

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

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

Wisconsin Baseline	Wisconsin Sources and Year
1. None. This is a developmental objective.	1. Not available.
2. Developmental. However, some baselines for chronic condition screenings are available. For example, in 2001, 71% of adults reported having cholesterol screening within the past 5 years.	2. Wisconsin Behavioral Risk Factor Surveillance Survey (BRFSS) 2001 (Bureau of Health Information (BHI)). data for other screenings, such as mammograms and screenings for prostate cancer and colorectal cancer, available in 2000-2001 Wisconsin BRFSS (BHI/CDC).
3. None. Developmental.	3. Not available.

Federal/National Baseline	Federal/National Sources and Year
1. Hospitalizations for uncontrolled diabetes: 7.2 per 10,000 pop. in 1996; for immunization-preventable pneumonia/influenza in persons age 65 and older: 10.6 per 10,000 in 1996; for pediatric asthma: 23.0 per 10,000 pop. in 1996	1. Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost and Utilization Project.
2. 72.5% of adults had cholesterol screening within the past 5 years in 2001.	2. Behavioral Risk Factor Surveillance Survey 2001, CDC.
3. None. Developmental.	3. Not available.

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
1 – Access to Quality Health Services	Improve access to comprehensive, high-quality health care services.	1-3	Increase the proportion of persons appropriately counseled about health behaviors.
		1-7	(Developmental) Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.
23 – Public Health Infrastructure	Ensure that Federal, Tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively.	23-12	Increase the proportion of Tribes, States, and the District of Columbia that have a health improvement plan and increase the proportion of local jurisdictions that have a health improvement plan linked with their State plan.
		23-15	(Developmental) Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the delivery of essential public health services.

Definitions	
Term	Definition
Access	According to the Institute of Medicine, “The timely use of personal health services to achieve the best possible health outcomes.” This definition includes both the use and effectiveness of health services. The concept of access also encompasses physical accessibility of facilities. IOM. <i>Medicare: A Strategy for Quality Assurance</i> . Vol. 1. Lohr, K.N., ed. Washington, DC: National Academy Press, 1998.
Preventive health services	Includes both clinical preventive services (patient-focused) and community preventive services (population-focused). Preventive services can encompass three types of prevention: (1) preventing the disease (primary prevention); (2) detecting and controlling disease early (secondary prevention); and (3) producing the best outcomes in those with an established disease or in rehabilitation (tertiary prevention). (Last and Wallace, 1998)

Definitions	
Term	Definition
Clinical preventive services (patient-focused)	“Common screening tests, immunizations, risk assessment, counseling about health risk behaviors, and other preventive services routinely delivered in the clinical setting for the primary prevention of disease or for the early detection of disease in persons with no symptoms of illness.” (U.S. Department of Health and Human Services (DHHS), January 2000). As was noted above, it is also defined here to include tertiary preventive services to prevent the complications of existing clinical illnesses.
Community preventive services	“Public health interventions to reduce illness, disability, premature death, and environmental hazards that impair community health and quality of life.” (Truman, January supplement 2000).
Evidence-based practice	The development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific theory and program planning models. (Brownson, 2003)
Public health system infrastructure capacity	Public health system infrastructure capacity includes three infrastructure components: (1) health data systems; (2) delivery of preventive health services; and (3) health workforce education. These are essential supports for the public health system. The definition for the public health system is the same as that used in <i>Healthiest Wisconsin 2010</i> , and includes the public, private, and voluntary sectors of the health care system. The three infrastructure components are described in more detail in the activities for this objective.
Public health system partners	Public health system partners are organizations and individuals who have an interest in the health of a community's population. As a group, partners should include consumers, providers, businesses, government, and other relevant sectors of the community (Institute of Medicine, 1997 - Modified). Special efforts should be made to include nontraditional partners, such as churches, service groups, school districts, and representatives from populations that bear a disproportionate burden of illness.

