



DIVISION OF HEALTH CARE FINANCING

1 WEST WILSON STREET
P O BOX 309
MADISON WI 53701-0309

Jim Doyle
Governor

Kevin R. Hayden
Secretary

State of Wisconsin

Department of Health and Family Services

Telephone: 608-266-8922
FAX: 608-266-1096
TTY: 888-692-1402
dhfs.wisconsin.gov

June 14, 2007

Dennis G. Smith, Director
Center for Medicaid and State Operations
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

Dear Mr. Smith:

The Department of Health and Family Services is pleased to submit its application for the Medicaid Transformation Grant (enclosed). We are proposing two distinct yet inter-related grant components to design and implement ways to transform Wisconsin Medicaid's programs and systems. The goals are to transform how the Medicaid program uses its data to support effective and efficient health care, and to bring the benefits of health information technology to the Medicaid population served by the safety-net providers.

Health information today is fragmented, often inaccessible and error prone. Patients, providers, public health authorities, and payers often make important health care decisions with inadequate information. Better information is needed so that all health care practitioners, including the safety-net providers, can deliver effective, patient-centered, timely, efficient and equitable health care consistent with the six aims for improvement established by the Institute of Medicine.

We appreciate this opportunity to compete for this grant. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason A. Helgeson".

Jason A. Helgeson
Medicaid Director

JAH:rmm
DO06017

Enclosure

**Medicaid Transformation Grant Application
Cover Sheet**

State: Wisconsin

Project Title: Wisconsin Medicaid Transformation for Health Care Quality and Patient Safety: Component 1, Value-Driven Health Care Initiative

Submitting Agency: Department of Health and Family Services, Division of Health Care Financing

Contact Name: Denise Webb

Contact Title: Policy Initiatives Advisor, eHealth Initiative

Contact Telephone: (608) 267-6767

Contact Fax: (608) 267-0358

Contact E-mail: webbdb@dhfs.state.wi.us

Value-Driven Health Care Initiative

A B S T R A C T

The American health care system faces extraordinary challenges. For consumers and other stakeholders to make informed choices, transparency can be achieved through the adoption of standard measures of quality and cost-of-care, interoperable health systems, and properly placed incentives. The goal of this proposal is to transform how the Medicaid program uses its data to support effective and efficient health care. This does not require new data collection. The innovation is to use existing data in new ways to measure performance across the entire Medicaid population and to create new partnerships with other payers and with private sector organizations focused on standard setting and public reporting. This proposal represents the commitment of the Wisconsin Medicaid program to act as a full partner with the significant transparency developments already underway in Wisconsin and to align its work with the four cornerstones for value-driven health care articulated by Secretary Leavitt.

Estimated Budget Total: \$2,097,866.15

2007: \$1,462,494.43

2008: \$ 635,371.72

Proposed Goals and Expected Outcomes for Improving Effectiveness and Efficiency of Wisconsin Medicaid:

1. Collaborate with the Department of Employee Trust Funds to align the health care purchasing power of the two largest public payers. Establish shared goals and expectations for care and health care outcomes that are based on national standards and that can be used in future state agency contracts with private health care providers.
2. Align the Wisconsin Medicaid program's quality measurement strategies with the Wisconsin Collaborative for Healthcare Quality (WCHQ) performance measurement and reporting activities to create baseline information that will provide a foundation for performance improvement plans.
3. Select and pilot HEDIS®, PQRI, and/or other emerging standardized national measures in the Medicaid program to compare outcomes for the Medicaid population with the Medicare and private health care markets, enable interstate benchmarking, and reduce the reporting burden on health plans and providers.
4. Provide Medicaid data to the Wisconsin Health Information Organization (WHIO) to populate its data repository and produce public reports about the cost and outcome of health care reported across episodes of care for both public and private payer sources.
5. Use health information technology being developed with the redesigned MMIS to disseminate the information about performance for use by health plans and providers.
6. Provide technical assistance to safety-net providers currently using electronic health record systems (EHRs) to be full participants in quality measurement and surveillance reporting including establishing formal links to the state public health system to monitor quality and population health improvement.
7. Disseminate lessons learned and evaluation results to health care providers, purchasers, and payers including federal and state agencies, both in Wisconsin and nationally.

Value-Driven Health Care Initiative

PROJECT NARRATIVE

1. Statement of Project/Need

The Wisconsin Medicaid Program proposes two distinct yet interrelated components to design and implement ways to transform Wisconsin Medicaid's programs and systems. The purpose is to support a coherent, whole system approach to the adoption and use of health information technology and health information exchange among providers and payers that is grounded in developments in both the public and private sectors in Wisconsin. The goals are to transform how the Medicaid program uses its data to support effective and efficient health care and to bring the benefits of health information technology to the Medicaid population served by safety-net providers.

Health information today is fragmented, often inaccessible and error prone. Patients, providers, public health authorities, and payers often make important health care decisions with inadequate information. Better information is needed so all health care practitioners, including the safety-net providers, can deliver effective, patient-centered, timely, efficient, and equitable health care consistent with the six aims for improvement established by the Institute of Medicine.¹

Despite the spending on health care in the U.S.--representing 16% of the Gross Domestic Product and rising--all Americans are at risk for receiving substandard care.² Studies by the Rand Corporation indicate clinicians provide care consistent with evidence-based recommendations only about 55% of the time.³ Wisconsin's commitment to using health information technology to support quality improvement is based on recognition that improved quality will help reduce health care costs. Moreover, the successful design and implementation of value-driven health care purchasing strategy depends on the wide availability of information on health care results and costs. These principles form the basis of our Medicaid Transformation Grant (MTG) application.

With this MTG proposal there is a wonderful opportunity to accelerate ground breaking work already underway in Wisconsin, led by health care provider organizations, physicians, public health, technology companies, scholars, and public and private health care purchasers. Wisconsin already enjoys a high level of information technology adoption as many large systems and public health agencies are moving ahead with electronic health record (EHR) systems and other technology investments. Led by the performance of hospitals, Wisconsin was ranked first in the nation in health care quality based on information in the "State Snapshots" compiled by the federal Agency for Health Care Research and Quality released on June 11, 2007.⁴ Wisconsin has a large proportion of physicians in large group practices, with most already using

¹ Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21st Century*. (Washington: National Academies Press, 2001)

² G. F. Anderson, et.al., "Health Care Spending and the Use of Technology in OCED Countries," *Health Affairs*, Volume 25, no. 3 (2006): 819-831

³ E. A. McGlynn, et.al., "The Quality of Health Care Delivered to Adults in the United States," *New England Journal of Medicine* 348, no. 26 (2003): 2635-2645

⁴ Guy Boulton., "State is No. 1 in Health Care." *Milwaukee Journal Sentinel* June 12, 2007

EHR systems and other health information technology as well as large health care systems--many with advanced health information systems. There is strong commitment to quality improvement and leadership in the health care sector including the two medical schools and professional associations. Collaboration between Wisconsin's public and private health care purchasers is nationally recognized. In *States in Action: A Quarterly Look at Innovations in Health Policy*, the Commonwealth Fund noted that Wisconsin has "...a number of ongoing efforts intended to promote transparency and, eventually, improve the performance of the health care system. Public and private stakeholders are collecting information on the quality and costs of health care at the physician, hospital and health plan levels in order to make reliable, comparative data available to providers, employers and consumers. The groups are working together and building on each other's work, rather than duplicating efforts."⁵

Wisconsin has seized the opportunity to deploy technology to transform health care by developing a statewide 5-year strategic plan for eHealth that is built on three pillars: 1) Create an eHealth technology platform to provide needed information at the point of patient care; 2) Encourage the development, alignment, and implementation of value-based purchasing policies and actions across the public and private sectors; and 3) Link Health Information Technology (HIT) and Health Information Exchange (HIE) developments to prevention and disease management activities. This plan, the *Wisconsin eHealth Action Plan*, was developed at the direction of Wisconsin Governor Jim Doyle.⁶ Its purpose is to achieve a better, safer, and more efficient health system and thereby improve the overall health of Wisconsin's population.

Wisconsin Medicaid is working to advance the State's eHealth agenda in an effort to address rising health care costs and to ensure high-quality care is being provided to the population served. These are goals consistent with the objectives outlined in President Bush's Executive Order of August 21, 2006. The Medicaid program has formally pledged its commitment to Secretary Leavitt's four cornerstones of value-driven health care, and intends to use this Medicaid Transformation to be a full partner with the other public and private initiatives underway in Wisconsin. The two components of our application will align Medicaid program activities with the *Wisconsin eHealth Action Plan* to 1) Transform how the Medicaid program uses its data to support value-driven health care; and 2) Bring the benefits of health information technology to essential providers to the Medicaid population by implementing electronic health record systems in a majority of the state's Community Health Centers (CHCs).

This document describes Component 1: Value-Driven Health Care Initiative. The goal is to transform how the Medicaid program uses its data to support effective and efficient health care through more comprehensive and cross-cutting health care quality measurement and reporting strategies. This does not require new data collection. The innovation is to use existing data in new ways to measure performance across the entire Medicaid population and to create new partnerships with other payers and with private sector organizations focused on standard setting and public reporting. This work will extend the already successful quality measurement work the WI Medicaid program is doing in managed care through its Medicaid Encounter Data Driven

⁵ Sharon Silow-Carroll and Fouad Pervez, Commonwealth Fund. *States in Action: A Quarterly Look at Innovations in Health Policy*, Summer 2006. July 6, 2006. Volume 5.

