I received information about progress, which was helpful; however, I didn't feel the Advisory Panel members had a clear avenue to make a meaningful contribution other than observing from a distance.
- Seemed to be for show only
- Poorly communicated-timeliness
- Communication about the process was good, however, we did not provide any feedback. I did not feel like I advised at all.
- The exact role and value of the Advisory Panel was never totally clear or fully understood. Regardless, any and all suggestions or questions I had I felt were met with respectful responses and appreciation.
- I didn't feel there was a chance to provide input or ask questions on the calls. On many occasions, there was no time left for questions.
- It remains unclear to me the degree to which the Advisory Groups informed and influenced the work groups.

**Q7. Thinking about the SIM process as a whole, at this point, are the objectives of the SIM process clear and understandable to you?**



- Comments**
- I can only say that it is a process model to improve healthcare delivery for people with hypertension and diabetes.
  - Maybe the wrap up will provide that; I hope so.
  - It is still not clear what the next steps will be once we have a plan or who will own the plan.
  - It seemed that the overall process changed and that made things a little confusing.
  - The scope of this endeavor clearly is very, very complex and detailed. The sense that a solid proposal and functional structure, going forward, has been accomplished.

**Q8. Did the SIM process as a whole meet its objectives?**



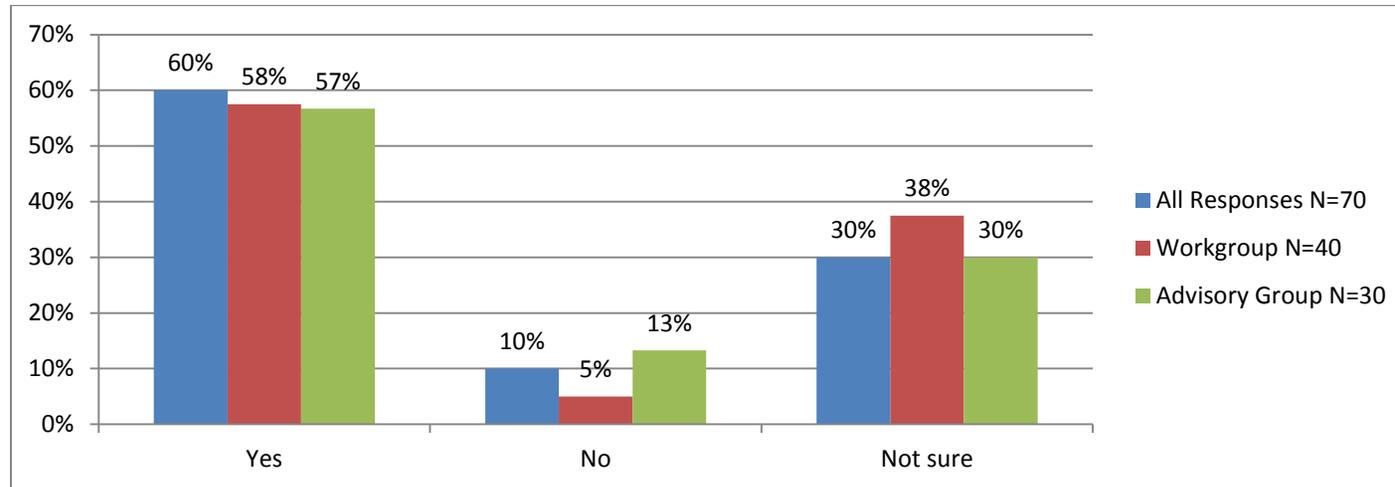
**Workgroup Comments**

- Should have disseminated CMMI decision in November to not fund our plan, and started planning other grant proposals.
- I think time will tell if all this planning was worth it. I think, in order to effect real change, we need much more buy-in from DPH administration as a key partner.
- Next steps are a bit unclear to me (esp without funding from CMMI).

**Advisory Group Comments**

- Can't comment. Not sure what the object was.
- The transformational team on BH and Diabetes did not share anything that was not already known

### Q9. Was participation a valuable use of your time?



#### Workgroup Comments

- I did not participate enough to either understand pertinent detail or to add value.
- I learned more from other participants than I contributed to the project. This was a valuable use of my time, but may not have been valuable to the project. More limited participation in future iterations may streamline the process and improve quality.
- I very much appreciated being part of the process and discussion. This is difficult work, and I valued being at the table and connecting with other colleagues in the state with whom I don't generally interact.
- Excellent leadership
- Beyond the opportunity to work on a terrific initiative, it was really nice to have the opportunity to just sit down and talk shop with a cross-section of people involved in health care.

