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Transparency Drives High-Value Health Care

By **Melina Kambitsi, Ph.D.**

Transparency has been a buzzword in health care for some time. But what does it really mean? At The Alliance, we've always defined transparency as putting accurate, comparable and understandable information about health care cost and quality at employers' fingertips. This enables them to share that information with employees and dependents to make informed decisions about their care.

It's also about collaborating with health care providers on how we measure their performance so that we can reward them for value instead of volume. We can't reward providers for value unless employers and consumers become active health care shoppers. And we know that won't happen unless we help employers provide actionable information and help them align incentives for employees and their families to choose high-value providers.

Many employers are using transparency as a catalyst to make real change. The Alliance can help employers review their claims and utilization data to determine trends that can



Melina Kambitsi

save money and help employees get the best care possible. For instance, one employer launched a care navigation program to encourage the use of high-value musculoskeletal providers that saved them close to \$100,000. Another provided employee education around when to use different places of service after several employees used the ER for non-emergent services. All this couldn't be done without access to their data and the analysis from The Alliance.

The Alliance also offers bundled payments as an option for outpatient services, like knee and hip replacements, and QualityPath® for inpatient services and testing. There are major

swings in costs per episode of care from one network health provider to the next, and that provides an opportunity for cost savings if employers learn to harness this information.

The Alliance member organizations spend nearly \$800 million on health care every year. Banding together to leverage this impact is one of the most effective ways to improve the value of health care. By using providers who deliver good care at a lower price, employers as health care purchasers can have a positive impact on health care cost and quality

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The Alliance (www.the-alliance.org) is an employer-owned, not-for-profit cooperative that moves health care forward by controlling costs, improving quality and engaging individuals in their health. Its more than 250 employer-members provide health benefit coverage to more than 100,000 people throughout the Midwest. 



PROVIDER NETWORK DESIGN

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It's time to climb on the bandwagon

By Sean P. Johnson

The innovators have charted a new course for health care and the early adopters are reaping the benefits.

It's funny the creativity sparked by a little drive time and some non-sequitur thoughts.

I was driving south on Interstate 41 following a late-start school day for my 6-year-old and was seeking some inspiration for this column. At first, I was careening from study to study I have been reading since Jan. 1 regarding health care and the current system's sustainability, but not really finding a good nugget to work with.

That was followed by random thoughts from a couple of meetings regarding the NOVO Health website and a subsequent thought about marketing messages, innovation and early adopters when it hit me — there is an old political adage I could use.

The quote: "Those who get on the bandwagon first get good jobs. Everyone else gets good government."

Former Gov. Huey Long often gets credit for the saying, and it does seem like something the less-than-straight-arrow Louisiana politician would say, though I can find no reference to it in collections of his quotes. But it does aptly describe a trend in health care and yes, it is a positive one.

How's that? It starts with recognizing the state of employer sponsored health care: unsustainable does not seem strong enough a word to describe it. With combined employer/employee costs topping \$20K, several major studies and research projects suggested/advocated 2020 as the year employers finally take to the offensive and demand change.

Ah, but change is hard, especially when you are talking about your employees' health care. We are still very much in the innovator and early adopter stages of the that transformation. That is where the old political serves as a model for a new reality: Those who innovate and adopt early will save money and change health care forever. Everyone else will get affordable, sustainable health care.

It doesn't have quite the same resonance, but it is so true. Indeed, one of those early adopters we have had the privilege of working with is mentioned in this month's NOVO Live (page 9). Brakebush Brothers has received a national award for its program, which includes using NOVO Health, to control health care costs.

We are seeing that innovation in other areas as well. Many of our partners have enjoyed tremendous success in both outcomes and savings through the NOVO Health Bundled Payment Program, perhaps our best known. But many of our partners are also taking advantage of onsite and near-site clinic and wellness programs to give employees even greater tools for managing their health (see this month's cover story, page 12).

As costs continue to escalate, it's time to join the innovators and early adopters and create a socially responsible and sustainable health care model. You will be healthier and your community will as well.

It's time to jump on the bandwagon.

Private insurance's costs are skyrocketing

Newton's Third Law of Motion states that for every action there is an equal and opposite reaction.

When it comes to health care and health insurance spending, the reactions are certainly equal, though it seems there is no opposite reaction.

With overall health expenditures hitting an all-time high for 2018, we are certainly seeing costs in the private health insurance market escalate in a similar manner, according to recently released federal data on health spending.

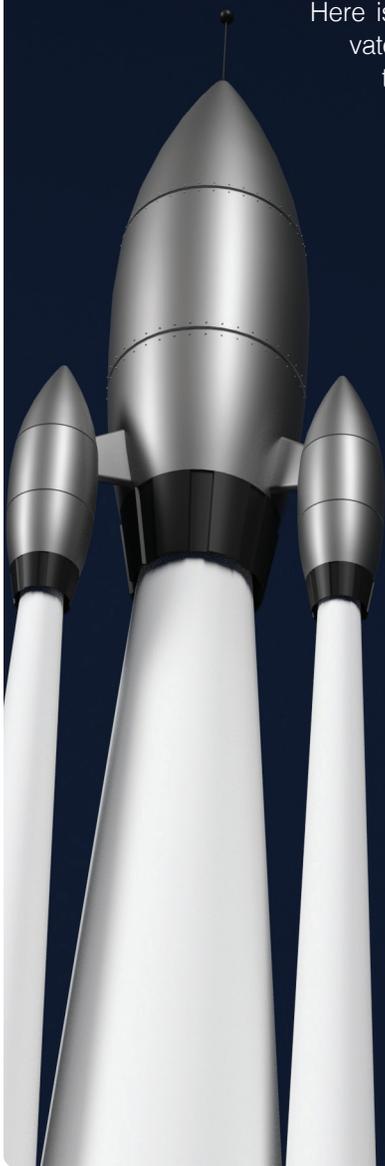
Here is a quick take: per capita spending for private insurance has grown by 52.6 percent over the last 10 years.

