How Wisconsin became healthcare’s top performer and what the rest of the nation can learn from the Badger State.
Based on poll results, Governor Jim Doyle chose a cow, an ear of corn, and a wheel of cheese to appear on the commemorative quarter for the state of Wisconsin. Interests of rabid Green Bay Packer fans aside, Governor Doyle easily could have chosen the rod of Asclepius, the symbol of medicine.

While East and West Coast states are most often recognized as national leaders in healthcare, you’d have to travel to the middle of the country to find the top performer. According to a number of recent reports evaluating care at the state level, Wisconsin hospitals continue to outperform their national counterparts. Most notably, in June, the federal Agency for Healthcare Research and Quality (AHRQ) released data that showed the Badger State is number one in the nation for healthcare quality.

“We’ve got three things going on in this state that have allowed us to be a leader,” said Wisconsin Hospital Association (WHA) president Steve Brenton. “We’re highly integrated compared to most of the country, there is a long history here of provider collaboration, and we’ve had physician champions driving performance measurement and improvement.”

Those three keys have unlocked the door between what healthcare in America is and what it could be. It’s a door Wisconsin is just beginning to step through, leading the way for the rest of the nation to follow.

Transforming the ED

Recently at Oconomowoc Memorial Hospital, a 75-bed facility located just outside Milwaukee, Dr. Timothy Hill noticed a patient on the hospital’s ED tracking system needed an ultrasound. When the patient arrived in her room, she was stunned to find Hill there waiting with the ultrasound machine.

“Instead of having to call an ultrasound tech to come in and do a test, I had it done in 15 minutes,” Hill, Oconomowoc’s chief of emergency medicine, said. “Having the equipment and training to do that test saved the patient at least an hour and a half.”

By taking a proactive, team-based approach to care and focusing on getting well-trained care givers to the patient’s bedside as quickly as possible, Oconomowoc Memorial has made waiting a thing of the past in the ED. National averages indicate patients wait more than two hours just to see a physician in America’s emergency departments. At Oconomowoc, which saw 22,601 patients in FY 2006, ED patients are in a room, seen by a physician, treated, and discharged at an average clip of one hour and 15 minutes.

Said Hill, “We want our patients to not only be pleased with the care they receive in our ED, we want them to be surprised by how well they’re treated.”

Oconomowoc Memorial is a shining example of why Wisconsin has become a national healthcare leader. At hospitals across the country, the ED is the new front door, and more patients (often uninsured) are walking through it than ever. While most states have struggled with the complexities and stress created by the ED influx, Wisconsin is thriving. In June, Press Ganey named
Milwaukee the number one city in the country in regard to ED patient satisfaction.

Bill Bazan, WHA’s vice president for Metro Milwaukee said the city’s 10 emergency departments are able to overcome the obstacles by working together. For the past eight years, Milwaukee hospitals have been using a Web-based system to update the status of their EDs in real time. EMS dispatchers monitor the system, determine which hospitals are filled to capacity, and route patients to the nearest facility that is not diverting.

WHA has also been successful in its efforts to stem the tide of non-emergent patients walking into the ED for care. For three years, WHA has been helping hospitals promote and educate ED patients about the importance of having a primary care physician. And the organization’s efforts go beyond education. Through a Web-based system, Global Health Direct, and a close working relationship with the county’s four Federally Qualified Health Centers, Milwaukee EDs can schedule and confirm same or next-day PCP visits for non-emergent patients in real time.

“One patient at a time, we’re changing patterns of behavior,” Bazan said. “And we’re getting results. We’re seeing less people in the ED, and that is freeing up ED personnel to pay attention to patients with true emergency needs.”

Bazan said Milwaukee hospitals are also adept at having the appropriate staffing levels at all times, something Oconomowoc Memorial excels at. Sue Patz, the hospital’s emergency department manager, uses the ED’s database to track the average number of patients the department sees on a daily and hourly basis. “We can see when volume is starting to shift and change our staffing levels accordingly,” she said. “We know when there will be surges, and we’re fully staffed for them.”

According to Dr. Hill, being fully staffed at Oconomowoc means having more than the national staffing patterns suggest. “Some groups say that’s cost ineffective,” he said. “We say, not if we can get the patients in and out of the room quickly and happily. These aren’t just our patients, they’re our customers. The better we job we do, the more likely they are to come back to us in the future.”

RN Kris Tomkiewicz provides Oconomowoc Memorial’s brand of patient-centered care.
Integrated care
In the early 1980s, Dr. Michael Gorczynski learned to program on a Mac. By 1986, his private practice was fully computerized. When Aurora Health Care, Wisconsin’s largest not-for-profit system, began looking for the right person to lead the integration of its 90-community network in 1995, Gorczynski enthusiastically raised his hand.