Rationale:

- This objective is truly a call for action to increase the public health system capacity (e.g., data systems, service delivery, workforce) to assure population access to effective clinical and community preventive health services. It is important to delineate that a central focus of this objective is to ensure that vigorous and sustained efforts are promoted to assure access for all Wisconsin residents. This must be done in concert with many public health, health system, and community partners.
- Prevention is an important component of adequate health care. Like other states, Wisconsin has an aging population that will be at higher risk for chronic diseases and other disease states in the near future. The U.S. Census estimates that by the year 2020 more than 1 in 5 U.S. residents will be elderly. Aging populations are at higher risk for cancers, heart disease, diabetes, and other illnesses (Rumm, Queenan, Carty, Taylor, 2000).
- Data and information from population surveys show that Wisconsin residents are at risk for chronic disease, suffer mental health problems, and face high rates of diseases like hypertension and arthritis. Our state needs to increase levels of screening for such health

risks. Ethnic and racial minority populations often experience disparities in health outcomes and health screening rates compared to those of the ethnic majority population, and may be less likely to have adequate health insurance coverage. (Wisconsin Behavioral Risk Factor Survey, Wisconsin Family Health Survey)

- There is a growing consensus that many prevention services are cost-effective on both an individual and population scale. Assuring access to effective prevention services is essential and requires adequate system capacity and infrastructure. (Haddus, 1996; Weinstein, 2003)
- According to the U.S. Institute of Medicine, less than one-half of the patients in the nation are properly screened and treated for hypertension, depression, asthma, and diabetes. (Institute of Medicine, 2001) This is despite widespread advocacy, education, and availability of preventive screening and disease management guidelines. Among the most applicable to public health are the Guidelines of the U.S. Preventive Services Taskforce, which are based on a thorough review of all available literature for over a hundred conditions, and the U.S. Centers for Disease Control and Prevention's *Guide to Community Preventive Services*. Guidelines such as these must be understood and incorporated into the day-to-day practice of public health and health care providers.

Outcomes:

Preventable Hospitalizations

Medium-Term Outcome Objectives (2005-2007)

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.

Inputs: (*What we invest – staff, volunteers, time money, technology, equipment, etc.*)

- Policy change for preventable hospitalization data analysis.
- 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.
- Additional resources to support analysis and technology.
- Layout, design, and create Web-ready formats to display and use the data/information.
- Coordination of public-private data systems.
- Collaborative leadership between the public health disciplines.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- 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 .

- 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 *Healthiest Wisconsin 2010*.
- Hold at least three meetings a year of the Workgroup to track success on the objective with a report on the initial progress.
- Document health disparities for many preventable conditions that consider the parameters of age, sex, race/ethnicity, rural/urban, and socioeconomic status.
- 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).

Participation/Reach

- Public health system partners
- Policymakers
- Purchasers and insurers
- Provider groups

Evidence-Based Practice: Provider Delivery of Preventive Services

Short-Term Outcome Objectives (2002-2004)

- By January 1, 2004, information on evidence-based preventive health services for consumers, providers, and policymakers will be available using distance technology.
- 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.
- If appropriate data are found, investigate funding sources to obtain the data and present the online. The presentation should include a link to www.healthfinder.gov (DHHS Web site), and to the National Guideline Clearinghouse, a public resource for evidence-based clinical practice guidelines. The National Guideline Clearinghouse is sponsored by the U.S. Agency for Healthcare Research and Quality (formerly the U.S. Agency for Health Care Policy and Research) in partnership with the American Medical Association and the American Association of Health Plans. (This site can be accessed at <http://www.guideline.gov/index.asp>).

Medium-Term Outcome Objectives (2005-2007)

- 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.
- 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).
- 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 and the Division of Health Care Financing for the Secretary of the Department of Health and Family Services to review.

- By January 1, 2006, the curricula of all health professions education programs will include a focus on evidence-based preventive health services.
- 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.

Long-Term Outcome Objective (2008-2010)

- 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.
- By January 1, 2008, continuing education on evidence-based preventive health services will be available for all public health system workers.

Inputs: (*What we invest – staff, volunteers, time money, technology, equipment, etc.*)

- 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.
- Additional resources to support analysis and technology.
- Layout, design, and create web-ready formats to display and use the data/information.
- Policy change.
- At least three meetings a year from the Workgroup.
- Education for providers, consumers, and policymakers.
- Education for health professions students, providers, and policymakers.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- 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.
- 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 *Healthiest Wisconsin 2010* priorities for public health providers, health care purchasers, and policymakers.
- Create and/or establish incentives to integrate the use of evidence-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 *Healthiest Wisconsin 2010* priorities. (Coffield, July 2001; and Truman, January 2000)

- 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, January 2000). These will be linked with *Healthiest Wisconsin 2010* 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.
- 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 *Healthiest Wisconsin 2010* priorities.
- 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 partners to compile and make available data on the provision of selected preventive health services for the state and counties.
- 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.
- 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 *Healthiest Wisconsin 2010* priorities.
- Develop health professions’ education curricula. Health 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).
- 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.
- 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 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 interdisciplinary training/education, and partnerships among training programs, employers, and public health programs.

