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Department of Population Health Sciences

UW School of Medicine and Public Health

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 [Judy Knutson](#) 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.

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State News

SE WI Health Care Purchasing Cooperative Launched

The *Milwaukee Business Journal* reports that Co-op Care of Southeastern Wisconsin, the first health insurance purchasing cooperative allowed under new Wisconsin laws, has started selling health plans. Four partners invested about \$500,000 each to allow small and mid-size companies to pool their health insurance plans and spread out risk. Coalition leaders believe small companies and individuals will see their insurance rates at least stabilize by joining the group, and could potentially see savings of 2 to 4 percent annually. The cooperative has set a goal of signing up 7,500 enrollees in its first year.

<http://milwaukee.bizjournals.com/milwaukee/stories/2007/01/01/daily2.html>

Milwaukee Business Coalition Growing, Reducing Health Prices for Members

The Business Health Care Group of Southeastern Wisconsin, a group of major Milwaukee corporations that organized in 2003 to negotiate for lower health insurance premiums and provider prices, delivered to its members an average 15-percent drop in their medical costs in the first six months of 2006. The group announced the total enrollment of about 83,000 in its Humana Preferred plan as of Jan. 1, up from 57,000 at the end of September. The group's total membership includes roughly 400 businesses with about 163,000 total workers. The members-only network option that excludes certain hospitals and doctors in an effort to foster greater competition on pricing and data-disclosure efforts. The group's long-term goal is to bring Milwaukee-area health costs in line with the midwestern average. <http://milwaukee.bizjournals.com/milwaukee/stories/2007/01/08/daily10.html>

At the same time, The Milwaukee Business Journal reports the view of insurance industry observers that the coalition has yet to enroll enough patients for its health plan to make a lasting difference in employers' health care costs.

<http://milwaukee.bizjournals.com/milwaukee/stories/2007/01/08/story2.html>

Need/Demand for WI Safety Net Clinic Services Continues to Grow

Even after completing most of the work on its third major expansion in 20 years, the Sixteenth Street Community Health Center on Milwaukee's south side has recently completed its third major expansion in 20 years, but is planning to expand again to meet the demand for care for low-income and uninsured persons.

<http://milwaukee.bizjournals.com/milwaukee/stories/2007/01/15/story15.html>

At the same time, the Kenosha Community Health Center, is finalizing plans to double its capacity to provide medical and dental care to the poor. The clinic's current space is about 8,000 square feet and will increase to 20,000 square feet.

<http://milwaukee.bizjournals.com/milwaukee/stories/2007/01/08/story12.html>

Wisconsin Named 10th Healthiest State

An annual report released by the United Health Foundation ranked Wisconsin in the No. 10 spot, up three from a ranking of 13 in 2005. The report also concluded that the nation's health improved by 0.3 percent. Contributing to Wisconsin's ranking includes improved ratings for children in poverty and infectious diseases, which improved 24 and 55 percent, respectively. According to the report, the percentage of Wisconsin children living in poverty declined more than 4 percent, smoking decreased by just over 1 percent and the incidence of infectious disease declined almost 1 percent per 100,000 people. Wisconsin is among four states that have had the greatest overall improvement in health scores since 2005. The state improved by 2.3 percent over last year. <http://www.unitedhealthfoundation.org/ahr2006/media2006/shrmediakit/2006ahr.pdf>

Push for \$1 Increase in State Cigarette Tax

Health organizations and other groups are reviving their call for a \$1-a-pack increase in the cigarette tax to pay for anti-smoking programs and health care. More than two dozen groups, most representing health care organizations, have joined forces to again push for a \$1-per-pack increase to the state's existing 77-cents-per-pack tax, which ranks 30th among states. The idea also has been floated by the Healthy Wisconsin Committee, a group formed by Doyle to develop solutions for reducing the number of uninsured residents and increasing access to health care. Raising the cigarette tax by \$1 a pack to \$1.77 is projected to generate an additional \$227.5 million a year in new state cigarette tax revenue, while leading to 90.8 million fewer packs sold in Wisconsin, according to figures by the Campaign for Tobacco-Free Kids.

