

UW POPULATION HEALTH INSTITUTE

E-NEWS - March 2006

Vol. 6, No. 3

The UW Population Health Institute's E-News is delivered monthly. Check our web site for additional information and updates: <http://www.pophealth.wisc.edu/uwphi/index.html>. To subscribe or unsubscribe, reply to jaknutso@wisc.edu with the word "subscribe" or "unsubscribe" in the subject line.

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

- State to Owe Less under New Estimates for Medicare Program
- Wisconsin-Based National Children's Study Eliminated in Bush's 2007 Budget Proposal
- PBS Documentary on Long-Term Care in Milwaukee Aired
- Catastrophic Care Pool Attracts Interest
- State Cuts Program to Detect Cancer in Low-Income Women
- Pulling Apart: A New Report Shows Growing Income Inequality in Wisconsin
- Booster Seat Law Expanded
- Kaukauna May Limit Sweets Sold in Schools
- Family Care Suit Goes Ahead
- Hospital Boom Felt in Rural Areas
- Golden Named Dean of UW School of Medicine and Public Health

RESEARCH AND PROGRAM TOOLS

- AHRQ National Resource Center Evaluation Toolkit
- New Data on Wisconsin Racial Disparities and Infant Mortality
- Health Advocacy Directory for Minority Health Disparities
- Studying and Tracking Early Child Development from a Health Perspective
- Federal Report on Health and Well-Being of Children
- Barriers to Effective Use of Patient Survey Data
- Telemedicine for the Medicare Population—Update
- Public Disclosure—An Essential Step for Quality Improvement
- Hospital Quality Data: GAO Reports that CMS Needs More Rigorous Methods
- Long-Term Care Resources and Tools
- 2006 Medical Cost Reference Guide

- "Health Status, Health Insurance, and Health Services Utilization: 2001"
- GAO Report on Employee Compensation: Employer Spending on Benefits
- Kaiser Primer on the Uninsured
- GAO Report on Federal Employee Experience with HSAs
- Fact Sheet on Medicaid's Role for Dual Eligibles

EVENTS

- Climate Change, Air Quality, and Public Health: March 6
- Wipfli's 12th Annual Rural Health Clinic Forum: March 20-21
- National Health Care Reform Dialogue-UW Campus: March 22
- 2006 American Indian Health and Science Symposium: Health is our Future: March 31
- Governor's Board on Quality and Patient Safety: eHealth Action Plan kick-off Summit May 5
- AHRQ and The Alliance - Efficiency in Health Care: May 23-24

READING ROOM

- U.S. Healthcare Spending to Reach 20% of GDP
- More than 5 million Medicare Beneficiaries Voluntarily Enrollee for Part D benefit
- U.S. Prescription Drug Sales Rose 5.4% in 2005
- Kaiser Permanente's Experience of Implementing Eletronic Medical Record
- Rising Health Care Costs Don't Buy Better Health
- AMA to Develop Measures of Quality of Medical Care
- "Pay for Performance: A Promising Start"
- Study: Medical Costs Contribute to Fewer that 20% of Bankruptcies - Disputes Previously Reported 50%
- Bush Outlines HSA Plan in State of the Union Address
- Bush Budget Seeks to Eliminate Urban Indian Health Program
- President's Fiscal Year 2007 Budget Eliminates \$133 Million from Rural Programs
- Low-Fat Dietary Pattern and Risk of Invasive Breast Cancer
- Women Are Said to Face Hidden Heart Disease Risk
- British Ban Indoor Smoking
- Study Shows How Tobacco Firms Recruited Scientists Covertly
- Clot Risk for Birth-Control Patch Is Found to Be Double That of Pill
- Crunch Pak Pre-Sliced, Packaged Apples
- A Cancer Drug Shows Promise, at a Price That Many Can't Pay
- SFBR, Brazilian Scientists to Study New TB Vaccine
- Alternative and Complementary Medicine Grow in Popularity

STATE NEWS

State to Owe Less under New Estimates for Medicare Program

Wisconsin will pick up a total of about \$22 million in its current and 2007 fiscal years because of new projections on the cost of the Medicare prescription drug program. The

new projections mean the state will owe the federal government less money this year and possibly in future years for its share of the program's cost. Separately, the state said that it would extend through March 15 its emergency coverage of prescription drugs for low-income Medicare beneficiaries caught in the glitches that have accompanied the program's rocky start. The \$22 million windfall from the new projections on the program's costs stems from the complicated overlap of the Medicaid and Medicare programs. Wisconsin and other states will cut a check each year to the federal government for a portion of the program's costs. The payments are for what the states would have spent on prescription drugs for people who are eligible for Medicaid and Medicare. States and the federal government both bore that cost through the Medicaid program before the Medicare drug plan went into effect. In Wisconsin, the state's share was about 41% of the cost.