#### Advisory Group Comments

- Would have liked to be more actively involved. Wasn't able to provide much input.
- Interesting to learn what was happening in this arena.
- To be even a small part of this effort and to watch it develop over the anticipated timeline, with progressive increments achieved along the way, was very enlightening, with good periodic updates.

**Q10. Please rate the SIM process for the principle of promoting candor with respect.**

**Rating Scale:**

1	2	3	4	5
Very poor	Poor	Neither poor nor good	Good	Excellent

	<b>All Respondents N=71</b>	<b>Workgroup Members N=41</b>	<b>Advisory Group N=30</b>
<b>Average Rating</b>	<b>4.20</b>	<b>4.44</b>	<b>3.93</b>

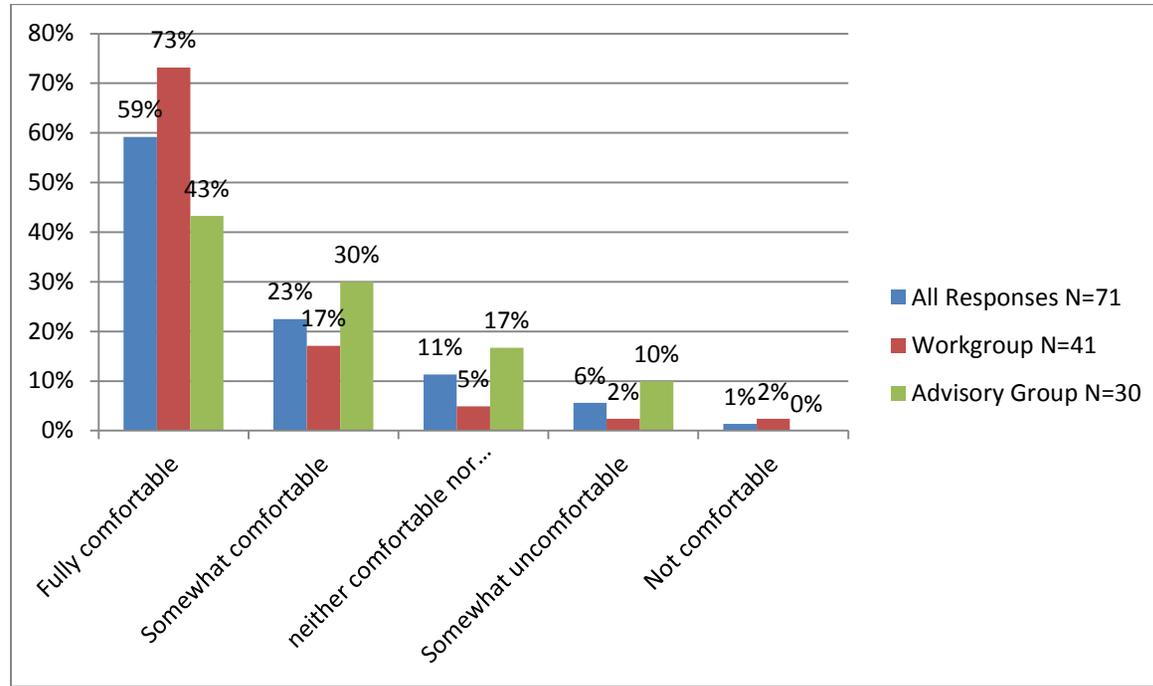
**Workgroup Comments**

- I have no idea what this question means.
- The facilitators did an excellent job!

**Advisory Group Comments**

- It was a process that I felt we just listened to but didn't have real input except for two calls where we explained what our organization was about and how we worked with populations.
- Not a lot of two-way dialogue for the Advisory Panel; just got updates.
- There was one person who was absolutely out of line at the meetings. His behavior was unacceptable. He took the whole process personally.

