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Information for E-news is compiled from several sources, including websites and lists from the *Wheeler Report*, Wisconsin Council on Children and Families, Agency for Healthcare Research and Quality, Kaiser Family Foundation, Commonwealth Fund, *Milbank Quarterly*, *Health Affairs*, Urban Institute, *Wisconsin Medical Journal*, Wispolitics.com, Blue Cross/Blue Shield, *The New York Times*, *Milwaukee Journal-Sentinel*, *Milwaukee Business Journal*, *Wisconsin State Journal* and others.

In This Issue

STATE NEWS

- **Doyle Proposes Several Expansions of Health Coverage**
- **"Wal-Mart" Health Bill Stopped in Committee**
- **Medicaid Spending Slows; Wisconsin's General Fund Condition Improves**
- **Hospital Mortality Rates Decline in Wisconsin**
- **Problems with Medicare Drug Benefit; Wisconsin to Provide Bridge Funding**
- **Pro-Choice Group Assigns Wisconsin Failing Grade on "Reproductive Rights"**
- **Methamphetamine Not Drug of Choice in Brown County**
- **Winnebago County Begins Drug Court Program**
- **Suicides in Brown County Increase Sharply**
- **Racine County to Set Up Clinic for Municipal Workers, Retirees and Their Families**
- **Madison to Study Tainted Water**

RESEARCH AND PROGRAM TOOLS

- **Updated Federal Poverty Level (FPL) Guidelines**
- **AHRQ Audio Newscasts "Healthcare 411"**
- **AHRQ Healthology® Patient Education Videos**
- **Web Tool Connects Medicare Consumers with Local BCBS Plans**
- **BCBSA Releases 2006 Medical Cost Reference Guide**

- **Rural Diabetes Care Management Programs: An Inventory of Sample Programs in Six States**
- **Global Health Facts Website**
- **Implications of Cuts in Public Health Coverage Doyle Proposes Several Expansions of Health Coverage**
- **"Nurse Staffing in Hospitals: Is There a Business Case for Quality?"**
- **KaiserEDU: New Tutorial on Long-Term Care, Fellowships and Syllabi**
- **AHRQ 3rd Annual National Reports on Health Care Quality and Disparities**
- **Toolkit on Hospital Redesign Strategies**

EVENTS

- **Commercial Calories: Food Marketing to Children: February 6**
- **"Mental Health Services for Low-Income, At-Risk Adults Living in Urban Environments."**
- **"In Search of a Feminist Strategy for Medical Technology Assessment": February 23**
- **National Citizens' Health Care Working Group National Partner Night: March 22**

READING ROOM

- **"Health Industry Practices That Create Conflicts of Interest, A Policy Proposal for Academic Medical Centers"**
- **New AHRQ-Funded Journal Supplement Features Articles on Informing Pay for Performance**
- **The Uninsured and Rising Health Costs**
- **"US Health Policy in the Aftermath of Hurricane Katrina"**
- **New Reports on the Role and Affect of Specialty Hospitals**
- **Quality of Care in For-Profit and Not-For-Profit Health Plans Enrolling Medicare Beneficiaries**
- **Transition from Medicaid to Medicare Disrupts Treatment for Some**
- **GAO Finds Continued Problems with Oversight of Nursing Home Care**
- **Emergency Medical Care in the U.S. Receives C-Minus Grade**
- **Growth of National Health Spending Slows**
- **WELLPOINT: New Health Plan for Uninsured Young Adults**
- **Diabetes Epidemic in New York City**
- **Scientists Discover Gene that Increases Diabetes Risk**
- **Omega 3 Does Not Appear to Reduce Cancer Risk**
- **Gain Reported in Combating Ovary Cancer**
- **Midlife Body Mass Index, Hospitalization and Mortality in Older Age**
- **Pharmacy Theft a Source of Abused Main Medication**
- **Center for Consumer Freedom Campaign to Increase Fish Consumption**

STATE NEWS

Doyle Proposes Several Expansions of Health Coverage

Governor Doyle last month proposed four health care initiatives as part of his overall "Affordability Agenda" outlined in the State of the State address. They are as follows:

