



UNIVERSITY OF WISCONSIN

Population Health Institute

*Translating Research into Policy and Practice*

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**Department of Population Health Sciences  
University of Wisconsin School of Medicine and Public Health**

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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**

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### **Hospital Tax Proposal Renewed in Budget Repair Debate**

Governor Jim Doyle renewed his proposal for a 0.7% assessment on hospital revenues, a plan that was pulled out of the last year's budget following Republican opposition. Doyle says the assessment would secure \$700 million in federal revenue over the biennium, \$125 million of which could be used to reduce taxpayers' share of the Medicaid program and go toward filling the general budget shortfall, which the Legislative Fiscal Bureau estimates at \$652.3 million.

The Wisconsin Hospital Association released a statement applauding Governor Doyle and Minority Leader Kreuser for continuing to pursue the hospital assessment as a means of improving Medicaid payments to Wisconsin hospitals and preserving access to safety net health care programs. WHA calls it a "win win" proposition for lawmakers, service providers and patients.

The U.S. Center for Medicare and Medicaid Services is likely to receive a 90-day extension beyond a March 20 deadline that could have jeopardized the state's ability capture the full amount of federal money flowing back from the proposed hospital assessment.

[http://www.wispolitics.com/1006/Budget\\_Adjustment\\_Bill\\_Letter\\_3\\_10\\_08.pdf](http://www.wispolitics.com/1006/Budget_Adjustment_Bill_Letter_3_10_08.pdf)

Statement by Wisconsin Hospital Association

[http://www.wha.org/newsCenter/pdf/WHA%20Hospital%20Assess.Stmt%2003-10-08\(2\).doc](http://www.wha.org/newsCenter/pdf/WHA%20Hospital%20Assess.Stmt%2003-10-08(2).doc)

### **Quality Improvement Act Receives Strong Bi-Partisan Approval**

The Health Care Quality Improvement Act, AB 863, passed an Assembly committee with strong bi-partisan support. Advocates maintain that the bill will improve patient safety and health care quality by encouraging more comprehensive and robust peer review and quality improvement activities and protecting and strengthening the current regulatory system. The bill would also foster additional public reporting initiatives. The bill clarifies and strengthens protections against the use of quality improvement and regulatory investigations and reports in civil and criminal proceedings. AB 863 also maintains medical malpractice as a matter for the civil, not criminal, courts.

The Wisconsin Association for Justice (formerly known as the Wisconsin Association of Trial Lawyers) was the only group registering in opposition. The opponents argue that if criminal charges and jail sentences were not available as possible punishments in cases of medical malpractice, health care providers should accept punitive damages in return.

Bill: <http://www.legis.state.wi.us/2007/data/AB-863.pdf>

Legislative Council Amendment Memo:

[http://www.legis.state.wi.us/2007/data/lc\\_amdt/ab863.pdf](http://www.legis.state.wi.us/2007/data/lc_amdt/ab863.pdf)

### **Electronic Medical Records Bill Passed by Legislature**

The Assembly and Senate this week passed bill to facilitate more comprehensive electronic medical records, intended to facilitate sharing of "need to know" information among providers. The Governor is expected to sign the bill into law. The changes will remove barriers currently in

place and more closely align Wisconsin privacy laws with the federal Health Insurance Portability and Account Act (HIPAA) rules.

They specifically alter provisions of s. 51.30 to allow the exchange of information by adding “diagnostic test results” and “symptoms” to the list of elements that may be exchanged without patient written consent. The bill:

[www.legis.state.wi.us/2007/data/SB-487.pdf](http://www.legis.state.wi.us/2007/data/SB-487.pdf). Detailed explanation of the bill:

<http://ehealthboard.dhfs.wisconsin.gov/DHFSoverviewofHealthlegislation.pdf>.

