

SHIP Feedback

Name	Title	Submitted on behalf of: Individual or Organization	SHIP Section Number	SHIP Page Number(s)	SHIP Line Number(s)	Comment(s)	Suggested edits
David Bandomir/Dan Berendt	Captain/Assitant Chief	Org: Milwaukee County EMS, Greenfield Fire Department, Milwaukee Fire Department, North Shore Fire Rescue, West Allis Fire Department	7.4	111	2513	For "Model and Tools:" under Milwaukee County Community Paramedics add descriptions of various county initiatives in the MIH-CP arena. 2. Milwaukee Fire Department	<p align="center">Milwaukee Fire Department:</p> <ul style="list-style-type: none"> -Now that we have completed our pilot program, we will dissect the data and do a follow-up needs assessment to "accurately" engage our citizens. -Currently the Milwaukee Fire Department MIH program is in the operational evaluation phase. -MFD currently has 21 "Community Paramedics" trained by the UW Milwaukee College of Nursing utilizing the Northcentral EMS Institute Community Paramedic curricula v3. -MFD now has an engine house dedicated to MIH where most of the 21 CP's are stationed. -MFD will utilize our resources and personnel to tackle some of the toughest problems that the city has, improper 911 utilization, positive patient interaction with "face to face" healthcare navigation. -The Milwaukee Fire Department will also partner with local agencies to tackle hospital readmission, discharge order compliance, disease education and medication compliance to name a few. -Commitment from the Mayor's office and the MFD Chief has afforded us the opportunity to focus on creating partnerships to help produce a Community Paramedic Program focused on quality of care, and sustainability! - The citizens will be better served receiving the right care vs. emergency care if it is not warranted. <p align="center">"Better care, better health, lower costs."</p> <p align="center">https://uwm.edu/news/paramedics-profs-collaborate-to-provide-mobile-health-care/</p> <p align="center">http://www.jems.com/articles/2015/04/milwaukee-launches-community-paramedic-program.html</p>
David Bandomir/Dan Berendt	Captain/Assitant Chief	Org: Milwaukee County EMS, Greenfield Fire Department, Milwaukee Fire Department, North Shore Fire Rescue, West Allis Fire Department	VI - 7.4	110	2504	Community Paramedicine may also fill gaps in other sections including 7.2 "Improve Connections between Clinic and Community/Social Resources for People".	Perhaps point out the role CP-MIH (Community Paramedicine- Mobile Integrated Healthcare) could play in connecting a clinic or healthcare facility to the community under models and tools in 7.2. See comments below regarding CP-MIH application.
David Bandomir/Dan Berendt	Captain/Assitant Chief	Org: Milwaukee County EMS, Greenfield Fire Department, Milwaukee Fire Department, North Shore Fire Rescue, West Allis Fire Department	VI - 7.4	111	2513	Thank you for the specific mention!	Include link to MCEMS MIH: http://county.milwaukee.gov/EMS/MIH.htm

David Bandomir/Dan Berendt	Captain/Assitant Chief	Org: Milwaukee County EMS, Greenfield Fire Department, Milwaukee Fire Department, North Shore Fire Rescue, West Allis Fire Department	VI - 7.4	110	2505	Additional description of CP-MIH needed perhaps suggested edits after line 2510.	Community paramedicine services, which may be an integral part of an MIH system or operate as a stand-alone, can include some or all of the following: 1. Urgent medical assessment and care 2. Preventive medical assessment and care 3. Chronic disease assessment and management support 4. Post-discharge follow-up assessment and management support Based on the assessments described above, patient transport, arranged transportation, or referral to other community health and social service resources
David Bandomir/Dan Berendt	Captain/Assitant Chief	Org: Milwaukee County EMS, Greenfield Fire Department, Milwaukee Fire Department, North Shore Fire Rescue, West Allis Fire Department	VI - 7.4	111	2513	For "Model and Tools:" under Milwaukee County Community Paramedics add descriptions of various county initiatives in the MIH-CP arena. 1. Greenfield Fire Department	Greenfield Fire Department: - Increase Fire/EMS member awareness and understanding of Hospice and Palliative Care. - Securely share care plans of community members that are enrolled in Hospice such that responders have access to information and can contact Hospice in the event of 9-1-1 activation. - Conduct consultation on Hospice patients that have increased risk of hospice revocation. This will create mutual understanding and comfort that knowledgeable resources exist within the community and that a collaborative effort exists between responders and Hospice.
