



ADVOCACY & BENEFITS COUNSELING FOR HEALTH

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M E M O R A N D U M

DATE: September 22, 2003

TO: Juli Kaufmann, Medical College of Wisconsin

FROM: Bobby Peterson, ABC for Health, Inc. and
Darcy Haber, Wisconsin Citizen Action

RE: RFP commentary

CC:

Introduction

ABC for Health, Inc. and Wisconsin Citizen Action appreciate the opportunity to put forth our comments and suggestions on the Medical College of Wisconsin's RFP for the use of the Blue Cross-Blue Shield funds.

Please do not hesitate to contact Bobby Peterson, if you have any questions; bobbyp@safetyweb.org or (608) 261-6939, ext. 201 or Darcy Haber at 256-1250 ext 16

THE REQUIREMENT OF FACULTY PARTNER FOR EACH AND EVERY COMMUNITY-BASED INITIATIVE IS OVERLY RESTRICTIVE.

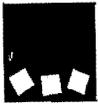
While the Insurance Commissioner's Order (ICO) gives the Consortium the responsibility to determine how to spend the public health portion of the endowment, the Consortium has interpreted the ICO very narrowly, with the





result being the partnerships program. The partnerships, as they are structured now, are *not* mandated by the ICO and are problematic for many reasons. Ultimately, we urge that that this unnecessary hurdle of required partnerships with MCW for community organizations be removed from the RFP. In the event that partnerships are determined to be appropriate or necessary for a given project, we maintain that voluntary associations will occur naturally. The minutes of the Consortium's March 13th meeting suggest that keeping the "community-based" language in the description public health community-based initiatives was a priority for the community members of the committee. We applaud this sentiment and believe that in the same vein, flatly requiring faculty involvement in all projects marginalizes the grassroots nature of many community-based projects. Rather than facilitating a partnership, the RFP as it stands now represents more of a mechanism of control over the projects and resources. It is unnecessary and a drain on the minority of conversion funds that should make their way directly into communities.

Most importantly, the 35% portion of the endowment was clearly designated by the ICO for public health, community-based initiatives, which are distinct from MCW initiatives, coming from the 65%. The ICO requires that the Public and Community Health Oversight and Advisory Committees (PCHOAC's) determine how to spend the public health portion of the endowment: "The PCHOAC has authority over the application of funds allocated for public health" (ICO, p.26). It also stipulates that this part of the endowment "Be expended for public health, [that] the allocation for public health community based initiatives is appropriate, [and that] standards for access to the funds for public health community based initiatives...are reasonable" (ICO, 26). And finally, according to the ICO, "The public health allocated percentage of the funds distributed to



the MCW may be expended *only* for public health and *public health community-based initiatives*" (ICO, 27, emphasis added).

With this in mind, it is evident from the RFP that the Consortium has interpreted these directions for the community-based public health funds very narrowly. The ICO states, "funds allocated for public health must be expended through, or in collaboration with, the Medical College of Wisconsin....funds may be expended only if the MCW approves the expenditure and carries out, or participates in some manner, in the program or project" (ICO, 27). Presumably, this direction is where the idea of the partnerships originated. However, given that the Consortium is made up of half MCW faculty and chaired by the President of the college, and that it has the power to approve each expenditure, we maintain that there is already sufficient MCW involvement. Therefore, the Consortium should strike the partnership requirement from the RFP and simultaneously remain in compliance with the above stipulation from the ICO.

Not only are partnerships not required by the ICO, they take resources away from community organizations. For example, large dollar amounts have been allocated for "Planning Grants" to foster relationships between community organizations and MCW faculty. The MCW RFP advertises between \$10,000 and \$25,000 to achieve the goal of building these relationships. Furthermore, the funding 'flowback' to the MCW in the form of salary for time spent on such partnerships from Implementation Grants is nothing short of skimming the cream off the projects and community-based organizations that badly need resources to execute projects for the uninsured. In sum, the requirement of faculty partners is a tax on public health projects, which ought to be initiated, staffed and controlled by community organizations.