Participation/Reach

- Local health departments
- Tribes
- Epidemiologists and science-based professionals
- Chief Medical Officers in the Division of Public Health
- Wisconsin Primary Health Care Association
- Community health centers
- Wisconsin Public Health Data System Steering Committee
- Public Health Advisory Committee
- Professional groups (e.g., physicians, nurses, dentists, health educators, nutritionists)
- 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)
- Institutions of higher education and technical colleges
- Health employers
- Wisconsin Department of Health and Family Services' divisions, offices, and bureaus
- State and local policymakers
- Purchasers and insurers
- Provider groups
- Consumers

Evaluation and Measurement

Since the science and art of evidence-based medicine is fairly recent, it will be vitally important to evaluate and assure that the multiple efforts listed above are begun and sustained. According to the Agency for Health Care Research and Quality, evaluation steps are a crucial part of the five steps of evidence-based practice and policies that will also include assuring access to such services: (1) translating information needs into an answerable question; (2) searching for the evidence; (3) appraising that evidence; (4) using the evidence in the actual care of patients or for policy decisions; and (5) evaluating the results of using the evidence. (Richardson, 1998)

To sustain these steps and to assure effective preventive services and access to them, it will be vital to form a DHFS Workgroup that bridges both the Division of Public Health and the Division of Health Care Financing. Critically important in this task is to obtain consultation from outside experts, such as staff from the University of Wisconsin Department of Population

Health, MetaStar, the Medical College of Wisconsin Division of Preventive Medicine, and the Marshfield Clinic.

DHFS will have to identify the financial resources to staff and sustain all required Workgroup efforts as a key priority. It will require substantial state employee time and outside consultant time to evaluate accessibility and effectiveness of prevention for many disease states.

There are several potential data sources that could be used or to help measure progress towards achieving this long-term public health system infrastructure capacity objective. Some of these will be disease specific (e.g., asthma, diabetes, heart disease) and others will need to look at broader measures of preventive services (e.g., access to screens, overall quality of care). Access to provider-reported data on preventive services delivery and billing may be possible with Physician Office Visit data, Medicaid claims data, and Medicare claims data.

There are partners who could bring data sources to the table. Both Wisconsin medical schools are receiving large endowments from the Blue Cross/Blue Shield disbursement for public health. Efforts are underway at both schools (especially the University of Wisconsin) to help build robust data systems to link ambulatory, hospital, and other key encounter data. The Wisconsin Bureau of Health Information also has expertise in linking data sets.

MetaStar (as was mentioned previously) has a great deal of expertise in Medicare data, as well as some in-house expertise on Medicaid and other state and federal quality programs. They are currently working on a special project to increase lipid screening and management in the counties in Wisconsin that comprise 90 percent of the African-American population.

The Wisconsin Diabetes Program and other programs are tracking improvement in health plan data with HEDIS™ and other measures of quality.

The Wisconsin Medicaid and Division of Public Health asthma programs are designing efforts to increase surveillance, screening, and proper care of patients with asthma on a statewide basis. The Wisconsin Primary Care Association and the Health Services Resources Administration are working on increasing data collection at the state and federal levels in many clinics.

The Great Lakes Inter-Tribal Council has active epidemiologists tracking improvements in diabetes and asthma, and this organization is expanding data collection and disease management efforts to other disease states.

The Wisconsin Medical Society has an active research component and has looked at quality of access and screening for conditions such as diabetes, asthma, and colorectal cancer.

Wisconsin's Senior Care Program was granted funds for a federal pilot program to test the hypothesis that: Improved drug coverage in seniors will lead to decreased federal Medicare expenditures in future years through better disease management (secondary prevention). Data will be collected to test the hypothesis.

The Wisconsin Health Alliance serves many small companies as a portal to insurance and has an active data collection effort on hospital and outpatient quality.

Health professions' education curricula and continuing education offerings will also be reviewed to identify the inclusion of content related to preventive health services. Finally, it will be necessary to work with the development of an integrated data system in the state to track some local and statewide models of evidence-based medicine.