⁶ *Wisconsin eHealth Action Plan*. December 1, 2007. <http://ehealthboard.dhfs.wi.us>

Core Measure Set (MEDDIC-MS) protocols and tools. This will be accomplished by the following sets of complementary activities:

- Collaborate with the Wisconsin Department of Employee Trust Funds (ETF) to create an alliance between the two biggest public purchasers of health care in the state to align goals, performance measures, and the use of incentives and rewards for health care outcomes. Together these two payers cover about 23% of the Wisconsin population. ETF manages health benefits for state and some local employees and retirees and has operated on a value-based purchasing model for the past 5 years. The agency has already implemented a Pay-for-Performance (P4P) program, a tiered premium structure, and an evidence-based drug formulary. This alliance is based on a shared vision for population health improvement and how to accomplish it. The Secretaries of the two agencies are both members of the eHealth Care Quality and Patient Safety Board appointed by Governor Jim Doyle and committed to operating under the principles articulated by Secretary Leavitt for value-driven health care. The two agencies will establish shared goals and expectations for care and health care outcomes for their populations that are based on national standards and that can be used in future state agency contracts with private health care providers.

- Align the Wisconsin Medicaid program’s quality measurement strategies with the performance measurement and reporting activities of the Wisconsin Collaborative for Healthcare Quality (WCHQ). Founded in 2003, the WCHQ is a multi-stakeholder organization—including physician groups, hospitals, health plans, employers and labor organizations—that seeks to achieve transparency and improve the quality and cost-effectiveness of health care services by publicly reporting comparative measures of performance. The Collaborative’s information on its member physician practices, hospitals and health plans is reported via an interactive web-based tool that enables users to identify variation by physician practices. This information can be used for a variety of purposes from quality improvement to consumer decision making. With the support of this Medicaid Transformation Grant, the performance measures developed by the WCHQ will be applied to the entire Medicaid population—using existing Medicaid fee-for-service claims data and encounter data reported by health plans to establish baseline data about health status, the impact of chronic diseases, and the performance of health plans and physicians. This baseline information will provide the foundation for performance improvement plans to be developed by Medicaid staff in collaboration with ETF. The Medicaid program will also partner with the WCHQ to obtain detailed analysis of the data reported by its members (representing 50% of all Wisconsin physicians) by payment source. This disaggregation will also provide performance results for the part of the Medicaid population served by fee-for-service providers, compared to other payer sources, thus filling gaps in available information about the fee-for-service population. Finally, the Medicaid program will supply data for WCHQ to use in conjunction with its role as one of six pilot sites for the “Better Quality Information for Medicare Beneficiaries” (BQI) initiative of CMS.

- Select and pilot HEDIS®, PQRI, and/or other emerging standardized national measures in the Medicaid program to compare outcomes for the Medicaid population with the Medicare and private health care markets, including the population covered by ETF, enable interstate benchmarking, and reduce the reporting burden on health plans and providers, The Medicaid

Program will pilot 3 to 5 metrics to apply to its data and use the results of these measures to make informed decisions about its P4P strategies and contracts with the health plans as well as incorporate the information in public reports.

- Support Cornerstone #3 for Value-Driven Health Care: Transparency of Price, through a public-private collaborative effort to measure the overall cost of services by providing Medicaid data to the Wisconsin Health Information Organization (WHIO) to populate its data repository and produce public reports about the cost and outcome of health care reported across episodes of care for both public and private payer sources. WHIO is a collaborative organization formed in 2005 to improve the quality of health care in Wisconsin. This will be done through the collection, interpretation, and presentation of longitudinal, all-payer, patient-based administrative claims data to provide a holistic market-based view of provider care practices including entire episodes of care. This will support provider quality improvement efforts through measurement and reporting and promote value-driven decision making by consumers and payers by providing comparable information about provider cost, efficiency and outcomes. WHIO is governed by a multi-stakeholder board that includes providers, payers and purchasers, including the Secretaries of the Department of Employee Trust Funds and the Department of Health and Family Services.

- Use HIT being developed with the redesigned Medicaid Management Information System (MMIS) to disseminate the information about performance for use by health plans and providers. The MMIS system will include a new Medicaid web portal, consistent with the national Medicaid Information Technology Architecture (MITA) framework that will be ready to use by January 2009 to report on health care outcomes for the Medicaid population. Using the web portal for this purpose also supports the strategy set out in the *Wisconsin eHealth Action Plan* to develop a set of statewide health information exchange services as part of the technology platform to support value-based purchasing. Eventually the state intends to use a web portal to provide and support the use of practice guidelines and clinical decision support for health care providers. These will help drive future performance-based reimbursement for Wisconsin Medicaid.

- Provide technical assistance to safety-net providers to be full participants in value-driven health care and establish formal links to the state public health system to monitor quality and population health improvement. This will align the Medicaid, WCHQ, HEDIS®, and Patient Electronic Care System (PECS) quality standards used by the CHCs by mapping them to the electronic health record system(s) used by the CHCs. With support from the MTG this will be piloted in two health centers that have well-established EHR systems. Medicaid will contract with the Wisconsin Primary Health Care Association to coordinate activities with health centers and public health programs. A surveillance reporting network to the Wisconsin Division of Public Health will be established to transmit de-identified surveillance data (e.g., disease states, risk factors, etc.) and quality measures. This data will then be analyzed and displayed using Wisconsin's Public Health Information Network (PHIN). Clinic-specific data views will be created along with a statewide summary view. Statewide data will be incorporated into the 'burden of' chronic disease surveillance reports and aligned with the objectives of statewide public health chronic disease control plans (e.g., diabetes, asthma, improved surveillance, quality improvements). Clinic-specific views will provide

drill-down, business-intelligence views that only clinic members can see (via role-based access control).

2. Project Justification

The issues surrounding transparency in quality and cost of health care are powerful enough to have warranted an Executive Order from President Bush directing agencies that administer or support health insurance programs to take steps that will result in more complete and open information for consumers. In his August 21, 2006 briefing, the President said he hoped the Federal action would be followed by similar commitments in the private sector and in state and local government. Steps outlined in the Order include the sharing of information about quality of care delivered by doctors and hospitals. The Order also requires agencies and their health care contractors to promote the use of interoperable health information technology products so data can be easily shared. The Executive Order is a first step in a larger plan to provide transparent information on health quality and price for all American consumers. This MTG proposal represents the commitment of the Wisconsin Medicaid program to act as a full partner with the significant transparency developments already underway in Wisconsin and to align its work with the four cornerstones for value-driven health care articulated by Secretary Leavitt.

By taking a broad population view of existing Medicaid data, the program will be able to establish a baseline for the current health status of all Medicaid beneficiaries, across managed care and fee-for-service programs. At the present time, about 40% of the population is served by fee-for-service and the primary data source for the population is claims data. For the population served by managed care, the Medicaid program receives extensive encounter data. This baseline data is required to set standards and to measure progress as part of an overall strategy to achieve more cost-effective care across the entire Medicaid population.

Partnering with other payers and with organizations focused on value-driven health care purchasing will permit the Medicaid program to evaluate and compare care for its population with other payers including Medicare and private sources. This information is essential for setting standards and measuring progress as part of an overall strategy to achieve high quality, efficient health care and eliminate disparities in care quality and health outcomes which will save lives and dollars. Leveraging the web portal being designed for the new MMIS is an efficient way to exchange health information with providers and consumers.

3. Project Goals and Outcomes

The goal for this component is to transform how the Medicaid program uses its data to support fair, effective, efficient value-driven quality health care. This will be done by creating strategic alliances with key organizations in Wisconsin that are developing standard measures of quality and resource use/cost-of-care, analyzing existing data in new ways, and by focusing on how to use this data to develop quality and cost standards and to craft incentives.

This initiative incorporates the following objectives, methods, and anticipated results:

- **Objective 1:** Collaborate with ETF. **Methods:** Work with ETF to establish performance measures and incentives for health care outcomes that will be used by both agencies for future contracts with health care providers. **Results:** Through this collaboration, the two agencies will establish shared goals and expectations for care and health care outcomes for their populations that are based on national standards and that can be used in future state agency contracts with private health care providers.

- **Objective 2:** Align the Wisconsin Medicaid program's quality measurement strategies with the performance measurement and reporting activities of the Wisconsin Collaborative for Healthcare Quality (WCHQ). **Methods:** The existing performance measures developed by the WCHQ will be applied to the entire Medicaid population using existing Medicaid claims data and encounter data reported by health plans to establish baseline data for this population about health status, the impact of chronic diseases and the performance of health plans and physicians. Medicaid will also obtain detailed analysis of the data now being reported by WCHQ members (representing 50% of all Wisconsin physicians) by payment source. The Medicaid program will supply data to WCHQ for data aggregation as part of the BQI project and will coordinate activities around public reporting about the measurement results from the BQI initiative to both physicians and consumers. **Results:** This baseline information will provide the foundation for problem identification and resolution, and creation of performance improvement and disparity elimination plans. In addition to providing comparison on performance measures by payer, this will also provide performance measures for the part of the Medicaid population served by fee for service, compared to other payer sources to fill gaps in current performance data and drive higher quality and efficiency across the entire Medicaid program.