**Q11. How comfortable were you in voicing your thoughts and opinions?**



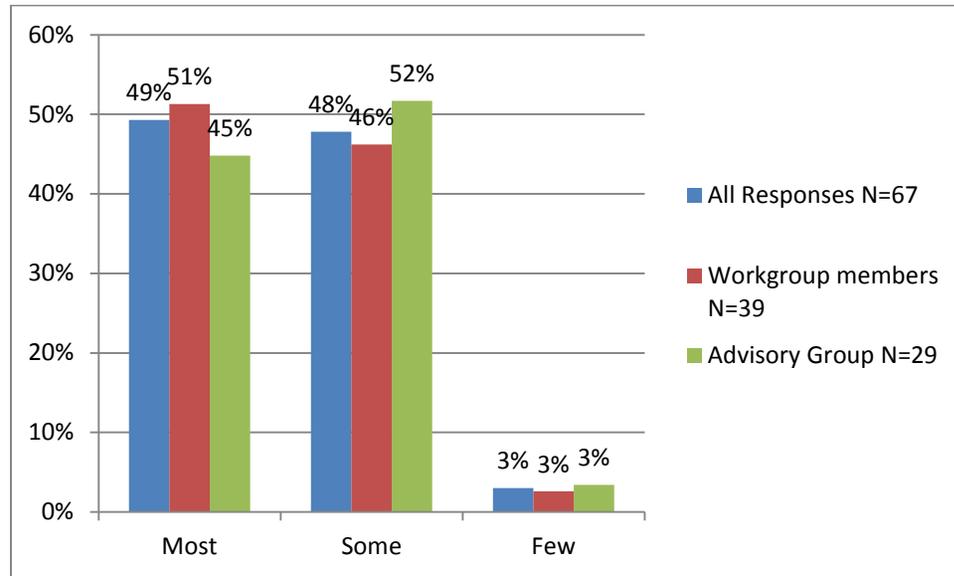
**Workgroup Comments**

- Only somewhat because it was not my area of expertise, learning from everyone else!
- Occasionally difficult to speak due to dominance of others in the room.

**Advisory Group Comments**

- Webinar format wasn't conducive for this
- Not much of an opportunity to voice opinions. All calls were more about listening to the process for improvement that was developed or developing.
- Didn't feel there was an avenue or forum to do so.

**Q12. How many of the needed stakeholders do you think the SIM process managed to engage?**



**Q13. Who or what organizations were not adequately engaged?**

**Workgroup Comments**

- All of them; the engagement level was not there that needed to be
- for the HIT work, health care provider and commercial payer organizations
- Employers/purchasers, but I think that's partially on them (us)
- Employer groups
- self-insured employer population
- Community Organizations
- Consumers/patients were not adequately engaged.
- Patients
- Patients and Community organizations
- Adults with diabetes and hypertension or depression
- DPH Administration needed to be more engaged

- Public
- Not sure. I was engaged via webinars, and that wasn't a means of seeing who else was participating.

**Advisory Group Comments**

- Provider organizations of size, stature and influence.
- Probably needed more system leaders
- provider groups that were not part of integrated systems
- Community based organizations.
- consumers new to healthcare or with barriers to understanding
- Law enforcement, community, patients
- Some Payors and Beneficiaries
- Epic
- Could not hazard a guess, really.
- not clear to me

**Q14. At this point, has SIM put Wisconsin on a better track toward meeting its overall goals for health and health care?**

Scale:

1 No, Not at all	2 Some, but not much	3 Neither yes or no	4 Yes, Somewhat	5 Yes, very much so
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	<b>All Responses N=71</b>	<b>Workgroup Members N=41</b>	<b>Advisory Group N=30</b>
<b>Rating Average</b>	<b>3.55</b>	<b>3.44</b>	<b>3.57</b>