DHFS press release: <http://ehealthboard.dhfs.wisconsin.gov/ehealthbillpassage3.6.08.pdf>

### **Wisconsin Coalition Focusing on Chronic Illness**

Kenneth Thorpe, a professor and Chair of Health Policy and Management at Emory University, was in Wisconsin last month to launch the Wisconsin chapter of the Partnership to Fight Chronic Disease. The chapter, the sixth in the country, includes roughly 30 groups ranging from the AFL-CIO of Wisconsin to Wisconsin Manufacturers & Commerce and from the YMCA of Greater Milwaukee to the Professional Firefighters of Wisconsin. Thorpe began the Partnership in Vermont and it has grown into a national coalition of 110 organizations, including such dissimilar groups as the Service Employees International Union and the U.S. Chamber of Commerce.

<http://www.jsonline.com/story/index.aspx?id=723516>

K. Thorpe article: <http://content.healthaffairs.org/cgi/content/short/hlthaff.w4.437>

### **Sales of Tobacco Products to Wisconsin Minors at Record Low**

Wisconsin last month reached an all time low in the illegal sales of tobacco products to minors. According to the 2007 Synar sales compliance survey, which gathers information on the percentage of retail outlets that sell tobacco products to minors, the noncompliance rate of retail outlets in Wisconsin is at 4.5%. The previous record low for the State of Wisconsin was set by the 2006 survey at 5.5%. The 2003 survey reported a noncompliance rate of 18.5%, the 2002 survey reported 20.4% and the 2001 survey reported 33.7%.

<http://www.wispolitics.com/index.ihtml?Article=118952>

### **CDC Gives Wisconsin High Marks for its Emergency Health Preparedness**

A recent evaluation by the Centers for Disease Control and Prevention gave Wisconsin high marks regarding the ability of the state to respond to public health emergencies. The CDC evaluated states nationwide on their preparation to detect, respond to, recover from, and mitigate the impacts of health emergencies. The CDC gave Wisconsin an 86 out of 100 for its Strategic National Stockpile planning. Wisconsin was also recognized for its crisis response planning, collaboration with hospitals, local/regional emergency agencies and federal emergency management agencies, rapid communication between laboratories and numerous exercises at the state and local levels.

<http://www.dhfs.state.wi.us/News/PressReleases/2008/022008emprep.htm>

Also see: <http://www.jsonline.com/story/index.aspx?id=720542>

### **Dramatic Decline Noted in Dane County’s African-American Infant Mortality Rate**

Over five years ending in 2006, Dane County’s black infant mortality rate has fallen to the level of white infant mortality in Dane County, reversing the long-standing disparity in infant

mortality between African-Americans and other ethnic groups. Last year, the CDC identified Wisconsin as the state with the highest rate of mortality for infants of non-Hispanic black mothers: 17.57 per 1,000 live births for 2004, compared to a low of 8.75 per 1,000 live births in neighboring Minnesota and 13.6 per 1,000 live births nationally. The rate of infant deaths for non-Hispanic white women was 5.66 per 1,000 births nationally.

<http://www.madison.com/tct/news/273782>

### **Medicaid Health Plans Fail to Meet Childhood Lead Testing Requirements**

The *Milwaukee Journal-Sentinel* reports that, although blood screening is required for all children who qualify for Medicaid, most of Wisconsin's at-risk kids do not get tested. Nearly 67,000 (41%) of approximately 163,000 at-risk children who should have been tested for lead poisoning did not get tested at all. Wisconsin ranks sixth in the nation for the number of childhood lead poisoning cases.

<http://www.jsonline.com/story/index.aspx?id=710765>

### **Nine Wisconsin School Districts to Improve and Expand Nursing Services**

Nine Wisconsin school districts have won grants awarded through the Wisconsin Department of Public Instruction totaling \$250,000 to improve and expand nursing services. In sum six grants will be awarded to the Antigo School District, the Bayfield Consortium, the Green Bay Area School District, the Racine Unified School District, the Sheboygan Area School District and the West Allis-West Milwaukee School District. In sum twenty-four districts and consortiums applied as a part of the competitive grant process. Currently Wisconsin's ratio of nurse to students is roughly 1-to-2,000. The National Association of School Nurses and the American Nurses Association recommends a ratio of 1-to-750 for regular education students and 1-to-250 for special education students.