- **Objective 3:** Select and pilot HEDIS®, PQRI, and/or other emerging standardized national measures in the Medicaid program to compare outcomes for the Medicaid population with the Medicare and private health care markets, including the population covered by ETF, enable interstate benchmarking, and reduce the reporting burden on health plans and providers. **Methods:** Analyze policy implications and population impact such as the impact of interruptions in Medicaid eligibility periods. These create a barrier to high quality care and also create measurement issues. In consultation with ETF, the Medicaid program will select 3 to 5 new metrics to apply to Medicaid data. **Results:** The specified metrics are incorporated into Medicaid P4P program contracts with the health plans effective January 2009.

- **Objective 4:** Provide Medicaid data to the Wisconsin Health Information Organization (WHIO) to populate its data repository and produce public reports about the cost and outcome of health care reported across episodes of care for both public and private payer sources. **Methods:** Extract data from the Medicaid data warehouse or other sources to meet WHIO specifications for the Phase 2 of the WHIO development which will begin in late 2008. **Results:** WHIO public reports issued in early 2009 will incorporate Medicaid data with private payer information about health care costs across episodes of care and achieve transparency of health care costs.

- **Objective 5:** Use HIT being developed with the redesigned MMIS to disseminate the information about performance for use by health plans and providers. **Methods:** The MMIS system will include a new Medicaid web portal, consistent with the national MITA framework that will be ready to use by January 2009. **Results:** The web portal will be used in this initiative to report to health care providers on health care outcomes for the Medicaid population.

- **Objective 6:** Provide technical assistance to safety-net providers to be full participants in quality standards and surveillance reporting including establishing formal links to the state public health system to monitor quality and population health improvement. **Methods:** Establish a pilot demonstration at 2 health centers that have already implemented EHRs. Align quality indicators and surveillance data by mapping to clinical information in the health centers' EHR systems. Establish secure HL7 messaging into Wisconsin's Public Health Information Network (PHIN). Wisconsin PHIN has advanced HL7 messaging, security, role based access, and analysis, visualization, and reporting (AVR) capabilities. Advanced epidemiologic analytic capabilities are supported by the SAS Business Intelligence Server. Geographic Information Services (GIS) are provided by the ESRI ArcInfo web server environment. **Results:** Secure, role based access to the PHIN web portal is available to the two health centers that participate in the project. They will be able to access clinic specific and statewide data views providing dashboards, detailed multivariate modeling, and GIS maps of quality indices, process and metrics of chronic care management, and disease surveillance for the two health centers that participate in the project. A surveillance system will be ready for use by other safety net providers once they have implemented an EHR system. Vital information from safety net providers is supplied to public health for disease prevention and control efforts.

- **Objective 7:** Disseminate findings. **Methods:** The Medicaid program will use the evaluation results for this project to prepare a briefing paper and host a conference on best practices and disseminate the results of this value-driven health care initiative. **Results:** Health care providers, purchasers and payers including federal and state agencies, both in Wisconsin and nationally, will learn from the experiences of this initiative.

4. Estimate of Impact to Beneficiaries

This initiative will impact the entire statewide Medicaid population of 852,972, representing 17 percent of the Wisconsin population⁷ as well as thousands of Medicaid providers, including safety-net providers. The safety-net providers include the 17 federally funded Community, Migrant, and Homeless Health Centers; 11 tribal health clinics; and 61 rural health clinics which provide vital, comprehensive care to over 60,000 Medicaid recipients. They are the primary health care homes for some of Wisconsin's most vulnerable populations, such as low-income children and their caretakers, and the elderly, blind, and/or disabled.

This proposal includes technical assistance for the safety-net providers because of the significance of small provider groups and community health centers in the Medicaid network.

⁷ *Clients served by DHFS Programs as of April 2007.* Report prepared by Department of Health and Family Services, Office of Program Initiatives and Budget. June 8, 2007

This segment of the provider community also represents a targeted area of growth for WCHQ as small group practices of fewer than 20 physicians and solo practitioners rarely participate in collaborative quality reporting and care-improvement initiatives. This project will improve Wisconsin Medicaid's understanding of the needed kinds of support for small group practices to comply with health care data collection and reporting.

The intent is that all Medicaid beneficiaries will get the right care at the right place and right time. Medicaid has implemented selected performance measures now for the part of the population served by managed care (MEDDIC-MS) but does not have good information about outcomes of care for fee-for-service recipients or across the entire population. Currently about 40% of the entire Medicaid population is served by fee-for-service providers. The community health centers serve a very high proportion of Medicaid fee-for-service patients. There is very limited information about outcomes for this population compared to the population served by other payers and the uninsured. Establishing a baseline for the population will provide key information needed to set standards and measure provider performance and cost of care for all beneficiaries, and allow for comparisons that can help progressively eliminate disparities in care and health outcomes for Medicaid beneficiaries.

5. Description of Magnitude of the Transformation/Systems Change

The scope of the project is broad because it aligns the Medicaid program with significant quality-measurement and other value-driven health care initiatives already well-established in Wisconsin. These include the P4P initiatives used by ETF, ground breaking work done by the Wisconsin Collaborative for Healthcare Quality and the development work underway by WHIO to create a data repository to track health care costs across episodes of care. The specific activities described in this proposal represent an orderly transition from the current situation, from Medicaid not being directly involved with any of these organizations, to a new way of operating in which value-driven health care principles and actions drive program operations for the entire population. Data analysis activities represent a significant change in how the program has used its data historically and position it for the future as a program that looks across the whole population, using measures that apply to all served by the program, comparable to measures used by Medicare and other public and private payers. This establishes a foundation for objective and continuous quality measurement, comparisons, and levers for spurring improvement and eliminating disparities.

The partnerships developed with ETF, WCHQ and WHIO will serve as a model for other states for advancing and implementing value-driven health care programs. ETF has operated on a value-based purchasing model for the past 5 years and already implemented a pay-for-performance program, a tiered premium structure, and an evidence-based drug formulary. The lessons they have learned as a public agency with deep experience with P4P will be an asset to any Medicaid program. Although just 4 years old, the WCHQ has gained the respect of national health leaders including regulators and consumer and quality advocates. WCHQ is endorsed as an example in the recently published "Value-Driven Health Care: A Guide for State Medicaid Agencies."⁸ Developing a strong partnership between the Wisconsin Medicaid Program and the

⁸ *Value-Driven Health Care: A Guide for State Medicaid Agencies*, Version 1.0 – May 2007
http://www.leapfroggroup.org/media/file/Purchaser_Guide_Final2-08-07.pdf

WCHQ provides a real opportunity to transfer lessons learned to other states. The sharing of knowledge, data, and collective support between the private partners and the public payer for Medicaid patients can become an enormous driver in developing consistently excellent expectations for Medicaid patients across the country. WHIO is less than 2 years old and one of the few broad-based, public-private organizations in the nation focused on aggregation of health care data to measure health care costs across episodes of care. Medicaid's participation with WHIO will create a model worthy of replication in other states. The project scope for this MTG initiative includes a conference to disseminate findings to other states.

6. Description of Sustainability of the Project

Most components of the initiative will result in the development of permanent capacity and infrastructure, such as the population health baseline information, partnerships with other organizations, adoption of WCHQ measures for reporting, and the P4P program standards and implementation plans. This will largely automate the production of objective, comparable and longitudinal data, thus the longer-term positive impacts of initial investments in these programs will be highly sustainable through routine program operations. Furthermore, the public reporting of such data and its use in value-driven reimbursement systems is likely to generate considerable attention and private investment in quality improvement by the providers themselves.

7. Evaluation Plan

The Wisconsin Medicaid Program will comply with the statutory annual reporting requirements of section 1903(z) (3) (C) (ii) & (iii) of the Social Security Act and submit an annual report to the Secretary of the U.S. Department of Health and Human Services. The project will include an independent evaluation. This evaluation will be conducted by Dr. Patricia Brennan and her team from the University of Wisconsin-Madison. Dr. Brennan has degrees in both nursing and engineering, and is professionally recognized for developing a number of sophisticated models for evaluating economic impact of health system transformations. Dr. Brennan will:

- Assess the impact of new performance measures developed from the Medicaid population baseline.
- Develop a set of criteria for establishing the validity and reliability of the WCHQ performance measures for the Medicaid population. The requirement for discriminative trending and monitoring systems requires a set of confidence measures be developed to ensure significant trends are identified.
- Develop a model to correlate P4P incentives and quality of care outcomes and assess the relationship between the incentives and the changes in outcomes as discriminated from other underlying trends in the care system.

Evaluation findings will be incorporated into the "Lessons Learned Conference" planned at the end of this project and sponsored by the Medicaid program.

8. Description of Project Implementation Readiness

Wisconsin is very well-positioned to launch this project given the high quality of health care and exceptional degree of collaboration that already exists across the public and private sectors, as well as the planning activities of the eHealth Board, as reflected in the statewide *eHealth Action Plan*, the experience of ETF and willingness to collaborate with the Medicaid program, and the current stage of developments in the private sector with the WCHQ and WHIO.

The timing is good for the Medicaid program to begin to analyze its data in new ways. The MMIS system redesign will be completed during the 18 months covered by this MTG and help to manage massive amount of encounter data from HMOs and fee-for-service claims data to use to advance the value-driven health care cornerstones, including establishing a baseline on the health of the Medicaid population.

The timing is also good for Wisconsin's public health system. Wisconsin's Public Health Information Network (PHIN) has matured into a robust system with service-oriented architecture (SOA) for Analysis, Visualization, and Reporting (AVR) of public health service and surveillance data. PHIN has sophisticated analytic and GIS tools to display, model, and predict the determinants of health outcomes and quality indicators. PHIN has also been working closely with WHIE, the State Laboratory of Hygiene, the University of Wisconsin Department of Family Medicine, and others in clinical care to establish secure HL7 messaging capabilities and establish interoperability between public health and clinical care. Thus the PHIN platform is ready to bring CHCs into its modern public health surveillance environment and provide an advanced tool set to monitor chronic care, quality measures, and disease outcomes.