In contrast, per-capita spending for Medicare grew by 21.5 percent over the same period, and Medicaid 12.5 percent.

This is why the health care industry — not just insurers, but also hospitals and drug companies — is so opposed to proposals that would expand the government's purchasing power. And it's why some progressives are so determined to curb, or even eliminate, private coverage.

Private insurance generally pays higher prices for care than Medicare, which generally pays more than Medicaid.

The bottom line: The industry knows cutting government spending can only go so far. Any effort to rein in health care costs will have to confront the growth in the cost of private insurance.



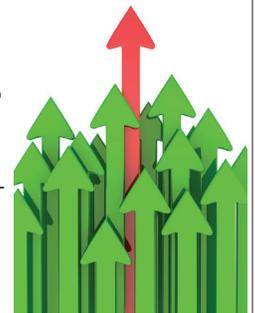
Newton's law redux

Sometimes, Newton does get it right.

When a report highlighting an increase in the pace of national health expenditures was issued, administration officials were quick to link the increases to a tax imposed by the Affordable Care Act, increased costs they said resulted in more Americans going without health coverage.

Overall national health-care spending rose to \$3.65 trillion in 2018, up 4.6 percent from 2017. The tax, an annual fee on all health insurers, is among several imposed under the law to cover ACA's estimated 10-year cost of more than \$1 trillion.

Federal officials linked the tax to a rise in the net cost of private insurance, which grew 15.3 percent last year to \$164 billion, its fastest rate of increase in 15 years.



Officials also said the tax played a role in a 6.7 percent increase in spending last year on per-enrollee private health insurance—the amount spent per person on health coverage, including premiums paid to managed care, self-insured health plans and others—which is the highest growth rate since 7.5 percent in 2004.

The levy, known as the "HIT tax," is expected to generate \$15.5 billion in 2020, according to the Internal Revenue Service. However, a package of laws passed and signed in late December repealed the tax for 2020.

Health care spending hits record highs, keeps trending higher



National health care spending hit a record \$3.6 trillion in 2018, which equates to roughly \$11,172 per person, according to an analysis from Centers for Medicare & Medicaid Services Office of the Actuary.

Seven things you should know from the analysis, which was published Dec. 17 in Health Affairs:

1. National health care spending grew 4.6 percent in 2018, slightly higher than 2017's 4.2 percent growth.
2. CMS primarily attributes this accelerated growth in spending to increases in the cost of health insurance, stemming from the reinstatement of the health insurance tax after a one-year hiatus. Spending growth was on par with 2016, when the tax was in effect, according to the report.
3. Faster growth in medical prices also contributed to spending growth. Medical prices accelerated at a rate of 2.1 percent, compared to 1.3 percent in 2017. This accelerated growth outpaced slower growth in the use and intensity of health care goods and services.
4. Hospital spending hit \$1.2 trillion in 2018, accounting for a third of overall health care spending. Growth in hospital spending stayed relatively flat from 2017-18.
5. By comparison, physician and clinical services accounted for \$725.6 billion in 2018, and retail prescription drugs accounted for \$335 billion.
6. Despite the growth in national health spending, the economy grew faster. National health spending accounted for 17.7 percent of GDP, down from 17.9 percent in 2017.
7. One million more Americans joined the ranks of uninsured for the second year in a row. There were 30.7 million uninsured people in the U.S. in 2018.

The short take: Health care is getting more expensive and there is no sign of a slowdown. Under current law, national health spending is projected to grow at an average rate of 5.5 percent per year for 2018-27 and to reach nearly \$6.0 trillion by 2027.

Calling it off

La Crosse, Wis.-based Gundersen Health System and Marshfield Clinic Health System have abandoned plans to merge into a 13-hospital rural health care network.

The two systems said they “mutually decided to remain independent” after several months of productive and collaborative discussions.



Scott Rathgaber, MD, CEO of Gundersen Health System and Susan Turney, MD, CEO of Marshfield Clinic, both said that moving forward with the merger would not be best for their patients or organizations.

“This was an opportunity we had to explore. Yet we have to make the right decision for our patients and for our organizations,” Rathgaber said. “We each still have a commitment to delivering the best care possible to those we serve.”

“Bringing two entities together of our size and scope is an incredibly complex process, and first and foremost in that process is making sure it was the best path forward for our patients, staff and communities,” Turney said. “While we mutually decided to remain independent, we will continue to execute our strategy of smart growth as we look for opportunities to ensure residents across rural Wisconsin have access to excellent health care close to home.”

Brakebush Brothers wins award for employee health care efforts



Brakebush Brothers, the Westfield-based chicken processing company, won a National Alliance of Healthcare Purchaser Coalitions 2019 Employer/Purchaser Excellence Award for its program to control employee health care costs.

Brakebush is a member of The Alliance, a Madison-based not-for-profit cooperative of 250 self-funded employers in Wisconsin, Illinois and Iowa, and an employer-partner of NOVO Health. The Alliance, a strategic payer-partner of NOVO Health, nominated Brakebush for the award.