Aside from all these reasons, requiring that public health community-based projects have a medical school faculty partner does not seem to be practical. One can imagine many public health projects where involvement of a faculty partner would be superfluous.. Also, the question remains of whether or not the MCW has enough faculty qualified or interested to work on such public health projects. And as it stands now, this requirement puts organizations outside of the metro Milwaukee area—without such easy access to medical school faculty—at a great disadvantage to those organizations in Milwaukee.

The idea of partnering is a good one in some cases, but not in all. If expertise is the justification, requiring community organizations to have a faculty partner is insulting to their integrity and their knowledge of the population they work with. Such requirements smack of paternalism and are downright condescending in the way it infringes on their local independence and control. However, if partnering does make sense to a community organization and to a particular faculty partner, then we would like to offer a vision for what a voluntary community-academic partnership would look like.

The language in the RFP should give a very strong role to community organizations in a community-academic partnership. After all, this portion of the funding was clearly designated by the ICO for public health community-based initiatives. The current version of the RFP does not define the role of the community organization nor the faculty partner in depth. However, the following was taken from the 5-Year Plan: “And in [other cases], the Medical College of Wisconsin may take the lead in an initiative with community input and involvement as required” (MCW Plan, 16). This allows for a scenario in which the Medical College initiates a project with money set aside for public



health *community-based* initiatives, with negligible involvement from community partners. This language needs to be changed to something like the following: "In all cases, the community organization will take the lead in planning and implementing projects involving faculty partners. Faculty partners will serve as consultants, sources of expert knowledge and means for transmitting information from the college to community partners."

For a better chance at good partnerships, the technical assistance provisions in the current draft of the RFP must be significantly revised. There are explicit directions within the Commissioner's order to provide technical assistance and support through the process of applying for funding. This should be extended throughout the process to include how to identify liaisons within the schools and more specifically, these trainings should occur throughout the state and be available both as materials on the website and be available through video and audio conferencing.

Finally, please see the attached chart for our vision of healthy partnerships.

Access

In the current draft of the RFP, there is a lack of priority placed on addressing the "Access" issue, which is a top priority in Healthiest Wisconsin 2010. As outlined at the WUHF hearing, access to care for the uninsured is an extraordinarily difficult challenge and although we do not advocate funding direct medical services for the uninsured from the endowment, we do believe there can be a systems approach to addressing the overall problem and working towards a solution. Many community-based organizations are at the front line of innovative activities to help the uninsured in their communities. Some of these models should be expanded, tested and developed further to address the problem at a more statewide and systemic level.



Review Process, Conflict of Interest

We also are very concerned about the review process for these proposals. Throughout the OAC's review process, we have been concerned about the inherent conflict of interest of having deans of both medical schools chairing these committees. The deans have a strong self-interest in preserving funding for their schools and this could manifest itself as it did in the earlier proposals including developing new buildings, library materials, etc. An independent review needs to occur that does not include persons with a conflict of interest. Proposals submitted from the medical college will be weighted more heavily merely because they are known quantities whereas community organizations that do not have affiliations with the medical school faculty will be at a significant disadvantage. We suggest that both OAC committees to set up an independent review body for the RFPs that do not include members of the OAC.

Supplanting

References to supplanting in the current draft of the RFP are not adequate. The next draft must include a detailed definition of supplanting of funds. The RFP should require applicants to provide a detailed description of other possible sources of funding and whether or not the organization has applied to those sources. The Commissioner's Order states:

"(16) SUPPLANTING OF OTHER RESOURCES PROHIBITED. The funds may not be used to supplant funds or resources that are available from other sources. The medical schools, for each proposal approved, and for each program funded, must make a written determination that the application of the funds will not supplant other resources that may be available to accomplish the same



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purpose and file the written determination with the PCHOAC." (Emphasis added).

In closing, thank you for this opportunity to respond to the RFP. Please carefully consider our concerns regarding the requirement of faculty partners, emphasis on access, conflicts of interest and supplanting. Finally, please remember that the portion of the conversion endowment governed by this RFP was designated by the ICO for public health community-based initiatives.