1. **"BadgerCare Plus"**: The Governor has set a goal to extend access to health care coverage to every child in Wisconsin regardless of family income. The proposed BadgerCare Plus would allow families whose income exceeds current BadgerCare limits to buy BadgerCare coverage for their children. It would also provide access to pregnant women who make under \$48,000 a year. The Governor said BadgerCare Plus will merge 500,000 individuals currently enrolled in Medicaid, BadgerCare and Healthy Start into one, streamlined and comprehensive managed care program.
2. **FamilyCare Expansion**: Proposed statewide expansion to enable more than 11,500 Wisconsin seniors and individuals with disabilities to remain in their own home instead of going to nursing homes. The Governor has set goals of reducing the use of nursing homes by 25% in 8 years, and completely eliminating waiting lists for community-based long-term care services within the next 5 years.
3. **Catastrophic Coverage Pool**: Intended to reduce health care costs by creating a buy-in pool for catastrophic care that is affordable for families and businesses. The Governor noted that 50% of health care costs are incurred by 5% of the population.
4. **"Anti-Dumping" Legislation**: Aimed at large companies, such as Wal-Mart, that are perceived to be shifting their health care expenses to taxpayers by sending their employees to BadgerCare rather than offering affordable coverage. (See item below regarding "Wal-Mart" legislation.)

A longer summary of the Governor's initiatives can be found online at: http://www.wisgov.state.wi.us/journal_media_detail.asp?locid=19&prid=1650

The full State of the State address can be found at: http://www.wisgov.state.wi.us/journal_media_detail.asp?locid=19&prid=1648

Journal Sentinel endorsement of the Governor's agenda: <http://www.jsonline.com/news/editorials/jan06/385968.asp>

Wisconsin Council on Children and Families Budget Project ongoing monitoring of these initiatives: http://www.wccf.org/pdf/stateofstate2006_pr0118.pdf

"Wal-Mart" Health Bill Stopped in Committee

A bill that would require Wal-Mart and other large employers in Wisconsin to cover 80 percent of the cost of their employees' health care got a public hearing in the State Capitol, but was stopped in committee. Rep. Steve Nass, R-Whitewater, chairman of the Assembly Labor Committee, said the committee will not take a vote on the bill, authored by Rep. Terese Berceau, D-Madison, or another Berceau bill that would impose a tax on large retailers to cover employee health care costs. Berceau proposed the bill for companies employing more than 10,000 people in the state after learning that taxpayers are paying \$4.75 million a year in state and federal funds to care for 3,128 Wal-Mart employees and relatives

on BadgerCare and Medicaid in Wisconsin.

<http://www.madison.com/tct/news/index.php?ntid=69369&ntpid=1>

Similar measures aimed primarily at the very large big box retailers, such as Wal-Mart, have been approved in by the State of Maryland and in some municipalities. <http://www.madison.com/tct/news/index.php?ntid=68853>

Medicaid Spending Slows; Wisconsin's General Fund Condition Improves

Legislative Fiscal Bureau (LFB) has issued a paper on an improved general fund in Wisconsin, attributing much of this improvement to lower than expected Medicaid spending. It is estimated that Medicaid spending in the biennium will be \$63.6 million less than had been expected. The projected lapse is primarily due to lower spending for managed care capitation payments and lower caseload than had been estimated in the 2005-07 budget. The memo also notes a remaining \$76.7 million deficit in Wisconsin's Medicaid Trust Fund. The \$93 million improvement in the general fund gives policymakers the opportunity to offset the MA Trust Fund deficit. The LFB memo is available at <http://www.legis.state.wi.us/lfb/Misc/011906REVEST.pdf>

Hospital Mortality Rates Decline in Wisconsin

The Wisconsin Hospital Association Information Center reports that mortality rates in about 124 Wisconsin hospitals were consistently lower in 2004 than in 2001 for 11 key conditions and procedures. Initiatives put in place by Affinity Health Systems to reduce mortality rates include a rapid response team, which involves a team of experts who can be called into action on the spot if a patient's health begins to quickly decline. Other initiatives include proper timing of antibiotics prior to and after surgery and ventilator management, both of which reduce infections. Prevention activities and care management initiatives at Aurora have also helped to identify problems early, before becoming problematic.

<http://www.thenorthwestern.com/apps/pbcs.dll/article?AID=/20060110/OSH0101/601100368/1128>

Problems with Medicare Drug Benefit; Wisconsin to Provide Bridge Funding

Advocates for the elderly and the disabled have asked the State of Wisconsin to join other states in paying for medications some low-income people haven't been able to get through the new Medicare prescription drug program. CWAG and the Wisconsin Coalition for Advocacy, which represents people with disabilities, sent a letter to Governor Doyle, asking the state to pay, through the end of February, for drugs such people can't get through Medicare. At least five states have taken such action, including Maine, New Hampshire, North Dakota, South Dakota and Vermont. The two Wisconsin advocacy groups said in their letter that they had received more than 2,500 calls statewide requesting assistance from "dual eligibles."