David Bandomir/Dan Berendt	Captain/Assitant Chief	Org: Milwaukee County EMS, Greenfield Fire Department, Milwaukee Fire Department, North Shore Fire Rescue, West Allis Fire Department	VI - 7.4	111	2513	For "Model and Tools:" under Milwaukee County Community Paramedics add descriptions of various county initiatives in the MIH-CP arena. 3. North Shore Fire/Rescue	North Shore Fire/Rescue works in partnership with the North Shore Health Department to provide a comprehensive home assessment program that targets eight fall prevention and eight home safety messages. The program is marketed through local senior centers, churches, synagogues, senior residential facilities and other groups. In addition, NSFR provides follow up calls to all patients who accessed emergency services as a result of a fall to offer this program.
David Bandomir/Dan Berendt	Captain/Assitant Chief	Org: Milwaukee County EMS, Greenfield Fire Department, Milwaukee Fire Department, North Shore Fire Rescue, West Allis Fire Department	VI - 7.4	111	2513	For "Model and Tools:" under Milwaukee County Community Paramedics add descriptions of various county initiatives in the MIH-CP arena. 4. West Allis Fire Department (THIS MAY FIT UNDER 7.2 "IMPROVE CONNECTIONS BETWEEN CLINIC AND COMMUNITY/SOCIAL RESOURCES FOR PEOPLE".)	West Allis Fire Department; Program: Transition in Care Transition in Care is a community paramedic program implemented by Aurora West Allis Medical Center and the West Allis Fire Department to help reduce hospital readmissions. Specially trained nurses refer recently discharged seniors to paramedics, who conduct a home visit to ensure that patients understand their medications and instructions from their physicians. They also assess the patient's health and living environment. Findings are then reported to the nurses for follow-up, if needed. Who is it for? High-risk seniors recently discharged from Aurora West Allis Medical Center. Why do they do it? Many older patients struggle when they return home after a multi-day stay at the hospital. This program offers hands-on coaching and support from local first responders who can answer questions and welcome patients home. Impact: After 124 home visits with 29 patients, the fire department saw an 86% decrease in non-vital 911 calls and a 71% decrease in visits to the emergency department.
David Bandomir	Captain/Assitant Chief	Org: Milwaukee County EMS, Greenfield Fire Department, Milwaukee Fire Department, North Shore Fire Rescue, West Allis Fire Department	VI - 7.4	111	2513	West Allis Fire Department links to include (noted in suggested edits)	AHA: Ideas & Innovations for Hospital Leaders 2016 (pg 14) http://www.ahacommunityconnections.org/content/16caseexamples11.pdf Journal of the Emergency Medical Services – Wisconsin 911 Frequent-Caller Program Shows Success http://www.jems.com/articles/2015/10/wisconsin-911-frequent-caller-program-shows-success.html City of West Allis- Fire Department Mobile Integrated Healthcare Program https://www.youtube.com/watch?v=hQiHqRPJW30
Anonymous	Anonymous	Anonymous	0	0	0	I read the entire plan and the sections don't all flow together well and there is a lot of repetitiveness of the same information in several of the sections. This all needs to be tightened up and flow better to show the reader the relationship between the individual sections. The Plan for Improving Population Health (Section IV) seems to "boil the ocean" and maybe it is supposed to be broader than the rest of the SHIP, but it still needs to tie in better to the SHIP transformation goals and target populations.	