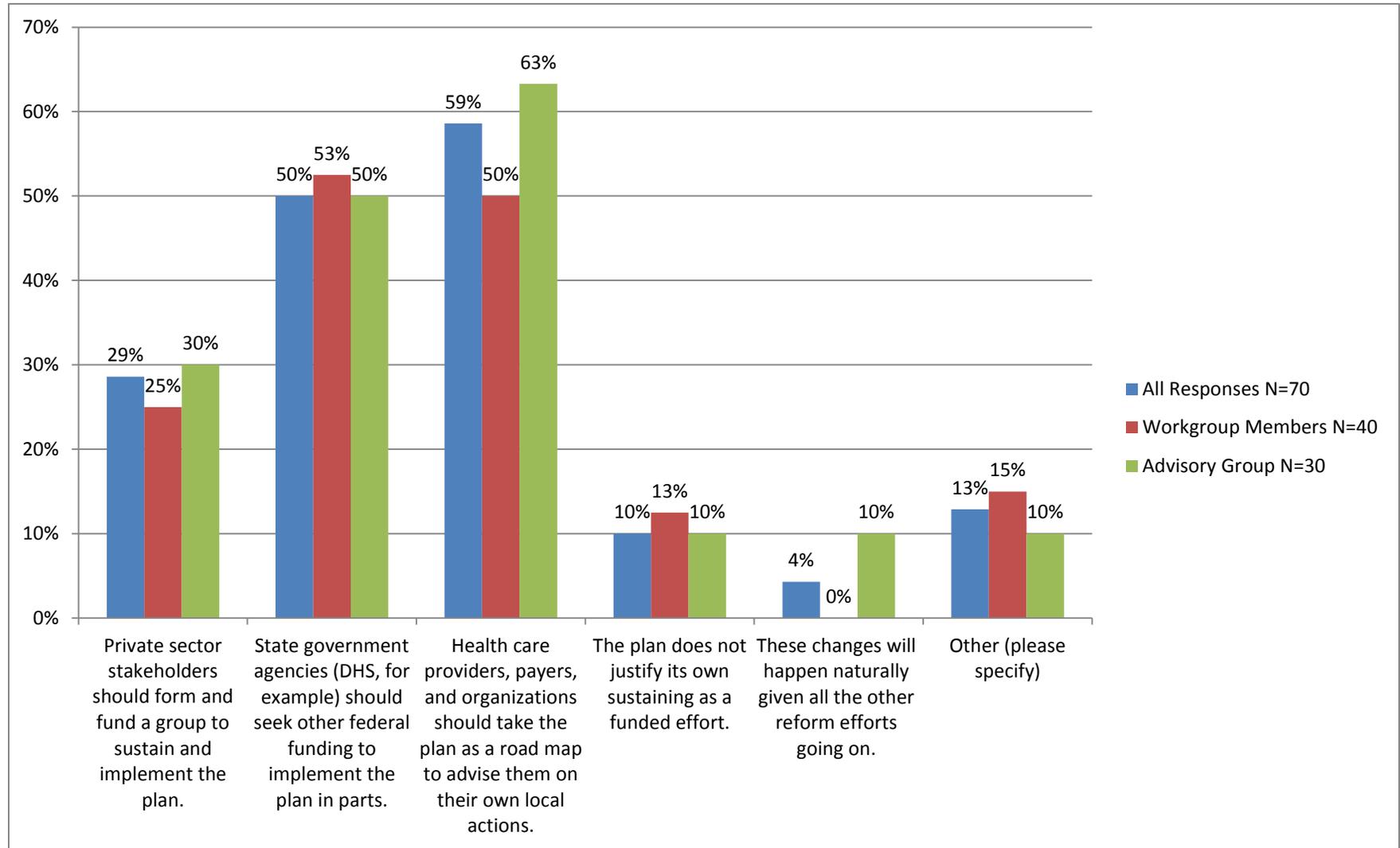
**Workgroup Comments**

- While we identified opportunities and had good conversations, I worry about things actually getting implemented.
- There is a long run from the paths and recommendations in the report to actual implementation.
- It is difficult to answer this question without know what, if anything, will be implemented.
- It all depends what decision-makers do with the information. The process highlighted the importance of socio-economic factors outside the health care system in supporting good health. But this has been identified before and it seems the health care world has just decided it can't take this on because it is outside their scope (e.g., they don't get paid for it). If DHS really takes this on then this will be a significant step forward.
- Will be based on the ability to implement any part of this.
- Implementation/continuation funding would help after all of the work put in.
- Very good plan but no new funds
- This is difficult for me to answer as I was not consistently engaged to identify the final outcomes of this work.

**Advisory Group Comments**

- Couldn't comment not really understanding its goals. I think SIM might be on a better track to have a process(es) in place to look at the challenges of cost and delivery of health services in WI
- Not sure. The ideas are good, but don't necessarily seem new. The collective impact principle may or may not take effect.
- Yes- A key area will be funding the improvements and offering support to assist with the implementation of the recommendations
- This entire effort is going to be a take it from here, work in progress, as there are so many working parts imbedded in the overarching goals.
- This is a big undertaking that will take a while to gel. I do think bringing the group together must have promoted understanding and learning amongst certain groups. Unfortunately, groups are self-centered and I hope that eventually the good of the people of the state can be put ahead of individual corporations or professions.
- Implementation & utilization of the plan will tell the story and have the true impact.