<http://www.madison.com/wsj/mad/top/index.php?ntid=68178&ntpid=1>

The State of Wisconsin will step in "short term" to help low-income Wisconsin residents who have been left without prescription drug coverage amid the confusion over the federal Part D

Medicare plan.

<http://www.madison.com/tct/news/index.php?ntid=68729&ntpid=2>

In a related development, the federal government now plans to reimburse States for Medicare Drug Program costs. Centers for Medicare and Medicaid Services Administrator Mark McClellan has announced that the federal government will reimburse states for expenses they incur by covering the cost of prescription drugs for Medicare beneficiaries who have had difficulty obtaining medications under the new drug benefit. McClellan added that the federal government will also reimburse states for administrative expenditures related to providing the drugs and for any difference between the amount the state paid for the drugs and the amount drug plans pay the states. A summary of comments from state governments can be accessed using the link below.

<http://bcbshealthissues.com/proactive/newsroom/release.vtml?id=192989>

Pro-Choice Group Assigns Wisconsin Failing Grade on "Reproductive Rights"

A national pro-choice group known as NARAL (National Abortion Rights Action League) gave 19 states, including Wisconsin, a failing grade on "reproductive rights" in a national status report. Abortion-related bills remain on the front burner in Wisconsin. Some address the procedure itself, but many deal with such related issues as access to oral contraceptives, which some opponents consider abortifacients. One bill still pending would to establish tighter standards for minors seeking abortions. The measure is awaiting action in the state Senate after passing the Assembly in November. This month, Governor Doyle vetoed a bill that would have required doctors to inform women seeking abortions that a fetus is developed enough after 20 weeks to feel pain. Medical experts said the bill wasn't based on sound scientific research. <http://www.jsonline.com/news/state/jan06/386070.asp>

Methamphetamine Not Drug of Choice in Brown County

A survey released in USA Today by the National Association of Counties indicates that methamphetamine use accounts for more emergency room visits than any other illicit drug. But Dr. Jane Witman of Aurora BayCare Medical Center, said it's still fairly uncommon, and that they see more abuse of prescription narcotics and some cocaine. Among patients at St. Vincent Hospital's emergency room, cocaine or even Ecstasy show up more often than methamphetamines, according to their spokesman. The Brown County Drug Task Force reports that methamphetamines are not necessarily the drug of choice for most area abusers. According to the 2005 Comprehensive Drug Threat Assessment, a report that the task force makes annually to the state Office of Justice Assistance, the drug continues to pose a "low threat" to Brown County. The availability of the drug is increasing, but the demand is low, the assessment reports.

<http://www.greenbaypressgazette.com/apps/pbcs.dll/article?AID=/20060120/GPG0101/601200529/1207>

USA Today report:

A sharp increase in the number of people arriving in emergency rooms with methamphetamine-related problems is straining local hospital budgets and treatment facilities across the country, particularly in the Midwest, according to two surveys to be released by

the National Association of Counties.

<http://www.nytimes.com/2006/01/18/national/18drug.html?th&emc=th>

Winnebago County Begins Drug Court Program

The district attorney's office will begin the process of considering defendants for participation in a new Winnebago County Circuit Courts drug court program. The program's philosophy has garnered recognition across the country as a way to reduce recidivism. Winnebago County's program is still one of only a handful in Wisconsin. The courts focus on rehabilitation rather than punishment. Instead of a traditional sentence of jail, prison or probation, defendants approved for participation will be required to make frequent visits to the courtroom, they'll undergo treatment and will be subject to random drug testing. Those who fail in the program will return to court to receive traditional sentences.

<http://www.thenorthwestern.com/apps/pbcs.dll/article?AID=/20060101/OSH0101/601010351/1128/OSHnews>

Suicides in Brown County Increase Sharply

A sharp increase in the number of people who committed suicide in Brown County last year has some community leaders concerned. The county's medical examiner ruled 36 deaths as suicides last year, a 64 percent increase over 2004 and a 38 percent increase over the 10-year average. The director of Crisis Center in Green Bay said they not only offer a telephone hotline service, but see clients face-to-face 24 hours a day, seven days a week.