<http://www.jsonline.com/story/index.aspx?id=542816>

Healthy Wisconsin Council Issues Recommendations

The Healthy WI Council appointed by Gov. Doyle to find ways to improve access to health insurance made several significant recommendations for possible inclusion in the Governor's biennial budget bill. Those recommendations include:

- Expand the state's Medicaid program to cover childless adults ages 18 to 65 if they fall under certain income limits. The proposal is estimated to cover about 61,000 adults, at an annual cost to the state of about \$43 million.
- Create a reinsurance pool to cover catastrophic care claims so health insurance is more affordable for small businesses. The committee expects the pool to reduce premiums by 25% and make coverage available for about 100,000 people.
- Raising the state's cigarette tax by \$1 dollar to \$1.77 a pack, which would bring in additional revenue of \$227.5 million a year.

Milwaukee Journal-Sentinel contains an article about the council's recommendations:

<http://www.jsonline.com/story/index.aspx?id=543634>

Healthy Wisconsin Council's website: <http://dhfs.wisconsin.gov/healthywisconsin/meeting.htm>

Study: Wisconsin Health Plan Costs Exceed Income by Over \$4 Billion

A study released by the Wisconsin Policy Research Institute, "Wisconsin's Free Market Think Tank," finds that proposed payroll and employee tax to finance the proposed Wisconsin Health Plan (WHP) would under-fund the program by over \$4 billion per year, if Wisconsin health expenditures stayed the same as they were in 2005. The study reports that, in order to adequately fund the program, payroll taxes would need to be more than 17% instead of the proposed nearly 13%.

<http://www.wpri.org/Reports/Volume%2020/Vol20no1.pdf>

Wisconsin Health Plan web site:

<http://www.wisconsinhealthproject.org/plan/index.htm>

Milwaukee Journal-Sentinel coverage and editorial about the plan:

<http://www.jsonline.com/story/index.aspx?id=552231>

<http://www.jsonline.com/story/index.aspx?id=552224>

Response to report by Representative Jon Richards (D-Milwaukee)

<http://www.biztimes.com/daily/2007/1/10/richards-defends-health-plan-against-critics>

49% of uninsured children eligible for Medicaid/BadgerCare but not enrolled

The Milwaukee Journal-Sentinel reports how bureaucratic barriers prevent parents and children from enrolling in existing state programs. This poses a major challenge to improving rates of coverage, apart from expanding program eligibility. The Journal-Sentinel identifies a "bureaucratic gantlet that includes complex regulations, confusing paperwork and understaffed county agencies." New state and federal laws, particularly those increasing employer and citizenship verification requirements, have also created new obstacles to enrolling and maintaining continuous coverage for eligible children. These gaps and churning in coverage increase bad debt and administrative burden for providers. The state is working streamline Medicaid, Healthy Start and BadgerCare under Governor Doyle's proposed BadgerCare +.

<http://www.jsonline.com/story/index.aspx?id=553005>

BadgerCare Streamlined Verification Process Not Implemented

The employer verification process is intended to protect against fraud by verifying the wages and health insurance status of Badger Care applicants. As part of the streamlined application process, The WI Department of Health and Family Services is required to provide Wisconsin's employers directly with verification forms needed for the Badger Care program applicants. However, Madison television station *27 News* reports that the DHFS failed to carry out this function, finding it too difficult to comply with the order to directly contact employers. Rather than directly sending out forms to businesses, department officials continued to provide applicants with employer verification forms.

<http://www.wkowitz.com/News/index.php?ID=8543>

Legislators Call for Increased Medicaid Funding for Dental Care

State Sen. Dan Kapanke, R-La Crosse, state Rep. Jennifer Shilling, D-La Crosse, and state Rep. Lee Nerison, R-Westby, called for a \$40 million increase in Medicaid reimbursement over two years to dentists who take low-income patients. The \$40 million proposed increase is less than 2 percent of the entire Medicaid budget, but would raise reimbursement to dentists from 40 percent to 75 percent.