<http://www.jsonline.com/story/index.aspx?id=400763>

Wisconsin-Based National Children's Study Eliminated in Bush's 2007 Budget Proposal

A federal program designed to look at the effects of chemical pollutants and environmental toxins on future generations is in jeopardy because of budget-cutting initiatives proposed by President Bush. Waukesha was one of five pilot sites chosen for the study. The National Children's Study, which was funded by the National Institutes of Health, the U.S. Department of Health and Human Services and the Environmental Protection Agency, was initiated last fall to follow children from the womb - and in some cases preconception - through adulthood. It was to have later expanded to 105 communities across the nation and included 100,000 children. The study would have been the largest longitudinal investigation of children ever conducted. It was a program ordered by Congress and had the support of medical groups and the chemical industry. It is eliminated in Bush's 2007 budget. Researchers have already spent \$60 million in tax dollars preparing for the study, and will continue to plan as though the study were going through.

<http://www.jsonline.com/news/wauk/feb06/1390869.asp>

PBS Documentary on Long-Term Care in Milwaukee Aired

"Almost Home," a 90-minute documentary on long-term care in Milwaukee was produced by PBS' "Independent Lens," a weekly documentary program that features independent films. It chronicles one year at St. John's on the Lake, a Milwaukee retirement community. St. John's on the Lake offers independent living, assisted living and a nursing home that has sought to shift from a medical model of care to a social model. The film profiles the director of St. John's, as well as nursing assistants, residents and their family members. The program website includes an interview with the filmmakers, an interactive forum for viewers and links to related resources.

<http://www.pbs.org/independentlens/almosthome/>

Catastrophic Care Provision in Governor's Budget Attracts Attention

he *Milwaukee Journal Sentinel*, referring to a proposed catastrophic care pool as "potentially the most far reaching idea in Governor Jim oyle's" recent state address, saying it iis a concept that could touch every resident in the state, directly or indirectly. "It could have major appeal in segments of the Wisconsin business community and among advocates for more government involvement in health care payments."

<http://www.jsonline.com/story/index.aspx?id=402478>

State cuts program to detect cancer in low-income women

The Wisconsin Well Woman Program, a state program created to detect cervical and breast cancer will serve thousands fewer women this year due to budget cuts. The program, which is provided in all 72 counties of Wisconsin, will cut its caseload from 11,000 in 2005 to 7,500 in 2006.

<http://www.journaltimes.com/nucleus/index.php?itemid=4136>

Pulling Apart: A New Report Shows Growing Income Inequality in Wisconsin

A report released by the Economic Policy Institute and the Center on Budget and Policy Priorities found that income disparities between Wisconsin's rich and poor are growing. The report, from the Center on Wisconsin Strategy (COWS) and the Wisconsin Council on Children and Families (WCCF), found:

- Over the past 20 years, the average income of the bottom fifth of Wisconsin families grew only \$2,519 or 14.3% while the income of the top fifth grew \$36,000 or 48.2% over the same period.
- The ratio between the richest and poorest families has grown to 5.5.
- The gap between Wisconsin's middle and upper income families is growing along with the gap between the rich and poor.

http://www.wccf.org/pdf/pullingapart_01262006_mediarelease.pdf

State Cuts Program to Detect Cancer in Low-Income Women

A state program created to detect cervical and breast cancer will will cut its caseload from 11,000 in 2005 to 7,500 in 2006 due to shortage of funds to meet the needs of eligible women. The Well Woman program, which is provided in all 72 counties of Wisconsin, serves otherwise uninsured women up to 250 percent of the federal poverty line. It is funded through the Center for Disease Control and the state Department of Health and Family Services. It will now no longer serve women under the age of 45. Women ages 35 to 45 years old who live below 185% of the federal poverty level will remain eligible for the state's Healthy Women program, which is provided through Medicaid. <http://www.wiawh.org/media/WWWP%20Changes%20Memo%202006.doc>

[doc](http://www.wiawh.org/media/WWWP%20Changes%20Memo%202006.doc)

Booster Seat Law Expanded

Under a measure passed by the state Senate, children under age 8 will be required to be strapped into booster seats. This will replace the law requiring children to be in child safety seats until age 4. Some senators objected to the booster seat bill because they said it would create a troublesome mandate for parents. The bill will expand child-restraint standards by requiring parents to use booster seats for children from age 4 until they turn 8, if they weigh less than 80 pounds and are less than 4 feet 9 inches tall. Children ages 4 to 8 who exceed those height and weight levels need only to be strapped in by a seatbelt.

<http://www.jsonline.com/news/state/feb06/389548.asp>

Kaukauna May Limit Sweets Sold in Schools

A proposed policy would do away with sales on school grounds of candy, sodas, and other food items that have sugar listed as a prominent ingredient. The Kaukauna Area School District is one of several districts taking necessary measures to comply with the federal Child Nutrition Act. The law mandates schools participating in federally subsidized child nutrition programs have wellness policies in place by fall. In June 2003, the Appleton Board of Education adopted a nutrition policy that eliminated soda and candy sales in all 17 buildings in the school district. Under new guidelines, Kaukauna's food service program would sell food items that derive no more than 30 percent of its calories from fat.

