



**E-NEWS – July 2007 Supplement
VOL. 7, NO. 7**

**Department of Population Health Sciences
University of Wisconsin School of Medicine & 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/news.htm>
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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.

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STATE NEWS

Assembly Leadership Health Package Departs from Governor, Senate

The Republican-controlled Assembly adopted its version of the state budget, with many substantial changes in health-related spending from the Governor’s proposals and the Senate’s budget bill. As expected, the Assembly proposal does not include the Senate’s health care reform plan (see June-July eNews at

http://www.pophealth.wisc.edu/uwphi/news/enews/enews_2007_06.pdf).

The Assembly Republican’s health package cornerstones include a state tax deduction for Health Savings Accounts and a new Workplace Wellness Tax Credit, capped at \$5 million per year, to offset up to 30% of the amount that a business pays to provide a workplace wellness program.

Deletions from the Governor’s proposed budget include the following:

- deletes the transfer of \$175M from the injured patients and families compensation fund.
- eliminates the health care quality fund
- modifies current law to prohibit the Governor from introducing a budget that uses funds from the patients compensation fund.
- deletes \$1.25 per pack cigarette tax increase and reduces tobacco control grant funding.
- deletes all funding and changes relating to BadgerCare Plus coverage expansions
- deletes provisions to increase the nursing home bed assessment
- deletes hospital assessments and reduces Medicaid benefits associated with the assessment
- deletes Family Care expansion of home-based long-term care
- eliminates the provision for increased funding for community health centers.
- deletes funding increase for breast cancer and cervical cancer screening services through the Wisconsin Well Woman Program.

Wisconsin’s Senate and Assembly versions of the state budget will be reconciled in a conference committee. The biennium began on July 1, 2007.

Legislative Fiscal Bureau Summary of Assembly Republican Caucus Budget Provisions, DHFS and Insurance (July 9, 2007) <http://www.legis.state.wi.us/lfb/2007-09budget/ARC/dhfs.pdf>

Proposal: SB-40 (07-1716) Executive Budget Action

Bill History: <http://www.legis.state.wi.us/2007/data/SB40hst.html>

Senate Democrat's Health Care Plan Draws Widely Varying Reviews

"Democrats' health plan a huge risk," by John Torinus in *Milwaukee Journal-Sentinel*

<http://www.jsonline.com/story/index.aspx?id=626482>

"Republicans should quit obstructing health care reform" by former Republican State Senator and former DHFS Secretary Joe Lekan, in *Milwaukee Small Business Times*

<http://www.biztimes.com/blogs/milwaukee-biz-blog/2007/7/5/republicans-should-quit-obstructing-health-care-reform>

"State health care plan isn't serious " *Appleton Post Crescent*

<http://www.postcrescent.com/apps/pbcs.dll/article?AID=/20070703/APC0602/707030586/1036>

"All options for health care solutions should be on table" *Manitowoc Herald Times Reporter*

<http://www.htrnews.com/apps/pbcs.dll/article?AID=/20070708/MAN06/707080452/1409>

"Liberal health plans too complicated; conservative plans: Don't Get Sick" *LaCrosse Tribune*

<http://www.lacrossetribune.com/articles/2007/07/01/opinion/editorial/00mial0701.txt>

"Republicans have priorities reversed on health care plan," by retired business owner Jack Lohman, in *Milwaukee Small Business Times*

<http://www.biztimes.com/blogs/milwaukee-biz-blog/2007/6/28/republicans-have-priorities-reversed-on-health-care-plan>

Wisconsin Graded B- in Health, D in Health Disparities

Wisconsin gets a B- in health but a D in health disparities in a new analysis conducted and released by the UW Population Health Institute. Among the 16 states that received higher grades, Iowa and Minnesota received Bs. No state got an A. Twenty states did better than Wisconsin's D grade in health disparities. Iowa got a B and Minnesota got a B-.

Differing measurement criteria, based on hospital performance, led to Wisconsin's recent top ranking among states by the federal Agency for Health Research and Quality. The Commonwealth Fund ranked Wisconsin health care system ninth, while the United Health Foundation recently ranked Wisconsin 10th in health status. The Population Health Institute will be holding a Forum on July 17 at the State Capitol to discuss the several different national rankings and how to interpret the various results. (see "Events" below).