MetaStar, Wisconsin's External Quality Review Organization, (EQRO) is well prepared to validate performance measures and is already under contract with the Wisconsin Medicaid program for conducting performance measure validation for HMOs and Managed Health and Long-Term Care Organizations, as well as the Medicaid program's MEDDIC-MS. Additionally, MetaStar is licensed by NCQA to conduct HEDIS® Compliance Audits™ and has audited over 300 commercial, Medicare and Medicaid health plans. Most importantly, they have performed successfully on a multiyear project with the state of Minnesota to develop systems to report and validate "HEDIS-like" measures from encounter data. For this project, MetaStar will (1) assist the state with enhancing its existing performance measurement system and strategies; (2) review and validate the source code used for producing the measures; (3) analyze results for reasonability, comparing them with comparative and benchmark data; and (4) recommend possible investigations if necessary (i.e., if results are not reasonable). MetaStar is an unbiased partner who can bring lessons learned from working with many clients on quality measurement.

Within the state agency, the DHFS has created an eHealth Chief of Staff position focused on the State's HIT planning and implementation activities and the Medicaid program has created a Policy Initiatives Advisor position to lead health care IT initiatives in the Wisconsin Medicaid Program and align program goals with the *Wisconsin eHealth Action Plan*. Both positions will participate in the oversight and coordination of the MTG-funded activities. The Medicaid program also intends to secure the services of a medical director for this initiative who in addition to his experience as Medical Director of Milwaukee Health Care for the Homeless, City

of Milwaukee Health Commissioner, and co-founder of the Wisconsin Health Information Exchange, has worked as a consultant for the national eHealth Initiative on HIT projects, including advising the New York City Primary Health Care Information Consortium that created a common HIT purchasing and acquisition process for the city's FQHCs.

9. Timeline and Budget

The following chart, "*Timeline for Component 1: Value-Driven Health Care Initiative,*" provides the project implementation plan.

This is followed by the budget section that includes the following:

- Estimated budget total that is separated by each grant year
- Total estimated funding requirements by year, broken down by personnel and fringe benefits, contractual costs, supplies, equipment and other costs.

Timeline “Component 1: Value-Driven Health Care Initiative”						
Objectives and Delivery Dates	Oct 2007 to Dec 2007	Jan 2008 to Mar 2008	Apr 2008 to Jun 2008	Jul 2008 to Sep 2008	Oct 2008 to Dec 2008	Jan 2009 to Mar 2009
1. Collaborate with the Department of Employee Trust Funds for ongoing planning, policy development and contract development						
2. Establish Medicaid population baseline						
▪ Aggregate Medicaid FFS and encounter data, update routinely						
▪ Apply WCHQ algorithms						
▪ Secure analysis of WCHQ data by payer source						
▪ Develop benchmarks for the population						
▪ Work in collaboration with ETF to establish contract requirements that reflect expected outcomes						
▪ Update baseline as new data becomes available						
3. Supply data to WCHQ for the BQI initiative						
4. Pilot HEDIS® and/or other emerging national measures						
▪ Policy analysis to select 3-5 new measures to apply to Medicaid						
▪ Vet with stakeholders/establish P4P and/or contract requirements using these measures						
▪ Implement new P4P and/or contract terms						
5. Supply Medicaid data to WHIO to build a data repository about health care provided across episodes of care from multiple payer sources						
▪ Aggregate data to WHIO specifications						
▪ Incorporate results into Medicaid population baseline						
6. Enhance the MMIS web portal for public reporting of performance standards						
▪ Initiate new public reporting						
7. Public health/community health center pilot for quality standards and surveillance reporting						
▪ Develop requirements for surveillance and quality measures						
▪ Set-up servers at 2 CHCs/ link to PHIN						
▪ SAS BI and GIS analytic requirements						
▪ Web reporting development and testing						
▪ Surveillance/quality reports produced						
8. Evaluation						
▪ Design, data collection & analysis						
▪ Report writing						
9. Disseminate findings - Plan and conduct “Lessons Learned” Conference						

Budget for Component 1: Value-Driven Health Care				
Personnel and Fringe				
Classification	FTE %	Hourly rate	FFY 2007	FFY 2008
Grant Manager/Executive Sponsor	0.3	50.00	\$ 31,200.00	\$ 15,600.00
Program and Planning Analyst/Project Mgr.	1.0	32.50	\$ 67,600.00	\$ 33,800.00
Business Analyst	1.0	32.50	\$ 67,600.00	\$ 33,800.00
Financial Specialist 4	0.1	15.54	\$ 3,232.32	\$ 1,616.16
Staff Total	2.4		\$ 169,632.32	\$ 84,816.16
Fringe 0.4622 of Salary			\$ 78,404.06	\$ 39,202.03
Indirect 0.045 of Salary			\$ 7,633.45	\$ 3,816.73
Salary & Fringe Total			\$ 255,669.83	\$ 127,834.92
Contractual Costs				
Medical Director			\$ 332,800.00	\$ 166,400.00
Data analysis to apply WCHQ algorithms (vendor TBD)			\$ 300,000.00	\$ 50,000.00
WCHQ to analyze member data by payer source			\$ 30,000.00	\$ 5,000.00
MetaStar to validate new performance measures			\$ 60,000.00	\$ 28,000.00
EDS or APS to create Medicaid data extracts for WCHQ & WHIO			\$ 50,000.00	\$ 50,000.00
EDS to add health care performance reporting to MMIS web portal			\$ 15,000.00	\$ 15,000.00
UW DoIT for SAS BI and GIS systems enhancements for CHCs			\$ 200,000.00	\$ 100,000.00
WPHCA to coordinate public health surveillance with CHCs			\$ 25,000.00	\$ 12,500.00
Summit to disseminate findings (vendor TBD)			\$ 5,000.00	\$ 15,000.00
UW-Madison for project evaluation			\$ 96,771.00	\$ 49,510.00
Contract Subtotal			\$ 1,114,571.00	\$ 491,410.00
Supplies				
Miscellaneous (1,200 per FTE annually)			\$ 2,880.00	\$ 1,440.00
Supplies Subtotal			\$ 2,880.00	\$ 1,440.00
Equipment				
UW DoIT (PHIN vendor) for server acquisition and install at 2 sites			\$ 60,000.00	\$ -
Equipment Subtotal			\$ 60,000.00	\$ -
Other Costs				
Rent	FTE at \$2624 per FTE annually		\$ 6,297.60	\$ 3,148.80
Network	FTE at \$1740 per FTE annually		\$ 4,176.00	\$ 2,088.00
Phone	FTE at \$475 per FTE annually		\$ 1,140.00	\$ 570.00
Internal Services	FTE at \$3300 per FTE annually		\$ 7,920.00	\$ 3,960.00
Training	FTE at \$100 per FTE annually		\$ 240.00	\$ 120.00
Travel	FTE at \$2000 per FTE annually		\$ 4,800.00	\$ 2,400.00
Mtg/Telecon Call Expense	One per month average at \$400 each		\$ 4,800.00	\$ 2,400.00
Other Costs Subtotal			\$ 29,373.60	\$ 14,686.80
Total each FFY			\$ 1,462,494.43	\$ 635,371.72
Grand Total			\$ 2,097,866.15	

**Medicaid Transformation Grant Application
Cover Sheet**

State: Wisconsin

Project Title: Wisconsin Medicaid Transformation for Health Care Quality and Patient Safety:
Component 2, Bringing the Benefits of Health Information Technology to the
Medicaid Population

Submitting Agency: Department of Health and Family Services, Division of Health Care
Financing

Contact Name: Denise Webb

Contact Title: Policy Initiatives Advisor, eHealth Initiative

Contact Telephone: (608) 267-6767

Contact Fax: (608) 267-0358

Contact E-mail: webbdb@dhfs.state.wi.us

Bringing the Benefits of Health Information Technology to the Medicaid Population

A B S T R A C T

While Health Information Technology (HIT) is becoming more prevalent in private hospital and ambulatory care settings across the nation, the economic, operational, and staffing barriers to integrating electronic health records (EHR) systems and Health Information Exchange (HIE) tools are currently prohibitive for many Community Health Centers (CHCs)—providers of essential services to significant numbers of Medicaid recipients.

The Wisconsin Medicaid Program will provide both technical and financial support to 11 key community health centers to fully use electronic health record systems. This initiative will be managed by the Wisconsin Primary Health Care Association. A key focus in this proposal is to position the five Milwaukee County clinics to fully participate in a companion HIE project focused on more appropriate and effective use of Emergency Department (ED) resources. This project is currently underway in southeastern Wisconsin with funding from the first round of the Medicaid Transformation Grants for an HIE initiative, known as the Emergency Department (ED) Linking Project. It will begin with a pilot demonstration in Milwaukee focused on health information exchange between hospitals and community health centers for the benefit of Medicaid and General Assistance recipients.

