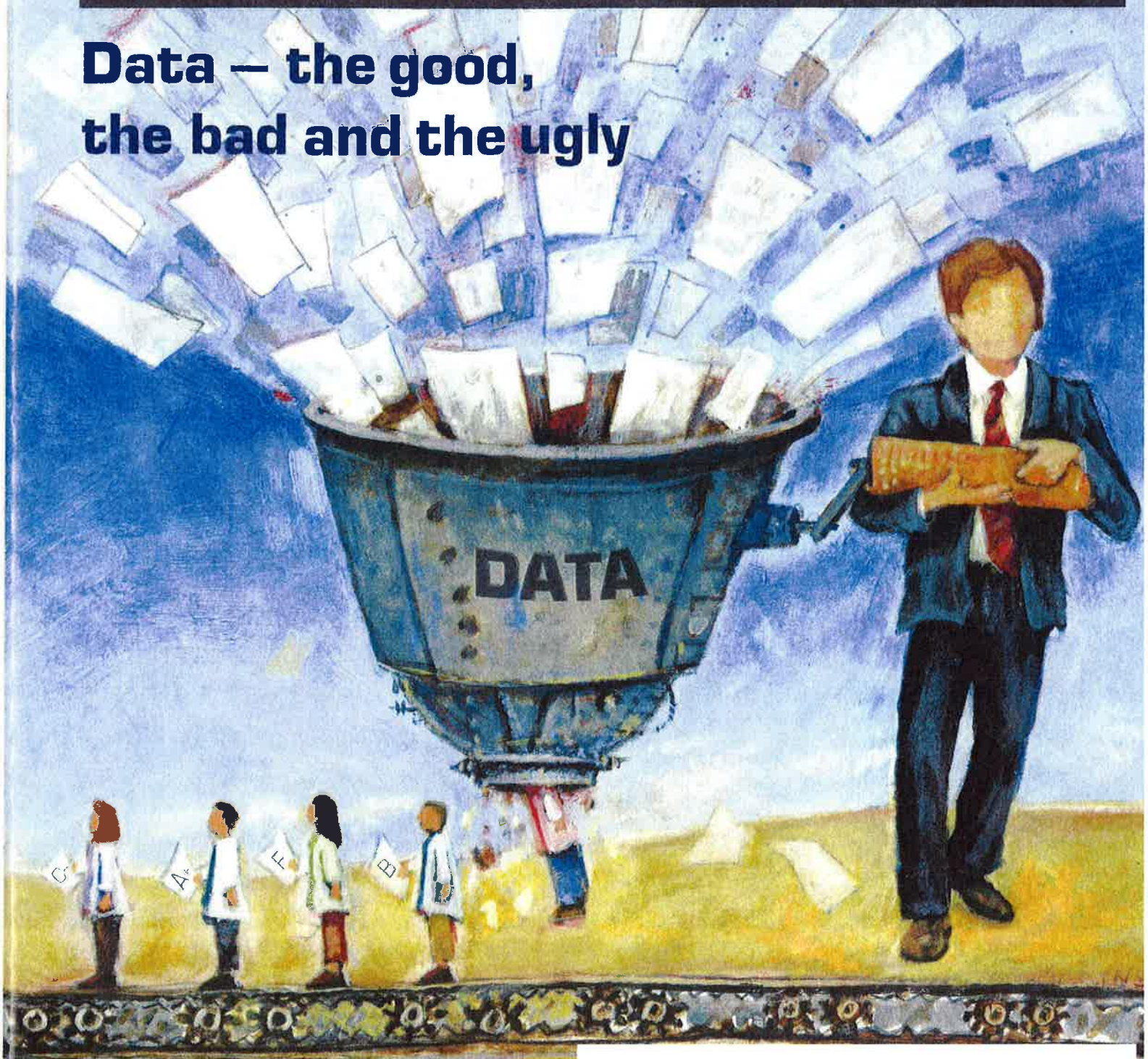
May/June 2011

MetroDoctors

THE JOURNAL OF THE TWIN CITIES MEDICAL SOCIETY

Data – the good, the bad and the ugly



Inside:

- How good and valid is our data?
- Colleague Patricia Walker, M.D., DTM&H - serving globally mobile patients
- Luminary of Twin Cities Medicine

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On the cover: Data can be used in many forms. But, how good or valid is it? Several authors describe their work. Articles begin on page 13.

Myth vs. Reality. Fact vs. Fiction

The Sunday, March 6, 2011 *Star Tribune* carried a superb article on property taxes in Minnesota, and who carries the brunt of this burden. Answer—suburban homeowners.

