


**COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION**

DATE: July 6th, 2011

TO: Supervisor Peggy Romo-West, Chair, Committee on Health and Human Needs

FROM:  Maria Ledger, Interim Executive Director, Department of Family Care

SUBJECT: Informational report on Parkinson Research Institute-Aurora Health Care:
Early Onset Parkinson Disease Study

I respectfully request that the attached informational report be scheduled for consideration by the Committee on Health and Human Needs at its meeting on July 20, 2010.

The attached proposal summary submitted to the Milwaukee County Department Family of Family Care (MCDFC) by Thomas Fritsch, PhD, Director of the Parkinson Research Institute Aurora Sinai Medical Center (PRI), describes a study to be conducted by PRI to commence in the Fall of 2011 with all study-related activity to be completed not later than December 31, 2013. PRI requests MCDFC funding for this study in the amount of \$19,300.

MCDFC is responsible for authorization and payment for all long-term care services in the Family Care benefit package for all enrolled members. The MCDFC Interim Executive Director has determined that the proposed study will benefit MCDFC and residents of Milwaukee County who are or may, in the future, be diagnosed with Parkinson Disease. Early identification of services typically needed to support individuals with Parkinson Disease utilizing community-based alternatives to institutional care will provide more cost-effective services.

MCDFC will enter into a Professional Services Contract with PRI, a not-for-profit research organization, commencing September 1, 2011 with all deliverables due and received on or before December 31, 2013. MCDFC will seek review and approval of the contract from Milwaukee County Corporation Counsel, Risk Management and Community Business Development Program prior to execution.

The maximum amount (\$19,300.00) to be expended under this contract is less than \$50,000.00 and therefore within the authority of the Department head without need for County Board approval in accordance with Milwaukee County Ordinance s. 56.30 (4)(b)(1) provided monies are available in the appropriate budget account. MCDFC has

established, and has sufficient funds in, an account for non-recurring Professional Services contracts that will be used for this contract.

If you have questions concerning the proposed professional services contract between MCDFC and PRI, please contact Maria Ledger at 287-7610.

Attachment

Cc: County Executive Chris Abele
Chairman Lee Holloway, County Board
George Aldrich, Chief of Staff, Office of the County Executive
Terry Cooley, Chief of Staff, County Board
Patrick Farley, Director, DAS
Toni Bailey-Thomas, Fiscal & Management Analyst, DAS
Steve Cady, Analyst, County Board Staff
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff
Jim Hodson, Chief Financial Officer, MCDFC

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 7/5/11

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Professional Services Contract - Parkinson's Research Institute Aurora Sinai Medical Center

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	19,300	0
	Revenue		
	Net Cost	19,300	0
Capital Improvement Budget	Expenditure	0	0
	Revenue		
	Net Cost	0	0

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
 - B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
 - C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
 - D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
-
- A. The request asks for authorization for the Milwaukee County Department of Family Care (MCDFC) to contract for a comprehensive needs-assessment study of individuals with early-onset Parkinson's Disease (EOPD) with the Parkinson's Research Institute Aurora Sinai Medical Institute. MCDFC upon completion of the study would have newly developed support structures for EOPD members.
 - B. The request will provide authorization to contract for services for the 2011 operating budget. There is no direct impact because the MCDFC current year operating budget has the funds available to contract for this study.
 - C. There will be no budgetary impact on the current year (2011) operating budget. Funds are available.
 - D. MCDFC in collaborating with the Parkinson's Research Institute Aurora Sinai Medical Center will be part of a study that will be shared nationally as well as MCDFC will receive new information on new support structures for EOPD members.

Department/Prepared By MCDFC - Jim Hodson

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.



PARKINSON
RESEARCH INSTITUTE

Global Collaborations to Seek a Cure



Aurora Health Care®

Early-onset Parkinson Disease:

Facing a Significant Health Problem in Milwaukee County

A Proposal Submitted to the Milwaukee County Department of Family Care

Thomas Fritsch, Ph.D.