[http://dpi.wi.gov/eis/pdf/dpi2008\\_24.pdf](http://dpi.wi.gov/eis/pdf/dpi2008_24.pdf)

### **Additional Federal Funding to Accelerate Tomah VA Hospital Building Project**

The Veterans Administration Hospital in Tomah is set to receive \$4.425 million in funding to help renovate one of its buildings, which will house a remodeled psychiatric care unit. The psychiatric unit, currently located elsewhere, will be renovated to provide better privacy and a warmer environment for patients. The project is now expected to be completed in October of 2009. The project was already set to start, but will commence sooner than planned due to additional federal VA funding approved by Congress, which enabled the Veterans Administration to double its budget for minor construction projects.

<http://www.lacrossetribune.com/articles/2008/02/26/news/z05va26.txt>

### **Remington Named to Secretary's Advisory Committee on 2020 Objectives**

Mike Leavitt, Secretary of the Department of Health and Human Services, appointed Dr. Patrick Remington to the new advisory committee, which will make recommendations for developing and implementing national health promotion and disease prevention objectives for Healthy People 2020. Dr. Remington serves as the Director of the UW Population Health Institute, Associate Director of the UW Comprehensive Cancer Center, director of the Master of Public Health (MPH) program at UW-Madison, and also Professor in the Department of Population Health Sciences.

<http://www.pophealth.wisc.edu/newscontent.htm?ID=183>

### **Wisconsin Medical Society Amends Patient Comp Fund Lawsuit**

The Wisconsin Medical Society has filed an amended claim in its lawsuit regarding the legality of the transfer of funds from the Injured Patients and Families Compensation Fund to help balance the state budget. The amended claim removes State Treasurer Dawn Sass from the lawsuit, but adds an additional claim regarding the violation of constitutionally protected rights of Wisconsin physicians. The State is required to file an answer to the new complaint by March 24, 2008.

<http://www.wisconsinmedicalsociety.org/physicians>

### **Insurance Mandate for Autism Coverage Splits State Legislators**

The Democrat-controlled State Senate has passed a bill that would make it State law that insurance companies cover autism treatment. Assembly Republicans reworked the Senate version of the bill to a version that would instead put \$6 million in State taxpayer funds into a state autism program. The Republican version of the bill would draw over \$8 million in federal aid to the State and help end the current waiting list that now consists of more than 325 children. Democrats and advocates have voiced, however, that the proposed insurance change would cover more children and be a better long run solution.

<http://www.jsonline.com/story/index.aspx?id=723559>

<http://www.wbay.com/Global/story.asp?S=7989112>

### **Mental Health Parity Bill Debated in Wisconsin Legislature**

A mental health parity bill introduced this past January is still being heavily debated in the State Legislature. The bill would require that both state and private health insurance plans in Wisconsin provide the same level of coverage for mental health and substance abuse as is currently offered for physical health. Current Wisconsin law requires that full health insurance policies cover the least expensive of the following: \$7,000 of mental health costs annually or 30 days of inpatient care. The State of Wisconsin is one of eight states that do not mandate some level of mental health parity.

<http://www.madison.com/tct/news/274022>

Lt Governor Lawton's op-ed: "Mental-health insurance parity would build stronger economy":

[http://www.lt.gov.wisconsin.gov/news\\_detail.asp?onid=2918&locid=126](http://www.lt.gov.wisconsin.gov/news_detail.asp?onid=2918&locid=126)

In related news, the U.S. House of Representatives has passed a bill that would require health insurers to cover treatments for addiction and mental conditions the same way they provide for physical illnesses. But some mental health advocates say that, because the federal bill would not mandate plans to cover mental health, the well-intentioned legislation could have a negative impact by overriding laws in states where health plans already are required to cover major mental illnesses.