The article got us thinking about another major Minnesota issue, and the beliefs surrounding this program, its application and administration. That program is Medicaid. What if there was a "Voss Report" (the title of the property tax study prepared by the Minnesota Department of Revenue) for this program, the cost of which now totals $7 billion per year of federal and state monies, according to a report issued by Minnesota's major health care plans and providers?

Much in the news today are various state governmental proposals to reduce this ever-expanding category of health care expense:

- Decrease payments to physicians, long-term care facilities and hospitals
- Decrease benefits to recipients
- Increase eligibility requirements
- Decrease covered services
- Impose co-pays for some services

While any, all or some combination of these solutions might be appropriate; a detailed study of the Minnesota Medicaid Program that could answer the following questions could prove very beneficial to all of the residents of our great state—those who consume these services and those who pay for them:

- Who are these people that utilize Medicaid dollars?
- How did they become Medicaid recipients?
- Why is Minnesota's average cost per Medicaid enrollee the fourth highest in the country, even though Minnesota is 21st in population size among the 50 states?
- How are the Medicaid dollars allocated, and why do the disabled and the children get approximately $2 for every $1 received by the elderly?
- If some nursing homes have to close because of a funding shortfall, is this necessarily a bad thing?
- Are long-term care policies the answer?
- Should all of Minnesota's Medicaid population be enrolled in managed care plans?
- Is there a major role for mobile medicine and home-based primary care in the reduction of Medicaid expenditures?
- What will happen to the State of Minnesota's Medicaid program when Federal Assistance is cut?
- Can reducing and/or eliminating fraud and abuse in the State Medicaid program significantly lower its cost?
- Once people get on Medicaid, do they ever get off? In other words, has it become a permanent entitlement rather than a temporary assistance program?
- Are alternative housing and day programs a viable alternative to the use of personal care assistants?

To enact good public policy, we need to have evidence-based decision-making, a study along the lines of the "Voss Report" would certainly aid in moving our policy makers in that direction.

As Joe Friday would say: "The facts madam, just the facts!" ✦

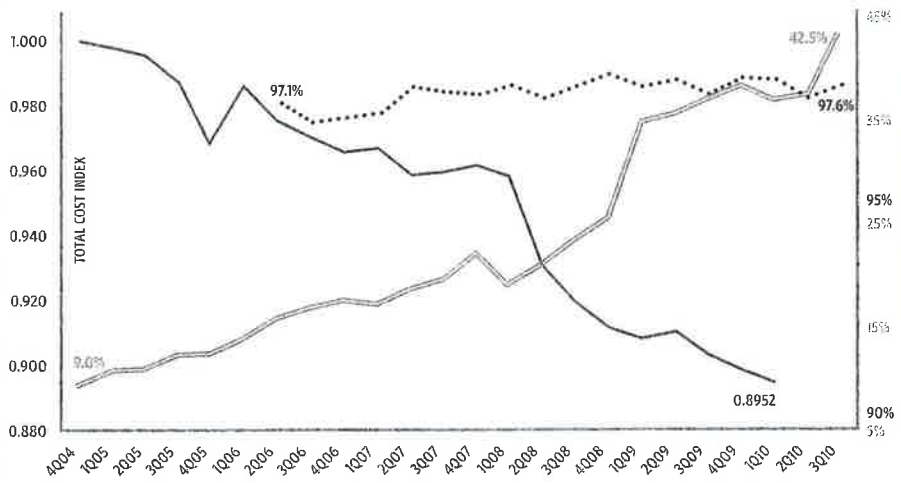
Peter R. Bartling, is a health care consultant in Plymouth, MN.

Letters to the Editor and "Your Voice" opinion pages are encouraged. Please limit your writing to 750 words and email to nbauer@metrodoctors.com.

CORRECTION:

Two lines were transposed in the chart accompanying the Minnesota and the Emerging ACO article by George Isham, M.D. in the March/April 2011 issue. This chart correctly reflects optimal diabetes control and the percent of patients who would recommend HealthPartners clinics.

TRIPLE AIM: *Health Experience Affordability HealthPartners Clinics*



Total Cost Index
(compared to statewide average)
< 1 is a better than network average

% Patients w/optimal Diabetes Control*

** controlled blood sugar, BP and cholesterol (per ICSI guideline A1c changed from <7 to <8 in 1Q09 and BP control changed from <130/80 to <140/90 in 3Q10), AND daily aspirin use, AND non-tobacco user*

% Patients "Would Recommend" HealthPartners Clinics