

Public Health Council

STATE OF WISCONSIN

MINUTES OF THE MEETING OF FEBRUARY 10, 2006

Council Members Present: Ayaz Samadani (Chair); Gary Gilmore (Secretary); Rafael Acevedo; Bevan Baker; Jayne Bielecki (teleconference); Christopher Fischer (webcast); Catherine Frey; Stephen Hargarten; Terri Kramolis; Loren Leshan; Corazon Loteyro; June Munro; Richard Perry; Elizabeth Raduege (teleconference); Thai Vue (teleconference); JoAnn Weidmann; Julie Willems Van Dijk

Council Members Absent: Sandy Anderson (Vice-Chair); John Bartkowski (Vice-Chair); Charles LaRoque; Douglas Nelson; Jeanan Yasiri

Division of Public Health Staff: Herb Bostrom, Deputy Administrator; Patricia Guhleman; Larry Hanrahan; Stacia Jankowski; Kathryn Jones; Jacqueline Moss; David Pluymers; Margaret Schmelzer; Dennis Tomczyk

Guests: Lon Newman, Family Planning Health Services (FPHS); Nancy Young, Gray Horse Consulting

Call to Order

At 10:04 a.m., Dr. Ayaz Samadani called the meeting to order.

Administration

Review of minutes from the December 9, 2005, meeting

The minutes were unanimously approved as written.

Evaluation report

Dr. Samadani reviewed the evaluation for the meeting. He said he was encouraged that many of the scores were above a score of 3 (out of 4). He noted that one shortfall was that Council members did not feel they were sufficiently prepared for the meeting. He said that we will try to send the materials to the members a little earlier to allow enough time for study and preparation prior to the meeting.

April meeting

Dr. Samadani said it had come to his attention that the April meeting is currently scheduled for Good Friday. State offices are open that day, but he asked Council members if they would like to reschedule. The Council agreed that it would be better to reschedule. Staff will send an electronic request for availability for Friday, April 7 and Friday, April 21.

Open Forum

JoAnn Weidmann raised the issue of influenza vaccine distribution. She is concerned about the state's ability to handle a pandemic when the vulnerable populations are not being adequately taken care of through our current distribution practices. She asked the Council to consider what it can do to ameliorate this problem. Herb Bostrom responded that Wisconsin has not been faced with a shortfall in two years, and this is an issue of distribution methods by the manufacturers. The question becomes who should be provided the vaccine and in what priority order, e.g., local agencies prior to convenience stores since the clinics serve the vulnerable populations. Mr. Bostrom said that the last two Secretaries of the Department of Health and Family Services sent letters to the federal government that included recommendations for changing the system and ways to increase production of these vaccines. He expects that in the event of a pandemic, the model used in 1978 would again occur, and the federal government would take control of vaccine

distribution.

Dr. Samadani distributed a handout on behalf of Dr. Corazon Loteyro, regarding medical liability. Dr. Stephen Hargarten said that although he thinks this issue is relevant to the Council, he would like to see the issue of malpractice reform from the public health point of view. Cathy Frey asked if there was someone from the Department who could address this issue as it related to access to primary and preventive health care, one of the state health plan health priorities. Mr. Bostrom responded that he is not aware of any study of medical malpractice related to access to health care, but staff will explore the studies that have already been done in this regard and provide this information to members before the next meeting. Dr. Hargarten suggested that the American Public Health Association may be a place to look for this information. Dr. Loren Leshan said that the Patient Compensation Board and the Office of Rural Health have also been looking at this issue.

Thai Vue said he would like the Council to review its charge on an annual basis to get the Council back to its charge. He asked that the Council consider allowing the staff to provide their opinion about whether the Council is filling its charge as they understand it. He noted, although Council members are asked to complete an evaluation at the end of each meeting, it does not encompass the scope of work for the Council. Dr. Samadani said Mr. Vue's suggestion will be taken under advisement.

Election

Dr. Samadani explained that the Nominating Committee had provided two nominations for each position. The candidates for each office are as follows:

Chair: Ayaz Samadani, MD
Julie Willems Van Dijk

Vice Chair: John Barkowski
Gary Gilmore, MPH, PhD

Secretary: JoAnne Weidmann

He then opened the floor for additional nominations, and none was added. The Council discussed the term to be served. Dr. Samadani said the term is currently one year, but that this could be discussed, since the term of appointment for members is three years. Stacia Jankowski reminded the Council that according to Wisconsin Statutes, the Council is required to hold an election at its first meeting each year [§15.09(2)]. The Council then voted by secret ballot. The Council re-elected Dr. Samadani as chair, Dr. Gilmore as vice chair, and JoAnn Weidmann as Secretary.