Report: http://www.pophealth.wisc.edu/uwphi/research/report_card_2007/report_card_2007.htm

WI State Journal Coverage:

<http://www.madison.com/wsj/home/local/index.php?ntid=200847&ntpid=2>

Milwaukee loses lead paint case

The jury in the City of Milwaukee's civil lawsuit against the nation's leading manufacturer of lead pigment for paint returned its verdicts, denying the city its demand for \$52.6 million in compensation for damages. The jury voted 10-2 that the presence of lead paint in some of the city's housing stock created a public nuisance, but it also voted 10-2 that NL Industries was not negligent. <http://www.jsonline.com/watch/?watch=1&date=6/22/2007&id=25457>

Medicare Advantage Plan Consumers Misled by Marketing

The federal Center for Medicare and Medicaid Services (CMS) has entered into a voluntary agreement with seven insurance companies to temporarily suspend marketing certain Private Fee for Service (PFFS) Medicare Advantage plans. CMS had found that the companies' marketing

policies and procedures were not in compliance with the federal agency's rules. There were numerous reports of consumers being pressured and subjected to deceptive sales tactics and this had resulted in some individuals purchasing Medicare insurance products that were inappropriate to their needs and, in a few cases, unable to be used in the consumer's home county. In Wisconsin, there are nearly fifty distinct variations of plans sold by six of the seven companies that are affected by this voluntary suspension.

<http://www.thewheelerreport.com/releases/June07/june28/0628agingboardmedicare.pdf>

Milwaukee Hospitals Ranked Top in ED Care Satisfaction

A recent national survey of more than 1.5 million patients treated in more than 1,500 acute care hospitals across the country, Milwaukee hospitals ranked number one in patient satisfaction when patients were asked to evaluate their experience in the emergency departments in that city. Average time spent in the emergency room (ER) is up nationally with significant variations by state, but Wisconsin overall had the ninth shortest wait time in the country.

<http://www.wha.org/newsCenter/pdf/nr6-28-07MilwaukeeNo1inERcare.pdf>

RESEARCH AND PROGRAM TOOLS

AHRQ Web tool demonstrates variety of approaches for health care quality report cards

The Health Care Report Card Compendium is a Web-based, searchable directory of reports produced by a range of sponsors, primarily to meet the information needs of health care consumers. The compendium, which was developed as a resource to supplement guidance provided on the Agency for Healthcare Research and Quality's (AHRQ's) Talking Quality Web site, contains over 200 samples that demonstrate a range of approaches to reporting data on the quality of health plans, medical groups, individual physicians, and other providers.

Compendium: <http://www.talkingquality.gov/compendium>

AHRQ's Talking Quality website <http://www.talkingquality.gov>

Summary on Payment/Quality Alignment Now Available

AHRQ and the Commonwealth Fund have published the proceedings from their recent collaborative meeting on pay-for-performance. *Toward a Research Agenda on Quality-Payment Alignment: Findings From an Invitational Colloquium*, is now available.

<http://www.ahrq.gov/qual/qpayment.htm>

Toolkit on CAPS Workshop Process

Consumers Advancing Patient Safety released a guide entitled "Building the Future for Patient Safety. Developing Consumer Champions - A Workshop and Resource Guide." The guide, which was funded in part by AHRQ, describes the CAPS workshop process and methodology used for the World Health Organization's Patients for Patient Safety initiative to develop future-oriented consumer champions as partners in patient safety work. The guide includes related tools that provide examples of materials to assist in launching a workshop experience for consumer champions. Select to read the press release and select to access the toolkit.

Toolkit: <http://patientsafety.org/page/102503/>

Press Release:

http://www.patientsafety.org/index.v3page;jsessionid=t2ib0byf0rvm?ct=cdisplay&nt=true&cd_eid=50452

EVENTS AND ANNOUNCEMENTS

Forum on State Health Performance Report Cards: Tuesday, July 17

State Capitol, 9-11 am

The UW's Evidence-Based Health Policy Project is convening a forum to discuss the recently released reports from the Commonwealth Fund ranking Wisconsin on measures of health access, quality, costs, and healthy lives. The report's author, Dr. Joel Cantor, will present on the results of the Scorecard and discuss Wisconsin's performance, comparison across states, areas for improvement, and policy implications. This event will also feature the UW Population Health Institute's new *Health of Wisconsin Report Card*. Dr. Patrick Remington, Director of the Population Health Institute, will discuss Wisconsin's grades in health outcomes and health disparities. Further information:

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

Healthy Wisconsin Leadership Institute Training Opportunity: Applications due July 27

The Healthy Wisconsin Leadership Institute (HWLI) Community Teams Program is a yearlong educational offering that supports the development of collaborative leadership and public health skills among teams that are mobilizing communities to address health problems.

