

**Health Priority: Access to Primary and Preventive Health Services
Objective 2: System Infrastructure Capacity for Prevention (Logic Model)**

Long-term (2010) Subcommittee Outcome Objective: By 2010, increase the public health system infrastructure capacity (e.g., data systems, service delivery, workforce) to assure population access to clinical and community preventive health services.

2a: Increase provider screening for chronic diseases and other health risks including alcohol and drug abuse.

2b: Increase provider exposure to U.S. Preventive Services Guidelines (evidence-based practice guidelines) for preventive care.

Long-term outcome objective updated as of: Sept 2004

| Inputs | Outputs | | Outcomes | | |
|---|--|--|--|---|--|
| | Activities | Participation/ Reach | Short-term 2002-2004 | Medium-term 2005-2007 | Long-term 2008-2010 |
| <p>Preventable Hospitalizations Policy change for preventable hospitalization data analysis.</p> <p>Workgroup comprised of sustained and dedicated staff time from the Division of Public Health, the Division of Health Care Financing, and public health system partners such as the University of Wisconsin Department of Population Health, the Medical College of Wisconsin Division of Preventive Medicine, the Marshfield</p> | <p>Preventable Hospitalizations Preventable Hospitalization Data – The Bureau of Health Information, Division of Health Care Financing, in partnership with epidemiologists, the Chief Medical Officers, and the Minority Health Officer in the Division of Public Health will provide collaborative leadership to develop data on preventable hospitalizations. This will be placed on the DHFS Web site. Key parameters will include, but will not be limited to, rates of pediatric asthma hospitalizations, admissions for uncontrolled adult diabetes, rates of adult pneumonia and influenza among adults 65 and older, and pneumonia vaccination rates for adults 65 and older .</p> | <p>Preventable Hospitalizations Public health system partners</p> <p>Policymakers</p> <p>Purchasers and insurers</p> <p>Provider groups</p> | <p>Preventable Hospitalizations</p> | <p>Preventable Hospitalizations By January 1, 2006, data on preventable hospitalizations across population groups (e.g., pediatric asthma hospitalizations, Type I and Type II diabetes, alcohol and other drug abuse, older adult pneumonia) will be developed and placed on the DHFS Web site.</p> | <p>Preventable Hospitalizations</p> |

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| <p>Clinic, MetaStar, the Great Lakes Inter-Tribal Council Epidemiology Office, and interested private and nonprofit agencies.</p> <p>Additional resources to support analysis and technology.</p> <p>Layout, design, and create Web-ready formats to display and use the data/information.</p> <p>Coordination of public-private data systems.</p> <p>Collaborative leadership between the public health disciplines.</p> | <p>This work will be linked to the Minimum Data Set to be prepared through the collaborative efforts of the Wisconsin Public Health Data System Steering Committee and the Public Health Advisory Committee. This will include measuring progress and outcomes for <i>Healthiest Wisconsin 2010</i>.</p> <p>Hold at least three meetings a year of the Workgroup to track success on the objective with a report on the initial progress.</p> <p>Document health disparities for many preventable conditions that consider the parameters of age, sex, race/ethnicity, rural/urban, and socioeconomic status.</p> <p>Publish hospitalization and health disparity data in useable formats that display these data at the county/municipality, regional, and statewide levels using hard copy, Web-based, and the Health Alert Network (HAN).</p> | | | | |

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| <p>Evidence-Based Practice: Provider Delivery of Preventive Services Workgroup comprised of sustained and dedicated staff time from the Division of Public Health, the Division of Health Care Financing, and public health system partners such as the University of Wisconsin Department of Population Health, the Medical College of Wisconsin Division of Preventive Medicine, the Marshfield Clinic, MetaStar, the Great Lakes Inter-Tribal Council Epidemiology Office, and interested private and nonprofit agencies.</p> <p>Additional resources to support analysis and technology.</p> <p>Layout, design, and create Web-ready formats to</p> | <p>Evidence-Based Practice: Provider Delivery of Preventive Services Increase access to information on “evidenced-based” preventive health services. Public health system partners will collaborate to use distance technology to increase access to information on evidence-based preventive health services for consumers, providers, and policymakers.</p> <p>Provide information on community preventive services. The Workgroup of the Division of Public Health, the Division of Health Care Financing, and its community research partners will collaborate with other public health system partners to compile and make available information on evidence-based preventive health services for populations. These will be linked with <i>Healthiest Wisconsin 2010</i> priorities for public health providers, health care purchasers, and policymakers.</p> <p>Create and/or establish incentives to integrate the use of evidence-</p> | <p>Evidence-Based Practice: Provider Delivery of Preventive Services Local health departments</p> <p>Tribes</p> <p>Epidemiologists and science-based professionals</p> <p>Chief Medical Officers in the Division of Public Health</p> <p>Wisconsin Primary Health Care Association</p> <p>Community health centers</p> <p>Wisconsin Public Health Data System Steering Committee</p> | <p>Evidence-Based Practice: Provider Delivery of Preventive Services By January 1, 2004, information on evidence-based preventive health services for consumers, providers, and policymakers will be available using distance technology.</p> <p>By January 1, 2004, investigate ways to measure the extent to which evidence-based clinical guidelines for preventive services are used in practice in Wisconsin. Investigate BHI’s Physician Office Visit data system as a possible source.</p> <p>If appropriate data are found, investigate funding sources to obtain the data and present it online. The presentation should include a link to www.healthfinder.gov (DHHS Web site), and to the</p> | <p>Evidence-Based Practice: Provider Delivery of Preventive Services By January 1, 2006, information on effective service delivery strategies to implement evidence-based preventive health care will be available on linked partner web sites.</p> <p>By January 1, 2006, Wisconsin-specific information on evidence-based clinical preventive services for patients will be available to providers, purchasers, consumers, and policymakers (including those located on partner web sites).</p> <p>By January 1, 2006, the Workgroup will produce an interim report on moving toward this objective that will be sent through the division administrators of both the Division of Public Health</p> | <p>Evidence-Based Practice: Provider Delivery of Preventive Services By January 1, 2008, incentives to integrate the use of evidence-based preventive health services will be identified and there will be implementation in contracts, granting, and insurance coverage of preventive services.</p> <p>By January 1, 2008, continuing education on evidence-based preventive health services will be available for all public health system workers.</p> |