In 2014, Brakebush launched a self-funded health benefits plan that includes an onsite health center with free primary and acute care service to all employees and dependents covered by the company's health plan. In addition, a program directs patients to high-value health care resources such as NOVO Health when deemed medically appropriate. Other services include onsite physical therapy and mammograms, at-home sleep studies and mail-order pharmacy service for high-cost medicines.

Last year, Brakebush's per-member health benefit costs were lower than in 2014, even after factoring in the cost of the onsite clinic, the company said in a statement. During the same time, employers nationwide saw an average annual cost increase that varied from 3.9 percent in 2014 to 3.6 percent in 2018, according to the Mercer U.S. National Survey of Employer-Sponsored Health Plans.

“The award shows that employers of all sizes, and any location, can make a positive impact in their fight against the rising costs of health care without government intervention, or the need to pass those costs on to its employees,” Dan Ludwig, Brakebush's director of benefits and safety, said in a statement.

Brakebush has 2,100 employees, including 1,100 in Wisconsin and 1,000 employees in Minnesota, North Carolina and Texas.

BIGGER, not necessarily BETTER

The merger and acquisition trend sweeping through the nation's hospital systems has not resulted in higher quality for patients, according to research.

Recent consolidations were often justified with arguments by involved executives that greater size would boost quality and yield other improvements. The New England Journal of Medicine looked for evidence of quality gains using four widely used measures of performance at nearly 250 hospitals acquired in deals between 2009 and 2013.

The analysis didn't find it, the study's authors told the Wall Street Journal.

“Quality didn't improve,” Harvard University research associate Nancy Beaulieu, lead author of the study, said in an interview with WSJ.

The NEJM study is one of the first large-scale efforts to examine whether the mergers deliver the promised benefits to offset the higher prices associated with the sector's consolidation.

The American Hospital Association disputed the new findings with a statement citing its own sponsored research conducted by Charles River Associates showing improvements.

There were 90 hospital mergers announced in 2018, down from 117 transactions the prior year, but up 80 percent from 50 announced deals in 2009, according to data from Kaufman Hall, a health-care consulting firm.

Prior studies have found higher prices follow mergers. Prices increased 6 percent after nearby hospitals merged, according to one analysis published by the Quarterly Journal of Economics in 2018.

In the latest study, researchers looked at four measures of performance collected by the Centers for Medicare and Medicaid Services: patient satisfaction; deaths within a month of entering the hospital; return trips to the hospital within a month of leaving; and how often some heart, pneumonia and surgery patients got recommended care.



Teaming up for better health

Physician Assistant Laura Lundgren supports and educates her patients on their path to good health

By Scott Hutchinson



Many of us have seen mid-level or advanced practice providers, either a physician assistant (PA) or a nurse practitioner (APNP), at various points in our lives. PA Laura Lundgren admits there are times when she enters the exam room and catches an apprehensive glance from the patient, who may or may not hide the fact that they were “expecting a doctor.”

“I just use it as an opportunity to explain our roles,” said Lundgren.

Plenty of people aren’t sure what a physician assistant is.

That’s okay. When Laura Lundgren began her college career at Marquette University, she wasn’t sure either.

“My freshman year roommate was going to an info session about the school’s Physician Assistant Studies program and she asked me to tag along,” said Lundgren. “After the presentation, I knew it was exactly what I wanted to do.”

Lundgren applied to the PA program at Marquette, which currently accepts only 55 students per year, and she was on her way. (According to a recent survey of the Marquette PA program, the class of 2018 had a 100% job placement rate.)

So, what is a PA? According to the American Academy of Physician Assistants, PA’s are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient’s principal health care provider. And with thousands of hours of medical training, PAs are both versatile and collaborative.

After earning her undergraduate degree, Lundgren completed Master’s level training and embarked on a year of rotations in different specialties: internal medicine, family practice, pediatrics, OB-GYN, general surgery and orthopedics.

Lundgren now has more than a decade’s worth of experience as a PA. She’s worked in urgent care, neurosurgery and orthopedics, joining Dr. Kenneth Schaufelberger’s team at the Orthopedic & Sports Institute in 2018.

Lundgren admits she’s drawn to specialties, like orthopedics, that highlight an educational component.

“I really love educating patients,” she said. “I have such an opportunity to teach my patients about the issues they are dealing with and the best treatment options available to them.”

Another passion of Lundgren’s is surgery.

“I love being part of the surgical team,” Lundgren said. “You’re a part of a change, a plan, addressing something that needs to be fixed. I like being able to see the end result of that.”

Lundgren feels fortunate to be working with Schaufelberger, the fellowship-trained orthopedic surgeon.

“Dr. Schaufelberger told me I should be more than just an extension of him,” said Lundgren. “From the start he has encouraged me to bring my skill set to the table and think independently, while continuing to collaborate on our patients’ care.”

The surgeon and the PA provide a formidable one-two punch for their orthopedic patients at OSI.

“Patients need to build a relationship with the surgeon,” said Lundgren. “I feel like I am the bonus part: Often I get to spend a little more time with patients and help them unpack something they might not fully understand.”



Role in surgery:

“I’m an extra set of hands and eyes, and I know what is needed next so things run smoothly.”

An outdoor family:

“My husband and I just got the kids snowshoes for Christmas, but where’s the snow to try them out?”

Advice for someone entering the profession:

“Be a sponge, and never be afraid to admit you don’t know something.”

Key to communicating with patients:

“Taking time to listen.”

If you weren’t a PA:

“Yoga teacher, or a travel writer.”

Last good non-medical book you read:

The Silent Patient by Alex Michaelides.