Anonymous	Anonymous	Anonymous	VII.11	149	3391-3394	There is a disconnect between what is said here about governance in the HIT plan and what is provided in Section 4 of the SHIP. Governance is not specifically addressed by the SHIP.	Governance needs to be discussed in main body of SHIP in section 4 and specifically referenced in this HIT section.

Anonymous	Anonymous	Anonymous	VII.12.2	164	3704	Second sentence begins with a number	Spell out "97" since it is at the beginning of a sentence.
Anonymous	Anonymous	Anonymous	VII.12.2	171	4th row of Table VII.8 on Quality Measurement and Reporting. AS discussed in the workgroup, the HIT shared service need related to quality measurement and reporting is not a centralized quality reporting service as presented here. The issue is with lack of centralized data collection and aggregations services, i.e., data utility/broker services which would eliminate the need for health care providers to create multiple, disparate and/or redundant interfaces with multiple entities collecting the same or similar data for different measurement, analytic, and reporting services provided by the entity. The data collection could be served by a shared HIT service. I don't agree that all measurement, analytics, and reporting need to be provided by one centralized entity but rather standard measurement and specifications for reporting need to be defined, agreed to, and governed and implemented by the various reporting entities, such as WHIO, WHAIC, and WHCQ. Quality measurement, analytic, and reporting service entities should be focused on those services and not data collection which could be handled by a single entity and those measurement and reporting entities could subscribe to the datasets they need through this shared service. The current burden on providers is multiple interface providing data in multiple formats for multiple purposes. Many on the HIT workgroup shared and expressed the same opinion, especially health system CIOs. However, this aspect of the shared services and the need for data collection and aggregation services is not adequately reflected or addressed in the text of the SHIP HIT plan even though this is illustrated/articulated as an issue and barrier to health care transformation in other sections of the SHIP as well as in the HIT section.		
Anonymous	Anonymous	Anonymous	VII.12.3	174	3971	The Proposed Future-State Shared Data Management Services diagram is not the latest version of the diagram. Also the Data Integrity Processing service is not explained or addressed in the HIT section and it was the workgroup's understanding that this represented centralized data collection and aggregation services.	The cylinder figure for the provider directory should say "Source of Truth" Provider and Organization Directory. The figure on quality measurement organizations was changed to Quality Measurement and Reporting Services Approach(s), so it would be similar in representation with the HIE Services Approaches, rather than specifying that it represented certain organizations rather than approaches.
Anonymous	Anonymous	Anonymous	VII.12.4	185	4237	The five barriers identified for telehealth listed on page 185-186 are not all policy barriers.	Remove the word "policy" from line 4237.

Anonymous	Anonymous	Anonymous	VII.12.4	185	4238-4239	It needs to be absolutely clear that the MEB rule is a proposed rule. This subsection as written does not explicitly make that clear in subpara 1 and 2 as written.	Change these lines to read: 1. Definitions of telehealth differ between Wisconsin Medicaid policy and the State of Wisconsin Medical Examining Board's ("Board") proposed telehealth rule.
Anonymous	Anonymous	Anonymous	VII.12.4	185	4257, 4258, 4261	It needs to be absolutely clear that the MEB rule is a proposed rule. This subsection as written does not explicitly make that clear in subpara 1 and 2 written. Also Medicaid does not have admin rules on this—it is policy.	Change line 4257 to read: 2. Licensure requirements also differ between Medicaid policy and the Board's proposed telehealth rule. Change line 4257 to read: a. Under Medicaid policy, non-Wisconsin providers may provide telehealth services to Medicaid members in Wisconsin under certain circumstances without holding a Wisconsin medical license. [Please note that in either case listed in this subparagraph that border-status providers and non-border status providers both have to be certified by Wisconsin Medicaid, but only the non-border status provider has to obtain a PA. This should probably be clarified.] Change line 4261 to read: b. Under the Board's proposed telehealth rule,
Anonymous	Anonymous	Anonymous	VII.12.4	186	4285-4286		Change these lines to read: ... unless the provider has border-state status, i.e., is a certified Wisconsin Medicaid provider.