<http://www.lacrossetribune.com/articles/2006/12/20/news/01lead.txt>

Aurora St. Luke's Refers Low-Income Patients to Other Hospitals

Aurora St. Luke's Medical Center became the first hospital in Milwaukee County to stop accepting most patients who get health care through state programs for low-income parents and children. For most procedures and tests, St. Luke's now refers people in the Medicaid and BadgerCare programs to two other hospitals within its system: Aurora Sinai Medical Center and West Allis Memorial Hospital. The hospital still provides specialized services, such as complex cardiac and neurosurgical procedures, that are unavailable at its other hospitals and still accepts Medicaid patients who are not in the HMOs.

<http://www.jsonline.com/story/index.aspx?id=540345>

Attorney General Agreement with Mercy on Charging Uninsured Patients

Outgoing Attorney General Peg Lautenschlager reached an agreement in December with Mercy Health System Corporation over how Mercy Health charges health care costs to the uninsured. Under the terms of the agreement, Mercy will provide an automatic discount to non-insured patients equal to the weighted average percentage discount offered to the vast majority of patients who do have health insurance coverage – not less than a 20% discount. Mercy will also disclose in a plan and concise fashion its self-pay discount and collection procedures.

<http://www.thewheelerreport.com/releases/Dec06/Dec27/1227agmercyhealth.pdf>

Wisconsin's Nonprofit Hospitals Report \$1B Margin for 2005

The Wisconsin Hospital Association report on community benefits provided by Wisconsin hospitals has also attracted attention for another data element within the report: that Wisconsin's nonprofit hospitals accrued a combined \$1 billion in total margins for 2005.

WHA report: <http://www.wiservepoint.org/>

Press coverage of critics: <http://www.biztimes.com/news/2007/1/5/wisconsins-nonprofit-hospitals-are-flush-with-cash>

“Nonprofit Hospitals and the Provision of Community Benefits”

Report from the Congressional Budget Office

<http://www.cbo.gov/showdoc.cfm?index=7695&sequence=0&from=7>

Wisconsin Health Insurance Coverage, 2005

This report provides information about health insurance coverage, health status, health problems, and the use of health care services among Wisconsin residents. Key findings include:

- About 89% were insured all 12 months prior to the survey
- About 5% were uninsured part of the prior year
- Roughly 5% had no coverage during the final year
- The percentages were the same for 2004 and 2005
- The number of Wisconsin children without insurance grew by 21%

The full report: <http://dhfs.wisconsin.gov/stats/pdf/fhs05ins.pdf>

The executive summary: <http://dhfs.wisconsin.gov/stats/pdf/fhs05insExecSum.pdf>

Additional information: <http://dhfs.wisconsin.gov/stats/healthinsurance.htm>

State and UW Team Up on Health Care

A new partnership between the UW Population Health Institute, the La Follette School of Public Affairs, and the Wisconsin Legislative Council will allow policymakers quick and direct access to high quality information for making health care policy decisions. The project, “Advancing Evidence-Based Health Policy in Wisconsin,” will, through forums, symposia, and briefings, increase the communication between researchers, lawmakers, and others in the public and private sectors to enhance the presence of evidence-based research in the policymaking process. This nonpartisan collaboration will create a stronger link between the worlds of research and government to address Wisconsin’s health care challenges.

<http://www.wispolitics.com/index.iml?Article=83642>

<http://www.madison.com/toolbox/index.php?action=printme2&ref=tct&storyURL=%2Ftct%2Fnews%2Findex.php%3Fntid%3D113485%26ntpid%3D4>

Anthem Blue Cross and Blue Shield Unveils Plan for Covering Uninsured

One of Wisconsin’s largest health insurance providers, Anthem Blue Cross and Blue Shield, announced its plan for universal coverage for children and more options and availability of coverage for the working uninsured in Wisconsin. Through partnerships with federal and state governments and public-private collaborations, Anthem’s plan urges states to expand their programs to cover children in families that earn up to 300 percent of the federal poverty level (FPL) and for the expansion of state health care programs to include parents in families that earn up to 200 percent of FPL and for childless adults who earn up to 100 percent of FPL. The plan also contains components for assisting those who do not qualify for public programs, products tailored to groups that have traditionally foregone health insurance, and a financial contribution for expanding programs related to the company’s uninsured initiatives.