Last movie you, your husband, and three children sat down to watch:

Swiss Family Robinson





*Detective Lieutenant
Bob Kussow at SPPD's
on-site gym.*

Story by
Scott Hutchinson

Photography by
Alan Kolbeck

Stevens Point Police Department leads the way in officer health

Despite everything, you don't want to be there. It starts with a sincere handshake, an offer of a cup of coffee, a docent's tour of thought-provoking artwork adorning the walls, and a friendly request to "make yourself comfortable."

Fat chance. You're in the Police Chief's office. And you didn't do nuthin'.

All that said, Chief Marty Skibba is a cordial host who has created a welcoming space. Speaking in quiet, measured tones, the articulate Skibba holds forth on a topic dear to his heart: the health and wellness of every officer under his command in the Stevens Point Police Department.

"As cops, we aren't always the best at taking care of ourselves," he said. "We tend to look outward, focusing on what's coming towards us, a lot of which is pretty tough stuff. That's the job, and it's what you do."

Skibba sits for an hour, doing most of the talking because that's why we're here, to learn about the steps his department is taking to turn a little bit of that focus inwards, so the men and women tasked with keeping a community safe can be at their best.

Because when we need a cop, perhaps during one of life's most challenging moments, they need to be at their best, because we just might not be.

While the incessant cliché of cops eyeing up a box of donuts within easy reach may never go away, think of this: most sedentary jobs don't include the necessity

of being able to go from a seated position to top speed in order to respond to an emergency situation that puts both body and psyche at risk.

Such stressors are not an employee norm.

And cops see a lot of things we don't necessarily — or ever — want to see, not to mention deal with on a daily basis. Yet every officer, without exception, understands that witnessing trauma and devastation comes with the job.

Historically, law enforcement's unwritten guideline for dealing with job stress was to suck it up and move on. The limitations of that mantra have long been known, but it takes time to move a needle and change a culture. That's the goal of the SPPD wellness program.

"No matter how challenging your day is today, you need to come back tomorrow and confront that day."

And while he's quick to point out the resolute efforts of previous department members that laid the groundwork for the program as it exists today, Skibba's unrelenting advocacy for the squad's physical and mental well-being is noteworthy.

Additionally, there's a giant stuffed elephant draped over the couch in his office, the plush embodiment of the Chief's desire to always acknowledge the difficult, the painful, even the horrific, and let such things breathe.

"No matter how challenging your day is today, you need to come back tomorrow and confront that day," he says.



Now there’s a mantra with immense potential for law enforcement, a group as strong and tight as they come.

Enter Advanced Physical Therapy & Sports Medicine’s Traci Tauferner, the long-time coordinator of the Department’s wellness program, who joins the discussion.

“This Department is definitely strong and tight, but it needs to be strong and flexible,” quips Tauferner.

Coming from an athletic trainer, the statement undoubtedly refers to the value of muscle pliability, but it also does double duty. Cops are not the easiest group in which to insert oneself, and that kind of inflexibility is exactly what Tauferner had to overcome to establish the program. Only with trust could there be acceptance, relevancy, success.

She would need to convince a decidedly insular group — the thin blue line — that she was on their side.

To get a sense of the current state of the SPPD officer wellness program, just follow Tauferner to her office.

It’s a long journey, but not because the office is located in a far corner of the facility away from any serious foot traffic. That was in the old days. The trek to her office is actually quite short, as it sits smack dab in the center of the stationhouse.

It takes a while because there is a conversation between Tauferner and EVERY member of the department she bumps into, and that is no small number on this Wisconsin winter morning.

Tauferner’s experience working with tactical groups — police, firefighters, paramedics — puts her in the unique

position of understanding the challenges these groups face as well as being able to do something about them. Every wellness program must be tailored to a group’s needs and, just as important, budget. At SPPD, the initial program was based primarily around fitness assessments that provide indicators for potential physical issues.

These assessments proved crucial in a number of ways:

- Provide data. It’s one thing to have an idea that a group of officers might benefit from better fitness routines and habits. It’s quite another to have quantitative measures for every individual that can be used to predict and mitigate injury risk.
- Create a different mindset. Implementing a workplace wellness program can help shift attitudes and get officers to recognize the importance of self-care.
- Start a conversation. A group admittedly weak at caring for itself, cops need to be healthy in order to perform essential tasks and meet citizen expectations. Having an onsite, consistent support presence increases opportunities to get physical and emotional challenges out in the open and addressed.

The success with fitness testing led to program enhancements such as onsite rehab. Tauferner’s bread and butter are strength and conditioning interventions, which she provides to officers on an as-needed basis. Could be an officer experiencing a hitch in their giddy-up, or someone who needs help rehabbing after surgery. Perhaps it’s an ergonomic issue, where a computer

needs to be moved or a chair requires an adjustment to provide relief.

Such visits often begin with the hope that a nagging pain can be addressed. This opens the door, providing an opportunity to broach other issues and bring them to light.

If Tauferner gets the call to work on a tight quad with ultrasound, cupping or instrument assisted soft tissue mobilizations, she knows this is the perfect time to make a few inquiries. And if that call isn't made, officers still have required fitness testing three times a year.

"Many of the officers don't see their primary care physician, so three times a year I am able to check in on their health, their blood pressure, their heart rate, their flexibility," says Tauferner. "It's an opportunity to start a conversation and suggest some help."

To emphasize the point, Tauferner relates the story of a firefighter complaining of heartburn. No biggie he says, and he's ready to shrug it off. Tauferner tells him to sit down so she can take his blood pressure. It measures 180/110.

"I suggest you go to the ER right now," says Tauferner.

Turned out the officer was having a heart attack and had arterial blockage in the left anterior descending artery commonly known by another name: "the widemaker." Following a flight for life, open heart surgery was immediately performed.