Anonymous	Anonymous	Anonymous	VII.13	187		There is a disconnect between what is said here about governance in the HIT plan and what is provided in Section 4 of the SHIP. Governance is not specifically addressed by the SHIP.	Governance needs to be discussed in main body of SHIP in section 4 and specifically referenced in the HIT section.
Anonymous	Anonymous	Anonymous	VII.13	189	4352-4353; 4362-4367	I disagree with the statement in lines 4353-4353 that "currently no single governing body exists for HIE." The specific purpose of the WIRED for Health Act legislation in 2010 that resulted in Subchapter II on HIE in Wisconsin Statutes Chapter 153 was to designate an HIE governing body responsible for state-level HIE governance and oversight of the implementation of a statewide HIE network and shared HIE services (i.e., the Wisconsin Strategic and Operational HIT Plan). Lines 4362-4367 do not accurately reflect what is in 153.81 and the intent of the legislation. WISHIN was competitively selected to be the current SDE for state-level HIE governance. I had provided this feedback on the previous draft and had requested this be addressed. The issue is that while DHS did designate an SDE to principally govern HIE and oversee the implementation of statewide HIE network and shared services, not necessarily to be the HIE service provider, that is not what transpired. WISHIN may be designated as the state-level governing HIE entity, but WISHIN is principally focused on being an HIE service provider instead and yes, this needs to be addressed. This does not negate the fact that the state did designate a single governing entity for HIE through a competitive selection process which can be done again.	I had recommended the text be modified to accurately reflect the intent of the HIE legislation and the current state.
Elizabeth Zeidler Schreiter, PsyD	Chief Behavioral Health Officer	Org: Access Community Health Centers	VI	105	2309	I would recommend also including the hyperlink for the AHRQ innovation profile regarding Access Community Health Centers primary care behavioral health program	Access Community Health Centers https://innovations.ahrq.gov/profiles/integration-behavioral-health-team-and-consulting-psychiatrist-primary-care-enhances-access

Joe Kachelski	CEO	Org: WISHIN	VII	164	3677	It was only recently that the state's mental-health privacy laws (s. 51.30, Wis. stats.) were harmonized with HIPAA, thereby reducing barriers to using HIE as a mechanism by which to share BH information.	Add sentence: "[However, these survey results should be considered in the context of applicable Wisconsin law. Until recently, the state's mental-health privacy laws (s. 51.30, Wis. stats.) imposed substantial barriers to the exchange of BH information via HIE. The law has now been harmonized with HIPAA.]"
Joe Kachelski	CEO	Org: WISHIN	VII - 12.4	183	4174	There is no CON process in Wisconsin, as I pointed out at the August HIT Work Group meeting.	"rate-filing, certificate of need, and others"
Joe Kachelski	CEO	Org: WISHIN	VII - 13.2	188	4352-4353; 4362-4367	Not sure how a "single governing body" would have the authority "to provide oversight and to hold accountable the parties responsible (legally responsible?) for exchanging electronic health information" without being granted that authority by the statutes. However, s. 153.81 does give WISHIN substantial governance responsibilities related to the exchange of information, including "Developing or facilitating the creation and use of shared directories and technical services, as applicable to statewide health information exchange" (s. 153.81 (1) (f) 11). The document should explicitly acknowledge the substantial governance responsibilities of WISHIN.	"Related to health information exchange, Wisconsin Statutes 153.81 s. 153.81, Wis. stats., allows the state to designate a nonprofit corporation to use information technology to improve healthcare quality and efficiency through the secure electronic exchange and authorized use of health information build substantial HIE capacity, develop policies and recommend legislation, provide oversight and accountability for HIE to protect the public interest, adopt standards, and develop or facilitate the creation and use of shared directories." (MAY WISH TO MAKE THIS A LIST OF BULLET POINTS.)