<http://wispolitics.com/index.iml?Article=85626>

State Meth Cases Down 31%

Both the number of meth cases and meth labs were down in 2006, a trend the Wisconsin Attorney General attributes to the Department of Justice Methamphetamine Initiative. The number of cases dropped from 726 in 2005 to 500 in 2006. Also, the number of labs dropped from 56 to 25, a 55% reduction.

<http://www.thewheelerreport.com/releases/Dec06/Dec5/1205agmethwrap.pdf>

New laws allow more information on medicine labels

Two new Wisconsin laws that went into effect in November make prescription drug labels easier to understand. One law allows customers to request pharmacists to print the symptom for which they take medication to be disclosed on the label, for example "knee pain" as the symptom of osteoarthritis. Another law allows the pharmacist to print both the brand name and the generic name of the medication on the label.

<http://www.wausaudailyherald.com/apps/pbcs.dll/article?AID=/20070107/WDH0101/701070435/1981>

RESEARCH and Program Tools

2006 Women's Health Data Book

Women's Health USA 2006, the fifth edition of the data book, presents a profile of women's health at the national level from a variety of data sources. The data book, developed by the Health Resources and Services Administration's Office of Women's Health, includes information and data on population characteristics, health status, and health services utilization. New topics in the 2006 edition include life expectancy, postpartum depression, food security, and smoking during pregnancy. Racial and ethnic disparities and gender differences in women's health are also highlighted.

http://www.mchb.hrsa.gov/whusa_06/

America's Health Rankings, 2006

The United Health Foundation's annual rankings report is now available. View the full report at:

<http://www.unitedhealthfoundation.org/ahr2006/media2006/shrmediakit/2006ahr.pdf>

View reports from previous years at: <http://www.unitedhealthfoundation.org/ahr2005.html>

Health and Well-Being of Infants, Children, and Adolescents Residing in Rural Areas

The Health and Well-Being of Children in Rural Areas: A Portrait of the Nation 2005 presents national- and state-level data on the health status, health care use, and risk factors experienced by infants, children, and adolescents who reside in rural areas in the United States. The chartbook

draws from an analysis of parent reports from the National Survey of Children's Health. Measures included oral, physical, and mental health; health care utilization and insurance status; social well-being; and aspects of the environment.

<http://www.mchb.hrsa.gov/ruralhealth/intro.htm>

Health Policy Video Library

The Health Policy Video Library is a collection of links to documentaries, news segments, and other videos on a wide range of health policy issues. The library, which will be continuously updated, currently contains more than 200 videos produced by organizations such as PBS, Discovery Channel, and Kaiser, as well as independent filmmakers. Search for videos in the database by topic or keywords and sort the results by video length or production year.

http://www.kaiseredu.org/picks/documentary_search.aspx

Measuring Patient Satisfaction

To discuss the measurement of patient satisfaction and how this data is being used privately and publicly, among other issues, The Commonwealth Fund and the Alliance for Health Reform sponsored a briefing, "Who Cares What Patients Think?" To listen to the presentations with the speakers' slides, watch our [new E-Forum](#).

http://www.cmwf.org/topics/topics_show.htm?doc_id=431235

A similar study: "**Hearing the Patient's Voice? Factors Affecting the Use of Patient Survey Data in Quality Improvement**" aims 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.cmwf.org/usr_doc/889_Davies_hearing_patients_voice_itl.pdf