**Q15. What do you think should be the next steps, now that the SIM process has completed its federal funding period?**



### **Workgroup Comments**

- There are areas of the plan that were not complete and unless the planning is completed, it may not be actionable in its current state.
- There are key decisions that need to be made and specific commitments made before this could launch into an implementation phase, including confirming stakeholder buy in.
- We need some mechanism for everyone to work together on it. The actions above seem siloed. No one group is going to be able to move forward alone.
- Leverage existing WI group(s) to develop a meaningful action plan, rather than create something additional, requiring additional funding
- I am afraid that private sector stakeholders alone will not be able to address the factors outside of the health care system that influence health. Whether DHS seeks other federal funding, private funding or figures out other ways to support this effort, they must be at the table as the state agency that administers Medicaid, public health and mental health/substance use disorder services. They must also do more to bring consumer/patient stakeholders to the table in a more substantive manner than occurred during the SIM.
- While I think it would be good if state government could secure additional funds, I think those should be used to fund the start-up for a private sector organization to manage this work moving forward. It may not even need to be state government to get the funding either, as long as it is on board.
- I think you need a combination of 1-3. We need a private, public partnership. Perhaps a health co-op or a non-profit entity to form and move this forward with diverse stakeholders. If DPH tries to do it solo, it won't get done for a variety of reasons.

### **Advisory Group Comments**

- Pilots should be developed, tested and shared with stakeholders.
- This is such a large cohort of the population in need of the attention which this SIM process is intended to intervene and care for, that it has to be a multi-layered, integrated approach of public and private entities to accomplish and sustain. All the issues under scrutiny: DM2, BP, depression are chronic, long-term conditions not ones easily controlled or managed for what is years of need.
- I am skeptical that state government is invested in the SHIP and its implementation. The same may be said about the health plans/payers.

**Q16. What do you think is most important idea or element to emerge from the entire SIM/SHIP process and plan?**

**Workgroup Comments**

- Aligning diverse groups with common interests around a few shared goals.
- Lack of common aligned goals at this point in time.
- That we have the resources and ideas, we just need to align them better and work together. We need statewide Collective Impact!
- better awareness and work on collaboration
- real change takes commitment to try something different from all, including payers, purchasers, private and public sectors, providers, provider systems, patients, social system, patient advocate groups, etc.
- Statewide private/public partnerships needed to address complex health needs
- Multiple stakeholders are interest in implementing change
- The vast amount of stakeholders that need to be actively engaged
- WI cannot have a thriving economy and healthy population at the current high rate of health care spending/cost and low rate of investment in and lack of clinical connectedness to the community resources that can impact on the other determinants of health.
- Population health management
- The need to assertively address socio-economic barriers that influence health.
- Definition of gaps and links between policy and filling gaps.
- Primary care/behavioral health integration
- doing good enough to move things forward
- The increased need for interoperability and thinking about that from the standpoint of providers and patients.
- This work can be done in a meaningful way. However, it needs to be sustained.

**Advisory Group Comments**

- Collective impact
- Healthy populations/communities reduce health care costs
- focusing on patients with depression and a chronic disease state.
- publically available framework with a robust methods and documentation
- Working with community organizations and stakeholders to integrate behavioral and mental health care into framework of primary care.
- to develop Integrated Care
- need to create sustainable plans and change how providers are actually paid...besides one big capitated amount for a system or ACO
- The overall roadmap and assessment. WE now know and better understand the current state
- Comprehensive approach to a set of complex, often co-morbid conditions and this procees/plan has developed the sort of template that has the ability to make a real positive impact.
- Alignment of purchasers, payers and providers around a shared vision and goals.

**Q17. Please share any further comments or recommendations here.**

**Workgroup Comments**

- I'd like to see more emphasis on social determinants of health, and how communities can come together to tackle the root causes of the extreme disparities in our state.
- Thank you all for your hard work on this important endeavor! It is definitely a step in the right direction!

**Advisory Group Comments**

- the process was communicated in a very inaccessible language. There were no real life examples used in the process of describing the plan. Language was not plain language. It was very dry and didn't allow the average person to connect to it or grasp it in any active way..
- more needs to be done to connect systems with providers external to them...data sharing, care management, patient education, care coordination...all of this is lost outside the system...and perhaps even inside it
- Very honored to have been even a very small part of this very complex and comprehensive plan development. It is hoped the end product will make grant applications and integrated collaborative efforts very successful, now and for many years to come.
- Thank you for all your efforts