



A D V O C A C Y & B E N E F I T S C O U N S E L I N G F O R H E A L T H

152 W Johnson St Ste 206 ■ Madison WI 53703-2213 ■ tel 608.261.6939 ■ fax 608.261.6938 ■ email info@safetyweb.org ■ web www.safetyweb.org

February 10, 2004

Wisconsin United for Health Foundation
Attn: Chairperson Benjamin Brancel
C/o Chuck Henderson
Davis & Kuelthau, S.C.
111 East Killborn Ave. #1400
Milwaukee, WI 53202-6677

Dear Chairperson Brancel:

We offer our thanks to you and the public members of the WHUF Board for your continued diligence in overseeing the progress of the medical schools' plans for the use of the public funds from the Blue Cross Blue Shield conversion.

We understand that the Board is currently considering final approval for the UW Medical School Oversight and Advisory Committee's (OAC) spending plan and that you have held off on giving final approval to the plan until certain important questions are answered or resolved.

Unfortunately the UW Medical School is not waiting for your formal approval of the plan. Despite the fact that the plans have not been formally approved, the UW Medical School's OAC, under Dean Philip Farrell's leadership, seems to take your eventual approval for granted and has proceeded with public presentations on their Request For Partnerships. This "pre-emptive" action is a transparent attempt to pressure the WUHF board into giving final approval by whetting the public health community's appetite for funding. The Wisconsin United for Health Foundation should stand above these tactics and we encourage you to withhold your final decision on the plans until the still-unresolved discrepancies and problems with the OAC's plan are addressed.

ABC for Health staff attended the UW Medical School Oversight and Advisory Committee's training for their draft RFP on January 27, 2004 at the Alliant Energy Center here in Madison. We noted the following problems with the RFP and the application procedure.

ABC for Health Field Offices

1443 East Division, Barron WI 54812-715.537.6580
300 Polk County Plaza, Ste 10, Balsam Lake WI 54810-715.485.8500





1. The OAC has failed to answer the pivotal question of how community organizations are supposed to identify and locate academic partners within the UW Medical School.

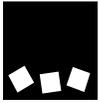
One of the questions raised by would-be community partners during the training is the same one that has been repeatedly raised by our organizations and even by community members of the OAC itself: how are community partners supposed to find academic partners with whom to start projects? During OAC meetings, this line of questioning has been continually batted aside by Dean Phil Farrell as an “exaggerated” concern. The only substantive answers given to the representatives at the January 27 presentation was that there were over one thousand Medical School faculty members – if volunteer and joint appointments were taken into account – and that a website would be made available with the names and contact information of faculty, cross-listed with their areas of interest.

Dean Farrell’s plan for small local agencies to comb through over a thousand academic faculty in search of a partner is absurd. There are several practical problems with the website approach as well. First, it represents a very passive and limited effort on the UW Medical School’s part while at the same time it puts tremendous pressure on the community partner organizations. This imbalance of labor is an odd situation in which to propose the start of a “partnership”. Second, the proposed database only includes faculty who have actively sought to be included in it in response to an email solicitation. Of the thousand-odd faculty and volunteer faculty, only slightly more than a hundred have responded.

We recommend that the WUHF board require the medical schools to take a more pro-active approach to identify and recruit community partners rather than require such organizations to leap through bureaucratic hoops in the potentially vain hope of finding a suitable academic partner.

2. The OAC will give preference to those proposals that are partnered with a full-time UW Medical School faculty member, few of whom are available outside of Madison and many of whom may not be the most appropriate partners for all projects.

On a related note, the OAC presenters said that preference would be given to partnership proposals that had “superior” academic partners; specifically, that the best partnerships would be those with a full-time Medical School faculty member as the academic partner. Second-best would be with a volunteer or



jointly appointed faculty member, and, at the bottom rung would be those with academic staff as academic partners.