Component III: Consumer Receipt of Preventive Services

Medium-Term Outcome Objectives (2005-2007)

- By January 1, 2006, DHFS will determine the need, if any, for additional questions on the BRFSS or the Family Health Survey to monitor consumer receipt of selected preventive health services. If additional questions are needed, a funding source will be also determined.
- By January 1, 2006, DHFS will assure that aggregate data (from population-based health surveys, e.g., BRFSS) on consumer receipt of selected preventive health services are available (including online). Make available best-practices recommendations as benchmarks for comparison.

Long-Term Outcome Objectives (2008-2010)

- By January 1, 2008, aggregate data on the provision of selected preventive health services for Medicaid, Medicare, and privately insured populations will be made available (including online).

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- 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.
- Additional financial and personnel resources to support analysis and technology.
- Layout, design, and create Web-ready formats to display and use the data/information.
- Policy change.
- System coordination between private and public providers.
- Collaborative leadership between the public health disciplines.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, etc.)*

- Data on consumer receipt of preventive health services. The Divisions of Public Health and Health Care Financing will collaborate with other public health system partners to compile and make available data from population-based surveys (e.g., BRFSS) on selected preventive services received by consumers (state and county).

Participation/Reach

- Local health departments
- Epidemiologists and science-based professionals
- Chief Medical Officers in the Division of Public Health
- Wisconsin Primary Health Care Association
- Community health centers
- Wisconsin Public Health Data System Steering Committee
- Public Health Advisory Committee
- Professional groups (e.g., physicians, nurses, dentists, health educators, nutritionists)
- 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)
- Institutions of higher education and technical colleges
- Health employers
- Wisconsin Department of Health and Family Services divisions, offices, and bureaus
- State and local policymakers
- Purchasers and insurers
- Provider groups
- Consumers

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Integrated Electronic Data and Information Systems: Preventable hospitalization data; integration of preventive health services data elements into the public health data system; provider data on provision of preventive health services; data on the provision of community-based preventive health services; and population data on receipt of preventive health services.

Community Health Improvement Processes and Plans: Disseminate information on community preventive services. Expand incentives to integrate preventive health services into service delivery and contracts. Disseminate information on strategies to implement evidence-based preventive health services. Disseminate information on clinical preventive services for patient care. Disseminate research on evidence-based preventive health services.

Sufficient, Competent Workforce: Provide continuing education on evidence-based preventive health services and integrate into health professions' education curricula.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Because this objective targets strengthening the public health system infrastructure to focus on evidence-based preventive services, the output activities address many of the 12 essential services.

Monitor health status to identify community health problems: Preventable hospitalization data; preventive health services data elements added to public health data system; provider data on the provision of preventive health services; data on the provision of community-based preventive health services; and population data on consumer receipt of preventive health services.

Educate the public about current and emerging health issues: Disseminate information concerning preventable hospitalization data and information about community preventive services and clinical preventive services for patients.

Create policies and plans that support individual and community health efforts: Disseminate information on community preventive services. Expand incentives to integrate preventive health services into service delivery and contracts. Disseminate information on strategies to implement evidence-based preventive health services. Disseminate information on clinical preventive services for patient care. Disseminate research on evidence-based preventive health services.

Link people to needed health services: Disseminate information on community preventive services. Expand incentives to integrate preventive health services into service delivery and contracts. Disseminate information on strategies to implement evidence-based preventive health services. Disseminate information on clinical preventive services for patient care. Disseminate research on evidence-based preventive health services.

Assure a diverse, adequate, and competent workforce to support the public health system: Provide continuing education on evidence-based preventive health services and integrate into health professions' education curricula.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: Preventable hospitalization data; integration of preventive health services data elements into the public health data system; provider data on provision of preventive health services; data on provision of community-based preventive health services; and population data on receipt of preventive health services.

Conduct research to seek new insights and innovative solutions to health problems: Disseminate research on evidence-based preventive health services.

Assure access to primary health care for all: All the outputs address this essential public health service.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote the health of all: The outputs focus on increasing access to evidence-based preventive health services for the population as a whole and for individual patients.

Eliminate health disparities: The outputs include infrastructure actions to increase access to preventive services across subpopulations that currently have disparities in access or health status (e.g., age, gender, race/ethnicity, rural/urban, income).

