



# Wisconsin Health Information Organization

Presentation to  
National Congress on Health Insurance  
Reform

January 20, 2011

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# Wisconsin Experience



- **Three keys to transforming the health care marketplace into a high value proposition**
  - **transparency**
  - **performance measurement**
  - **payment reform**

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# It Takes Data



- **Our success will be measured using Healthcare Value Metric:**
  - **Quality + Cost + Patient Experience**
- **Sources:**
  - **WCHQ – Clinical Quality Measures**
  - **WHIO - Statewide Aggregate Claims Data Base**
  - **Other proprietary EHR /EMR systems**

# Variation Represents Opportunity

THE DA CARE

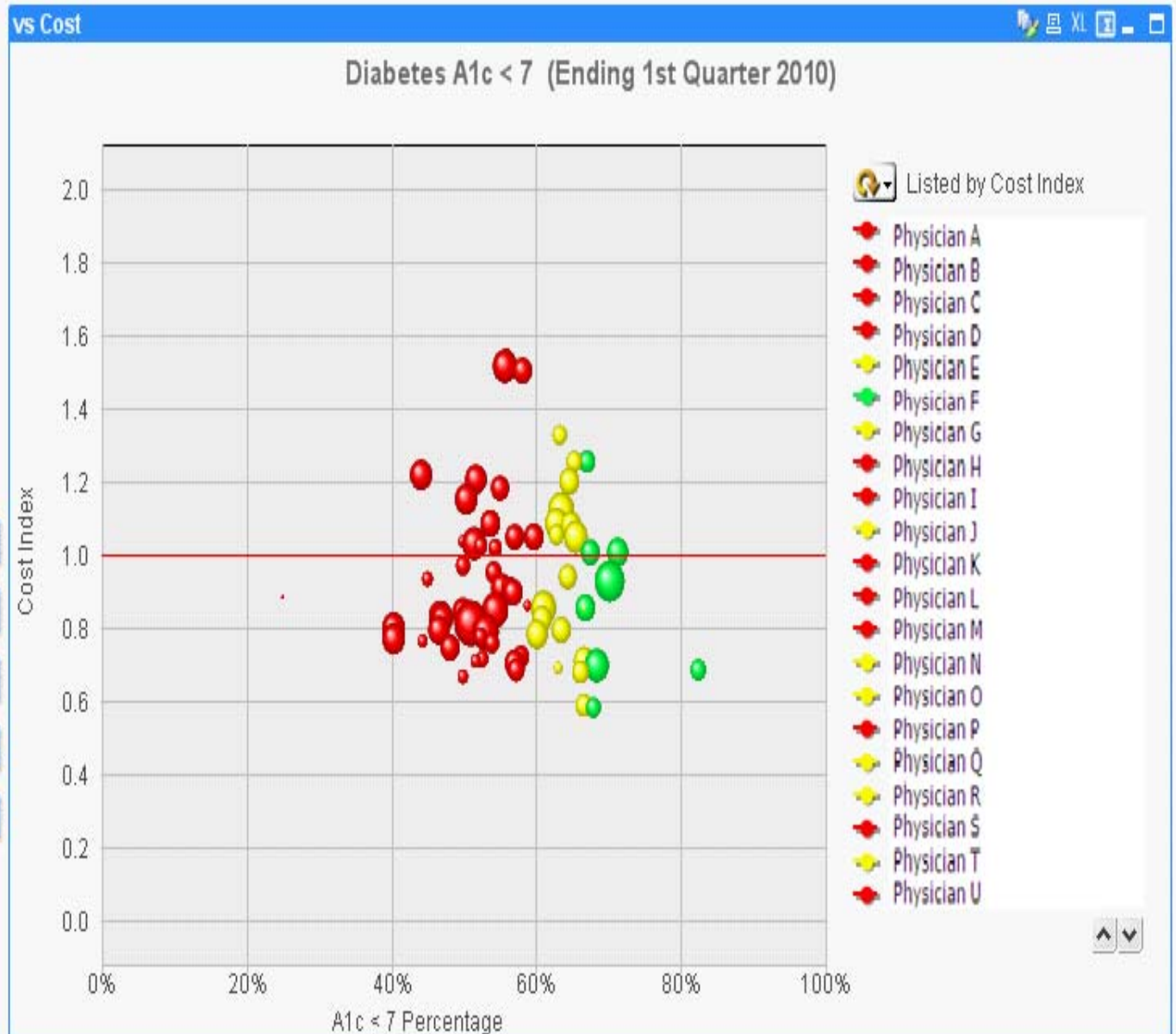
[ Updated at 09:13 on Dec 07, 2010 ]

### Current Selections

Fields	Values
Data Mart	DMV4
Version	
Medicaid	Include
ETG	Diabetes
Affiliation	ThedaCare Empl
Category	

Recall

- Diabetes A1c < 7
- Diabetes 2 A1c Tests
- Diabetes LDL < 100
- Diabetes LDL Tested
- Diabetes BP < 130/80
- Diabetes Kidney or ...
- vs Cost
- vs Cost
- vs Cost
- vs Cost
- vs Cost
- vs Cost



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# Actionable Information



- **Information Drives Discussion;  
Discussion Drives (high level)  
Agreement**

- There IS a problem
- Collectively WE own the problem
- Change IS coming
- Choice: Victims vs Game Changers

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# Stakeholder Engagement



- **Catalyst Required**
- **See the whole picture**
  - Invite Broad stakeholder involvement
  - Solution is unknown, still defining the problem
- **Interesting ‘Discussion’ versus Action:**
  - Insist on top level leadership to start
- **Gain commitment to next steps before they leave the room**
  - High level action plan and resource assignment

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# The Work



- **Sponsor must be visible and supportive throughout the process**
- **Capitalize on the momentum of the moment**
  - Create specific assignment
  - Get your respected leaders on board and use them to recruit the others
  - Create an aggressive time line
- **Volunteers are enthusiastic but must be organized**
  - Sponsor provides project leadership and administrative support
- **Project selection**
  - Big enough to matter but small enough to manage

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# Wisconsin Payment Reform Timeline



**Nov 2009**

**Data + Catalyst**

**Dec**

**Interested stakeholders gather for discussion**

**Apr 2010**

**Healthcare Thought Leaders Summit**

**May**

**Payment Reform Work Groups formed**

**Oct**

**Work Group report out/Fall Forum**

**Dec**

**Work Group pilot program recommendations delivered**

**Jan 2011**

**Begin simulation**

**July**

**Begin pilot programs**





# Lessons Learned

## 1. You must have a visionary/catalyst

- Participants must be convinced they have no choice. Change is coming whether they like it or not.
- The payment reform initiative offers the opportunity to lead the effort.

## 2. Consensus is preferred but not essential so long as you have an agreed upon process for joint decision making.

- Bullet points in 1# get people to the table and keep them there even if only to protect their own interests

## 3. Aggressive timeline is necessary to keep stakeholders engaged

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# Lessons Learned



## 4. This is a complex but important experiment

- vendors will be attracted to and willing to participate in well thought out plan

## 5. There is benefit in being involved in payment reform

- Understand and influence local health care delivery
- Create and manage incentives to better guide intended and unintended consequences
- State involvement (Medicaid)
- National involvement (Medicare)
  - Help to inform the national payment reform effort

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# To Continue the Conversation...

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