<http://hwli.org/>

AHRQ's 2007 Annual Conference: September 26-28, Bethesda

Register now for AHRQ's 2007 Annual Conference: *Improving Health Care, Improving Lives*. Sessions will feature leading experts active in research and implementation projects aimed at improving quality, safety, efficiency, and effectiveness of care. More information and registration: <http://www.blsmeetings.net/2007ahrqannual/>

Reclaiming Midwives: Stills From All My Babies at the University of Wisconsin – Madison Health Sciences Learning Center's Ebling Library

This exhibit runs from April 23 – July 31st, and features photographs by Robert Galbraith highlighting the work of Mary Francis Hill Coley, a black midwife in Albany, Ga., during the 1950s. Information: 262-2402, msullivan@library.wisc.edu.

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

The UW Population Health Institute biennial conference. Check www.pophealth.wisc.edu/uwphi for updates.

READING ROOM

Effect of Med Mal Caps on Cut Doctors' Insurance Costs, Consumer Costs, Mixed

A study published in the June issue of the *Milbank Quarterly* reports that caps on medical malpractice damages mean lower insurance premiums for doctors, according to a new review from two Alabama universities. How these caps affect patient care or costs is less certain.

<http://www.milbank.org/850204.html>

GAO Reports: HHS Must Establish IT Reporting and Privacy Milestones

The Government Accountability Office, updating a January 2007 report, has again criticized HHS for failing to have an integrated approach to developing a national privacy policy for

healthcare information technology. In testimony before a congressional oversight subcommittee Tuesday, the GAO also cited HHS for not establishing milestones to measure its own progress toward that end. At the same time, privacy advocates charged that the GAO has fallen short on monitoring the current privacy environment and the lack of protection afforded by a key federal privacy rule <http://www.modernhealthcare.com/apps/pbcs.dll/article?AID=200770621004>
GAO report on Hospital Quality Data: HHS Should Specify Steps and Time Frame for Using Information Technology to Collect and Submit Data, [GAO-07-320](http://www.gao.gov/new.items/d07320.pdf), April 25, 2007
<http://www.gao.gov/new.items/d07320.pdf>

Health Costs Push Companies to Set Targets for Workers

The Midwest Business Group on Health is reporting on the results of a new survey that finds that employers are shifting their focus to health care prevention and incentives to change employee behavior. U.S. employers continue to be concerned about reducing health care costs, however, there is a growing focus on improving workforce health, creating incentives to change employee behavior and adoption of consumer driven approaches. While disease management continues to play a critical role, employers are increasingly focusing on efforts to prevent employees from becoming sick. These are among the findings in a nationwide survey of more than 160 U.S. employers released by the non-profit Midwest Business Group on Health (MBGH).
[http://www.mbg.org/templates/UserFiles/Files/News/MBGH%20Readiness%20to%20Change%20Survey%20release%20FINAL\(1\).doc](http://www.mbg.org/templates/UserFiles/Files/News/MBGH%20Readiness%20to%20Change%20Survey%20release%20FINAL(1).doc)

Health Care Costs an Important Factor in Evidence-Based Medicine

Health care costs must be factored into medical decision-making in order to save money and improve quality, according to evidence-based medicine experts in a discussion posted by *Health Affairs*. During a wide-ranging conversation, Dr. Sean Tunis, founder and director of the Center for Medical Technology and Policy in California, and Dr. David Eddy, founder and medical director of Colorado-based Archimedes Inc., discussed how the health care system is not required to take economic considerations into account when making decisions about medical coverage and about the consequences for the public—specifically a lower quality of health care—if such costs continue to be ignored. <http://healthaffairs.org/blog/2007/06/20/evidence-based-medicine-the-difficult-but-critical-step-of-adding-cost/>

Closing the Divide: How Medical Homes Promote Equity in Health Care

The Commonwealth Fund 2006 Health Care Quality Survey finds that when adults have health insurance coverage and a medical home—defined as a health care setting that provides patients with timely, well-organized care, and enhanced access to providers—racial and ethnic disparities in access and quality are reduced or even eliminated. Medical homes improve access to needed care, receipt of routine preventive screenings, and management of chronic conditions.
http://www.commonwealthfund.org/usr_doc/1035_Beal_closing_divide_medical_homes.pdf?section=4039

Hospital Patient Mortality Data Now Public

CMS, on its Hospital Compare website, is now reporting how many patients who seek hospital treatment die rather than survive. Information is now available on the Internet on hospital death rates from heart attacks and heart failure, two of the most common conditions that send people to the nearest emergency room. The release of data is part of the push to put information about the

quality and cost of health care in the hands of consumers, to invigorate competition in the medical marketplace.