Transform Wisconsin's public health system: This objective is focused on infrastructure actions (e.g., data capacity, service delivery, workforce development) and identifies potential state and local partnerships for implementation (public, private, voluntary, health care networks, provider groups, insurers, academic programs, researchers, and others).

Key Interventions and/or Strategies Planned:

- Compile and disseminate information on evidence-based and population-based preventive health services that are linked with State Health Plan priorities.
- Implement financial incentives to increase the use of evidence-based preventive health services in public, private, and voluntary health care programs.
- Form a workgroup composed of both DHFS and external partners to broadly and effectively study the effectiveness of state and community preventive efforts and to document them on a DHFS Web site to facilitate a climate of continual process of quality improvement on a local and statewide level.
- Incorporate data elements that measure access to clinical and population-based preventive health services into the integrated public health data system.
- Compile and disseminate information on evidence-based and patient-based preventive health services that are linked with *Healthiest Wisconsin 2010* priorities.

References:

- Brownson, R., Baker, E., Leet, R. and Gillespie, K. (2003). *Evidence-Based Public Health*. Oxford Press.
- Coffield, A., et al. Priorities Among Recommended Clinical Preventive Services. *American Journal of Preventive Medicine*. (On-line). Oxford, United Kingdom: Elsevier Press. (2001, July supplement). Available at: www.meddevel.com/site.mash?left=/library.exe&m1=1&m2=1&right=/library.exe&action=home&site=AJPM&jcode=AMEPRE.
- Department of Health and Family Services. *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*. (2002).
- Haddus, et al. (1996). *Prevention Effectiveness-A Guide to Decision Analysis and Economic Valuation*. Oxford. National Academies Press. (2001).
- Institute of Medicine. *Crossing the Quality Chasm*. National Academies Press. (2001).
- Institute of Medicine (IOM). *Improving Health In The Community: A Role for Performance Monitoring*. 1997. Washington, DC: National Academy Press.
- Institute of Medicine (IOM). *Medicare: A Strategy for Quality Assurance*. Vol. 1. Lohr, K.N., ed. Washington, DC: National Academy Press, 1998.
- Last, J.M., and Wallace, R.B. (1998). *Public Health and Preventive Medicine*. 14th Ed. Appleton and Lange. Stamford, CT.
- Richardson, W. S., M.D., (July 27-29, 1998). *Translating Evidence into Practice*. Keynote address at Agency for Health Care Policy and Research meeting. Washington, DC.
- Rumm, P.D., Queenan, L., Carty, D., Taylor, M. A Decade of Improvement in Chronic Disease. Where do we go From Here? *Wisconsin Medical Journal*. (June 12-21, 2000).
- Truman, B., et al. (2000, January supplement). Developing the Guide to Community Preventive Services – Overview and Rationale. *American Journal of Preventive Medicine*. (On-line). Oxford, United Kingdom: Elsevier Press. Available at: www.meddevel.com/site.mash?left=/library.exe&m1=1&m2=1&right=/library.exe&action=home&site=AJPM&jcode=AMEPRE.
- University of Oxford. *Center for Evidence-Based Medicine*. Oxford, United Kingdom: (On-line). Available at: <http://cebm.jr2.ox.ac.uk/>.
- U.S. Department of Health and Human Services. (2000, January). *Healthy People 2010: Access to Quality Health Services* (On-line). Washington, D.C.: U.S. Public Health Service. Available at: www.health.gov/healthypeople.

U.S. Department of Health and Human Services. (1997). *Translating Evidence into Practice: Conference Summary*. (On-line). Rockville, Maryland: Agency for Healthcare Research and Quality. Available at: <http://www.ahrp.gov/clinic/epcix.htm>.

Weinstein, O'Brien, et al. Principles of Good Practice for Decision Analytic Modeling in Health-Care Evaluation: Report of the ISPOR Task Force on Good Research Practices. *Value Health* 2003. Jan-Feb. 6(1):9-17.

Woolf, S. & Atkins, D. (2000, January supplement). The Evolving Role of Prevention in Health Care: Contributions of the U.S. Preventive Services Task Force. *American Journal of Preventive Medicine*. (On-line). Oxford, United Kingdom: Elsevier Press. Available at:

www.meddevel.com/site.mash?left=/library.exe&m1=1&m2=1&right=/library.exe&action=home&site=AJPM&jcode=AMEPRE.