Joe Kachelski	CEO	Org: WISHIN	VII - 14.2	198	4444-5	Reference to early adopters should explicitly state that this principle is meant to avoid exacerbating the digital divide between the haves and have-nots (see page 161, line 3587).	"The fiscal investment of early adopters should be considered if/when there is a need to transition these early adopters into the future Shared Technology Services infrastructure to prevent the exacerbation of the digital divide between the "haves" and "have nots" (see section 12.2)."
Joe Kachelski	CEO	Org: WISHIN	VII-12.2	170	3898	Updating WISHIN usage stats through year-end	"Through October December 2015, users cumulatively accessed 61,083 103,865 patient records pertaining to"

Joe Kachelski	CEO	Org: WISHIN	VII-12.2	170	3899	Updating WISHIN usage stats through year-end	"6,923 11,611 patients."
Joe Kachelski	CEO	Org: WISHIN	VII-12.2	170	3902	Updating syndromic surveillance message total	"automated reporting of syndromic surveillance data to BioSense – more than 77 84 million messages"
Jon Lehrman, MD	Chairman of Department of Psychiatry and Behavioral Medicine	Org: Medical College of Wisconsin	VI - 5. Gap	84	1754	I believe that a critical gap is not directly addressed here-that is that mental healthcare is underfunded significantly at this time. This is an important factor in addressing access and provider shortage issues in mental health/behavioral health issues	Add a bullet in this gap section of poor reimbursement or "funding challenges in mental healthcare"
Anonymous	Anonymous	Anonymous	0	0	0	Was disappointed our diabetes and hypertension toolkits were not included as resources. I have included links below in case they can be added. Diabetes toolkit: http://www.hipxchange.org/DiabetesCare Hypertension toolkit: http://www.hipxchange.org/HypertensionCare	
Anonymous	Anonymous	Anonymous	VI	88	1716, 1717	WHIO graphs are quite blurry	
Anonymous	Anonymous	Anonymous	VI	96	1963	Link connects to an error message	
Anonymous	Anonymous	Anonymous	0	0	0	Overall, very impressive, thorough, understandable report.	
Anonymous	Anonymous	Anonymous	IV	29	538	It is not clear what the "national accreditation" refers to.	...WI-HIPP will create a health improvement plan intended to meet national accreditation standards for the state public health agency and
Anonymous	Anonymous	Anonymous	VI	92	1849	It says "six interventions" but looking at the subsequent bulleted list, it is hard to identify six. There are three bullets. Looking at the interventions listed after each bullet, it looks like there are five.	If there are indeed six, list them under six different bullets.
Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	0	0	0	Overall, I think there is too much emphasis on the data and assessment of the problem and not enough on the plan.	Consider limiting the assessment section or including more information in appendixes (if needed to retain for the grant reporting). It would be great to see a very high-level, practical document designed for a layperson. Consider developing a tailored brochure/flier targeted to the various stakeholder partners.

Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	0	0	0	THANK YOU FOR PUTTING THIS TOGETHER!!!! Even though there is still a LOT of work to be done, I think this is a big step in the right direction. Now... to figure out how to not lose momentum and continue this important work!	
Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	I	9		I think the graphic is great!	Consider higher resolution for the final version (of this and other graphics) to increase clarity. Also, consider an alternative graphic that is more visually appealing to laypersons (i.e. pictures, symbols, infographic).
Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	III	18	272		Consider changing language to say “But our health is getting worse!”
Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	III	24	392	Love this graphic!	Perhaps use some of these symbols on page 9, as well.
Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	IV	29	542	Very happy to see the alignment with WI-HIPP!	
Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	IV	70	1309	Implementation Plan is underdevelopment still? I thought that was the purpose of the SIM, to come up with a plan?	Perhaps instead of saying “under-development” you could expand and discuss that various factors are needed in order to develop an implementation plan that will be successful, identify barriers to successful implementation, etc.. It seems weird to just leave it as “under development”.
Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	IX	224	5080	I think these plans are going to be key to success!	
Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	VII	162	3613	Wow! That picture says a 1000 words!	I think a stronger emphasis in the text above the diagram is needed to illustrate how uncoordinated, inefficient and ineffective the current state is!
Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	VII	173	3954	This would be amazing!	

Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	VIII	221	5004	Glad to see consumer engagement occurred	It would be nice to have a separate section highlighting what was learned from these sessions. If patient/person is truly at the center, their voice needs to come through stronger in this work!
Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	VIII	221	5052		I think that the lessons learned could be expanded. Consider seeking additional input from those involved or having another deliberate conversation about this with the workgroups/advisory groups. I think this process evaluation is critical to gain insights from.
Kim Whitmore	Owner and Independent Consultant of Ujima United LLC (Former State Health Plan Officer for DPH and Population Health Workgroup Member)	Individual and Org: Ujima United LLC	XI	224	5088	It would have been nice to also review the appendixes.	
Kurt Eggebrecht	Health Officer	Org: Appleton Health Department	0	0	0	Finally just a question...when we report smoking rates decreasing do we mean tobacco products other than liquid nicotine products such as e-cigs/vaping? Locally we see a reduction in tobacco product use but an increase in liquid nicotine use.	
Kurt Eggebrecht	Health Officer	Org: Appleton Health Department	IV	33	663	Weight of the Fox Valley has not yet worked with providers. Although we have three physicians on the 35 member leadership team to date we have focused on Active communities and worksite efforts. Food svstems action team is planned for	Utilizing collective impact model to combat obesity in the Fox Valley.
Kurt Eggebrecht	Health Officer	Org: Appleton Health Department	IV	37	734	Sentence is missing a word, currently reads" Smoking rates have been 2.5 percent annually" should the words "decreasing by" be added?	Smoking rates have been decreasing by 2.5 percent annually
Richard A. Dart	MD, FACP, FCCP, FAHA, FASN, FASH	Individual	III	26	444		Change "a" ---"to"
Richard A. Dart	MD, FACP, FCCP, FAHA, FASN, FASH	Individual	IV	61	1145		? Word 'greater' intended?
Richard A. Dart	MD, FACP, FCCP, FAHA, FASN, FASH	Individual	VI	90	1791		Extra "space" break between "care –and".
Richard A. Dart	MD, FACP, FCCP, FAHA, FASN, FASH	Individual	VI	92	1876		2 "periods" at the end of the sentence
Richard A. Dart	MD, FACP, FCCP, FAHA, FASN, FASH	Individual	VI	95	Figure	This was a particularly good outline/table.	
Richard A. Dart	MD, FACP, FCCP, FAHA, FASN, FASH	Individual	VII	112-216		A thorough and well done section really focusing on the complexity of this entire endeavor, but also the ongoing and rapid development of HIT and how that is bound to be needed, integrated and put to use to facilitate the effective achievement of the long-term outcomes of improved health.	None, per se. It is assumed the length of this final summary reflects the comprehensiveness needed to cover the depth and complexity of the many, many variables which are in play.
Richard A. Dart	MD, FACP, FCCP, FAHA, FASN, FASH	Individual	VIII	218-222		Found this section to also be well defined and should serve as a solid template for those who will take the SHIP/SIM work to implementation.	None.