<http://www.hospitalcompare.hhs.gov/Hospital/Home2.asp?version=alternate&browser=IE%7C6%7CWinXP&language=English&defaultstatus=0&pagelist=Home>

“Health Savings Plans Start to Falter”

The *Wall Street Journal* reports that “consumer-directed” health plans and savings accounts appears to be stumbling, largely because of consumers' unease in using them.

http://online.wsj.com/article/SB118161312384432069.html?mod=home_health_right

Washington Post special report: “Of Sickness and of Wealth; Health Savings Accounts Make Sense if You're Physically and Fiscally Fit”

<http://www.washingtonpost.com/wp-dyn/content/article/2007/06/09/AR2007060900048.html>

Prescription Drug Cost Sharing, Medicine Utilization and Spending

The *Journal of the American Medical Association* published a new study that analyzes the effects of prescription drug cost sharing on the use of medications and non-drug treatments and on health outcomes. Researchers found that more cost sharing led to reduced drug usage and adherence to treatment regimens, as well as more frequent discontinuation of therapy. The study found that for every 10% increase in cost sharing, drug spending fell by 2% to 6%.

<http://jama.ama-assn.org/cgi/content/abstract/298/1/61?etoc>

New York Times coverage of issue: “Scant Drug Benefits Called Costly to Employers”

http://www.nytimes.com/2007/06/27/business/27copay.html?_r=1&hp&oref=slogin

“Can Incentives for Healthy Behavior Improve Health and Hold Down Medicaid Costs?”

Wisconsin, like many states, is designing incentive programs to encourage Medicaid beneficiaries to obtain preventive services and reduce problems like smoking and obesity. A new paper by the Center for Budget and Policy Priorities explores the evidence around the efficacy and cost-effectiveness of these programs. It explains that few rigorous studies have been conducted to see whether incentives achieve these goals. The authors find no studies that indicate that incentives are effective against smoking or obesity. <http://www.cbpp.org/6-1-07health.htm>

Medicaid Spending Growth Moderating, Survey Says

Based on the budget recommendations of the nation's governors, Medicaid spending will grow by 5.8 percent in fiscal 2008, down from an expected growth rate of 6.6 percent in fiscal 2007, according to a new joint survey of the National Governors' Association and the National Association of State Budget Officers. <http://www.nasbo.org/publications.php#fss2007>

CMS Issues Final Medicaid Citizenship Documentation Rules

The Centers for Medicare & Medicaid Services (CMS) has issued final rules on citizenship and identity documentation requirements that took effect last year for Medicaid application. CMS has expanded the types of documents allowed and exempted certain groups from the proof-of-citizenship requirement. In addition, benefits would be extended up to the first year of life for a newborn whose mother was on Medicaid at the time of the birth. The final rule continues the requirement for families to provide original documents,

Advocates argue that these rules have and continue to present a significant barrier to enrollment and impede mail-in or online applications. The Wisconsin Council on Children and Families documents that, since WI began to implement the interim rules a year ago, more than 25,000 state residents have been denied MA or BadgerCare benefits or were terminated from coverage; About two-thirds of those cases include people for whom citizenship is not in dispute, but who don't have the required identity documentation.

Final Regulation: <http://www.cms.hhs.gov/MedicaidGenInfo/>

Tool Kit: http://www.cms.hhs.gov/MedicaidEligibility/05_ProofofCitizenship.asp

Press Release: http://www.cms.hhs.gov/apps/media/press_releases.asp

Fact Sheet: http://www.cms.hhs.gov/apps/media/fact_sheets.asp

"Medicaid: Sufficiency of Data for Oversight of Children's Dental Services"

GAO testimony by James C. Cosgrove, acting director, health care, before the Subcommittee on Domestic Policy, House Committee on Oversight and Government Reform.

<http://www.gao.gov/cgi-bin/getrpt?GAO-07-826T>

Highlights - <http://www.gao.gov/highlights/d07826thigh.pdf>

Community Health Clinics Flourish, But Doctors Are Few

The *Washington Post* reports that the remains a chronic shortage of physicians to care for patients, at the same time that Bush administration has increased spending on community health centers by hundreds of millions of dollars since 2001, helping to open or expand more than 500 of the facilities and extend basic medical services to 4.5 million people.

<http://www.washingtonpost.com/wp-dyn/content/article/2007/06/18/AR2007061801368.html>

Universal Health Insurance Is Essential to a High Performing Health System

Commonwealth Fund assistant vice president Sara Collins, Ph.D presented invited testimony before the U.S. Senate Budget Committee in which she asserted that the existence of a large number of uninsured and underinsured persons contributes greatly toward the inconsistent performance of the U.S. health care system. Collins cited the billions of dollars in uncompensated care, cost-shifting, and multiple payer levels in impeding efficiency in the operation of provider institutions and financing arrangements. Collins also emphasized that the design of the universal coverage system will determine the ability to make systematic improvements in access to care, efficiency and cost control, equity, and quality of care.

http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=506778&#doc506778