<http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/03/06/BUHJVE7JV.DTL>

### **Congressman Kagen Proposes to Ban Pre-Existing Condition Pricing and Denials**

U.S. Rep. Steve Kagen, D-Appleton, has introduced a proposal that would ban the use of pre-existing conditions for group and individual health policies. His legislation calls for uniform pricing for health policies that provide the same scope of coverage, allowing for regional differences in costs and risks. His goal is to make it easier for people to comparison shop and to

increase competition among companies. Kagen is among several lawmakers in the House and the Senate with bills to eliminate or modify the use of pre-existing conditions as reasons for insurers to deny coverage or charge higher premiums.

<http://postcrescent.com/apps/pbcs.dll/article?AID=/20080310/APC0101/803100456>

### **Federal Appeals Court Helps Wisconsin Implement Tougher Mercury Reduction**

Wisconsin and fourteen other states have won a ruling in a federal appeals court regarding mercury pollution reduction. The ruling now allows Wisconsin to go ahead with a plan intended to cut mercury emissions from power plants by 90%. Mercury pollution is considered to be a public health threat meriting strong attention because once released into the environment, it falls in water, accumulates in fish and becomes much more toxic. The ruling by the federal appeals court in the District of Columbia stated that EPA's efforts to change the regulation of mercury pollution did not follow Clean Air Act requirements. The EPA was targeting a 70% reduction in power plant mercury emissions by 2018.

<http://www.jsonline.com/story/index.aspx?id=716279>

### **DNR: Lengthen Mercury Timeline, Reduce Sulfur Dioxide and Nitrogen Oxide**

In related news, the DNR intends to propose a new plan that will allow utilities more time to reduce mercury emissions. The DNR is willing to push the deadline for compliance back from 2015 to 2021 for utilities who also agree to implement reductions in sulfur dioxide and nitrogen oxide. Sulfur dioxide increases particle pollution. The DNR believes that a decrease in both particle pollution and nitrogen oxide could result health savings of more than \$200 million per year in Wisconsin.

<http://www.jsonline.com/story/index.aspx?id=723578>

## **RESEARCH AND PROGRAM TOOLS**

### **BadgerCare Plus Program Summary**

The Wisconsin Council on Children and Families (WCCF) has prepared an outline that looks at the strengths and weaknesses of Wisconsin's BadgerCare Plus program, explains how it increases eligibility, summarizes how it improves enrollment of children and parents who are already eligible, describes the financing and other program elements, and reviews the ongoing work and challenges that lie ahead.

[http://www.wccf.org/pdf/badgercareplus\\_outline\\_021208.pdf](http://www.wccf.org/pdf/badgercareplus_outline_021208.pdf)

### **Updated Poverty Tables and WCCF Resources**

The official 2008 federal poverty level (FPL) have been published in the Federal Register. New tables on the WI Budget Project's website show the new FPL for various family sizes, and translate the annual figures into comparable amounts for monthly and hourly income. They also show the income at different percentages of the FPL, ranging from the 115% income limit for Wisconsin Works up to the 300% limit for participation of pregnant women in BadgerCare Plus.

[http://www.wccf.org/pdf/fedpovtables\\_2008.pdf](http://www.wccf.org/pdf/fedpovtables_2008.pdf)

A simpler table, which also contains links to federal websites relating to the poverty level, can also be found on Wisconsin Council on Children and Families' website, at:

[http://www.wccf.org/pdf/fedpovguidelines\\_2008.pdf](http://www.wccf.org/pdf/fedpovguidelines_2008.pdf)

### **KFF Issue Paper – Medicaid: Overview and Impact of New Regulations**

This issue paper highlights the six new proposed regulations under the Bush Administration aimed at a reduction of federal Medicaid spending over the next five years. The brief also details current policy and examines the impact that the proposed regulatory changes could have. The proposed regulations involve the following: Providers operated by units of Government, Graduate Medical Education, Rehabilitation Service Option, Administrative Claiming and Transportation Costs for School Based Services, Outpatient Services, and Target Case Management.