<http://www.madison.com/wsj/mad/top/index.php?ntid=68039&ntpid=2>

Racine County to Set Up Clinic for Municipal Workers, Retirees and Their Families

Racine Mayor Gary Becker, County Executive William McReynolds, and All Saints Healthcare CEO Ken Buser put their signatures on a three-year deal which will set up a dedicated clinic for municipal workers, retirees, and their families. Officials hope for healthier employees and savings at a time when health care is squeezing municipal budgets. The county is projecting a first-year savings of \$171,000. The city has close to 2,000 employees and retirees. The county had 1,438 workers and retirees as of June 2005. For fiscal year 2006, the county budgeted \$24.6 million for its health care costs. It budgeted \$21.8 million for 2005, and its actual costs in 2004 were \$19.9 million. For 2005 it looks as though the county will have a surplus.

http://www.journaltimes.com/articles/2006/01/13/local/iq_3853942.txt

Madison to Study Tainted Water

The Madison Water Utility is expanding its efforts to learn how extensively manganese has contaminated the city water supply. A mayoral task force on manganese is scheduled to meet to begin studying a problem that has become more complicated and more widespread than was first believed. The water utility has expanded its flushing and testing program to include East Side neighborhoods served by well No. 3. The well, which provides water for East High School, has been serving neighborhoods on the east side of the Isthmus since 1929 and, according to the utility, has consistently had levels of manganese higher than standards recommended by the Environmental Protection Agency.

<http://www.madison.com/ws/home/local/index.php?ntid=68340&ntpid=1>

RESEARCH AND PROGRAM TOOLS

Updated Federal Poverty Level (FPL) Guidelines

The 2006 guidelines for determining federal poverty level have been published. Wisconsin's ABC for Health has programmed an online FPL calculator with the new 2006 numbers.

www.safetyweb.org and click on tools and then FPL calculator.

AHRQ Audio Newscasts "Healthcare 411"

AHRQ launched an audio news service to help keep people informed of the Agency's latest health care research findings, news, and information. "Healthcare 411" is a regular audio newscast that features synopses of AHRQ findings and information on current health care topics. <http://www.healthcare411.org/>

AHRQ Healthology® Patient Education Videos

AHRQ worked with Healthology® to produce and distribute two videos to help patients be more active in their health care. The first video helps patients deal with the various physical and emotional aspects that can result from a medical diagnosis and is based on AHRQ's recently released publication, *Next Steps After Your Diagnosis: Finding Information and Support*. The second video offers tips for taking medicines.

Next Steps After Your Diagnosis: Finding Information and Support <http://www.ahrq.gov/consumer/nxtstepvid.htm>

Tips for taking medicines safely: <http://www.ahrq.gov/consumer/chkmedvid.htm>

Web Tool Connects Medicare Consumers with Local BCBS Plans

The Blue Cross and Blue Shield Association (BCBSA) launched a new web tool linking consumers with BCBS Plans offering Medicare products in their communities. The Medicare Blue PlanFinder tool allows consumers to enter state and county information and learn which Blue Plan Medicare options are available in their area, linking them to the appropriate site for information about benefits. http://www.bcbs.com/cgi-bin/bcbs_medicare.cgi

BCBSA Releases 2006 Medical Cost Reference Guide

The Blue Cross and Blue Shield Association (BCBSA) recently released its 2006 Medical Cost Reference Guide (MCRG). The guide covers topics such as health spending, health information, the prevalence and cost of chronic disease and obesity, and trends in hospitals and among physicians, consumers, and the uninsured. The guide, available in its entirety online,

can be found at <http://www.bcbs.com/mcrg>. BCBSA also hosted an online presentation highlighting the information available in the Guide and the best ways to use the Guide to access and distribute the information. The presentation can be downloaded at <http://bcbshealthissues.com/events/>. Medical Cost Reference Guide: <http://www.bcbs.com/mcrg/>

Press Release: <http://bcbshealthissues.com/proactive/newsroom/release.vtml?id=192876>

Rural Diabetes Care Management Programs: An Inventory of Sample Programs in Six States

This report from the RUPRI Center for Rural Health Policy Analysis provides key contact and program information for national, state and local diabetes management programs.

<http://www.rupri.org/publications/Default.asp?flashVersion=6&SubSection=Publications&Panel=>

Global Health Facts Website

The Kaiser Family Foundation launched a new website with the latest country and region-specific data on HIV/AIDS, tuberculosis, malaria and other key health indicators. www.GlobalHealthFacts.org

Implications of Cuts in Public Health Coverage

A *Health Affairs* study, [Medicaid/SCHIP Cuts And Hospital Emergency Department Use](#) found that Medicaid and SCHIP eligibility cuts would increase emergency department visits by the uninsured, suggesting that cost containment actions on public coverage programs would shift costs to hospital uncompensated care. <http://www.kff.org/medicaid/kcmu011006pkg.cfm>

A [Kaiser Commission on Medicaid and the Uninsured](#) policy brief, [What Happens When Public Coverage Is No Longer Available?](#), examined the share of current adult enrollees in public programs who would have other coverage options if public coverage were no longer available. <http://www.kff.org/medicaid/7449.cfm>

"Nurse Staffing in Hospitals: Is There a Business Case for Quality?"