<http://www.postcrescent.com/apps/pbcs.dll/article?AID=/20060214/APC0101/602140547/1003>

Family Care Suit Goes Ahead

A federal judge has refused to dismiss a lawsuit against Milwaukee County and the state that claims the Family Care program discriminates against elderly people with disabilities. The ruling came on the heels of Governor Doyle's proposal last month to expand Family Care, which began as a five-county pilot program, throughout the state. The ruling also came within a day of the death of Gerald Nelson, a plaintiff in the case. Nelson and several other plaintiffs sued in 2004 after owners of their group homes threatened to pull out of Family Care in Milwaukee County because reimbursement rates are too low to cover their expenses. If the providers leave the program, the residents would have to move, which could cause serious physical and psychological problems, the suit says.

<http://www.jsonline.com/story/index.aspx?id=401624>

Hospital Boom Felt in Rural Areas

Beaver Dam Community Hospital, which moved earlier this month from a building that dates back to 1937, became the third community hospital in southeast Wisconsin to complete a large construction project in the past six months. In October, Fort Memorial Hospital in Fort Atkinson completed a \$38 million addition. In August, St. Joseph's Hospital in West Bend moved into a \$55 million building in the Town of Polk. Beaver Dam Community Hospital moved into a \$65 million building. For both urban and community hospitals, the boom has been driven by strong profits, low interest rates, new technology - and simple demand. Admissions are rising as baby boomers age, and the increase in the number of people who are disabled or obese - two conditions that lead to more hospitalizations - are also expected to result in higher admissions in coming years.

<http://www.jsonline.com/story/index.aspx?id=402496>

Golden Named Dean of UW School of Medicine and Public Health

[Robert N. Golden](#), vice dean of the University of North Carolina (UNC) School of Medicine and former chair of the UNC Department of Psychiatry, has been named the dean of UW-Madison [School of Medicine and Public Health](#) (SMPH). He will be the ninth dean of the school, which will celebrate its centennial anniversary in academic year 2006-07. Golden will succeed [Philip M. Farrell](#), who had announced that he would step down as dean in December 2005.

<http://www.news.wisc.edu/12143.html>

RESEARCH AND PROGRAM TOOLS

AHRQ National Resource Center Evaluation Toolkit

The AHRQ National Resource Center developed a toolkit to help project teams think through the process of developing an evaluation plan of their project. Section I outlines a step by step process for a team to determine what the goals of a given project are, what is important to their stakeholders, what needs to be measured to satisfy those stakeholders, what is truly feasible to measure, and how to measure those items. Section II includes a list of measures that are often employed in Health IT projects. Each of the provided tables includes a list of possible measures, suggestions on data sources that can be leveraged for each measure, cost considerations, potential pitfalls and general notes. Section III contains some examples of a variety of implementation projects.

http://healthit.ahrq.gov/portal/server.pt?open=514&objID=5554&mode=2&holderDisplayURL=http://prodportallb.ahrq.gov:7087/publishedcontent/publish/communities/k_o/knowledge_library/features_archive/

[features/the_ahrq_national_resource_center_evaluation_toolkit.html](#)

New Data on Wisconsin Racial Disparities for Infant Mortality

The Wisconsin DHFS has posted "Wisconsin Health Facts: Racial and Ethnic Disparities in Infant Mortality" on its web site. A new DHFS initiative titled "Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities."

-- The infant mortality rate for African Americans in WI averaged 17.6 (per 1000 births) from 2002-2004, compared to just 5.1 for whites and 6.2 for Hispanics.

-- Wisconsin ranked third lowest (3rd best) in infant mortality for African Americans during the period 1979-81 (among the 33 states and DC that reported these rates), but WI ranked **last** in the 2000-2002 period among the 40 states that reported African American rates.

-- The infant mortality rate for whites fell in WI during that 20-year period, though WI declined relative to other states from 5th in 1979-81 to 21st among 50 states in 2000-02.

-- The chief cause of infant mortality for African Americans in WI was disorders relating to preterm birth and low birthweight, which accounted for 28.9% of infant deaths for blacks, compared to 16.6% for whites.

http://dhfs.wisconsin.gov/healthybirths/pdf_files/InfantHealthFactSheet.pdf

Continue to check <http://dhfs.wisconsin.gov/healthybirths/> for new fact sheets.

Health Advocacy Directory for Minority Health Disparities

[*Organizing to Address Minority Health Disparities: A Directory of State and Local Initiatives*](#) is a 90-page compilation of over 300 groups working to address the causes and solutions to the health disparities crisis.