<http://www.kff.org/medicaid/7739.cfm>

### **Issue Brief - Medicare Advantage Special Needs Plans for Dual Eligibles**

The Commonwealth Fund released a new issue brief on Special Needs Plans (SNP) created by the Medicare Modernization Act of 2003. The issue brief focuses specifically on dual eligibles, one of three special-needs populations that SNPs are intended to address. The issue brief discusses the main goals of Special Needs Plans for dual eligibles and addresses why coordination between SNPs and Medicaid programs has often been unsuccessful. The issue brief also provides recommendations geared towards improving the response of SNPs to the needs of dual eligibles.

[http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=670364](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=670364)

### **Issue Brief – Coordinating Care for Dual Eligibles: Options for Linking State Medicaid Programs with Medicare Advantage Special Needs Plans**

This Commonwealth Fund issue brief highlights three models intended to help states coordinate state-administered Medicaid benefits with Medicare benefits. The models include an administrative services organization approach, a Medicare program in which the beneficiary enrolls by choice into a single managed care organization (MCO) focused on delivering both services, and a model in which the beneficiary is required to enroll in a Medicaid MCO.

[http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=670359](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=670359)

### **How Disease Burden Influences Medication Patterns for Medicare Beneficiaries**

This Commonwealth Fund issue brief provides benchmarks for assessing the quality of pharmaceutical care under the Medicare Part D prescription drug benefit. The brief highlights commonly observed medication patterns in the Medicare Part D population, concluding that traditional drug quality indicators and new quality assurance mechanisms are not equipped to adequately evaluate medication use in the Medicare population.

[http://www.commonwealthfund.org/usr\\_doc/Stuart\\_howdiseaseburdeninfluencesmedpatterns\\_1106\\_ib.pdf?section=4039](http://www.commonwealthfund.org/usr_doc/Stuart_howdiseaseburdeninfluencesmedpatterns_1106_ib.pdf?section=4039)

### **Updated Toolkit – HRET Disparities Toolkit**

The Health Research and Educational Trust released an updated version of its toolkit for collecting race, ethnicity, and primary language information from patients. The toolkit is intended to help in the education of staff about the importance of data collection, how to implement a data collection framework, and how to use collected data to aid in the provision of quality care. Free registration and access to resources can be found at the following URL:

<http://www.hretdisparities.org/>

### **Research Brief – Creating Sustainable Local Health Information Exchanges**

This Center for Studying Health System Change research brief highlights findings from a study of stakeholder perspectives on participation in four different HIEs, showing that substantial barriers still exist to implementing data exchange. Key stakeholder concerns include loss of competitive advantage and data misuse. An additional barrier is the degree of uncertainty that exists regarding who benefits from HIEs.

<http://www.hschange.org/CONTENT/970/?topic=topic04>

### **Updated Fact Sheet – HPV Vaccine: Implementation and Financing Policy**

This KFF fact sheet on the HPV vaccine provides background information on HPV and the link between HPV and cervical cancer. The fact sheet also addresses issues relating to the financing of the vaccine, access to the vaccine, public awareness and knowledge of HPV, and public and provider education.

<http://www.kff.org/womenshealth/7602.cfm>

### **KFF Report - How Non-Group Health Coverage Varies with Income**

This report analyzed how often individuals at multiple different income levels purchase non-group health care coverage when they do not have access to employer coverage and are not receiving public coverage. Findings from the report indicated that few individuals at lower incomes purchased non-group coverage, and as income increased roughly only one quarter of individuals purchased coverage. Additionally, approximately only half of individuals with incomes of at least 10 times the poverty level purchased non-group coverage.