Twelve years later, Aurora is one of the most fully integrated health systems in the country. Its 13 hospitals, 100-plus clinics, and more than 130 community pharmacies are linked by an EMR that features portable electronic records for more than 3.6 million patients, CPOE, eICU, PACS, and online connections between patients and physicians. In 2007, Hospitals & Health Networks ranked Aurora fourth in the nation on its list of 100 Most Wired Hospitals and Health Systems.
“Compared to where we were in 1995, we’re very Buck Rogers,” said Gorczyński, Aurora’s director of medical informatics. “And we’re not done yet. As we improve and implement new technologies, the bar gets higher and higher. So we just keep improving and reaching for that bar.”

In Wisconsin, Aurora’s integrated network is more the norm than a rarity. According to healthcare information provider VeriSign, seven of the nation’s top 100 most highly integrated healthcare networks are in Wisconsin. “That level of integration is a launching pad for statewide performance and quality improvement,” said WHA’s Brenton.

At Aurora, providers leveraged the electronic system to decrease infections, reduce inappropriate tests and exams, and help prevent errors. According to Gorczyński, Aurora care providers are now electronically accessing more than 200,000 charts per month compared to 20,000 per month in 2002.

“Our providers are seeing more data on which they base their clinical decisions. As a result, the quality of care we render at Aurora Health Care has improved, patient safety has improved, and our clinical outcomes for the treatment of various diseases have improved.”

And there is an ROI on quality and safety. At Aurora, clinical improvements stemming from integration have generated significant cost savings. According to the health system’s 2005 annual report, Aurora documented medical expense savings for patients, employers, and other payers in excess of $25 million.

Similar quality improvement and cost saving stories are being told by Wisconsin’s most integrated health systems, including Wheaton Franciscan Healthcare, Mercy Health System, Affinity Health System, Gundersen Lutheran Health Care Network, and the University of Wisconsin Hospitals & Clinics. The result for Wisconsinites is high quality, low cost care.

According to the 2006 Healthcare Cost Quotient, a measure created by Expansion Management, the overall cost for healthcare in Wisconsin is the third lowest in the nation. And in a recent report by The Commonwealth Fund, Wisconsin was identified as a top 10 provider of high quality, low cost care.

**Becoming transparent**

Wisconsin hospitals aren’t just performing, they’re publicly reporting their results. And that, said WHA’s Brenton, is something that has truly set Wisconsin healthcare apart from the rest of the nation.
In 2004, WHA, in partnership with the Wisconsin Collaborative for Healthcare Quality (WCHQ), a physician-led group that focuses on quality improvement, launched CheckPoint, the first quality reporting Web site in the nation. Physician champions from WCHQ drove the public reporting effort, and before long, 98% of the hospitals in Wisconsin were on board, posting results on CheckPoint.

“It’s not just our larger hospitals,” Brenton said. “Half of our hospitals are critical access or rural hospitals, and they are all reporting on CheckPoint. Some of them struggle to have enough procedures to report, but they’re all committed, and that’s critical.”

After publicly reporting results on core measures, hospitals naturally began to compare themselves with others on CheckPoint and set benchmarks for performance improvement. WHA, in close partnership with MetaStar, Wisconsin’s Quality Improvement Organization, extended a helping hand and began conducting regular training and education programs as well as monthly meetings for hospital leaders to collaborate, problem solve, and share best practices.

“It is wonderful to see hospitals, some of whom are competitors, coming together in the same place to openly share the work they are doing,” Greg Simmons, MetaStar president and CEO, said in a statement. “It speaks to the strong commitment of these hospitals to ensuring they are providing high-quality, safe care to their patients.”

The impact of CheckPoint and the resulting drive for performance improvement on quality and safety core measures has been substantial. WHA has tracked significant improvement in all 10 of the original measures CheckPoint started with in 2004, which focus on heart attack, congestive heart failure, and pneumonia care.

“Measuring and publicly reporting has created a whole new emphasis on quality improvement,” Brenton said. “We’ve energized and really pushed out front a key group of health care leaders that are driving change.”

Fueled by the success of CheckPoint, WHA continued to nurture a consumer-driven environment in Wisconsin when it launched PricePoint in 2006, a Web site designed to give consumers basic, facility-specific information about inpatient and outpatient services and charges. State Senator Jon Erpenbach, chair of Wisconsin’s health and human services committee, said that type of transparency is key to healthcare reform.

Erpenbach is one of the state’s legislators leading the charge for Healthy Wisconsin, a proposed plan that focuses on providing high quality, affordable care for everyone in Wisconsin. Under the plan, which has generated heated partisan battles, all of Wisconsin’s 5.6 million residents would be mandated to come together as a single entity to purchase health insurance. The basic idea, the straight-talking Erpenbach said, is to leverage economies of scale. Just as huge chain stores can pass discounts onto their customers because they’re buying at high volumes, the state can pass discounts onto residents if it purchases coverage for everyone.

“Wisconsin is a leader in quality and transparency, and while our costs are low compared to other states, it’s still too damn expensive,” he said. “We want to make it affordable for everyone.”

There is much work to be done, WHA’s Brenton said, describing Wisconsin as being in the second inning of a nine-inning ball game. If that’s true, in most states, the first pitch has yet to be thrown. Welcome to Wisconsin: Healthcare USA.

—Mike Sharkey