A Commonwealth Fund-supported study explored different approaches to nurse staffing in hospitals that involve strategies like changing the mix of RNs and LPNs or increasing the total number of licensed nursing hours per patient. Based on these models, the study found that increasing the use of RNs and hours of nursing care per patient could help to avoid more than 6,700 patient deaths and 4 millions days of care each year.

http://www.cmwf.org/publications/publications_show.htm?doc_id=336481&#doc336481

KaiserEDU: New Tutorial on Long-Term Care, Fellowships and Syllabi

A new kaiserEDU.org narrated slide tutorial provides an overview of the financing of [long-term care](#) in the U.S., explaining issues related to the cost of long-term care, how families pay for long-term care services, and the role of the Medicare and Medicaid programs. It also provides an updated [fellowship directory](#) and a [syllabus library](#), with course materials on Health Economics, International Health, Aging and Public Policy, and many more topics. <http://www.kaiseredu.org/>

AHRQ 3rd Annual National Reports on Health Care Quality and Disparities

According to the new reports-the *2005 National Healthcare Quality Report* and the *2005 National Healthcare Disparities Report*-disparities have widened in both quality of care and access to care for Hispanics. The reports measure and track trends in quality and disparities in four key areas of health care: effectiveness, patient safety, timeliness, and patient centeredness.

Webcast: http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1616

Reports: <http://www.qualitytools.ahrq.gov/>

Toolkit on Hospital Redesign Strategies

A new AHRQ toolkit is available to hospitals that wish to redesign their processes of care to make them safer and more efficient. It includes a discussion of the forces that lead health care systems to embark on system transformation; a series of steps to be taken in planning for such transformation; and strategies for translating information gathered into proposed projects for implementation. Many of the techniques included in the toolkit can be used to guide process improvements without embarking on comprehensive system transformation.

<http://www.ahrq.gov/qual/toolkit/>

EVENTS

Commercial Calories: Food Marketing to Children: February 6

Susan Linn, Harvard Medical School, will examine commercial marketing and its impact on children and their social environment, as well as potential policy approaches to reducing the negative effects of marketing on children's health. Health Sciences Learning Center, Room 1335, 12:00-1:00.

Information: ahrens@uwccc.wisc.edu

"Mental Health Services for Low-Income, At-Risk Adults Living in Urban Environments."

Monday, February 6, 2006, 12:00-1:15pm

Room 300, School of Social Work, 1350 University Avenue

<http://socwork.wisc.edu/>

"In Search of a Feminist Strategy for Medical Technology Assessment": February 23

UW-Madison Women's Studies Research Center and Norwegian University of Science and Technology, 105 Ingraham Hall, 4-5:15 p.m. Information: 263-2053 or wsrc@mailplus.wisc.edu

Open Minds: Implications of Adolescent Brain Research on the Juvenile Justice System: March 14-15

The Wisconsin Council on Children and Families, in conjunction with the Governors Commission on Juvenile Justice and the Office of Justice Assistance, is presenting the *Open Minds: Implications of Adolescent Brain Research on Juvenile Justice* conference. The conference is a two day symposium exploring the latest research on adolescent brain

development and how that research can be used to promote developmentally appropriate treatment of juveniles in the justice system.

The Sheraton Hotel, Madison Wisconsin

Register now at <http://www.wccf.org/JJABC/index.htm>

Registration deadline: March 1, 2006.

National Citizens' Health Care Working Group National Partner Night: March 22 Alumni Hall, Health Sciences Learning Center, UW-Madison

On Wednesday evening March 22, 2006, from 5-8pm CST, Wisconsin will participate in a multi-site actual and virtual community meeting focused on the challenges of cost, access, and quality of health care. Other sites include each member of the Big Ten conference and each School of Public Health (SPH). The University of Michigan, which is convening the event, will host members of the Working Group and will webcast the event, while the individual universities will hook up to the webcast via satellite and convene faculty participants with expertise in health care access, quality, and financing. All sites will host community audiences. The discussion will contribute to the content of the Working Group's final report and recommendations to The President and the U.S. Congress. See www.pophealth.wisc.edu/uwphi for details.