<http://www.kff.org/insurance/7737.cfm>

### **Fact Sheet – Medicare and the President’s Fiscal Year 2009 Budget Proposal**

This KFF fact sheet highlights the proposed legislative changes to Medicare in the President’s FY 2009 budget. The changes would result in an estimated \$178 billion in net savings over five years. The fact sheet specifically highlights which areas of Medicare would see the largest spending reductions, and discusses beneficiary premium increases along with proposed administrative changes. The fact sheet also details the Administration’s response to the “Medicare Funding Warning.”

<http://www.kff.org/medicare/upload/7750.pdf>

### **New Tutorials – Women’s Health Policy, Health Care, the Election**

KaiserEDU.org recently released two new tutorials, one focusing on women’s coverage and access to care, and the second focusing on current public opinion as it relates to the election and health care. The women’s health policy tutorial includes a comparison of barriers to health services by gender, information regarding the current state of women’s health coverage, and a focus on women who lack coverage. The public opinion tutorial highlights trends and current priorities for the 2008 election and the role of health care in the election, along with providing an in depth examination of interests, concerns and beliefs of the American public.

<http://www.kaiseredu.org/tutorials/nonelderly/player.html>

<http://www.kaiseredu.org/tutorials/hcelection08/player.html>

### **Statehealthfacts.org Updates and Adds Multiple Tools**

Updated tools include 'Total State Expenditures, SFY2006' under Demographics and the Economy, 'Cessation Treatment under Medicaid, 2006' under the Health Status category, and 'HIV Testing for Mothers and Newborns, February 2008' under the HIV/AIDS category. Updates under the Medicaid & SCHIP section include 'Total Medicaid Enrollment, FY2005,' 'Medicaid Payments per Enrollee, FY2005,' 'Distribution of Medicaid Payments by Enrollment Group, FY2005,' and multiple SCHIP data tools. Additionally, 'Medicare Beneficiaries with Creditable Prescription Drug Coverage by Type, January 2008' has been updated under the Medicare section.

<http://www.statehealthfacts.org/whatsnew.jsp>

### **A Consumer Guide to State Health Reform**

Community Catalyst and Families USA have teamed up to provide health care advocates with a web-based guide for developing state expansions of health coverage. The navigable service walks you through the various steps and the questions you need to ask when developing programs to expand access to health coverage, as well as quality improvement and cost containment initiatives.

[http://www.communitycatalyst.org/projects/schap/a\\_consumer\\_guide](http://www.communitycatalyst.org/projects/schap/a_consumer_guide)

## **EVENTS AND ANNOUNCEMENTS**

### **Women as Health Care Consumers: Shop as if Your Life Depends on It**

Luncheon Speaker: Meg Gaines, Clinical Professor of Law and Director of the Center for Patient Partnerships at the UW-Law School

March 27, 2008: 11:45 am

UW-Madison University Club

Registration Required. Cost: \$16.50. Contact: (608) 262-5023, [uclub@bascom.wisc.edu](mailto:uclub@bascom.wisc.edu)

### **Philip M. Farrell Population Health Distinguished Alumni Lecture**

Kevin Hayden, MA, Secretary, Wisconsin Department of Health and Family Services

March 31, 2008: 12:00-1:00 pm

UW Health Sciences Learning Center – Room 1335

### **2008 Department of Population Health Sciences Poster Session**

March 31, 2008

UW Health Sciences Learning Center

For further information in upcoming weeks: <http://www.pophealth.wisc.edu/>

### **American Indian Health Sciences Day: Health is our Future**

Produced by the Great Lake Inter-Tribal Council and the UW School of Medicine and Public Health. Hosted by the UW School of Pharmacy.