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Aurora Sinai Medical Center

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Early-onset Parkinson Disease: Facing a Significant Health Problem in Milwaukee County

Summary statement: Those with early-onset Parkinson disease (EOPD) face a myriad of devastating health- and psychosocial-related problems, but these needs have not been systematically studied. We seek to fill this knowledge gap in an effort to develop community-based support structures for EOPD patients. Our ultimate goals are to: (1) be *directly responsive* to the needs of EOPD patients; (2) *improve care* and *reduce costs* to the medical care system and MKE County; (3) *improve the quality of life* of afflicted individuals; and (4) establish a closer relationship between the Parkinson Research Institute (PRI), the Wisconsin Parkinson Association (WPA), and MKE County's Department of Family Care, with a long-term goal of collaborating on future projects to facilitate the referral of Parkinson disease patients into the Family Care Program.

Request: We request \$19,300 from the Milwaukee County Department of Family Care to: (1) support a comprehensive needs-assessment study of persons with EOPD; (2) gather information and suggestions for how to respond to these needs through consultation with experts from Family Care, local and national PD experts, relevant departments within local hospitals, rehabilitation centers, long-term care facilities, and other experts and care providers in MKE's "aging network"; (3) develop new support structures for EOPD patients; and (4) disseminate information about the PD support structures by working with PD agencies throughout the U.S., such as the National Parkinson Association. The duration of the project would be two years.

Background: Parkinson disease (PD) is a progressive neurologic disorder, primarily affecting movement. Its cardinal features include: resting tremor, bradykinesia (slow movements), postural instability, and stiffness. Treatment with medications can, at the time of diagnosis, significantly reduce symptoms. Yet, as the illness progresses, ongoing medication use can cause significant negative side effects, such as uncontrolled *dyskinesias* (extreme, uncontrolled movements, like those now seen in Michael J. Fox). Also, approximately 30% to 50% of persons with PD will, later in the illness, develop serious cognitive problems, including frank dementia.¹ Parkinson disease family caregivers also report increasing stress/burden as a result of their new care role.²

The public health burden of this disease cannot be underestimated. The *Parkinson Disease Foundation* (PDF) estimates that nearly 1 million people in the U.S. currently have PD, with 60,000 new cases diagnosed each year.³ In terms of costs—to support care for patients with PD—the PDF has estimated that the combined direct and indirect cost of Parkinson's, including treatment, social security payments and lost income due to inability to work is approximately \$25 billion per year. Parkinson disease medications average \$2,500 a year, and surgical interventions can cost up to \$100,000. Especially relevant to persons over the age of 65 who live in MKE, a recent study⁴ showed that Milwaukee County and surrounding areas have some of the *highest* prevalence rates of PD in the U.S, ranging from 3.3% to 13.8%. By contrast, the entire U.S. population has a PD prevalence rate of 1.6%.⁴ These data indicate that approximately 4,000 to 17,000 of persons 65 and older in Milwaukee County have PD. The human suffering caused by PD, in combination with the estimated high economic burden of caring for these patients call for a high-quality study by PD experts of the psycho-social and clinical challenges of the condition.

A sub-group of persons with PD who are particularly hard-hit by the disease are those with the "early-onset" variant, often defined as onset \leq 40 years of age. Because of their younger age, early-onset Parkinson disease (EOPD) patients face a myriad of new "life problems" and unanticipated practical and day-to-day challenges, for which solutions seem elusive. We know from anecdotal reports that some of these challenges include: (1) forced early retirement, which can result in sudden loss of income; (2) high-cost medical bills; (3) concerns about how to

support a family when significant disability sets in; (4) negative changes in family dynamics; and (5) the need to plan for long-term care which, in some cases, may be required 5 years post-diagnosis. We assume that other issues—which are more private and are not often shared with physicians and other health care providers—also exist. Yet, few studies have attempted to systematically characterize these concerns using a research design which is *methodologically appropriate* for drawing out sensitive and highly personal information.

The few existing support groups for EOPD patients were developed by using late-onset Parkinson disease (LOPD) groups as a model. There are limitations to this approach. Many EOPD patients do not feel comfortable seeking support in a group setting with LOPD patients because their problems are quite different than those of LOPD patients. And, relating to seniors may be unfamiliar and uncomfortable for younger patients. Further, to the best of our knowledge, the efficacy of *any type* of PD support group has yet to be assessed.