READING ROOM

"Health Industry Practices That Create Conflicts of Interest, A Policy Proposal for Academic Medical Centers"

Dr. Troyen A. Brennan, MD, MPH, who provided a keynote speech at the UW Population Health Institute's November 2005 conference on health care transformation, elaborates on his ideas with colleagues in the recent issue of *JAMA*. The article notes the following: "... conflicts of interest between physicians' commitment to patient care and the desire of pharmaceutical companies and their representatives to sell their products pose challenges to the principles of medical professionalism. Although physician groups, the manufacturers, and the federal government have instituted self-regulation of marketing, research in the psychology and social science of gift receipt and giving indicates that current controls will not satisfactorily protect the interests of patients. More stringent regulation is necessary, including the elimination or modification of common practices related to small gifts, pharmaceutical samples, continuing medical education, funds for physician travel, speakers bureaus, ghostwriting, and consulting and research contracts. We propose a policy under which academic medical centers would take the lead in eliminating the conflicts of interest that still characterize the relationship between physicians and the health care industry." <http://jama.ama-assn.org/cgi/reprint/295/4/429>

New AHRQ-Funded Journal Supplement Features Articles on Informing Pay for Performance

A supplement to the February 2006 issue of *Medical Care Research and Review*, supported by AHRQ, includes five articles addressing the research gap in pay for performance as well as the research on how best to address the dueling challenges of providing both timely and

rigorous evidence. The issue features a set of findings contributed by five research teams. Three commentaries provide perspectives from employers, providers, and policymakers. Copies are available. Send an e-mail to ahrqpubs@ahrq.gov.

The Uninsured and Rising Health Costs

The Alliance for Health Reform has published a new brief, titled *The Uninsured and Rising Health Costs*, which focuses on who is losing and who is gaining health coverage, and how employers and governments are responding to rising costs. Includes expert sources and helpful websites.

To download the issue brief, go to http://www.allhealth.org/issue_briefs_uninsured_costs.asp

Or you can download from <http://www.allhealth.org>

"US Health Policy in the Aftermath of Hurricane Katrina"

In a January 25 *JAMA* Commentary, Sara Rosenbaum, JD, of the George Washington University program in Health Law and Policy speaks of public health preparedness and the need for national health reform, asking the question, "Is it really necessary to wait for the next disaster to strike before taking the modest step of establishing a fallback public health insurance system in times of national crisis?" <http://jama.ama-assn.org/cgi/reprint/295/4/437>

New Reports on the Role and Affect of Specialty Hospitals

"Specialty Hospitals: A Problem or a Symptom?" (*Health Affairs*, Jan./Feb. 2006). In this article, Commonwealth Fund Senior Program Director Stuart Guterman discusses two congressionally mandated reports on specialty hospitals, the source of some recent controversy. Those reports find that specialty hospitals appear to provide high quality while offering popular amenities to their patients, but also tend to treat more profitable Medicare patients and fewer Medicaid and uninsured patients than community hospitals in the same markets. Guterman says that, specialty hospitals are symptomatic of much broader problems with the health care financing system: low payments for most Medicaid patients and a lack of payments for uninsured patients create strong incentives for specialty hospitals and community hospitals alike to attract well-paying patients and avoid others.http://www.cmf.org/publications/publications_show.htm?doc_id=345010&#doc345010

"Do Specialty Hospitals Promote Price Competition?" The Center for Studying Health System Change, Issue Brief No. 103

January 2006 Do specialty hospitals offer desirable competition for general hospitals and foster improved quality, efficiency and service? Or do specialty hospitals add unneeded capacity and increased costs while threatening the ability of general hospitals to deliver community benefits? Policy makers continue to debate the correct public policy toward physician-owned heart, orthopedic and surgical specialty hospitals. In three Center for Studying Health System Change (HSC) sites with significant specialty hospital development—Indianapolis, Little Rock and Phoenix—recent site visits found that purchasers generally believe specialty hospitals are contributing to a medical arms race that is driving up costs without demonstrating clear quality advantages. <http://www.hschange.org/CONTENT/816/>

Quality of Care in For-Profit and Not-For Profit Health Plans Enrolling Medicare Beneficiaries