The directory was sponsored and supported by The Health Policy Institute at the Joint Center for Political and Economic Studies, and prepared by staff at the Poverty and Race Research Action Council, with contributions from The Opportunity Agenda and the Alliance for Healthy Homes. The goal of the directory is to "provide a snapshot of a rapidly evolving community of advocates, organizers, and public health professionals working in different ways on the issue of unequal health outcomes for people of color in the U.S., and to establish new connections and networks within and across states."

http://www.prrac.org/full_text.php?text_id=980&item_id=9110&newsletter_id=0&header=Current%20Projects

Studying and Tracking Early Child Development from a Health Perspective

Researchers at Child Trends have reviewed 26 national data sources on child development to inform the practitioner and policy communities. The resulting report, "[Studying and Tracking Early Child Development from a Health Perspective: A Review of Available Data Sources](#)", shows how national surveys measure up in areas such as health, the receipt of health care, and socioemotional and intellectual development.

http://www.cmwf.org/publications/publications_show.htm?doc_id=354865&#doc354865

Federal Report on Health and Well-Being of Children

DHHS HRSA indicates that U.S. children are generally in good health and grow up in healthy environments but points to a need to improve health care access for children from low-income families, those with no health insurance and children with special health care needs. It includes information for each state, as well as analyses by ethnic and racial groups.

For the WI data, go to:

<http://www.mchb.hrsa.gov/thechild/states/wisconsin.htm>

Barriers to Effective Use of Patient Survey Data

A Commonwealth Fund–supported study, "[Hearing the Patient's Voice? Factors Affecting the Use of Patient Survey Data in Quality Improvement](#)" sought to create a framework for understanding the factors that affect the use of patient survey data in quality improvement efforts. Researchers interviewed 14 senior health professionals and managers taking part in a quality improvement collaborative organized by the Institute for

Clinical Systems Improvement in Minnesota, asking them to identify difficulties or successes they had experienced using patient feedback or survey data.

http://www.cmfwf.org/publications/publications_show.htm?doc_id=355711&#doc355711

Telemedicine for the Medicare Population—Update

A new report assesses the peer-reviewed literature for telemedicine services that substitute for face-to-face medical diagnosis and treatment that may apply to the Medicare population. It focuses on three areas: store-and-forward, home-based, and office/hospital-based services. It also seeks to identify what progress had been made in expanding the evidence base since the publication of an initial report in 2001.

<http://www.ahrq.gov/clinic/tp/telemeduptp.htm>

Public Disclosure—An Essential Step for Quality Improvement

Data on the clinical performance of primary care physicians are now publicly available at the medical group level in Massachusetts, following the release this month of a report by a coalition of physicians, hospitals, health plans, purchasers, consumers, government agencies, and academics. Formed in 1995, Massachusetts Health Quality Partners (MHQP) gathered information from the state's five largest private health plans on the quality of care provided by 150 medical groups. The coalition then posted this data on its [web site](#) to encourage consumers to search for high-quality providers and guide physicians looking to improve their performance.

<http://www.mhqp.org/default.asp?nav=010000>

Hospital Quality Data: CMS Needs More Rigorous Methods to Ensure Reliability of Publicly Released Data

GAO report (#06-54)

<http://www.gao.gov/cgi-bin/getrpt?GAO-06-54>

Highlights: <http://www.gao.gov/highlights/d0654high.pdf>

Long-Term Care Resources and Tools

* Tutorial on long-term care financing is available from KaiserEDU.org at <http://cme.kff.org/Key=10252.12.L.C.MJJY1j>

* New Law Pushes Long-Term Care Coverage: <http://www.stateline.org/live/ViewPage.action?siteNodeId=136&languageId=1&contentId=89158>

* "Paying for Nursing Home Care: Asset Transfer and Qualifying for Medicaid": Kaiser Commission brief presents key facts on who relies on nursing home services and highlights research findings on asset transfer. <http://www.kff.org/medicaid/upload/7452.pdf>

* The Commonwealth Fund has funded the development of a number of tools for long-term care providers:

- [Champions for Care: A Workbook for Long-Term Care Providers](#)
- This workbook is designed to help long-term care facility staff members build teams and take on leadership roles in a way that enables them to develop a resident-centered culture for their facility. http://www.cmfwf.org/tools/tools_show.htm?doc_id=342998&#doc342998
- [Modeling and Measuring Nursing Home Reform: The Culture Change Staging Tool](#)
- The Culture Change Staging Tool is a free, Web-based tool that enables nursing homes to assess their progress in becoming resident centered. http://www.cmfwf.org/tools/tools_show.htm?doc_id=324184&#doc324184
- [Guidance for Bathing Patients with Dementia: Bathing Without a Battle](#)
- The *Bathing Without a Battle* CD and video offers practical techniques that families and caregivers can

use to make bathing for people with dementia a pleasurable experience. http://www.cmwf.org/tools/tools_show.htm?doc_id=326601&#doc326601