Estimated Total Budget: \$6,485,682.99

2007: \$6,132,340.99

2008: \$ 353,342.00

Proposed Goals and Expected Outcomes for Improving Effectiveness and Efficiency of Wisconsin Medicaid:

1. The health centers will have the benefit of professional assistance in planning, selection, implementation, and improvement using EHR systems.
2. The health centers will procure and implement EHR systems with grant funding.
3. The Milwaukee health centers will fully participate in the Emergency Department (ED) Linking Project.
4. Lessons learned and project results will be disseminated to other safety-net providers and federal and state agencies.
5. Funding for this project will directly impact the quality of care that individual patients receive at health centers by providing physicians with instantaneous access to health information, thus reducing medication errors and unnecessary medical procedures. On a larger clinic scale, EHR systems will help centers improve care by developing and strengthening their quality improvement activities. Moving to a paperless format will eliminate duplication of data entry, provide decision support for clinicians, and provide clinical teams with the means to proactively monitor patient care.
6. Investment in this initiative will also achieve economic and other efficiencies for Wisconsin Medicaid resulting from the ability to share both individual and population level health information within regions and improving communication between health care providers and public health.

Bringing the Benefits of HIT to the Medicaid Population

PROJECT NARRATIVE

1. Statement of Project/Need

The Wisconsin Medicaid Program proposes two distinct yet interrelated components to design and implement ways to transform Wisconsin Medicaid's programs and systems. The purpose is to support a coherent, whole-system approach to the adoption and use of health information technology (HIT) and health information exchange (HIE) among providers and payers that is grounded in developments in both the public and private sectors in Wisconsin. The goals are to transform how the Medicaid program uses its data to support effective and efficient health care and to bring the benefits of health information technology to the Medicaid population served by safety-net providers.

Health information today is fragmented, often inaccessible and error prone. Patients, providers, public health authorities, and payers often make important health care decisions with inadequate information. Better information is needed so all health care practitioners, including the safety-net providers, can deliver effective, patient-centered, timely, efficient, and equitable health care consistent with the six aims for improvement established by the Institute of Medicine.¹

Despite the spending on health care in the U.S., representing 16% of the Gross Domestic Product and rising, all Americans are at risk for receiving substandard care.² Studies by the Rand Corporation indicate clinicians provide care consistent with evidence-based recommendations only about 55% of the time.³ Wisconsin's commitment to using health information technology to support quality improvement is based on recognition that improved quality will help reduce health care costs. Moreover, the successful design and implementation of a value-based purchasing strategy depends on the wide availability of information on health care results and costs. These principles form the basis of our Medicaid Transformation Grant (MTG) application.

With this MTG proposal there is a wonderful opportunity to accelerate ground-breaking work already underway in Wisconsin, led by health care provider organizations, physicians, public health, technology companies, scholars, and public and private health care purchasers. Wisconsin already enjoys a high level of information technology adoption as many large systems and public health agencies are moving ahead with electronic health record (EHR) systems and other technology investments. Led by the performance of hospitals, Wisconsin was ranked first in the nation in health care quality based on information in the "State Snapshots" compiled by the federal Agency for Health Care Research and Quality released on June 11, 2007.⁴ Wisconsin has a large proportion of physicians in large group practices, with most already using EHR

¹ Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21st Century*. (Washington: National Academies Press, 2001)

² G. F. Anderson, et.al., "Health Care Spending and the Use of Technology in OCED Countries," *Health Affairs*, Volume 25, no. 3 (2006): 819-831

³ E. A. McGlynn, et.al., "The Quality of Health Care Delivered to Adults in the United States," *New England Journal of Medicine* 348, no. 26 (2003): 2635-2645

⁴ Guy Boulton., *State is No. 1 in Health Care*. Milwaukee Journal Sentinel June 12, 2007

systems and other health information technology as well as large health care systems—many with advanced health information systems. There is strong commitment to quality improvement and leadership in the health care sector including the two medical schools and professional associations. Collaboration between Wisconsin’s public and private health care purchasers is nationally recognized. In *States in Action: A Quarterly Look at Innovations in Health Policy*, the Commonwealth Fund noted that Wisconsin has “...a number of ongoing efforts intended to promote transparency and, eventually, improve the performance of the health care system. Public and private stakeholders are collecting information on the quality and costs of health care at the physician, hospital, and health plan levels in order to make reliable, comparative data available to providers, employers, and consumers. The groups are working together and building on each other’s work, rather than duplicating efforts.”⁵

Wisconsin has seized the opportunity to deploy technology to transform health care by developing a statewide 5-year strategic plan for eHealth that is built on three pillars: 1) Create an eHealth technology platform to provide needed information at the point of patient care; 2) Encourage the development, alignment, and implementation of value-based purchasing policies and actions across the public and private sectors; and 3) Link Health Information Technology (HIT) and Health Information Exchange (HIE) developments to prevention and disease management activities. This plan, the *Wisconsin eHealth Action Plan*, was developed at the direction of Wisconsin Governor Jim Doyle.⁶ Its purpose is to achieve a better, safer, and more efficient health system and thereby improve the overall health of Wisconsin’s population.

Wisconsin Medicaid is working to advance the State’s eHealth agenda in an effort to address rising health care costs and to ensure high-quality care is being provided to the population served. These are goals consistent with the objectives outlined in President Bush’s Executive Order of August 21, 2006. The Medicaid program has formally pledged its commitment to Secretary Leavitt’s four cornerstones of value-driven health care, and intends to use this Medicaid Transformation to be a full partner with the other public and private initiatives underway in Wisconsin. The two components of our application will align Medicaid program activities with the *Wisconsin eHealth Action Plan* to 1) Transform how the Medicaid program uses its data to support value-driven health care; and 2) Bring the benefits of health information technology to essential providers serving the Medicaid population by implementing electronic health record systems in a majority of the state’s Community Health Centers (CHCs). The proposal set forth in this document describes the Wisconsin MTG component specific to bringing the benefits of HIT to the Medicaid population.

2. Project Justification

The *Wisconsin eHealth Action Plan* specifically addresses the importance of providing assistance to smaller providers who may not have the financial capacity to acquire HIT and participate in HIE. Part of the plan to create an eHealth technology platform is to “encourage health care providers to adopt and use electronic health record systems by providing start-up funding for safety-net providers and small and/or rural providers that are not able to afford them, by offering

⁵ Sharon Silow-Carroll and Fouad Pervez, *Commonwealth Fund. States in Action: A Quarterly Look at Innovations in Health Policy*, Summer 2006. July 6, 2006. Volume 5.

⁶ *Wisconsin eHealth Action Plan*. December 1, 2006. <http://ehealthboard.dhfs.state.wi.us>

education and technical assistance, and by endorsing standards for these systems to minimize the risk associated with purchasing decisions.”⁷

Health information technology (HIT) is necessary to achieve a future state where health care quality, transparency, and cost efficiencies align. However, the promise HIT provides is tempered by the reality of the current budgetary, operational, and staffing constraints of CHCs. As a result, innovative methods are needed to assure HIT adoption and integration for Wisconsin’s Medicaid population served by the CHCs.

HIT adoption in Wisconsin is occurring now in large private health systems. In contrast, few of the CHCs have been able to implement an EHR system. Through this grant, Medicaid will be a major beneficiary of system improvements. Wisconsin’s CHCs provided services to 73,882 Medicaid patients in 2006, almost half of the population they serve. This grant opportunity provides a timely and excellent way to assure these providers and the Medicaid patients they serve are not left behind as the state advances its eHealth agenda.

To bring the benefits of HIT to the Medicaid population, the Wisconsin Medicaid Program proposes through this grant to provide both technical and financial support to the majority of the Wisconsin CHCs to acquire and to fully use EHR systems. This proposal covers 11 of the 17 Wisconsin health centers, specifically all five of the Milwaukee health centers plus another group of six health centers located around the state that are ready to implement EHR systems. More detailed information about these health centers is included in Section 4.

The Medicaid program will contract with the Wisconsin Primary Health Care Association (WPHCA) to oversee and manage this initiative, serve as fiscal agent, and disseminate the findings and results of this project. Founded in 1982, the WPHCA is a private, nonprofit organization whose mission is to advance geographic, financial, and cultural access to comprehensive community-oriented primary health care services for all people in Wisconsin. Its members include Community and Migrant Health Centers (including all of the CHCs that will participate in this project), Health Care for the Homeless Programs, and other organizations concerned about access to health care for underserved and rural populations.

The five health centers located in Milwaukee County, home to about 25% of the entire Medicaid caseload, are a key focus in this proposal. In addition to the benefits of an in-house EHR system, funding through the MTG provides these clinics the ability to fully participate in a companion HIE project focused on more appropriate and effective use of Emergency Department (ED) resources. This project is currently underway in southeastern Wisconsin with funding from the first round of the Medicaid Transformation Grants for an HIE, known as the Emergency Department (ED) Linking Project. It will begin with a pilot demonstration in Milwaukee that is focused on health information exchange for the benefit of Medicaid and General Assistance recipients.

The Wisconsin Hospital Association’s Emergency Department Care Coordination Committee selected the Wisconsin Health Information Exchange (WHIE) to design a web-based technology architecture for securely sharing electronic health care information between authorized providers

⁷ *Wisconsin eHealth Action Plan*, December 1, 2006. <http://ehealthboard.dhfs.state.wi.us>

in the Milwaukee community. WHIE is a well-established southeast Wisconsin regional health information organization (RHIO) with diverse stakeholder membership, Board of Directors, governance structure, established bylaws, and guiding principles. WHIE is initially focusing on the information exchange between Milwaukee Emergency Departments (EDs) and their link to primary care providers. The primary goals are to improve care provided at the ED by providing patient information to the ED physicians to facilitate and encourage the initiation and continuous care of chronic and non-urgent conditions better addressed in a primary care, and to support the smooth, coordinated transfer of care and information between emergency departments and primary care settings.