“Reducing Racial and Ethnic Disparities: Quality Improvement in Medicaid Managed Care Toolkit” from the Center for Health Care Strategies

http://www.chcs.org/publications3960/publications_show.htm?doc_id=440684

Mental Health Anti-Stigma Campaign

What a Difference a Friend Makes is designed to decrease the negative attitudes that surround mental illness and encourage young adults to support their friends who are living with mental illness. The Web site was launched by the Ad Council and the Substance Abuse and Mental Health Services Administration. The site includes tools to help in the recovery process, information about different kinds of mental illnesses, true stories about support and recovery, and an interactive video about how friends can make a difference. The Web site is available at <http://>

www.whatadifference.samhsa.gov/

Performance Snapshots

A new resource from The Commonwealth Fund synthesizes performance information--giving access to charts and narratives that tell the story of the health system's shortcomings and progress in key areas. Each Snapshot provides suggestions for improving health care practice or policy, along with references to related literature and resources. More than 80 topics--featuring 180 charts, with regular updates and expansions to come--can be searched or browsed in multiple ways. Additionally, users can create their own custom collections of topics and charts that can be downloaded as PDFs or PPTs.

<http://www.cmwf.org/snapshots/>

Toolkit for Local Long-Term Care Ombudsman Programs

A toolkit has been designed to help state and local Long-Term Care Ombudsman Programs improve their performance as advocates for nursing home residents. It describes best practices for addressing 10 key issues related to nursing home quality, including: adequacy of resources, board and care advocacy, cultural competency, elder abuse, end-of-life care, legal support, rehabilitative, convalescent, and post-acute care, systems advocacy, training, and volunteers. Other resources available on the National Long-Term Care Ombudsman Resource Center Web site include:

- A comprehensive guide to improving ombudsmen programs, intended for practitioners as well as policymakers and researchers. It includes findings from the research project and recommendations for improving program performance.
- Summaries of research and concerns related to key topics in nursing home quality.
- Advice on serving and advocating for PARCC residents, including a screening tool for determining when Medicare coverage should be available for skilled nursing facility care.

http://www.cmwf.org/tools/tools_show.htm?issue_id=3036&doc_id=429984&#doc429984

The Toolkit: <http://www.ltombudsman.org/uploads/EstesToolkit06.pdf>

EVENTS & Announcements

Legislative Seminar: “Affordable Strategies to Cover the Uninsured: Policy Approaches for Other States”: January 24, 2007

The Wisconsin Family Impact Seminars, in collaboration with the UW Population Health Institute’s Evidence-Based Health Policy Project, present this event. Seminar Presentations at 8:15 -10:00 am and Discussion Sessions at 10:15 –11:30 am. GAR Hall (417 North), State Capitol. Register by Wednesday, January 17th online at: <http://www.familyimpactseminars.org/register>

Healthy Policies: Transforming Ideas Into Reality, January 25, 2007

8:30 am-5:30 pm, Milwaukee Center for Independence, 2020 W. Wells, Milwaukee

The Healthy Wisconsin Leadership Institute first Health Policy Program, designed to provide participants a health policy strategy and skills to impact a health policy in their community.. Workshop open to only 75 registrants. Contact: Kirsten Gruebling, kgruebli@mcw.edu, www.hwli.org 608-262-1397

Public Forums on Health Care Reform Proposals

A "Wisconsin Health Care Reform Panel" is traveling around the state to bring attention to three health reform plans offered during the last legislative session:

The Wisconsin Health Plan (AB 1140), introduced by Sen. Gielow and Rep. Richards,

The Wisconsin Health Care Partnership Plan (SB 698), introduced by Sen. Decker and Rep. Musser

The Wisconsin Health Security Act (SB 388, AB 807), introduced by Sen. Miller and Rep. Benedict

Public Meetings:

January 14, 2007, 10:15-11:15 am, First Unitarian Society, Milwaukee

January 18, 2007, 7-9 pm, Columbus

February 7, 2007, Time: 6:30-8:30 pm Beaver Dam

WPHCA Policy Summit : Policies Affecting Health Centers, February 6-7, 2007.

Madison Concourse Hotel. Presented by the Wisconsin Primary Health Care Association.