- [*Preventing Delirium in Older Adults: Hospital Elder Life Program*](#)
- The Hospital Elder Life Program (HELP) is an evidence based program designed to prevent delirium in older, hospitalized adults. http://www.cmwf.org/tools/tools_show.htm?doc_id=324178&#doc324178
- [*TimeSlips: Group Storytelling Helps People with Alzheimer's*](#)
- This simple, inexpensive technique for conducting creative storytelling sessions lets people with dementia express themselves without relying on failing memories and faltering language skills. http://www.cmwf.org/tools/tools_show.htm?doc_id=305138&#doc305138

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 is one of the most comprehensive collections of medical data available, covering 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>

Kaiser Report on Factors Behind Rising Health Costs. http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=35115

"Health Status, Health Insurance, and Health Services Utilization: 2001"

The U.S. Census Bureau, provides data on the frequency of visits to doctors, dentists and hospitals and whether or not people are taking prescription medicine. It also analyzes that data by characteristics such as self-reported health status, age and health insurance coverage status.

<http://www.census.gov/prod/2006pubs/p70-106.pdf>

Employee Compensation: Employer Spending on Benefits

GAO report (#06-285) finds that employer spending on benefits is growing faster than wages, due largely to rising cost of health insurance and retirement.

<http://www.gao.gov/cgi-bin/getrpt?GAO-06-285>

Highlights: <http://www.gao.gov/highlights/d06285high.pdf>

Kaiser Primer on the Uninsured

The Kaiser Commission on Medicaid and the Uninsured has updated a primer on America's uninsured population. The update profiles the 45.5 million Americans under age 65 without health insurance, reviews how they receive and pay for medical care, explains why the number of uninsured individuals has changed recently, and describes options for expanding coverage. <http://cme.kff.org/Key=10156.17.D.C.G7I2PV>

GAO Report on Federal Employee Experience with HSAs

"Federal Employees Health Benefits Program: First-Year Experience with High-Deductible Health Plans and Health Savings Accounts"

<http://www.gao.gov/cgi-bin/getrpt?GAO-06-271>

Highlights - <http://www.gao.gov/highlights/d06271high.pdf>

Fact Sheet on Medicaid's Role for Dual Eligibles

The Kaiser Commission on Medicaid and the Uninsured (KCMU) has updated a fact sheet on Medicaid's role in

providing care to dual eligibles, low-income Medicare beneficiaries, and the transitioning of their prescription drug coverage from Medicaid to the new Medicare drug benefit. It is available at:

<http://cme.kff.org/Key=10275.12.C.C.MyKZPz>

EVENTS

Climate Change, Air Quality, and Public Health: March 6

1325 Health Sciences Learning Center, 5:30-6:30

Roy F. Weston Distinguished Global Sustainability Lecture Series

Pat Kinney of Columbia University speaking on the health impacts of air pollution; catered reception follows.

Information at ccmoberg@wisc.edu

Wipfli's 12th Annual Rural Health Clinic Forum: March 20-21

The Plaza Hotel & Suites of Wausau, Wausau, WI.

Session topics include an overview of the Rural Health Clinic program, RHC updates and clarifications relating to Wisconsin Medicaid RHC cost reporting processes, national developments affecting RHCs, billing for independent RHCs, billing for provider-based RHCs, an annual program evaluation, and Medicare cost reporting.

http://www.wipfli.com/Wipfli/Events/20060321_RHCForumWI.htm

National Health Care Reform Dialogue: March 22

Alumni Hall, Health Sciences Learning Center, UW-Madison Campus, 5:00-8:30 pm

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 Citizen's Health Care 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.

<http://www.pophealth.wisc.edu/UWPHI/education/conferences.htm>

2006 American Indian Health and Science Symposium: Health is our Future: March 31

Union South, UW-Madison, 12:00-4:00 pm

Sponsored by the Great Lakes Inter-Tribal Council, Inc., the University of Wisconsin School of Medicine and Public Health, and Wunk-Sheek American Indian Student Organization, this event features guest speakers, American Indian health professionals and community leaders, lunch and refreshments, student panelists, and program and department exhibitors. This event is free and open to students statewide. <http://www.pophealth.wisc.edu/UWPHI/education/conferences.htm>

Governor's Board on Quality and Patient Safety eHealth Action Plan Kick-Off Summit: May 5

Fluno Center, Madison. 8:00 am - 3:00 pm

Gov. Jim Doyle's eHealth Care Quality & Patient Safety Board is charged with developing a plan to automate all health care information systems in Wisconsin. The May 5 kick-off summit will convene all interested stakeholders and initiate the work toward developing the statewide e-Health Action Plan. Executive Order 129 (www.wisgov.state.wi.us/journal_media_detail.asp?locid=19&prid=1499) directs the new board to:

- Comprehensively review issues surrounding the creation of an electronic health information infrastructure in

Wisconsin and develop guidance - to be known as the "Wisconsin Action Plan for Health Care Quality and Safety" - for the users of such infrastructure.