The officer frequently thanks Tauferner for her life-saving abilities; she points to the flight crew and hospital staff who provided care. Though minimizing her role in the outcome, she is a serious advocate for the testing she performs.

"He had symptoms that were questionable, and the assessment confirmed it," says Tauferner.

And it all starts with a conversation.

She spots an approaching figure, laughs.

"That's the belt guy I was telling you about," she says, loud enough for Detective Lieutenant Bob Kussow to hear. "He's put on some weight."

Time to start another conversation.

In charge of the detective bureau, Bob Kussow oversees the work of SPPD detectives: two narcotics detectives, a white-collar crime detective, a general investigator and a sensitive crimes detective. Starting at SPPD as a patrol officer, Kussow would later work in sensitive crimes, then as a school resource officer, back to patrol as a supervisor, and from there in administration in charge of training, auxiliary and K-9.

"Yeah, I met Traci when she first started a weight loss competition here. That first year I actually kept adding holes to my belt because I was losing weight pretty good," says Kussow. "Had a bit of a setback this year."

Prior to his "setback," Kussow made some changes: improved eating habits (subject to change), the addition of cardio to workouts consisting mainly of lifting, running a few 5Ks, the adoption of a more open mindset ("I gotta do something about this").

And he stuck with those changes for the most part, until an injury last year. A member of the Department's SWAT team for 18 years, Kussow was no stranger to the yearly training drills done with other law enforcement agencies at Fort McCoy. As he was looking to



Stretching during briefings is a daily occurrence at SPPD.

transition out of SWAT, the 2019 training session was to be Kussow's last.

He made sure of that with a single jump.

The two-day session starts with an obstacle course, one Kussow had conquered many times before. You can see where this is headed.

"Of all the equipment we did, walls we scaled, all that stuff, this was a four-foot wall that you jump over and land in a ditch on the other side. The easiest thing, really," he says.

Kussow stuck the landing and tore the meniscus right off the bone. He'd continue the course, which ended with a long stretch of monkey bars and a significant drop. His compatriots knew Kussow was hurting and were there to help him finish the course.

Following surgery to reattach the meniscus to his right knee, it was six weeks before Kussow could put any pressure on it. He then began seeing a physical therapist three times a week, and Tauferner worked with him on the other two days upon his return to SPPD for modified duty.

Goal number one for Tauferner was to help Kussow get back range of motion. Working in concert with Kussow's surgeon, Tauferner pushed him to get back to where he needed to be. Tauferner was, in the words of Kussow, pretty tough.

Credit her military background. Or her vast knowledge of strength and conditioning interventions. Either way, Kussow was getting back to full strength.

At the time of his interview, Kussow was almost 21

"I appreciated how a trainer could help an athlete like me get back to what I loved to do."

weeks out from surgery and way ahead of schedule. Tauferner put Kussow through testing he had to pass before he was cleared to return to full duty, tests which included lifting weights, running and jumping fences.

He finds himself in a good spot now, and he credits the support system that SPPD has in place.

"You can tell that the physical and mental health of the squad is very important to the Chief," says Kussow. "And in order to have good mental health, you have to have good physical health."

Just down the hallway from Tauferner's office is a well-equipped gym providing easy access to treadmills, weights and other workout equipment — mostly donated — for officers to use before or after shifts as needed, to get the adrenaline out after a tough day.

Another program enhancement, and another opportunity, to change the culture.



"When we don't include stretching in our routine," says Kussow (far left), "we actually miss it."

When starting a program, initial conversations about wellness tend to be broad in scope. Chief Skibba has been around long enough to see the trajectory of the program at SPPD and how those conversations have changed.

"We might have begun with a general notion of getting officers in better shape, say, how many push-ups or sit-ups can you do?" says Skibba. "But with Traci's help and fresh set of eyes, we were on a track to take things to the next level."

That means bringing relevancy to testing by looking at job requirements. Instead of a test that simply measures running speed, you measure the length of your high school to find out how far an officer would need to run in order to clear a school. Instead of a simple climbing test, you find the city ordinances that specify how high the fences are that officers must be able to climb. And you factor in the amount of gear that is worn.

"Now we have testing that is relevant to what our community expects officers to be able to do," says Skibba.

Tauferner speaks to the trajectory of the fitness testing as well, the initial focus of which was the Functional Fitness assessment, which tests body composition, waist circumference, functional movement, and cardio.

In the early stages, Tauferner conducted the assessment four times per year, and there were a lot of below average scores on the exams, which indicated a need for improved levels of fitness. Over the course of the program scores have improved significantly,

so much so that Tauferner recommended reducing the number of times per year the test was given. With the betterment of scores, new questions arise: Are we satisfied with where we're at? What steps can we take to get to the next level of improvement? Are there other factors we need to consider?

With SPPD, Tauferner also utilizes a Functional Movement Screen (FMS), a test first widely used in the military to assess basic body movements to ensure service members would be able to perform assigned military duties. A test with obvious crossover capabilities for other tactical groups, FMS identifies strong predictors of future injury risk — deficiencies in balance, core stability, flexibility, and mobility — through a series of specific movements.

Used in concert with physical fitness testing, the FMS is key to developing appropriate and effective injury prevention programs, Tauferner said.



Tauferner's office at SPPD can be a high traffic area. Here she provides Kussow with ultrasound.

The relationship between Tauferner and the SPPD that began a decade ago set the stage for a more comprehensive program that would better meet the needs of a growing community with the concerns that affect cities across the country regardless of size.