April 4, 2008: 11:30 a.m.-4:30 p.m., UW-Madison, Commons, School of Pharmacy Building

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

**Health Care Payment Reform and Pay-for-Performance in Wisconsin: How to Promote System Transformation (and What Not to Do)**

Tuesday, April 29, 2008, 1:00 pm - 4:30 pm

Monona Terrace Convention Center, 1 John Nolan Drive

Information: [cerijenkins@wisc.edu](mailto:cerijenkins@wisc.edu)

**Institute for Research on Poverty Seminar: The Size of Health Selection Effects**

Alberto Palloni, Northwestern University and IRP Affiliate

Thursday May 1, 2008: 12:15-1:30 p.m. 8417 Sewell Social Science

Information: 262-6175, [cwilliam@ssc.wisc.edu](mailto:cwilliam@ssc.wisc.edu)

**Sobering News: How We Can Reduce Wisconsin's Top-Ranked Drinking Problem**

Evidence-Based Health Policy Project Briefing. May 6, 2008, from 10 am to noon in the state capitol. Presenters include Paul Moberg from the Population Health Institute; Carolyn Heinrich from the La Follette School of Public Affairs; and Richard Brown from the Wisconsin Initiative to Promote Healthy Lifestyles.

Information: [cerijenkins@wisc.edu](mailto:cerijenkins@wisc.edu)

**Governor Doyle's eHealth Implementation Summit**

Annual Summit of the Wisconsin eHealth Care Quality and Patient Safety Board.

Thursday, June 12, 2008. Madison Concourse Hotel.

Information and registration: <http://media.med.wisc.edu/proofs/ehealth08/index.html>

**READING ROOM**

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**RWJF Commission to Study Impact of SES and Other Determinant of Health**

The Robert Wood Johnson Foundation initiated the start of a new commission that will work to determine the effects of factors such as income, education, housing, diet, exercise and stress on health and life spans of U.S. residents. The initiative is targeted at understanding how factors beyond medical care and health insurance status impact health. The coalition will work to identify practical solutions to promote health improvement.

<http://www.commissiononhealth.org/>

**Public-Private Initiative Works to Combat Racial Disparities in Health Care**

The Department of Health and Human Services' Office of Minority Health and the National Business Group on Health joined together this past month to start a two-year, \$300,000 initiative to eliminate racial and ethnic disparities among minorities who receive health care through their employers. The initiative will work to inform employers of disparities in health care and help them create plans to combat the situation. The initiative builds upon the National Partnership for Action, which is a broader effort by HHS and OMH to combat health disparities.

[http://www.commonwealthfund.org/healthpolicyweek/healthpolicyweek\\_show.htm?doc\\_id=669541&#doc669548](http://www.commonwealthfund.org/healthpolicyweek/healthpolicyweek_show.htm?doc_id=669541&#doc669548)

### **Multiple States to Allow Longer Dependents' Coverage**

As one solution to combating the growing number of uninsured in the US, some states have implemented changes in their dependent coverage regulations in order to allow young adults to maintain coverage longer under their family's plan. Over the past two years, eleven states have reformed their laws to allow young adults to remain covered by their parents insurance up to the age of 25. The norm has been that states typically set a maximum coverage age of 19 for dependents who are not students and 23 for full-time college students. New Jersey has increased the maximum age to 30, while Delaware, Indiana and South Dakota have opted to increase the coverage age to 24.

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=50534](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=50534)

### **Army Shows Progress, Needs Improvement in Addressing Medical Staff Shortage**

GAO officials have determined that the Army has improved its activities to provide needed care to service members who access medical care at military hospitals, including the Walter Reed Army Medical Center. A GAO report in September 2007 revealed the prevalence staff shortages in new soldier transition units. Following the release of the report, the Army has increased staff in the most important areas by roughly 75%, although the GAO notes that roughly one third of the units still face staffing shortages.

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=50669](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=50669)

### **Health Affairs Article Highlights Trends in Health Insurance and the U.S. Economy**

A recently published *Health Affairs* article highlights trends in health insurance coverage from 2000-2006. According to the article, although economic circumstances were improving, the number of Americans who were uninsured rose by 3.4 million from 2004 to 2006. While the economic conditions were less favorable from 2000 to 2004, the number of Americans lacking health insurance increased by 6.0 million. The article indicates that the dominant influence of trends in both periods was the status of employer-sponsored insurance coverage.