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| <p>display and use the data/information.</p> <p>Policy change.</p> <p>At least three meetings a year from the Workgroup.</p> <p>Education for providers, consumers, and policymakers.</p> <p>Education for health professions students, providers, and policymakers.</p> | <p>based preventive health services. Public health system partners and policymakers will collaborate with the Office of the Insurance Commissioner to implement financial incentives to increase the use of evidence-based preventive health services in public, private, and voluntary health care programs (e.g., covered or contracted services, performance expectations, foundation granting). These will be linked with <i>Healthiest Wisconsin 2010</i> priorities. (Coffield, July 2001; and Truman, January 2000)</p> <p>Provide information and training/education on effective service delivery strategies to implement evidence-based preventive health care. Identify and disseminate information on effective service delivery strategies to implement evidence-based preventive health care (Coffield, July 2001, and Truman,</p> | <p>Professional associations (e.g., Wisconsin Public Health Association, Wisconsin Association of Local Health Departments and Boards, Wisconsin Environmental Health Association, Wisconsin Medical Society, Wisconsin Association of Health Plans, Wisconsin Nurses Association, Wisconsin Health Education Network, Wisconsin Dietetic Association)</p> <p>Institutions of higher education and technical colleges</p> <p>Health employers</p> | <p>National Guideline Clearinghouse, a public resource for evidence-based clinical practice guidelines. The National Guideline Clearinghouse is sponsored by the <u>U.S. Agency for Healthcare Research and Quality</u> (formerly the U.S. Agency for Health Care Policy and Research) in partnership with the <u>American Medical Association</u> and the <u>American Association of Health Plans</u>. (This site can be accessed at http://www.guideline.gov/index.asp).</p> | <p>and the Division of Health Care Financing for the Secretary of the Department of Health and Family Services to review.</p> <p>By January 1, 2006, the curricula of all health professions education programs will include a focus on evidence-based preventive health services.</p> <p>By January 1, 2007, research on evidence-based preventive health services will be available to providers, purchasers, consumers, and policymakers on public health system partner web sites.</p> | |

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| | <p>January 2000). These will be linked with <i>Healthiest Wisconsin 2010</i> priorities. These are most notably “Local and Statewide Public Health System Partnerships” and “Community Health Improvement Processes and Plans” and will be available on an ongoing basis.</p> <p>Compile patient-based preventive health services information. The Workgroup will collaborate to compile and make available information on evidence-based clinical preventive services (patient-focused) for health providers, health care purchasers, and policymakers (Coffield, July 2001). They will ensure that these are linked with <i>Healthiest Wisconsin 2010</i> priorities.</p> <p>Data on the provision of preventive health services. In coordination with the DHFS-led Workgroup, the Division of Health Care Financing and the Medicare Quality Improvement contractors will collaborate with other public health system</p> | <p>Public Health Advisory Committee</p> <p>Professional groups (e.g., physicians, nurses, dentists, health educators, nutritionists), Wisconsin Department of Health and Family Services divisions, offices, and bureaus</p> <p>State and local policymakers</p> <p>Purchasers and insurers</p> <p>Provider groups</p> <p>Consumers</p> | | | |

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| | <p>partners to compile and make available data on the provision of selected preventive health services for the state and counties.</p> <p>Community-based preventive services data. The Division of Public Health will collaborate with other public health system partners to investigate sources and make available data on the provision of community-based preventive health services for the state and counties.</p> <p>Conduct research on evidence-based preventive health services. Wisconsin public health system partners will collaborate with academic and other research institutions to expand and make available research on evidence-based preventive health services for direct patient care and population health care (Coffield, July 2001; and Truman, January 2000), and that are linked with <i>Healthiest Wisconsin 2010</i> priorities.</p> <p>Develop health professions' education curricula. Health</p> | | | | |

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| | <p>professions education programs and Area Health Education Centers will collaborate with other public health system partners to develop and implement a process to increase provided current experiences on evidence-based preventive health services for all health professions students (classroom and clinical experiences).</p> <p>Produce a final report on progress toward sub-objectives and continuing efforts to improve access and the effectiveness of preventive services and clinical care in the State of Wisconsin. After Departmental review, this will be posted on the DHFS web site.</p> <p>Provide continuing education on evidence-based preventive health services. The Workgroup with many partners including the Area Health Education Centers, provider groups, and academic programs will collaborate with other public health system partners to increase access to</p> | | | | |

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| | <p>continuing education on evidence-based preventive health services for all public health workers. This should include using distance technology for training and dissemination of offerings, expanding inter-disciplinary training/education, and partnerships among training programs, employers, and public health programs.</p> | | | | |