Police departments are addressing an ever-growing number of issues. Coupled with the expectation of digital world response times, this equates to increasing responsibility and greater workloads, underscoring the importance of keeping injuries to a minimum and quickly and safely returning those injured to their posts.

To meet those needs, the SPPD officer wellness program includes the following:

- Early access to care for injured officers

- Onsite rehabilitation
- Strength & conditioning coaching
- Return to work testing for injured officers
- Post-offer employment testing (POET)
- Fitness center for workouts prior to or following shifts
- Daily voluntary stretching program
- Access to orthopedic services within 48 hours

Tauferner stresses the importance of each program component to act as a touchstone with Department members, as well as to contribute to a culture of wellness. It's this mindset that continues to drive the program, putting the Department in the position of knowing exactly when an officer is ready to take care of the community in whatever fashion is needed.

As with anything funded by tax dollars, you better be able to show a return on your investment. Skibba is confident the Department is being fiscally responsible with the wellness program.

Nonetheless, some will ask why such a program is necessary.

While corporate health and wellness programs are common practice in businesses, the same is not the case in the law enforcement world, where such support is crucial. Yet across the country, many police departments are resistant to such trends.

In many cases, decision-makers need to spearhead such initiatives. Skibba asserts there has been a long history of such leadership at SPPD. He feels the program is well-established and has momentum.

He adds another item of note.

"Job injuries have gone down considerably," Skibba said. "The savings from that perspective alone are considerable."

Skibba credits Tauferner with elevating the program to where it is now, and Kussow agrees.

"Traci has been the inspiration to get the Department on a healthier track," Kussow said.

Tauferner is back in the hallway, engaging with her team, trading barbs, asking *what's up*, offering the highly sought after *let's see what we can do*, getting to as many officers as she can. She moves quickly; time is of the essence.

"It's important to not waste time, because every minute I spend with an officer, that's less time for them on the road," she said. "Taxpayers are paying for all of our services, so we need to be mindful of how we can make those dollars go the furthest and be put to the best use." **N**

A proud NOVO Health Partner, Advanced Physical Therapy & Sports Medicine specializes in onsite therapy services, injury prevention, job site analysis and first aid to decrease OSHA recordables.

Form versus function

Functionality often overlooked in the perception of plastic surgery

“We don’t just make Barbie dolls”



By Sean P. Johnson

One of Dr. Todd Van Ye’s most powerful testimonials highlighting the health aspects of plastic surgery didn’t even require him to don a surgical gown.

In fact, he never even entered the operating room.

“I remember I was on the physician panel for a NOVO Health conference and was speaking about the importance of taking care of your skin,” Van Ye said. “A while later I received a note that said ‘Don’t ever think plastic surgeons don’t save lives. Because of your talk I had something on my leg looked at and it turned out to be melanoma. I had it removed and, fortunately, I am cured now.’”

In an era when the practice is defined in the public arena by the size and shape of certain body parts, the functionality of helping patients recover and keep their health is easy to overlook. Yet, it is one of the primary functions of plastic surgery, a function of which Van Ye is a passionate advocate.

It’s a constant battle to overcome the Hollywood perceptions and myths challenging the work Van Ye and his colleagues perform on a daily basis.

“What we do is focus on the form AND the function,” Van Ye said. “That includes much of the reconstructive work we do, which could be cancer to breast reconstruction to wound care. What we do is work with the soft tissues to restore the function and then the form.”

While popular perceptions might link the emergence of plastic surgery to the recent era, it is actually quite an old practice in medicine, with roots tracing back to India and a physician known as Sushruta who documented his procedures for using skin grafts to repair wounds and for a very early version of a nose reconstruction.

Plastic surgery truly established itself in the early part of the 20th century in repairing the horrific damage done to human bodies on the battlefields of World War I. Practitioners had to restore both the function and the form of the human body following the clash of 19th century military tactics and 20th century, industrialized weapons.

So what does Van Ye mean by functional?

Certainly, he starts by mentioning wound care, but other procedures he regularly performs that are focused on function and better health more than aesthetics include:

- Breast reduction. Many women suffer years of pain, discomfort, medication and work attendance issues before they seek the procedure to reduce the size of breasts that are too big for their body type.
- Septoplasty rhinoplasty. Restoring normal and unobstructed breathing is the primary function of this procedure. Yes, it can also address the appearance of the nose, but making it easy to breath should never take a back seat.

- Eye lid surgery. Not always covered by insurance, but a critical procedure for many who find their vision obstructed by heavy and oversized eyelids. “Not bumping your head while on the job or being able to drive and see things before turning are pretty functional improvements,” Van Ye said.

Correcting birth defects or genetic anomalies. While it definitely creates a cosmetic improvement, it corrects a functional problem and truly improves lives.

“Breast reductions have a huge functional component and are probably the number one procedure I perform in terms of 100 percent patient satisfaction,” Van Ye said. “It really changes their quality of life.”

As recently as 2018, there were nearly 6 million plastic surgery procedures performed in the United States where the primary objective was to improve function and the quality of life, according to the American Society of Plastic Surgeons (ASPS).

“Plastic surgery is more than just cosmetic procedures. (More than) 80 percent of ASPS member surgeons perform reconstructive plastic surgery, including the treatment of abnormal structures of the body caused by trauma, infection, tumors, disease, congenital defects or developmental abnormalities,” according to ASPS documents. “These procedures are generally performed to improve function.”

Nationally, the top reconstructive procedures include tumor removal, laceration repair and maxillofacial surgery.