<http://content.healthaffairs.org/cgi/content/abstract/hlthaff.27.2.w135v1>

### **GAO: Some Medicare Advantages Plan Costs Higher than Traditional Medicare**

Recent findings by the Government Accountability Office indicate that under private Medicare Advantage plans, home health care, nursing homes, and certain hospital stays can cost beneficiaries more than the cost under traditional Medicare. The report released by GAO shows that those beneficiaries who do not align with the average, actually pay more than they would under traditional Medicare. This amounted to roughly 19% of Medicare Advantage beneficiaries with respect to the cost of home health services and 16% with respect to inpatient services. The report also indicated that the federal government spends more money on the average for each MA beneficiary as compared to beneficiaries in the traditional model.

<http://www.gao.gov/docsearch/abstract.php?rptno=GAO-08-522T>

### **Health Affairs Article Examines US Health Spending Projections Through 2017**

A recent *Health Affairs* article examines projected health spending through 2017, noting the first expected impacts of the approaching demographic shift in the US population. The average annual growth through 2017 is expected to remain steady around 6.7 percent. It is projected that towards the end of the period, private spending will experience slower growth, while an increase

in public spending growth will occur. It is expected that health will account for roughly 19.5 percent of GDP by 2017.

<http://content.healthaffairs.org/cgi/content/abstract/hlthaff.27.2.w145>

### **CMS Proposes Giving States More Flexibility in Medicaid Program Design**

CMS has announced two proposed rule changes that would give states a new level of flexibility in designing Medicaid programs. The rule changes would make it possible for states to offer alternative benefit packages that have the same value as plans offered to other individuals in the same state. These benefit packages, called “benchmark” plans would include the standard PPO plan offered to federal government employees, state employee coverage offered by the largest HMO, or other coverage approved by HHS. The rule changes would also allow states to revise existing premium and cost-sharing plans to a format more similar to what is currently allowed under SCHIP.

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=50560](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=50560)

### **CBO: Technological Advances Drive US Health Care Spending Growth**

The Congressional Budget Office finds that technological advances are the largest contributing factor to the increase in health care spending in the United States. The CBO indicates that technological advancement has led to an increase in spending growth largely via overspending and overprescribing. In 2005 health care spending accounted for close to 15% of the GDP, while in 1965 it accounted for 5% of GDP. The report indicated that roughly half of this growth in spending was due advances in technology.

[http://www.commonwealthfund.org/healthpolicyweek/healthpolicyweek\\_show.htm?doc\\_id=668620&#doc668634](http://www.commonwealthfund.org/healthpolicyweek/healthpolicyweek_show.htm?doc_id=668620&#doc668634)

### **Survey Provides Insight into E-Health Activities Across the U.S.**

A new paper released by the Commonwealth Fund provides the results from a recent survey of states and the District of Columbia regarding their e-health activities in 2007. The survey was intended to identify current e-health initiatives, priorities, and challenges within state governments. Key survey findings included, among others: all states now place a high priority on e-health activities, privacy and security remain key concerns of states, and the highest e-health priority of state governors over the next two years was found to be the development of electronic HIEs alongside a policy framework to promote HIEs at the local or state-level.

[http://www.commonwealthfund.org/usr\\_doc/1104\\_Smith\\_state\\_e-hlt\\_activities\\_2007\\_findings\\_st.pdf?section=4039](http://www.commonwealthfund.org/usr_doc/1104_Smith_state_e-hlt_activities_2007_findings_st.pdf?section=4039)

### **Relatively small co-pays keep elderly from getting mammograms**

New data reported in the *New England Journal of Medicine* suggests that even co-pays as low as \$10 could deter early detection of breast cancer. The researchers looked at almost 370,000 women ages 65 to 69 in Medicare managed-care plans between 2001 and 2004. Researchers found that women whose insurance plans started charging copays in the study period became significantly less likely to get mammograms, whereas mammogram use became more common among women whose plans did not start charging.

Abstract of the article <http://content.nejm.org/cgi/content/short/358/4/375?query=TOC>