- Consider the extent to which an integrated or interoperable system or underlying technology may be cost effective, which includes assessing benefits of the system for supporting rapid deployment of medical care practitioners, promoting accurate and appropriate shared information about individual patients among health care providers, and standardizing performance indicators among health care provider organizations to improve organization performance and public reporting of quality, safety and efficiency data for consumers and health care purchaser decision making.
- Create organization and governance structures for a statewide electronic health information infrastructure.

Efficiency in Health Care: What Does it Mean? How is it Measured? How Can it be Used for Value-Based Purchasing?

May 23-24, Alliant Energy Center, Madison, WI

AHRQ and the Employer Health Care Alliance Cooperative are convening this May conference to discuss what it means to measure "efficiency" and how that understanding can be used to support value-based purchasing, comparative reporting and tiering.

<http://www.academyhealth.org/ahrq/efficiency/index.html>

READING ROOM

Report: U.S. Healthcare Spending to Reach 20% GDP by 2015

A report released this week by the Centers for Medicare and Medicaid Service's National Health Statistics Group (NHSG) says that U.S. healthcare spending will reach \$4 trillion and account for 20 percent of the gross domestic product by 2015. Among other things, the report discusses the effects of prescription drug spending, Medicare and Medicaid spending and the effects of Health Savings Accounts and disease management programs.

<http://content.healthaffairs.org/cgi/content/abstract/hlthaff.25.w61>

More Than 5 Million Medicare Beneficiaries Have Voluntarily Signed Up for Prescription Drug Benefit

The Bush administration announced this week that more than 5 million Medicare beneficiaries have voluntarily signed up for the prescription drug benefit, including about 1.5 million beneficiaries who voluntarily enrolled in the last 30 days. Health and Human Services Secretary Mike Leavitt added that the enrollment figures are on track with the administration's goal of having 28 to 30 million enrollees in the first year of the drug benefit.

<http://bcbshealthissues.com/proactive/newsroom/release.vtml?id=195380>

U.S. Prescription Drug Sales Rose 5.4 Percent in 2005

A report released this week by IMS Health says that U.S. prescription drug sales increased 5.4 percent in 2005. The increase was mainly driven by more use of biotechnology products and a decrease in medications purchased from abroad, according to the report. Sales in 2005 reached \$251.8 billion, up from \$238.9 billion in 2004.

<http://bcbshealthissues.com/proactive/newsroom/release.vtml?id=195387>

Kaiser Permanente's Experience of Implementing an Electronic Medical Record

Electronic health record (EHR) systems have great potential to improve health care quality. So far, however, real and

perceived barriers—from high costs and decreased productivity to staff frustration—have prevented most providers from

implementing them. In "Kaiser Permanente's Experience of Implementing an Electronic Medical Record: A Qualitative

Study," (BMJ, Dec. 3, 2005), researchers interviewed health plan staff members in the midst of an EHR implementation to identify critical junctures in the adoption process, assess the impact of organizational culture and leadership, and learn about the effects on clinical practice and patient care. Author J. Tim Scott, of the University of St. Andrews' School of Management in Scotland, was supported through a Commonwealth Fund Harkness Fellowship; data collection was supported by the Garfield Foundation. <http://bmj.bmjournals.com/cgi/content/abstract/331/7528/1313>

Rising Health Care Costs Don't Necessarily Buy Better Health

A new study in Health Affairs by economists Jonathan Skinner and Douglas Staiger and physician Elliott Fisher finds that the factors fueling enormous improvements in outcomes for heart attack patients were not the factors that fueled tremendous increases in costs. On average, over the period 1986-2002, there was a substantial gain in survival following heart attacks. But nearly all of that gain occurred before 1997, while costs have continued to rise since then. And much of the gain occurred in regions of the U.S. exhibiting below-average growth in spending. Uneven distribution of cost-effective innovations is a key factor driving differences in patient costs and outcomes, the Dartmouth trio writes. Health Affairs has also posted perspectives on the Dartmouth study by Stanford's Alan Garber, MD, and Harvard's David Cutler. The Dartmouth study can be read online at <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.25.w34>

The Cutler Perspective can be read online at <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.25.w48>

The Garber Perspective can be read online at <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.25.w51>

A.M.A. to Develop Measure of Quality of Medical Care

The American Medical Association has signed a pact with Congress promising to develop more than 100 standard measures of performance, which doctors will report to the federal government in an effort to improve the quality of care. The deal comes as the Bush administration pushes "pay for performance" arrangements with various health care providers in an effort to publicize their performance and link Medicare payment to quality. The performance measures are supposed to focus on diagnostic tests and treatments that are known to produce better outcomes for patients — longer lives, improved quality of life and fewer complications.

http://www.nytimes.com/2006/02/21/politics/21docs.html?_r=1&th&emc=th&oref=slogin

"Pay-for-Performance: A Promising Start"

The Alliance for Health Reform Issue Brief examines programs in which health care providers are paid based on the quality and efficiency of the care they provide. The report examines different pay-for-performance programs in the private and public sectors, as well as the challenges -- including physician acceptance -- in implementing additional P4P programs. There were more than 100 P4P programs in U.S. as of Sept. 2005, according to the report.