(*American Journal of Medicine*, Dec. 2005). Lead author Eric Schneider, M.D., M.Sc., a researcher at the Harvard School of Public Health, finds that Medicare beneficiaries enrolled in for-profit health plans received significantly lower-quality care than beneficiaries in not-for-profit plans. The study, which relied on standardized data health plans are required to report, focused on four important services: breast cancer screening, diabetic eye examination, beta-blocker medication after heart attack, and follow-up after hospitalization for mental illness. The results, say the authors, reinforce the importance of closely monitoring quality of care for enrollees in managed care plans, as well as all Medicare beneficiaries. http://www.cmwf.org/publications/publications_show.htm?doc_id=344933&#doc344933

Transition from Medicaid to Medicare Disrupts Treatment for Some

Mix-ups in the first weeks of the transition from Medicaid to Medicare have had a particularly severe impact on low-income patients with serious, persistent mental illnesses. Relapse, re-hospitalization and disruption of essential treatment have occurred for some. At least 24 states have taken emergency action to pay for prescription drugs if people cannot obtain them by using the new Medicare drug benefit. Federal officials said they were moving aggressively to fix problems with the drug benefit. About 250 federal employees have been enlisted as caseworkers to help individual patients. The government has told insurers to provide a temporary supply - typically 30 days - of any prescription that a person was previously taking. <http://www.nytimes.com/2006/01/21/politics/21drug.html?th&emc=th>

GAO Finds Continued Problems with Oversight of Nursing Home Care

Despite increased oversight of nursing homes, the Government Accountability Office has found several safety issues remain, such as worsening pressure sores, untreated weight loss, and uninvestigated complaints about harm to residents. GAO also found the results of state inspections, known as surveys, understated the extent of serious quality-of-care and fire safety problems, reflecting weaknesses in the survey methodology and inconsistent application of federal standards.

http://www.cmwf.org/healthpolicyweek/healthpolicyweek_show.htm?doc_id=342104&#doc342112

Emergency Medical Care in the U.S. Receives C-Minus Grade

The American College of Emergency Physicians recently conducted the first state-by-state analysis of emergency medical care and gave the country an overall grade of C-minus. The task force looked at data from the government and other sources to grade the 50 states and the District of Columbia on 50 measures, including access to emergency care, quality and patient safety, medical liability environment, and public health and injury prevention.

<http://bcbshealthissues.com/proactive/newsroom/release.vtml?id=191827>

Growth of National Health Spending Slows

According to the Bush administration, the growth of national health spending slowed in

2004, mainly because insurers reined in drug costs so that spending on [pharmaceuticals](#) increased at the slowest rate in a decade. Total health care spending rose 7.9 percent in 2004, to \$1.9 trillion, or an average of \$6,280 a person. That represents 16 percent of the nation's economy, the highest share on record. Spending on prescription drugs rose 8.2 percent, to \$188.5 billion in 2004, the government said. This was the first year of single-digit growth in retail drug sales since 1994. But spending on hospitals and doctors' services surged in 2004, and the nation spent far more on them than on prescription drugs. The 8.6 percent increase in spending for hospital care and the 9 percent increase in payments to doctors were the highest recorded since 1991. The new figures do not reflect the cost of the Medicare prescription drug benefit, which took effect this month.

<http://www.nytimes.com/2006/01/10/national/10health.html?th&emc=th>

WELLPOINT: New Health Plan for Uninsured Young Adults

A new low-premium, high-deductible health plan from [WellPoint](#) is available for individuals from ages 19 through their early 30s who are likely uninsured. WellPoint designed the health plan, called Tonik, for young adults who are unemployed or do not receive health benefits through their employer, and students who no longer receive coverage through the health plans of their parents. Tonik is available in California and Colorado, and will become available in other states this year. Tonik offers three levels of health coverage: "Thrill Seeker," "Part-Time Daredevil" and "Calculated Risktaker." Monthly premiums range from \$64 to \$123 based on age, location and medical history, and deductibles range from \$1,500 to \$5,000. Tonik covers limited dental and vision services but does not cover maternity care.

<http://bcbshealthissues.com/proactive/newsroom/release.vtml?id=191527>

Diabetes Epidemic in New York City

An estimated 800,000 adult New Yorkers now have diabetes, and city health officials describe the problem as an [epidemic](#). Diabetes is the only major disease in the city that is growing, both in the number of new cases and the number of people it kills. The percentage of diabetics in the city is nearly a third higher than in the nation, with new cases being reported almost twice as fast as cases nationally. Health officials estimate nearly one-third of adults believed to have the illness do not know it. New York has large numbers of the poor and obese, who are at higher risk. It has a growing population of Latinos, who get the disease in disproportionate numbers, and of Asians, who can develop it at much lower weights than people of other races.