In comparison, plastic surgeons perform about 1.8 million cosmetic surgical procedures. Non-surgical procedures such as micro abrasion or laser hair removal dwarf both the surgical categories, with about 16 million performed in 2018, according to ASPS data.

Not that aesthetics should ever be discounted. Both ASPS and Van Ye note the importance of cosmetic procedures on the psyche of patients, an important aspect of overall mental and physical health.

But just as important is overcoming the perception that plastic surgery is all about looks, not treating disease and improving patients’ lives.

“So the function has been missed in recent years,” Van Ye said. “There is often a blending — perhaps one of the end results is your stomach looks better in a swimsuit, but I got there because I was reconstructing something and correcting a problem.”

Todd M. Van Ye, MD is founder and medical director of The Center for Aesthetics and Plastic Surgery. He is a board-certified plastic surgeon, fully trained in general surgery, and has been practicing since 1997. The Center is part of the NOVO provider panel and offers bundled procedures including upper eyelid surgery, breast cancer reconstruction and breast reduction. [N](#)



New @NOVO

By Sean P. Johnson

Heart & Vascular Institute of Wisconsin joins NOVO's Direct Medical Market provider panel

Strategic addition improves access to specialized providers and diagnostics for heart care

Please pardon Heart and Vascular Institute of Wisconsin if they are a bit boisterous.

When it comes to treating heart and circulatory diseases — known commonly as silent killers — a little noise can go a long way. Especially when it comes to creating convenient and affordable access to the specialists and technology available to patients at HVI of Wisconsin.

“From your neck to your toes, we have someone who specializes in that,” said Larry Sobal, CEO of HVI of Wisconsin. “We have the premier practice in Wisconsin. We have an array of board-certified physicians who are specialists in what they do. We have specialized staff and we have invested in the



latest technology and staffing to provide high-quality care that's affordable and accessible."

Employers participating in the NOVO Health Direct Medical Market Bundled Payment Program can access HVI of Wisconsin as of Jan. 1 depending on the design of their benefits plan.

"Heart & Vascular institute believes in our mission of providing greater access and affordability when it comes to health care," Curt Kubiak, CEO of NOVO Health, said. "They will be a great partner in building a new model for health care that is sustainable and socially responsible."

For the team at HVIW, there is no time like the present. They note that many people don't even know the tell-tale signs of heart disease and could be much closer to a major — and certainly expensive — episode of care. The first bundles offered through NOVO's Bundled Payment Program are for diagnostics, including EKG's and treadmill stress tests.

"If we can catch the signs early, we can keep people out of the ER and out of the cath lab," Sobal said. "A \$5 a month statin drug and lifestyle changes are better alternatives."

Established more than 50 years ago, HVIW will expand the cardiology services available from the NOVO provider panel.

The providers at HVIW returned to private practice in early 2019 and recently opened a new facility in Appleton where they offer diagnostic, lab and most of the other cardiac services provided by the practice. They have invested heavily in the newest diagnostic tools as well as specialized staff to operate and read the results, producing better outcomes.

HVIW also has several clinic locations around the region and works with employers to provide diagnostics and treatments at on-site clinic locations.

"Because of our practice size and our high volume, we have experienced physicians who are the experts. This isn't one procedure they do once in a while," Sobal said. "All we do is hearts."

New Providers

Aspen Orthopedic Specialists and Bluemound Surgery Center, Ltd. began participating in NOVO's Bundled Payment Program beginning Jan. 1.

These providers add convenient access for employer partners in the greater Milwaukee area and southeast Wisconsin. Availability is dependent on company plan design and networks.

Aspen Orthopedic Specialists offers advanced treatment options for orthopedic injuries and conditions, including the diagnosis, treatment, and rehabilitation of disorders of spine, muscles, joints, bones, peripheral nerves, ligaments and tendons.

The Bluemound Cosmetic Surgery Center is an advanced cosmetic surgery center located in Waukesha, Wis. It is accredited by the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF), and was designed and built according to rigorous national requirements.

New Bundles

NOVO Health's bundled payment program now covers more than 100 procedures. The bundled payment program provides a single price-point for an episode of care covering both the provider and facility charges. A single bill is issued for the entire episode of care.

New bundles available to patients for episodes of care beginning Jan. 1:

- Carotid Artery Ultrasound
- Echocardiogram
- EKG
- Event Monitor
- Holter Monitor
- Mobile Cardiac Telemetry Monitoring
- Treadmill (Stress Test)



The Problem of Surprise Medical Bills & How to Fix It

One of the most frustrating things for consumers of health-care is the surprise medical bill. This is generally a bill that takes months to process before the consumer sees it.