Includes sessions on dental, HIT, Medicaid, and state grants. http://www.wphca.org/summit_brochure_2006.pdf

WHO Patient Safety Solutions Comment Period

Submit comments until mid-February 2007 on the Patient Safety Solutions being developed by the WHO Collaborating Center for Patient Safety Solutions. The description of the Patient Safety Solutions and the mechanism for submitting comments can be found at <http://www.jcipatientsafety.org/survey>.

"Regulation and Governance of Healthcare: Alternative Practices, Theories and Visions": March 2, 2007

An interdisciplinary and international workshop for lawyers, medical practitioners and students that focuses on health care governance and regulation to be held Friday, March 2, 2007 from 9.00am-5.30pm at the Fluno Center, Madison (610 University Avenue, Madison, WI 53715). Registration is free but space is limited. If you are interested in participating, please contact Sumudu Atapattu at saatapattu@wisc.edu by February 1, 2007.

Governor Doyle's eHealth Implementation Summit: March 15, 2007

Governor Doyle's eHealth Care Quality and Patient Safety Board, Five-Year Plan Implementation Summit: March 15, 2007, Fluno Center, Madison. <http://ehealthboard.dhfs.wisconsin.gov/2006-03-15summit.pdf>

"Translating Research into Policy and Practice": Nov. 29-30, 2007

The UW Population Health Institute conference. Monona Terrace in Madison, WI. check www.pophealth.wisc.edu/uwphi for updates.

Reading Room

Healthcare Costs Growth Slows; Prescription Spending Drives Growth

A study published in last months *Health Affairs* reports that spending on healthcare in the US increased by 6.9% in 2005, the lowest level of increase since 2001. Total health spending accounted for 16 percent of the gross domestic product. Prescription drug spending fueled most of the recent growth, while hospital and physician spending remained steady. Medicaid accounted for much of the deceleration. MA spending on prescription drugs grew by an average of 15.4% a year from 1994 to 2004, but it increased just 2.8% in 2005, Health spending averaged \$6,697 a person in 2005. One percent of the population accounted for nearly one-fourth of all health spending.

<http://content.healthaffairs.org/cgi/content/abstract/26/1/142>

<http://content.healthaffairs.org/cgi/reprint/26/1/142>

Medicare to Pay for Data Reporting by Physicians

To get the money, doctors will have to report how often they provide quality care, as defined by the government. Doctors had been facing a 5 percent cut in Medicare payments in 2007. Congress deferred the cut, freezing doctors' payment rates instead. Now, doctors can qualify for a 1.5 percent bonus in the second half of 2007 if they report data on the quality of their care, using measures specified by the government. Beyond broader questions about whether the government can accurately measure the quality of care, critics are concerned about the feasibility of developing standards for hundreds of thousands of doctors within six months. The quality reporting system begins on July 1.

[http://www.nytimes.com/2006/12/12/washington/12health.html?](http://www.nytimes.com/2006/12/12/washington/12health.html?_r=1&adxnnl=1&oref=slogin&ref=health&adxnnlx=1165942888-VRn2JW+bR8oNmEgpHeIbNA)

[_r=1&adxnnl=1&oref=slogin&ref=health&adxnnlx=1165942888-VRn2JW+bR8oNmEgpHeIbNA](http://www.nytimes.com/2006/12/12/washington/12health.html?_r=1&adxnnl=1&oref=slogin&ref=health&adxnnlx=1165942888-VRn2JW+bR8oNmEgpHeIbNA)

U.S. Proposes to Cut Medicaid's Drug Payments

The Bush administration proposed sweeping reductions in payments to pharmacies as a way to save money for Medicaid. The goal is to ensure that Medicaid can get drug discounts similar to

those provided to large customers in the private market, including companies like Caremark Rx and Medco Health Solutions that manage drug benefits for people who have health insurance through an employer. Congressional investigators have found that Medicaid pays 35 percent more than the lowest price available in the private market for some commonly used brand-name drugs. The proposed rule would provide new data for states to use in their calculations, redefining the “average manufacturer price” for brand-name and generic drugs. Federal officials said the rule would save \$8.4 billion over the next five years. <http://www.nytimes.com/2006/12/18/washington/18medicaid.html?th&emc=th>