<http://www.nytimes.com/2006/01/09/nyregion/nyregionspecial5/09diabetes.html?th&emc=th>

Part two: <http://www.nytimes.com/2006/01/10/nyregion/nyregionspecial5/10diabetes.html?th&emc=th>

Part three: <http://www.nytimes.com/2006/01/11/nyregion/nyregionspecial5/11diabetes.html?th&emc=th>

Part four: <http://www.nytimes.com/2006/01/12/nyregion/nyregionspecial5/12diabetes.html?th&emc=th>

Scientists Discover Gene that Increases Diabetes Risk

Scientists have found a variant gene that leads to an extra risk of Type 2 [diabetes](#) and is carried by more than a third of the American population. Decode Genetics first found the variant gene in Icelanders and has now confirmed the finding in a Danish and an American population. The risk conferred by the new gene depends on whether one or two copies of it have been inherited. The estimated 38 percent of Americans who have inherited a single copy have a 45 percent greater risk of Type 2 than do unaffected members of the population. The estimated 7 percent who carry two copies are 141 percent more likely to develop the disease. The "population-attributable risk" of the new variant is 21 percent.

<http://www.nytimes.com/2006/01/16/science/16gene.html?th&emc=th>

Omega 3 Does Not Appear to Reduce Cancer Risk

Researchers have reported no empirical link between consumption of Omega 3 fatty acids and the reduction in risk for common cancers. A summary of the research findings, published in last month's *JAMA*, are available at

<http://www.ahrq.gov/news/press/pr2006/o3cancerpr.htm>

Gain Reported in Combating Ovary Cancer

A rarely used treatment that pumps [cancer](#) drugs directly into the abdominal cavity can add 16 months or more to the lives of many women with advanced cases of ovarian cancer, doctors reported. Currently, most women receive [chemotherapy](#) intravenously. They should still do so, but many should get the drugs abdominally as well. The National Cancer Institute is taking the unusual step of issuing a clinical announcement to encourage doctors to use the abdominal treatment. Such alerts are uncommon. The last one was in 1999, to publicize a major advance in cervical cancer.

<http://www.nytimes.com/2006/01/05/health/05cancer.html?th&emc=th>

Midlife Body Mass Index, Hospitalization and Mortality in Older Age

The objective of the Chicago Heart Association Detection Project in Industry study was to assess the relation of midlife body mass index with morbidity and mortality outcomes in older age among individuals without and with other major risk factors at baseline. For individuals with no cardiovascular risk factors as well as for those with one or more risk factors, those who are obese in middle age have a higher risk of hospitalization and mortality from CHD, cardiovascular disease, and diabetes in older age than those who are normal weight.

<http://jama.ama-assn.org/cgi/content/abstract/295/2/190?etoc>

Pharmacy Theft a Source of Abused Main Medications

A research letter "Drug Crime is a Source of Abused Pain Medications in the United States" written by David E. Joranson, MSSW, and Aaron M. Gilson, PhD, of the Pain & Policy Studies Group at the University of Wisconsin Comprehensive Cancer Center reports that every year, thousands of armed robberies and thefts from pharmacies, manufacturers and distributors result in millions of dosages of opioid pain medications being diverted into the illicit market. From 2000 to 2003, almost 28 million dosage units of all prescription controlled substances were diverted in 12,894 separate incidents. Opioid medications abused

include hydrocodone, oxycodone, morphine, methadone, meperidine, hydromorphone and fentanyl.

<http://www.medsch.wisc.edu/painpolicy/publicat/05jpsm/05jpsm.pdf>

Center for Consumer Freedom Campaign to Increase Fish Consumption

According to a spokesman at the Center for Consumer Freedom, overly cautious federal agencies are to blame for understating the amount of mercury-tainted fish a pregnant woman would have to eat before putting her fetus at risk for brain damage. The EPA mercury "reference dose" upon which advice on consumption is based is set 10 times higher than the EPA's Base Dose Lower Limit. The BDLL is the absolute lowest dosage of mercury researchers found that might cause nerve damage. Researchers have to factor in a safety cushion to make up for the variations among different body types and chemistries. The CCF's fishscam.com features a mercury calculator that allows you to type in your body weight and click on the kind of fish you want to eat. The calculator does the math based upon the BDLL. According to the site, a 160-pound pregnant woman could safely eat up to 3.2 pounds of albacore tuna a week, which is much more than the FDA recommends. The director of food policy at the nonprofit Consumers Union, which publishes *Consumer Reports*, calls the calculator, and CCF's campaign, disturbing. <http://villagevoice.com/people/0603,hunter,71775,24.html>

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