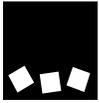
Since it was Dean Farrell who pointed to the Medical School's extensive network of volunteer and joint faculty as a solution to the problem of finding an academic partner, it seems unfair that community partners that trusted in his advice should now be punished because they may not have direct contacts with regular UW Medical School faculty. At the same time, since many of these volunteer and joint faculty have their primary appointments in such fields as nursing, social work, statistics and the like, the argument might be made that they are actually *more* qualified than regular UW Medical School faculty to be academic partners in these community public health projects. By way of an example, a professor of nursing in Eau Claire would be far better suited to assist in the implementation of a public health project than would a professor of anatomy at the Medical School.

Furthermore, giving preference to projects that have a full-time UWMS faculty member as a partner would seem to give *de facto* preference to projects in and around Madison, since it is the volunteer and affiliate faculty who are the most geographically spread out (for example, through the UW Extension).

We recommend that the WUHF board require that the medical schools be prohibited from giving priority consideration to partnership proposals solely because they include a full-time faculty member at the UWMS.

3. The OAC plans to allow community-academic partnerships with a "research focus" out of the 35% of the endowment set aside for public health projects.

OAC members opined that projects with a "research component" would be given full consideration. This statement was later refined to mean projects that produced research as a byproduct (i.e. a monograph for other organizations interested in learning about or replicating a particular project), but at the same time, the possibility was also left open for approval of projects where research was the primary focus. Given that sixty-five percent of the endowment funds are already earmarked for research purposes, it is unacceptable that the UW Medical School OAC attempt to steer additional public funds toward research. The thirty-five percent portion of the endowment funds set aside for public health should not be available for anything other than public health projects.



We recommend that the WUHF board prohibit the medical schools from permitting projects with a research focus from being funded out of the 35% public health allocation.

4. During several of our past meetings, Dean Farrell and members of the OAC rejected our definition of “supplanting” of funds in reference to their own operations, yet they have decided to use exactly that definition against community applicants.

It was stressed in the strongest language by the OAC members that grants would not be given to organizations in cases where such funding might supplant other funds that “are or might even be potentially available” (the words of OAC member Pat Remington). As you know, the UW Medical School strenuously objected to our own criticism of their plan for the use of the BCBS funding on the grounds that it violated the Insurance Commissioner’s Order (ICO) provision against supplanting of funds. ABC for Health and Wisconsin Citizen Action went to great lengths to research and point out other sources of available funding for the proposed “pre-approved initiatives” of both medical schools. To date the schools have not adequately explained why these other sources of funding are so unacceptable. Their only response was to dismiss our concerns on the grounds that “simply because funding exists doesn’t mean it is available”. The UW Medical School however, seems perfectly comfortable employing the same standard of “supplanting” against community organizations that they themselves found too restrictive for their own operations – including for their own pre-approved partnership programs such as the Center for Urban Population Health, the Wisconsin Public Health Institute, or Native American Health Research.

The employment of a strict supplanting standard when reviewing the applications of community organizations is fine, but it is hypocritical given that the UWMS has objected to the same standard as it applies to them.

We recommend that the WUHF board hold the schools accountable to the strictest definition of “supplanting” for both community-based projects and also for research funding.

In the five years since the announcement of Blue Cross Blue Shield of Wisconsin’s intention to convert to for-profit status and that the medical schools would be entrusted with the proceeds of that conversion, the UW Medical School and the Medical College of Wisconsin have not adequately demonstrated, through either their words or actions,



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an awareness that they are the guardians of a public asset rather than simply another means to gold-plate their own institutions that already consume a combined total of over 800 million dollars a year and generated a surplus of over 21 million dollars last year. The UWMS draft RFP – which they have released with the apparent expectation that the WUHF board will not raise any further concerns – is the latest example of this.

Due to our longstanding role in reviewing this process and the numerous concerns we have raised, ABC for Health and Wisconsin Citizen Action request the opportunity to present an alternative process to the WUHF board and provide public members of the board a forum to ask questions about some of our more specific concerns regarding the schools' proposals for use of these scarce public health resources.

Sincerely,

Bobby Peterson
Public Interest Attorney
ABC for Health, Inc.
(608) 261-6939, ext. 201

CC.
Governor Jim Doyle
Dane County Executive Kathleen Falk
Pat Simms, Wisconsin State Journal
Aaron Nathans, Capital Times
Joe Manning, Milwaukee Journal Sentinel