EBRI: “Consumerism in Health Care Survey, 2006”

This second annual survey by the Employee Benefit Research Institute (EBRI) and The Commonwealth Fund finds that enrollment in consumer-driven health plans (CDHPs) remains small, and enrollee satisfaction continues to be lower compared with more comprehensive health insurance plans. Only 1% of the privately insured population ages 21 to 64 is currently enrolled in a CDHP. Despite some policymakers' expectations that the lower premiums and tax benefits of CDHPs would substantially reduce the number of uninsured, adults in these plans are no more likely to have been uninsured prior to enrollment than are adults with more comprehensive coverage. http://www.cmwf.org/usr_doc/IB-Dec06-Final-E-CF-Logos.pdf

Breast Cancer Rates on the Decline

Rates of the most common form of breast cancer dropped 15 percent from August 2002 to December 2003. This may be the result of millions of women abandoning hormone treatment for the symptoms of menopause after a large national study concluded that the hormones slightly increased breast cancer risk. Overall, for women of all ages and all breast cancer types, the incidence of the cancer, the second leading killer of women, dropped by 7 percent in 2003, or about 14,000 cases, the researchers said. The decrease was most striking for women with estrogen-positive tumors, which account for 70 percent of all breast cancers.

http://www.nytimes.com/2006/12/15/health/15breast.html?_r=1&th&emc=th&oref=slogin

Expected Health Care Related Financial Burdens for Those Under 65

The Medical Expenditure Panel Surveys were used to estimate the number and characteristics of individuals in the United States faced with very high financial burdens for health care. Total burden included all out-of-pocket expenditures for health care services, including premiums. In 2003, there were 48.8 million individuals (19.2%) living in families spending more than 10% of family income on health care, an increase of 11.7 million persons since 1996. Of these individuals, about 18.7 million (7.3%) were spending more than 20% of family income.

<http://jama.ama-assn.org/cgi/content/full/296/22/2712>

High Cost Medicaid Populations

A new report from the Kaiser Commission on Medicaid and the Uninsured (KCMU), *Profiles of Medicaid's High Cost Populations*, examines the role that Medicaid plays in addressing six populations with serious health needs resulting in high costs. For each population profiled (preterm birth babies, foster care children, individuals with spinal cord and traumatic brain injuries, individuals with mental illness, individuals with intellectual and developmental disabilities, and people with Alzheimer's disease), the report describes the condition and the need for services and supports, as well as the role of Medicaid in meeting those needs.

The full report: <http://www.kff.org/medicaid/upload/7565.pdf>

The executive summary: <http://www.kff.org/medicaid/upload/7565ES.pdf>

“Medicaid “Best Buys” for 2007: Promising Reform Strategies for Governors”

This new brief from the Center for Health Care Strategies (CHCS) outlines five of the most promising opportunities to improve the health of high-risk MA beneficiaries and curb spending growth. It says that states adopting these strategies can lead the health care system in providing cost-effective and high-quality care within Medicaid and beyond. The strategies are:

- * Care management for high-risk pregnancy;
- * Care management for high-risk asthmatic children;
- * Managed care models for aged, blind, and disabled Medicaid beneficiaries;
- * Managed care models for long-term care supports and services; and
- * Care management for high-risk, high-cost members with multiple chronic health needs.

http://www.chcs.org/publications3960/publications_show.htm?doc_id=434341

Programs Focusing on Sexual Abstinence until Marriage May Be Unrealistic

Almost all Americans have premarital sex, according to a federal report that analyzes data over time. The study asked about 40,000 people ages 15-44 about their sexual behavior and traced the trends in premarital sex back to the 1950s. Of those interviewed in 2002, 95% reported they had had premarital sex; 93% said they did so by age 30. At the same time, people are waiting longer to marry; 2005 data show median age at first marriage is just over 25 for women and 27 for men. This fall, the federal government clarified its funding guidelines for abstinence-only programs targeting unmarried adults up to age 29.

http://www.usatoday.com/news/health/2006-12-19-premarital-sex_x.htm