Richard A. Dart	MD, FACP, FCCP, FAHA, FASN, FASH	Individual		Many pages	Many Figures	Throughout the entire text, repetitive, albeit not seen as 'redundant', use of tables and graphics were good to excellent as visual aids and as reinforces of concepts.	Though many things seemed to repeat, adding to work to read the entire report, the reinforcement
Shel Gross	Director of Public Policy	Org: Mental Health America of WI	I/2	10	Fig. I.3	This figure seems to suggest that engagement with beneficiaries occurs only at the local level. While such local level engagement is one valid form of engaging "consumers", if it is the only form there is a tremendous risk that their input will watered down, obscured or otherwise be minimized or marginalized as it moves up through other components that are dominated by providers and payers.	There needs to be a patient advocacy component ideally at each level but certainly within the backbone organization that can translate and promote the input from this stakeholder group.
Shel Gross	Director of Public Policy	Org: Mental Health America of WI	II	12	160	More needs to be communicated about these consumer engagement organizations and how they will continue to utilized during implementation.	
Shel Gross	Director of Public Policy	Org: Mental Health America of WI	IV/1	28	512	I strongly endorse these goals.	
Shel Gross	Director of Public Policy	Org: Mental Health America of WI	IV/3.3	37	734	"Smoking rates have been 2.5% annually". Should this say "decreasing"? The 2.5% is not consistent with the percent of smokers identified. While this section recognizes DMHSAS effort to integrate smoking cessation into MH/SUD programs it does not provide data on the disproportionate degree to which people with behavioral health disorders smoke.	
Shel Gross	Director of Public Policy	Org: Mental Health America of WI	IV/3-4			While these sections catalogue the variety of health conditions affecting people in Wisconsin, they fail to highlight the degree to which certain individuals experience multiple chronic health conditions. Studies have shown this group of individuals is likely to be among those with the highest health care costs. For instance	
Shel Gross	Director of Public Policy	Org: Mental Health America of WI	VIII/3	220	4990	If consumer engagement was a top priority since the inception that was not really evident to me. I was interested to hear about the outreach that started in August. The information I received about which organizations DHS reached out to did not reveal some of the consumer organizations that some of us identified and are truly consumer controlled.	
Shel Gross	Director of Public Policy	Org: Mental Health America of WI	VIII/5	222	5063	"While engaging consumers was considered early and often, determining how to best facilitate discussion with those particular individuals should have been established even earlier." Again, I didn't see evidence of this early, but couldn't agree more with the conclusion.	
Anonymous	Anonymous		0	0	0	This provides a very comprehensive and accurate review of the work and synthesized findings of the population health workgroup and other transformation teams.	

Anonymous	Anonymous		IV	92	1869 and 1870	These two bullet points appear to be saying the same thing, it's not clear how "linking and coordinating" is distinct from the function of screening and making referrals; this becomes clear reading on to page 103, but may be worth considering different language
Terri Carufel-Wert BSN, MHA, RN	Director of Clinical Operations	Individual	0	0	0	Boy, there is a lot of work that needs to be done!
Terri Carufel-Wert BSN, MHA, RN	Director of Clinical Operations	Individual	0	0	0	I think SHIP is touching on the transformation of healthcare and does have some good resources available to utilize to begin the implementation process. This is a HUGE undertaking and will require us in healthcare to change our thinking about delivery of patient care and health insurance providing reimbursement for the integration of the model. I am often reminded of something that I learned and wrote about in Graduate school... Health does not pay to keep the lights on because our current model of health only pays MD's for treating illness. This transformation needs to change and I think some healthcare providers are committed to these changes, but this will take a major change in the way we practice medicine in the coming years.
Terri Carufel-Wert BSN, MHA, RN	Director of Clinical Operations	Individual	VI			The integration of Behavioral Health is desperately needed into improving patient health and social determinants of health. a. Limited access to Mental Health Providers (especially for the un or under insured patients) b. The links between depression and HTN and DM is more than I thought and without access to services, patients will continue to get sicker. c. The integrated BHC model, that I am familiar with, is only a band aid to the huge problem of access to Mental Health. i. The BHC providers do not provide continuous follow-up of care. They only see the patient maybe once or twice in the clinic setting. ii. Some patients really need true psychiatric help well beyond the scope of the primary physician and BHC. I know that we would have patients referred to us all the time because we had BHC on staff. The problem was that the patients sent to us had very serious, untreated or undertreated psychiatric illness that ultimately stressed our staff because of our inability to get the patient where they truly needed to be care for. The model is wonderful; however, it is my experience that other clinics, hospitals believe that they are truly receiving mental health services when in reality they are not.