The ED Linking project will begin sharing clinically relevant claims data and add clinical systems data as the participating sites establish electronic data management and sharing capacity. When the CHCs in Milwaukee are operational with EHR systems, both the health centers and the ED providers will be able to rapidly view and use clinical data during patient care from that patient's prior care encounters at several hospitals and clinics across the city. At this point, the Medicaid system will be poised to demonstrate higher levels of savings, and quality and safety improvements. Rapid access to such information across care settings can be used to significantly reduce adverse drug events and duplicative tests and services while improving awareness of pre-existing conditions that might affect diagnosis and therapy.

Through their use of EHR systems combined with added data available through the ED Linking project and future exchange initiatives, health centers will be able to provide better care management of people with chronic conditions. Additionally, the smooth transfer of information between ED and primary care sites can improve the continuity and coordination of care while enhancing, rather than disrupting, the primary care provider-patient relationship. Together these are expected to lessen over time the non-emergent or preventable visits to EDs that contribute substantially to the cost of care for many Medicaid beneficiaries. Additionally, EDs will be able to schedule patients directly from EDs into clinics which are HIT/HIE ready, thereby facilitating establishment of a primary care home for patients and avoiding inappropriate use of hospital emergency departments.

Operating margins for Wisconsin safety-net providers are slender with very little discretionary funding in their operating budgets for EHRs or similar costs. These providers need varying degrees of technical and financial support for acquisition, implementation, and full use of an EHR system. Assisting these providers benefits the Medicaid program because HIT adoption by safety-net providers will improve the efficiency and quality of health care services and patient outcomes for the substantial proportion of Medicaid beneficiaries they serve.

3. Project Goals and Outcomes

The goal of this MTG component is to bring the benefits of HIT and HIE to the Wisconsin Medicaid population through actions that will assist and support a majority of Wisconsin's CHCs to adopt and use EHR systems. The scope is broad, covering 11 of the 17 CHCs in Wisconsin. This includes the five Milwaukee health centers and another group of six health centers located around the state that have joined together to use a common technology platform. Two of these six have already implemented an EHR system certified by the Certification Commission for

Health Information Technology (CCHIT) and will assist the other four to implement the same system over the next 18 months. More information about the health centers and their plans for EHR implementation is provided in Section 4.

This initiative encompasses the following objectives, methods, and anticipated results:

Objective 1: Conduct a readiness assessment of CHCs for adoption of EHR systems. **Methods:** In partnership with MetaStar, Inc., Wisconsin’s External Quality Review Organization (EQRO) and the Wisconsin Primary Health Care Association, the Medicaid program will perform an EHR-readiness assessment to establish the current level of need for support. MetaStar will conduct an on-site readiness assessment using the tool developed by Lumetra that will be adapted for the CHC setting, and will follow-up on identified issues. **Results:** Baseline information is available to develop the detailed implementation plan for adoption and use of EHR systems in 11 CHCs over the 18 months covered by this grant.

Objective 2: Provide technical assistance to Medicaid safety-net providers for planning, procuring, implementing, and using CCHIT-certified EHR systems and services. **Methods:** Technical assistance will be modeled on the successful Medicare Doctors Office Quality-Information Technology (DOQ-IT) program. MetaStar will provide technical assessment and support in four phases of the DOQ-IT roadmap—planning, selection, implementation, and improvement. Major milestones for planning will be an introductory workshop, an on-site readiness assessment of each CHC site, readiness assessment follow-up, an established timeline, goal-setting and process mapping, and an identified team with physician champion. A workshop will introduce clinic staff and physicians to the project, set expectations for clinic responsibilities and provide education on the basics of an EHR. Following the workshop, MetaStar will assist each CHC with establishing a reasonable timeline and identifying a project team with a manager and physician champion. Detailed tools and presentations currently available on MetaStar’s website (www.metastar.com) will be modified for the CHC setting. MetaStar will assist the clinics with conducting on-site vendor demonstrations and performing due diligence on vendors and their products as well as with acquisition tasks such as writing and scoring RFPs and negotiating contract terms. Health center staff will also view selection web casts and participate in a selection workshop. In the EHR system implementation phase, MetaStar will assist the CHCs to create an Implementation Plan, a Conversion Plan, a Training Plan, a Security and Backup Plan, and workflow redesign. After the vendor takes the clinics through “go-live,” MetaStar will assist each clinic to optimize EHR system use. All technical assistance activities will be organized to work with multiple clinics to the extent possible to maximize the use of resources. **Results:** Within 18 months, targeted CHCs will have selected and implemented an EHR system at primary and most secondary sites. These CHCs will have the benefit of professional support to assure an efficient transition to EHR system implementation and be ready to make full use of its capabilities.

Objective 3: Provide funding to the health centers to plan, procure, implement, and use CCHIT-certified EHR systems. **Methods:** The Medicaid program will contract with the Wisconsin Primary Care Association (WPHCA) to manage the project and serve as the fiscal agent for funds to health centers. This project will provide funding to purchase hardware, software, licenses, and cover staff costs associated with EHR system implementation as appropriate to the

needs and size of the health center. The WPHCA will provide overall project coordination and financial assistance for six CHCs to fully launch and use the Electronic Health Systems (EHS), CareRevolution Version 5.0—a CCHIT-certified EHR product. Two of these six centers that have already launched the EHS EHR system will provide peer assistance to the other four centers and will receive support to develop an interface between their EHS system and a dental EHR system. WPHCA will also coordinate technical assistance and provide support for the five Milwaukee clinics. One is upgrading its current EHR system, three are preparing to make vendor selections and the fifth, the Gerald Ignace Indian Health Center, is preparing to implement the Indian Health Services requirements for EHRs. Gerald Ignace Health Center will be able to participate in all of the technical assistance activities of Objective 2 but will not receive funding for the system itself. **Results:** Eleven Wisconsin health centers will have fully launched and begun using EHR medical systems to improve the quality of patient care and improve efficiency in clinic flow. The health centers will benefit from funding to support acquisition of EHR equipment and licensing fees as well as staffing costs associated with implementation. The Medicaid program will benefit from more efficient and cost-effective operations as well as improved health outcomes for beneficiaries.

Objective 4: Provide funding to develop an interface between the EHR systems of four of the five Milwaukee health centers and the regional health information exchange system in Milwaukee. (Funding for the interface for one of the health centers, 16th St., was included in the first MTG awarded to Wisconsin). **Methods:** WPHCA will provide overall project coordination and financial assistance for the Milwaukee health centers, and conduct process mapping and planning activities with the health centers so they are fully prepared to join this regional exchange. **Results:** Within 18 months, all Milwaukee health centers will have the capacity and capability to participate in the regional exchange, which will enable ED and health center physicians to coordinate care, avoid unnecessary ED visits, reduce medication errors and duplicate tests, and lead to improved health status for their patients.

Objective 5: Disseminate findings. **Methods:** WPHCA will use the evaluation results for this project to prepare a briefing paper for Wisconsin safety-net providers and host a conference on best practices for EHR implementation and use and to disseminate results of this project. **Results:** Other safety-net providers and federal and state agencies, both in Wisconsin and nationally, will learn from the experiences of these 11 health centers and the organizations that supported them and benefit from the lessons learned in the transition from paper records to electronic health records, with a special focus on maximizing use of these systems to improve health outcomes for their patients, as well as how to achieve cost efficiencies and savings that will benefit the Medicaid program.

4. Estimate of Impact to Beneficiaries

The 11 health centers that are the focus of this project served 94,729 Medicaid patients in 2006. Statewide almost half of the patients served by the community health centers have Medicaid as their primary source of payment. These 11 health centers cover a wide area of the state, including most major metropolitan areas and rural Wisconsin.

**Community Health Centers
Geographic Location, Population Served, and Status of EHR System Implementation**

	<i>Population served in 2006 and patient demographics</i>	<i>Status on EHR System Implementation & Priorities</i>
Milwaukee		
1. Milwaukee Health Services – 2 sites	Total patients served: 26,079 Urban; African American; and Hispanic/Latino	Vendor selected in response to a RFP – BCA Pearl (CCHIT certified)
2. West Side HC Association – 2 sites	Total patients served: 5,669 Urban; African American	Vendor not determined
3. Health Care for the Homeless – 6 sites	Total patients served: 10,901 Urban; Homeless	Vendor not determined
4. Sixteenth Street Milwaukee – one additional site	Total patients served: 18,477 Urban; Hispanic/Latino	Upgrading system with current vendor, Intergy EHR by Sage (CCHIT certified)
5. Gerald Ignace Indian Health Center	Total patients served:* Urban; Native American	Implementing the Indian Health Service system
Group of 6 EHS users		
6. Community Health Systems , Beloit, Janesville & Racine (southern Wisconsin)	Total patients served: 7,348 Urban/rural; White	Implemented EHS system at Beloit - will expand to other sites and develop dental interface
7. La Clinica , Wautoma – 2 sites with migrant mobile health unit (north central Wisconsin)	Total patients served: 4,662 Rural; Migrant and seasonal workers Hispanic/Latino; White	Implemented EHS system – priority is a dental interface
8. Kenosha Community Health Center – 1 site (Southeast Wisconsin)	Total patients served: 6,135 Urban/rural; Hispanic/Latino White; African American	Selected EHS system; ready to implement
9. Bridge CH Clinic , Wausau (north central Wisconsin)	Total patients served: 4,170 Rural; White Southeast Asian (Hmong)	Selected EHS system; ready to implement
10. Northern Health Centers, Inc , Lakewood (northern Wisconsin)	Total patients served: 4,858 Rural; White	Selected EHS system; ready to implement
11. Scenic Bluffs – 2 sites Cashton and Norwalk (west central Wisconsin)	Total patients served: 6,430 Rural; White	Selected EHS system; ready to implement
	Total patients served at participating CHCs: 94,729	