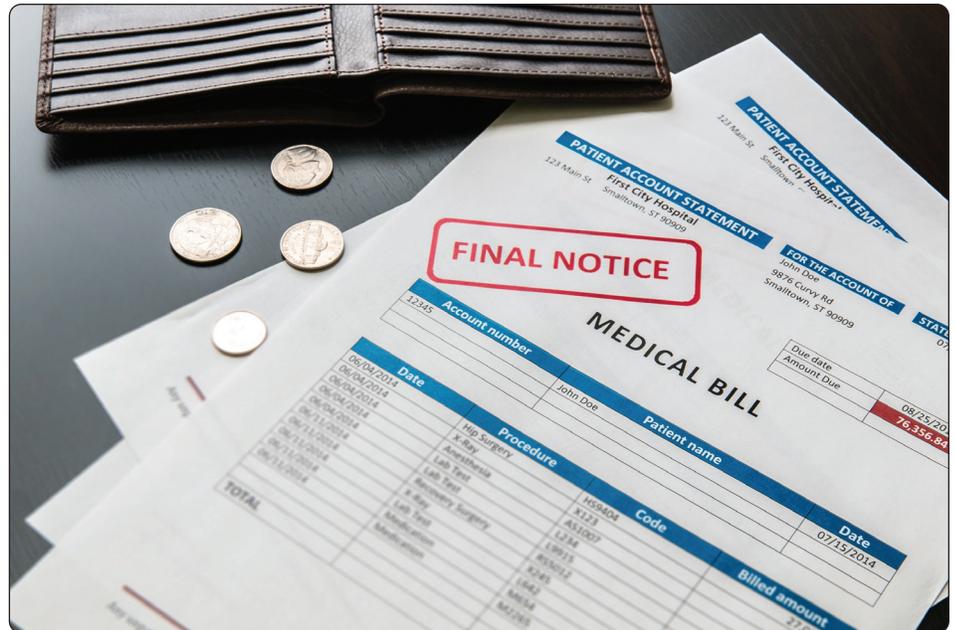
Moreover, there remains a lack of cost transparency throughout the healthcare system, leaving consumers in the dark. By the time the healthcare consumer receives that surprise bill, he or she has forgotten the details of the service and thinks all bills have been resolved, making the cost an unexpected burden.

The root of the problem

As an industry, we need to accept the reality that the surprise medical bill issue is complicated by the fact that an entity that someone may go to for medical care doesn't supply all bills to the consumer.

Hospitals have multiple departments, physician groups, and other entities that complete their own insurance claims and billing processes outside of the hospital. But this is much broader than a hospital system on its own island trying to solve the problem. The fact that bills can be generated from multiple locations makes the healthcare billing process more of an ecosystem than a single entity.

Regardless, there is no current widely available solution to this problem, even with the use of transparency tools and the like. Someone must take up the cause of communicating with the consumer truthfully and in a timely manner. We must also consider how traditional employer insurance holders get billed, how the payer or insurer level handles claims, and how those



people not utilizing traditional insurance can be helped.

A proposed solution

A possible solution could be to create, as an industry, a billing mechanism that the consumer is familiar with: a credit card-like experience where billings are brought together in one statement, and consumers can easily understand how and why they owe money.

This also allows healthcare providers who are independent from one another, the option of singular, aggregated billing to consumers. This gives consumers the ability to see which entities have provided services, how those claims have been processed through insurance, and the total amount owed for all services in a single billing statement.

Health Payment Systems (HPS) has provided an example of this concept within the Wisconsin provider network that we have created. We pay patient claims directly to the provider, aggregate all monthly medical charges for an individual or family in a simple bill, and provide easy payment options for the consumer. Average hospitals collect 50-60% of what they are owed; we collect over 85%. That extra 30%

translates into millions of dollars over the course of a year.

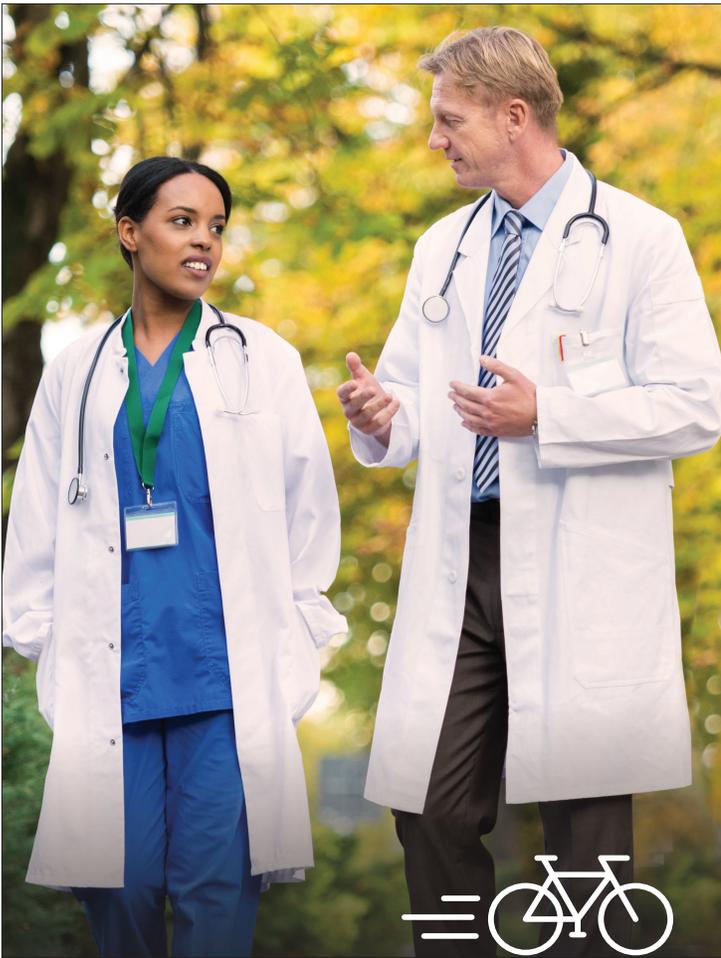
Next steps for the health-care community

It is essential that the healthcare community creates an engaging and user-friendly way to create aggregate bills for consumers to eliminate the surprise medical bill phenomenon. The industry needs teams who can advocate for the consumers while working to increase the percentage of bills getting paid.



the clear solution to healthcare confusion

*HPS is a Milwaukee-based health care technology and services organization offering solutions to enhance the consumer billing and payments experience, while driving value to health care providers, health insurance companies and employers. HPS' patented solutions include its comprehensive independent provider network in Wisconsin and a single consolidated statement of medical services for patients. **N***



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