Executive Committee report

Dr. Samadani identified items discussed by the Executive Committee. The following represents a sample of some of the items touched upon: 1) annual report; 2) communication with other committees; 3) the resignation of Dr. Kurt Reed and subsequent appointment of Bevan Baker to chair the Emergency Preparedness Committee; and 4) introduction of the Council's new member, Rafael Acevedo. A more complete summary can be found in the Executive Committee's draft minutes, which were distributed at the meeting.

Dr. Hargarten asked if any research is being done on the effects of Medicare Part D. Mr. Bostrom responded that the Division of Health Care Financing has been looking at this issue, particularly as it relates to some of the Medicaid population.

Emergency Preparedness Committee report

Mr. Baker commended staff for their support of such a large committee with varying interests. He said that in response to the issue raised about vaccine availability, the Emergency Preparedness Committee had provided the following recommendation to the Council:

1. There needs to be a policy regarding distribution of vaccines so that organizations that care for priority groups and vulnerable populations have both priority access and receive sufficient supplies.
2. This policy is especially important in emergency situations.
3. Federal and state support is needed to accomplish this policy.

Dr. Gilmore suggested the recommendation be further focused on the development of a policy to ensure equitable, balanced, and affordable vaccine distribution. The discussion turned to whether distribution of vaccine is within the control of the Council. Mr. Bostrom said that the Council may have limited control since commerce in vaccines extends beyond the state's borders.

Mr. Baker said that if the Council is suggesting that a draft policy regarding equitable distribution of vaccines for priority and vulnerable groups needs to be developed, this task needs to be brought back to the Emergency Preparedness Committee. The Committee will involve all interested parties to develop a draft policy. Mr. Bostrom said that this should be done in collaboration with the Bureau of Communicable Diseases and Preparedness to identify the options available. Ms. Willems Van Dijk clarified that we are talking about policy in terms of the existing vaccine distribution, not an emergency situation.

Mr. Baker also presented a second recommendation being proposed by the Committee, which follows:

1. It is recommended that workforce issues be addressed by the Public Health Council State Health Plan Committee (since this is already part of their work). Workforce issues should include public health workforce, acute care workforce and first responder workforce needs.
2. It is recommended that any workgroups formed by the Public Health Council include representation from EMS.

Dr. Hargarten encouraged the definition of what is meant by EMS to be broad and to include EMS leadership. The Council unanimously endorsed this recommendation.

Dennis Tomczyk summarized the Health Care Facilities Stakeholder Summit held on January 18, 2006. He reported that they met to address evacuations of health care facilities, to be followed by nursing facilities and assisted living facilities to identify consistent elements. In addition, they have a multi-disciplinary group to address what assistance can be offered if care needs to be offered in place.

State Health Plan Committee Report

Richard Perry reported that the Committee has been involved in strategic planning to identify how the Committee addresses priorities, especially in light of emerging issues. The Committee is working on developing a strategic plan to focus on the priorities that have already been identified in the charge from the Council.

Proposed Family Planning Waiver legislation

Lon Newman, Family Planning Health Services (FPHS), said that he believes this proposed legislation will be submitted as Senate Bill 552 by Senator Glenn Grothman. The bill proposes removing coverage of 15- to 17-year-old girls from coverage by the Medicaid Family Planning Waiver. Mr. Newman reported that this bill ignores the prevalence of teen births, particularly in Milwaukee. He provided data and cost estimates to support the continued coverage of teens in the Family Planning Waiver. Dr. Hargarten stated that we need to look at the environment that these teens are in. In many cases alcohol is also involved in the decisions that teens make, and the Council needs to broaden its horizons to think about the environment and how this affects choices that teens are making.

eHealth Care Quality and Patient Safety Board briefing

Dr. Larry Hanrahan provided an overview of the new eHealth Care Quality and Patient Safety Board. The Board is focused on developing an action plan for the complete adoption of electronic medical records within

five years, to be completed by December 2006. Currently, a small group is working to identify the working groups for this Board to address topics such as financing, privacy and security, consumer access, and clinical care.

Dr. Hanrahan also said that the Division of Public Health has been awarded a Robert Wood Johnson Foundation “InformationLinks” grant to hold two summits and provide an opportunity for incubating Regional Health Information Organizations (RHIOs). The efforts associated with this grant are being interconnected with the efforts of the eHealth Care Quality and Patient Safety Board.