Source: Uniform Data System (UDS)

*Data not available through UDS

The six other Wisconsin health centers that are not directly involved in the project include two of the largest health centers with well-established EHR systems and four very small clinics that are not ready to proceed within the time frame for this grant. WPHCA will keep all health centers informed about the project activities and invite them to participate in the technical assistance efforts, and all will be beneficiaries of the lessons learned through this initiative. The ultimate impact will be to the entire group of safety-net providers because the project will disseminate findings and lessons learned to all safety-net providers including the remainder of the Community, Migrant, and Homeless Health Centers; 11 tribal health clinics; and rural health clinics which provide vital, comprehensive care to over 60,000 Medicaid recipients. These providers are the primary health care homes for some of Wisconsin's most vulnerable

populations, such as low-income children and their caretakers, and the elderly, blind, and/or disabled. These people would otherwise experience significant barriers to accessing care, whether those barriers are geographical, financial, cultural, or linguistic. The safety-net providers are bridging those barriers by providing culturally competent care in locations ranging from inner-city Milwaukee to rural Minong areas.

5. Description of Magnitude of the Transformation/System Change

The technical assistance and funding to acquire and use EHR systems will transform the HIT/EHR capacity of CHCs and their ability to achieve state and national goals for health care quality. Considerable labor is expended on the maintenance, management, and extraction of information from paper records that could be liberated for better care quality. Electronic records also facilitate better care by reducing the labor necessary to find clinical information or illuminate trends over time; facilitate extraction of quality and safety measures; enable clinical decision support for safety, quality, and efficacy; increase the cost-recovery through better billing while reducing billing labor costs; and enable real-time access to patient information at home or in the hospital, thus greatly facilitating continuity and quality of care.

Funding for this project will directly impact the quality of care individual patients receive at health centers by providing physicians with instantaneous access to health information, thus reducing medication errors and unnecessary medical procedures. On a larger clinic scale, EHR systems will help centers improve care by developing and strengthening their quality improvement activities. Moving to a paperless format will eliminate duplication of data entry, provide decision support for clinicians, and provide clinical teams with the means to proactively monitor patient care.

Investment in this initiative will also achieve economic and other efficiencies for Wisconsin Medicaid resulting from the ability to share both individual and population level health information within regions and improving communication between health care providers and public health (e.g., automation of mandated reporting). Improving the access to and comparability of clinical care and outcomes data between CHCs and mainstream providers, and between Medicaid beneficiaries and privately-insured patients, supports the detection of and elimination of disparities in care quality and health outcomes. Such changes will provide a large number of opportunities for targeted outreach, education, continuous improvement, and identification of the need to establish a primary health care home for vulnerable, mobile patients.

Additionally, the expansion of HIT in Wisconsin CHCs will better enable these organizations to participate in quality measurement and public reporting initiatives as outlined in *Component 1: "Value-Driven Health Care Initiative"* of this application. In that component, Wisconsin proposes to transform how the Medicaid program uses its data to support value-driven health care, working in collaboration with the Wisconsin Department of Employee Trust Funds as the two biggest public purchasers of health care in the state to align goals, performance measures, and the use of incentives and rewards. In addition to advancing quality and transparency initiatives as encouraged by the August 21, 2006 Presidential Executive Order, HIT/EHR adoption will also provide Wisconsin with the platform to develop and implement appropriate P4P initiatives for Medicaid providers. Truly, the expansion of HIT and EHR systems in

Wisconsin's safety-net clinics provides a progressive domino effect of tremendous proportions in advancing customer-centered care and cost-saving initiatives for our state.

6. Description of Sustainability of the Project

The project intends to provide one-time assistance to the safety-net providers for HIT adoption and use—to create needed infrastructure to transform their capacity for improving the outcome of care they deliver. The funds will be administered by the WPHCA, which will improve the organization's knowledge and experience about leveraging health information technology to improve health care for the future. The technical assistance component will increase expertise at the clinics for systems adoption and use.

The long-term strategy for the Medicaid program is to move more of the population into managed care, and hold the Managed Care Organizations (MCOs) responsible for care management. MCOs in Wisconsin currently provide care to about 60% of the Medicaid population. They are required to have Memoranda of Understanding (MOUs) with the CHCs because the health centers are a vital component of the safety net for Medicaid providers. This project builds lasting capacity in the service delivery system by establishing the health information technology platform in the CHCs that will enable them to be a full player in value-driven health care as described in Component 1 of this proposal and to fully engage in the prevention and disease management activities envisioned in the *Wisconsin eHealth Action Plan*. As the health centers move from paper-based records to electronic health record systems, their ability to retrieve clinical data for quality improvement and public reporting will be greatly enhanced. It is often costly and inefficient to retrieve clinical data for quality improvement and public reporting today because of the need to conduct labor-intensive chart reviews. Clinical data, obtained from the EHR systems, is essential to support optimum quality improvement and value-based purchasing.

The cost savings in paper record management and paper information recording, extracting and management is likely to have a long term positive impact on the margins of each participating health center, particularly if their acquisition and implementation decisions are guided by the best practices currently promoted by the DOQ-IT program. Additional time- and price-savings are offered through shared purchasing between multiple health centers. Enabling cost-efficient care in the CHCs through the adoption and use of HIT/EHR systems results in savings for the Medicaid program.

Ongoing operations and maintenance of the CHCs' EHR systems will be covered in the health centers' annual operating budgets.

7. Evaluation Plan

The Wisconsin Medicaid Program will comply with the statutory annual reporting requirements of section 1903(z) (3) (C) (ii) & (iii) of the Social Security Act and submit an annual report to the Secretary of the U.S. Department of Health and Human Services. The project will include an independent evaluation. This evaluation will be conducted by Dr. Patricia Brennan and her team from the University of Wisconsin - Madison. Dr. Brennan has degrees in both nursing and

engineering, and is professionally recognized for developing a number of sophisticated models for evaluating economic impact of health system transformations. Dr. Brennan will:

- Evaluate the extent to which the project increased the readiness and ability of the CHCs to implement HIT and EHR systems and the degree of implementation progress achieved.
- Develop a methodology to measure the impact of EHR system use on CHC workflow and productivity, patient safety, disease management, and health care performance including efficiency/cost.
- Develop a methodology and instruments for measuring the volume of HIE traffic and the level of integration of transmitted information into the EHR repositories and the care provision workflow to gauge the penetration of information into ongoing care processes.

This evaluation report will not include specific data or information on quality improvements and cost savings as this project is primarily an investment project intended to assist the CHCs with transformation. The evaluation will develop a methodology to apply to measure over a longer-term the outcomes and savings once the clinics have fully populated and operational EHR systems.

8. Description of Project Implementation Readiness

Wisconsin is very well-positioned to launch this project given the high quality of health care and exceptional degree of collaboration that already exists across the public and private sectors, as well as, the planning activities of the eHealth Board as reflected in the statewide *eHealth Action Plan*, the progress already made on HIT and HIE in Wisconsin that is described in Section 1, and the progress made by the Wisconsin Health Information Exchange in Milwaukee over the last year, especially the launching of the HIE Initiative project funded in the first round of Medicaid Transformation Grant funding.

The CHCs are well-positioned to launch this EHR implementation/use project because of the extensive business planning that has already been done to establish requirements, and in some cases to select a vendor and to implement a system. The CHCs are at various stages of readiness and the project will focus on the unique issues and current status at each health center to move them along to full use of an EHR system. A letter of support from all participating health centers and the Wisconsin Primary Care Association accompanies this proposal.

Health centers identified in this proposal are ready and equipped to implement within the 18-month time frame. Wisconsin's CHCs are accustomed to using data and technology to drive quality improvement initiatives. All centers currently participate in the National Health Disparities Collaborative or in the Wisconsin Diabetes Quality Improvement Project, or both. These projects rely on patient registries and rigorous data entry to drive their quality improvement initiatives. Because federal support of their registry software, Patient Electronic Care System (PECS), was discontinued, many of the CHCs are eager to transition to an EHR system, preferably one with registry functionality, in order to accelerate their existing quality

improvement programming. Linking to the statewide public health system provides new opportunities for chronic care management.

The Wisconsin Primary Health Care Association is well prepared to manage this project on behalf of the Medicaid program. The Association accomplishes its mission through a wide range of activities and services including, information and public education, government relations and legislative advocacy, and guidance and support opportunities for its members. They have extensive experience in quality improvement. For example, the organization coordinates and provides technical assistance to the Wisconsin Diabetes Quality Improvement Project—an extensive collaborative effort of Wisconsin’s Community, Migrant, and Homeless Health Centers to provide the highest quality care to people with diabetes. The Community Health Centers use a team approach to provide diabetes care that is population based, evidence based, and patient centered. Since 1998, 24 health center sites have implemented standard care guidelines, the PECS patient registry, and on-going quality improvement practices to continually improve care. The results are impressive. The number of patients in the diabetes registry has increased by 584% since 2001. As the number of patients in the registry continues to grow, disease management and improvement strategies have been effective at maintaining or improving key indicators, such as increasing the average percentage of patients with two or more HbA1c tests and decreasing the average HbA1c level of patients in the registry.