Terri Carufel-Wert BSN, MHA, RN	Director of Clinical Operations	Individual	VI			<p>3. Group Visits. I do have a lot of experience/frustration with organizing group visits. Group visits for Diabetes, Hypertension, and Pregnancy.</p> <p>a. I completely see the validity of group visits; however, in my experience, they can be very difficult to recruit for and have patients actually show-up for the group</p> <p>b. The model of healthcare would really need to embrace this model 110% for success. Barriers that I ran into:</p>	
Timothy E. Corden	Chief Medical Officer	Individual	VII	0	0	<p>In general, the report appears to reflect the process the SHIP went through and not on accomplishments, or a concert deliverable for collective impact; this comment is made with all due respect for all the hard work that was done on this project. I also understand there is very little that can be done at this time to change the outcome represented in the report. I felt there was potential to adhere to the populations identified (DM, HTN, + Dep) and develop a thread regarding alignment thru Measures, IT, Payment, and Implementation as an example of feasibility. Even if it could have helped guide even a few payers, health care organizations, and the communities they serve to positively affect these populations. Section VII reads to me as to the process we went thru not what was or should be done.</p>	#NAME?
Timothy E. Corden	Chief Medical Officer	Individual	VII	114	2620	<p>“community level of measurement” --- although the “community” activities or health happens where you live concept was a prominent portion of the SHIP discussion – I suggest that the measurement concept be more inclusive to take advantage of the nature of the CMMI grant, the intent of the ACA and rephrase to include the medical</p>	<p>.... fall into the complimentary health care system and community level measurements</p> <p>suggest rewriting and use the continuum of DM as the example of how measures can be used along the disease course to optimize an individual’s health no matter where they are along the process.</p> <p><i>Healthy, do not have DM</i> . ----- measures indicative of maintaining wellness (diet, physical activity, value of health)</p> <p><i>Metabolic Syndrome</i> . ---- Hgb A1C, weight, fasting blood sugar, incidence per population (discussions about diet, physical activity, referral and use of community resources for same, peer group opportunity, how many patients where reverted out of metabolic syndrome)</p> <p><i>Type II DM</i>. Hgb A1C, all the same as above to encourage a person to reverse the disease, and add screening items – nerve, eye, renal, orthopedic, heart disease.</p> <p><i>Type II DM with associated morbidity</i> (neuro, eye, orthopedic, CV, renal) All the above, with addition of adding community services that may be used to optimize the patient’s life. OT, PT, transportation, others</p>
Timothy E. Corden	Chief Medical Officer	Individual	VII	119	2732- 2742	<p>This section represents a missed opportunity to offer specific examples of what measures might be used across the continuum of a disease like DM or HTN. While some of what is listed in this section does impact and represent the disease trajectory, the reader may not understand where in the course any of the listed measures carry impact. Given the large percentage of the report devoted to setting this section up, I was more hopeful that an equal amount of effort would have been spent on explaining what measures were discussed.</p>	
Timothy E. Corden	Chief Medical Officer	Individual	VII	120	2760-74	<p>As noted above, I recommend including the medical care industry within the bulleted measure concepts.</p>	<p>How many medical health care organizations in partnership with their community have a current inventory of social health resources? Could carry out this theme thru all the bullets listed.</p>
Timothy E. Corden	Chief Medical Officer	Individual					
Anonymous	Anonymous	Anonymous	VI	81	1651	<p>BRFSS mentioned with no reference to what that stands for.</p>	<p>Suggest adding BRFSS row 1613- 1616 area.</p>