http://www.allhealth.org/issue_briefs_pay-for-performance.asp

Study: Medical Costs Contribute To Fewer Than 20% of Bankruptcies -- Disputing Previous Finding of 50%

In "Medical Bankruptcy: Myth Versus Fact," Dranove and Millenson of the Kellogg School of Management critique "Illness and Injury as Contributors to Bankruptcy," which was published 2 February 2005 as a Health Affairs Web Exclusive and written by Himmelstein, Warren, Thorne, and Woolhandler of the Harvard Medical School and Harvard Law School faculties. The current study suggests that data from the much-cited 2005 study actually show that medical expenses contribute to less than 20 percent of all bankruptcies, far fewer than the 50 percent estimate offered by the original study's authors.

Two Perspectives on Dranove and Millenson's paper also appear on the Health Affairs site. The first is Himmelstein and colleagues' response to the Dranove and Millenson; the second is an overview offered by Robert Seifert and Mark Rukavina, the policy director and executive director of the Access Project. Dranove and Millenson also present a short response to Himmelstein and colleagues' Perspective.

Dranove and Millenson paper at <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.25.w74>,
Himmelstein and colleagues Perspective at <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.25.w84>,
Seifert and Rukavina's Perspective at <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.25.w89>,
Dranove and Millenson's final response at <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.25.w93>.

Bush Outlines HSA Plan in State of the Union Address

Bush's Health Savings Account plan would allow premiums to be paid from the tax-free accounts. Also, the plan would permit an employer to put more cash in the accounts for a chronically ill employee, with the employer determining who those workers are and how much extra they would receive. Other elements include making premiums for HSA-compatible insurance policies deductible from income taxes for individuals who purchase them on their own—rather than through an employer—and eliminating all taxes on out-of-pocket spending through HSAs.

http://www.cmwf.org/healthpolicyweek/healthpolicyweek_show.htm?doc_id=354164&#doc354167

Bush Budget Seeks to Eliminate Urban Indian Health Program

American Indians and Alaska Natives stand to lose more than \$160 million in health care, education and other funds under President Bush's new spending plan, according to a report released by the White House Office of Management and Budget. Six programs were proposed for cuts or elimination, including elimination of the \$33 million Urban Indian Health Program at the Indian Health Service. Bush is also seeking to eliminate the \$16 million Johnson O'Malley (JOM) program, which provides grants to tribes so that tribes can distribute the money to public schools for tutoring, counseling and other services for Indian students.

<http://www.indianz.com/News/2006/012448.asp>

President's Fiscal Year 2007 Budget Eliminates \$133 Million from Rural Programs

The National Rural Health Association (NRHA) reports that the Bush Administration has proposed eliminating funding for several rural health programs and cutbacks in others. Congress has reversed the cuts proposed by the President in past years.

Included within the \$133 million cuts and reductions to rural health programs are:

- Rural Health Flexibility Grants - Funding eliminated
- Small Hospital Improvement Program - Funding eliminated
- Community Access Program - Funding eliminated
- Rural Health Network and Outreach Grants - Funding cut by \$28 million
- Reductions in funding for Health Professions Programs.

www.raconline.org

Low-Fat Dietary Pattern and Risk of Invasive Breast Cancer

The Women's Health Initiative has found that among post-menopausal women, a low-fat dietary pattern did not result in a statistically significant reduction in invasive breast cancer risk over an 8.1-year average follow-up period. The intervention was designed to promote dietary change with the goals of reducing intake of total fat to 20% of energy and increasing consumption of vegetables and fruit to at least 5 servings daily and grains to at least 6 servings daily. The nonsignificant trends observed suggest that a longer =, planned, nonintervention follow-up may yield more definitive comparison. Critics contend that the women did not reduce their fat to low enough levels or eat enough fruits and vegetables, and that eight years follow up did not give the diets enough time.

<http://jama.ama-assn.org/cgi/content/full/295/6/629>

http://www.nytimes.com/2006/02/08/health/08fat.html?_r=1&th&emc=th&oref=slogin

Women Are Said to Face Hidden Heart Disease Risk

Women are more likely than men to have a hidden type of [coronary disease](#) in which their heart muscle is starved for oxygen even though their coronary arteries look clear and free of blockages on X-rays, doctors are reporting. The condition, which may affect three million American women, greatly increases the risk of a heart attack. Its main symptom is chest pain or discomfort. In many women, the pain occurs but nothing shows up on an angiogram. Women with symptoms, a family history of heart disease or severe risk factors may be candidates for a certain type of stress test that measures blood flow to the heart.