Mr. Baker said that although this is a great effort in pulling medical records into an electronic system, he is also concerned about communicating and engaging with the citizens of the state. He expressed concern that those who do not understand technology might be excluded from using this system, resulting in increased disparity.

Report from academic institutions

Dr. Gilmore provided the following handouts: a list of the accredited schools of public health and programs; a summary of accredited MPH programs; and a few program-specific brochures that provide examples of the collaboration occurring for credit coursework. Dr. Gilmore said that the Division of Public Health has been asked to take the lead in facilitating discussions among UW-LaCrosse, UW-Madison, and the Medical College of Wisconsin about partnerships. Based on discussions that occurred last year, there is the possibility of a graduate program preceptorship with the City of Milwaukee Health Department.

Dr. Patrick Remington, University of Wisconsin Population Health Institute, said that this program hopes to have about six students working on various projects in the city of Milwaukee. Additional funds have been set aside for two new training coordinator positions, one in Milwaukee and one in Madison to work statewide, for a total of about 1.7 FTEs. Dr. Hargarten encouraged this effort and suggested expanding it to organizations other than public health entities, e.g., schools, where vaccines are delivered. Mr. Bostrom reported that he has spoken to Dr. Sheri Johnson, Administrator of the Division of Public Health, about extending this collaborative effort to other schools throughout the state.

Public Health Institute briefing

Nancy Young provided an overview of the partners that have been involved and the events that have occurred in the development of a public health institute. Ms. Young said that a new and independent institute should be developed that would lead Wisconsin to becoming the healthiest state in the nation. She provided an overview of what such an organization would look like, including its base funding needs.

Ms. Weidmann asked if funding this effort would require using the same funding currently used to support public health. Ms. Young said that the exploration group was interested in a diverse source of funding, and some of it may include current funding sources. Dr. Hargarten encouraged Ms. Young to look at novel funding sources to support this effort. When asked how the institute would be distinguished from the Wisconsin Public Health Association (WPHA), Ms. Young said that it would be different in its mission and staffing. WPHA is a member organization with a broad mission, and a primary focus on its members, while the Institute would be dedicated to collaborating, convening, and catalyzing.

Dr. Hargarten moved that the Public Health Council support the continuing exploration of a new public health institute for Wisconsin. Ms. Willems Van Dijk seconded the motion. The motion passed unanimously.

Medicare Part D briefing

Mark Moody, Administrator of the Wisconsin Division of Health Care Financing, provided a status update on Medicare Part D. Mr. Moody said that dual eligibles, individuals receiving both Medicaid and Medicare, had their prescriptions transferred to the Medicare Part D program through an auto-assignment process at the national level. State Medicaid directors have been concerned about this since it was announced, and

submitted recommendations for dealing with these individuals. They are often low-income, may have a low education level or limited cognitive abilities, and are often dealing with complicated conditions and diseases. Mr. Moody reported that these individuals were not provided with adequate information and education prior to enrollment in the program, and sometimes they had not received their benefit card.

A complication of this process, as described by Mr. Moody, was that each company's drug plan is based on a formulary, which means that there were many consumers who were not able to find a plan that covered all the drugs they needed. A condition was made that providers had to cover the first prescription as it was prescribed, allowing 30 days for the individual to resolve their prescription with their provider. He reported that although there are reports that individuals have been hospitalized due to issues with their medication, there is no good way to count these occurrences.

Mr. Moody reported that the situation has improved. Almost 50 percent of the states are covering prescriptions for those that could not resolve issues at the pharmacy, as Governor Doyle directed Wisconsin to do on January 13. The federal government has agreed to reimburse states for these costs through February 15, but a process has not yet been defined about how this will happen. In addition, the number of calls from both providers and clients has dropped.

Mr. Baker asked Mr. Moody to address the concern over the marked budget cuts that are being proposed for Medicare. Mr. Moody responded that cuts in the 2005-2006 biennium included a number of Medicaid cuts that were significant, but not as bad as they first appeared. All the cuts being proposed for Medicare are significant, and include such things as cutting payments for physician visits. Mr. Baker thinks that this may lead to decreased access to care.

Mr. Hargarten asked that Mr. Moody's comments be codified, and recommendations provided with clear data and policy changes that the Council could act on. Mr. Baker suggested one area to focus on may be the BadgerCare changes and how they could affect public health. Dr. Samadani asked that this information be collected and provided via e-mail for discussion at the next meeting.

Adjournment

Dr. Samadani adjourned the meeting at 3:16 p.m.

Recorded by Stacia Jankowski
Bureau of Health Information and Policy

JoAnn Weidmann, Secretary

Date