MetaStar, Wisconsin’s External Quality Review Organization (EQRO), is well prepared to perform a readiness assessment and provide technical assistance to the CHCs. As a result of providing DOQ-IT support to Wisconsin physician offices since 2005, MetaStar has trained staff, developed tools, and acquired experience to assess a CHC’s capabilities and assist CHCs through the DOQ-IT roadmap. MetaStar is prepared to provide information to help them make informed decisions and take time to consider and complete all the necessary steps to successfully implement an EHR system. MetaStar is an unbiased (IT-vendor neutral) partner who can bring lessons learned from working with private sector providers and helping them through the EHR planning, procurement, and implementation process.

Within the state agency, the DHFS has created an eHealth Chief of Staff position focused on the State’s HIT planning and implementation activities, and the Medicaid program has created a Policy Initiatives Advisor position to lead health care IT initiatives in the Wisconsin Medicaid Program and align program goals with the *Wisconsin eHealth Action Plan*. Both positions will participate in the oversight and coordination of the MTG-funded activities. The Medicaid program also intends to secure the services of a medical director for this initiative who in addition to his experience as Medical Director of Milwaukee’s Health Care for the Homeless, City of Milwaukee Health Commissioner, and co-founder of the Wisconsin Health Information Exchange, has worked as a consultant for the national eHealth Initiative on HIT projects, including advising the New York City Primary Health Care Information Consortium that created a common HIT purchasing and acquisition process for the city’s CHCs.

Major factors that determine a clinic’s timeline for implementation are funding availability for the technology and selecting a system. With appropriate funding and technical assistance as reflected in this proposal, a clinic can implement an EHR system within 1 year. In 18 months we expect to be able to take the CHCs that have not selected an EHR system through planning,

selection, implementation, and improvement for at least one of their sites. MetaStar will also be able to assist the CHCs that have already selected a vendor with EHR system implementation at all of their sites. For all sites, the desired end state is full use of the capability of the electronic health record systems to improve the health status of patients and use Medicaid funding more wisely to achieve desired health outcomes.

9. Timeline and Budget

The timeline developed for the project creates an orderly process that fits the requirements of all health centers and assures completion of the transition to EHR systems by March 31, 2009. A detailed timeline and budget are provided on subsequent pages.

The total estimated budget is \$6,434,034.51. This includes costs associated with .4 FTE in the Medicaid program to oversee the project, a contract with Dr. Brennan at the University of Wisconsin-Madison for the evaluation, and a contract with the Wisconsin Primary Health Care Association for \$5,867,892 in the first year and \$219,946 for the second year of the project. The contract with WPHCA will cover their staff and related costs to manage the project, serve as fiscal agent to administer funds for the health centers, disseminate findings and lessons learned, and for a \$310,000 subcontract with MetaStar for the technical assistance component to the health centers.

Funding to the health centers to plan, procure, implement, and use EHR systems is estimated as \$5,449,000. Cost estimates were developed by assessing the size and individual needs of each health center—based on their progress to date in defining requirements, process mapping, and vendor selection. Actual cost estimates received by several of the health centers were then extrapolated to the other centers based on information gathered about readiness and their size. WPHCA will develop a subcontract with each health center to specify funding requirements and monitor compliance with these subcontracts.

Three of the five Milwaukee health centers are committed to working together collaboratively to define requirements and negotiate with a vendor, and are hoping to select the same vendor to maximize economies of scale. The other six health centers have already worked together to select the same vendor and are able to share some implementation costs. All technical assistance, procurement, and implementation activities will be organized to work with multiple clinics to the extent possible to maximize the use of resources.

Timeline “Component 2: Bringing the Benefits of HIT to the Medicaid Population”						
Objectives and Delivery Dates	Oct 2007 to Dec 2007	Jan 2008 to Mar 2008	Apr 2008 to Jun 2008	Jul 2008 to Sep 2008	Oct 2008 to Dec 2008	Jan. 2009 to Mar 2009
1. Conduct required procurements and develop contracts for the project with the Wisconsin Primary Health Care Association to administer the project and with UW for the evaluation						
2. Conduct a readiness assessment of CHCs for adoption of EHR systems						
3. Provide technical and financial assistance for planning, implementing, and using these systems, based on the stage of readiness and specific needs of each health center						
4. Issue RFP for vendor for three Milwaukee health centers (MSN, HCHM & Westside)						
5. Conduct process mapping and planning activities with interested sites, including Milwaukee Health Services, Milwaukee Health Care for the Homeless, and Westside Health Center						
6. Launch of EHR module in EHS clinics <ul style="list-style-type: none"> ▪ Northern Health Centers ▪ Scenic Bluffs ▪ Bridge Clinic ▪ Kenosha Community Health Center 						
7. Develop interfaces for ED Linkage project in Milwaukee <ul style="list-style-type: none"> ▪ 16th Street first ▪ Other four clinics 						
8. Develop dental interface at Family Health/La Clinica and Community Health Systems, Inc.						
9. Launch EMR module in Milwaukee Health Centers <ul style="list-style-type: none"> ▪ Milwaukee Health Services ▪ Westside Healthcare Association ▪ Health Care for the Homeless of Milwaukee 						
10. Evaluation <ul style="list-style-type: none"> Design, data collection, and analysis Evaluation report writing 						
11. Disseminate findings - Plan and conduct “Lessons Learned” conference for broad audience						

Budget for Component 2: EHRs for the CHC's Serving Medicaid				
Personnel and Fringe				
Classification	FTE %	Hourly rate	FFY 2007	FFY 2008
Grant Manager/Executive Sponsor	0.3	50.00	\$ 31,200.00	\$ 15,600.00
Financial Specialist 4	0.1	15.54	\$ 3,232.32	\$ 1,616.16
Staff Total	0.4		\$ 34,432.32	\$ 17,216.16
Fringe 0.4622 of Salary			\$ 15,914.62	\$ 7,957.31
Indirect 0.045 of Salary			\$ 1,549.45	\$ 774.73
Salary & Fringe Total			\$ 51,896.39	\$ 25,948.20
Contractual Costs				
Medical Director			\$ 166,400.00	\$ 83,200.00
Wisconsin Primary Health Care Association*			\$ 5,867,892.00	\$ 219,946.00
UW-Madison for project evaluation			\$ 36,777.00	\$ 19,560.00
Contract Subtotal			\$ 6,071,069.00	\$ 322,706.00
Supplies				
Miscellaneous (1,200 per FTE annually)			\$ 480.00	\$ 240.00
Supplies Subtotal			\$ 480.00	\$ 240.00
Equipment				
			\$ -	\$ -
Equipment Subtotal			\$ -	\$ -
Other Costs				
Rent	FTE at \$2624 per FTE annually		\$ 1,049.60	\$ 524.80
Network	FTE at \$1740 per FTE annually		\$ 696.00	\$ 348.00
Phone	FTE at \$475 per FTE annually		\$ 190.00	\$ 95.00
Internal Services	FTE at \$3300 per FTE annually		\$ 1,320.00	\$ 660.00
Training	FTE at \$100 per FTE annually		\$ 40.00	\$ 20.00
Travel	FTE at \$2000 per FTE annually		\$ 800.00	\$ 400.00
Mtg/Telecon Call Expense	One per month average at \$400 each		\$ 4,800.00	\$ 2,400.00
Other Costs Subtotal			\$ 8,895.60	\$ 4,447.80
Total each FFY			\$ 6,132,340.99	\$ 353,342.00
Grand Total			\$ 6,485,682.99	

*WPHCA contract includes:

1. Staff and operation costs for the Association for the project period - \$192,238
2. Subcontracts with the health centers to acquire/implement EHR systems - \$5,449,000
3. Subcontract with MetaStar to provide technical assistance to the health centers - \$310,000 for the project period
4. Subcontract with a vendor for an IT specialist to work with WPHCA and the health centers - \$132,600 for the project period



June 11, 2007

Mr Jason Helgerson, Administrator
Division of Health Care Financing
Wisconsin Department of Health and Family Services
1 West Wilson St, Room 350
Madison, WI 53703

Dear Mr. Helgerson,

The Wisconsin Primary Health Care Association and the 11 Health Centers participating in this project extend our full support and endorsement to the grant project being submitted by the State of Wisconsin to CMS for the Medicaid Transformation Grant. By participating in this project, Health Centers will develop their information technology capacity, expand their ability to provide high quality care to their patients, and will become technologically poised to participate in important cost-saving and care management programs that will make the Medicaid program more effective overall.

Sincerely,

Stephanie Harrison
Executive Director, WPHCA

C.C. Henderson, President & CEO
Milwaukee Health Services, Inc.

Maria Arana, MD, Medical Director
Kenosha Community Health Center

John Bartkowski, President &
CEO
Sixteenth Street Community
Health Center

Ann Hogan, Executive Director
Northern Health Centers, Inc.

Richard Perry, CEO
Community Health Systems, Inc.

Lee Carroll, Executive Director
Health Care for the Homeless of
Milwaukee

Ted A. Kay, President & CEO
Family Health/La Clinica

Jenni Sevenich, CEO
Westside Healthcare Association,
Inc.

Mari Freiberg, Executive Director
Scenic Bluffs Community Health
Center

Ann T. Lucas, Executive Director
Bridge Community Health Clinic

Jone Stromberg, Executive Director
Gerald L. Ignace Indian Health
Center