http://www.nytimes.com/2006/02/01/health/01heart.html?_r=1&th&emc=th&oref=slogin

British Ban Indoor Smoking

Parliament voted overwhelmingly for a total ban on [smoking](#) in indoor public places in [England](#). The decision, by an unexpectedly high margin of 384 to 184, brought England into line with Ireland, which barred smoking in public places in March 2004, and with Scotland and Northern Ireland, where bans are to come into force over the next 13 months. The local parliament in Wales has also said it will seek a full ban. The English ban is expected to come into effect next year.

http://www.nytimes.com/2006/02/15/international/europe/15britain.html?_r=1&th&emc=th&oref=slogin

Study Shows How Tobacco Firms Recruited Scientists Covertly

The tobacco industry recruited and managed an international network of more than 80 scientific and medical experts in Europe, Asia, and elsewhere in a bid to avoid regulations on secondhand smoke, a new report says. "The objective of the program was to influence policy makers, media and the public by providing, through their consultants ... information concerning public workplace regulation, indoor air quality and ventilation standards, and scientific claims regarding secondhand smoke," without this information appearing to have been procured by the tobacco industry, says the report. The consultants carried out these activities by publishing scientific papers and reports, attending conferences, and lobbying. The authors say that the industry's role was not disclosed to the public or was minimized or obscured when it was mentioned.

<http://bmj.bmjournals.com/cgi/content/full/332/7537/321-a/DC1>

Clot Risk for Birth-Control Patch Is Found to Be Double That of Pill

A new study shows that women using the Ortho Evra birth-control patch have double the risk of developing blood clots compared with those who take the birth-control pill, the Food and Drug Administration said Friday. The finding comes from one of two studies comparing the patch and the pill, said Ortho Women's Health and Urology, maker of the once-a-week patch. The first study found no increased risk of clots. But the interim results from the second study suggested a twofold increase in the risk of venous thromboembolic events, or clots in the legs and lungs, in women using the patch, Ortho said.

http://www.nytimes.com/2006/02/18/health/18patch.html?_r=1&th&emc=th&oref=slogin

Crunch Pak Pre-Sliced, Packaged Apples

Crunch Pak packages "bags of ordinary-looking, fresh slices of apples that, bathed in an all-natural flavorless sealant, won't turn brown or lose their crisp for up to three weeks." They pack apples under their own name for Wal-Mart and nearly a dozen other chains, under the in-house brand at Whole Foods and for the organic bagged-salad giant Earthbound Farm. A New York Times article argues that, given the childhood obesity epidemic and the longstanding economic troubles of America's apple growers, boosting the apple's

performance so that it could, as an industry observer explained, "stand up to ordinary use," was a doubly urgent project. By making a healthful, fresh fruit that looks and acts more like a bag of chips, a handful of companies like Crunch Pak may have finally figured out a way to compete with the hassle-free junk foods that blazed into this era of hyper-convenience.

<http://www.nytimes.com/2006/02/12/magazine/12apples.html?th&emc=th>

A Cancer Drug Shows Promise, at a Price That Many Can't Pay

Avastin, a drug already widely used for colon [cancer](#), may be a crucial new treatment for breast and lung cancer. Studies show that Avastin can prolong the lives of patients with late-stage breast and lung cancer by several months when the drug is combined with existing therapies. Genentech expects to seek federal approval later this year to sell it specifically for those diseases. Doctors, though, warn that some cancer patients are already being priced out of the Avastin market, with a cost of about \$100,000 a year. Even some patients with insurance could face out-of-pocket co-payments for the drug of \$10,000 to \$20,000 a year.

<http://www.nytimes.com/2006/02/15/business/15drug.html?th&emc=th>

SFBR, Brazilian Scientists to Study New TB Vaccine

The National Institutes of Health has awarded a \$3.4 million grant to the Southwest Foundation for Biomedical Research (SFBR) to study a vaccine for tuberculosis. The four-and-a-half year grant supports the efforts of an international team of investigators. Dr. Celio Lopes Silva of the University of Sao Paulo [in Brazil] has taken a new approach to designing this vaccine, which is intended to be both preventive and therapeutic, and it has already shown preliminary results in mice.

http://www.sfbr.org/pages/news_release_detail.php?id=80

Alternative and Complementary Medicine Grow in Popularity

More than \$27 billion is spent annually on alternative and complementary medicine, according to government estimates. 48 percent of American adults used at least one alternative or complementary therapy in 2004, up from 42 percent a decade ago. The numbers continue to grow, experts say, for reasons that have as much to do with increasing distrust of mainstream medicine and the psychological appeal of nontraditional approaches as with the therapeutic properties of herbs or other supplements. Fourteen states now license naturopaths to practice medicine. Licensed naturopaths can prescribe drugs from an approved list in some states, but have no prescribing rights in others.

http://www.nytimes.com/2006/02/03/health/03patient.html?pagewanted=2&_r=1&th&emc=th

Judy Knutson

University of Wisconsin

Population Health Institute

610 Walnut Street, Suite 760

Madison, WI 53726-2397

Phone: 608-263-6294

Fax: 608-262-6404

<http://www.pophealth.wisc.edu/uwphi/>

