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STATE NEWS

Democrats Control Wisconsin Legislature: Health Care Action Expected
Democrats gained legislative control in Tuesday’s election, maintaining a majority in the State Senate and regaining a majority of the State Assembly for the first time since 1994. Democratic Gov. Jim Doyle controls the executive branch. On health care, Democrats plan to immediately revive a hospital assessment that was proposed by Doyle and failed in the State Assembly last year. The Wisconsin Hospital Association supports the proposal that could bring about $400 million in additional federal money to the state. Democrats also plan to pass a measure to require insurance coverage for treatment of autism, a measure that was blocked last year by Assembly Republicans. Many also expect the legislature to reopen discussions of universal health care, including last year’s failed Healthy Wisconsin plan.
Coverage: Business Journal and Wisconsin State Journal

BadgerCare Plus Coverage of Childless Adults Approved by Federal Government
An agreement has been reached with the federal government regarding a five-year federal waiver proposal to extend BadgerCare Plus to include coverage of primary and preventive care and generic drugs for childless adults in the State. The state and the federal government are still finalizing the details of the waiver program. Under the new program, funding previously
directed towards uncompensated care would be shifted towards providing health insurance
coverage for income-eligible adults from the ages of 19 through 64.

**Wisconsin Medical Society’s Board Approves Changes to Physician Gift Policy**
The Wisconsin Medical Society’s Board of Directors has officially accepted changes to the
Society’s policy relating to physician gifts. **ETH-004: The Relationship of the Profession to the
Health Product Industry** prohibits physicians from accepting “gifts from any provider of products
that they prescribe to their patients such as personal items, office supplies, food, travel and time
costs, or payment for participation in on-line CME.” A major impetus behind the new policy is
an effort to recognize the importance of and to reinforce trust in the physician-patient
relationship.

**Study Reports 22% Variation in Health Care Prices Statewide**
Wisconsin Citizen Action’s third annual **Wisconsin Health Insurance Cost Ranking Report** finds
a 22 percent variation between Eau Claire, the highest priced metro area and Madison, the lowest
priced metro area. Milwaukee is the second highest-priced metro area with its business owners
and residents paying 20 percent higher than those living in Madison. Report, press release, and
coverage.

**Health Care Referenda Win Strong Support**
Voters in all 22 counties and municipalities passed by strong margins an advisory referendum
was on the ballot asking if the state legislature should pass, by the end of 2009, health care for
everyone as good as that provided state lawmakers. The measure is non-binding, but supporters
hope it sends a signal to state lawmakers. The group Citizen Action of Wisconsin spearheaded
the effort to get the question on the ballot around the state. The referenda overall garnered 74% of
the vote.

**Milwaukee Paid Sick Leave Referendum Prevails at Polls**
City of Milwaukee residents overwhelmingly approved a binding referendum Tuesday that calls
for private employers in the city to provide paid sick leave for all their workers, a measure
strongly opposed by business leaders and Mayor Tom Barrett. The final vote tally showed 69%
voted for the referendum with 31% against. Metropolitan Milwaukee Association of Commerce
is considering a legal challenge.

**Milwaukee Employers Continue Shifting Health Cost Increases to Workers**
The **2008 Employer Health Care Benefits Survey**, produced by HCTrends.com for the
Milwaukee Health Care Business Group, reports that Milwaukee-area employers continue to
manage rising health care costs by passing on cost increases to employees.

**Governor Doyle Announces Wisconsin Genomics Initiative; Collaborative to Advance
Personalized Health Care**
Governor Doyle has announced the development of a Wisconsin research collaboration to
advance personalized health care. The Wisconsin Genomics Initiative will bring together the
expertise of four research institutions across the State: Marshfield Clinic, Medical College of
Wisconsin (MCW), University of Wisconsin School of Medicine and Public Health (UWSMPH)
and UW-Milwaukee (UWM). The initiative will work towards “developing scientific models to
predict with high accuracy individual susceptibility to disease, precisely target personalized treatments, determine how well each person will respond to specific treatments, and, prevent disease before it occurs.”

**DHS Division of Quality Assurance Honored with 2008 Promising Practices Award**
The Department of Health Services’ Division of Quality Assurance (DQA) recently won an award for the development and delivery of abuse and neglect prevention training for long-term caregivers. The training was attended by more than 2,100 direct caregivers; roughly 1000 additional participants were a part of in-house training at their home facilities between March 2006 and September 2007. The 2008 Promising Practices award is an effort of the Association of Health Facility Survey Agencies.

**Wisconsin to Receive Close to $1 Million from Pfizer Settlement**
Wisconsin will receive $954,053 from a settlement with Pfizer, Inc. reached this past month. The settlement is the culmination of a five-year investigation into the marketing practices of Pfizer for Celebrex and Bextra, two anti-inflammatory drugs. The investigation involved 32 states and the District of Columbia, as well as Wisconsin. The anti-inflammatory drugs have been associated with an increased risk of heart attacks and strokes; Pfizer was accused of false and misleading marketing practices with respect to these drugs. Pfizer was found to have “engaged in an aggressive, deceptive and unlawful campaign to promote Bextra for ‘off-label uses’ not approved by the FDA.”

**WHA Report: Workforce Shortages Up; Shortages Expected to Worsen**
The Wisconsin Hospital Association’s 2008 Health Care Workforce Report documents that hospitals from every region across the state are experiencing shortages in workforce. Shortages are particularly prevalent for therapists—including physical and occupational therapy—and pharmacists. Changes in types of care demanded by consumers—increased pharmaceutical use and increased “demand for medical care to improve joints and increase mobility”—are some of the drivers for these area-specific shortages, as well as the length and limited slots of educational programs. Overall in the State, growth in the number of health care providers is falling behind growth in the population, as well as aging of the population.

**Concordia University Wisconsin Plans New Pharmacy School**
Concordia University Wisconsin will open a School of Pharmacy in the 2010-11 academic year. The decision will enhance the university’s academic offerings in the allied health professions and directly address the current and future shortage of trained pharmacists in Wisconsin. Wisconsin has the highest demand for pharmacists of any state in the country according to the Pharmacy Manpower Project, a non-profit corporation that develops data on the size and demography of the pharmacy workforce. The Concordia University Wisconsin (CUW) School of Pharmacy will allow students who complete their pre-pharmacy requirements at any college or university to apply for admission to Concordia’s four-year professional pharmacy program. The terminal degree will be a Doctor of Pharmacy, but CUW is also exploring the possibility of offering a bachelor’s degree in pharmaceutical sciences.
Wisconsin Hospitals Expand Public Reporting of Patient Experience
The Wisconsin Hospital Association CheckPoint website now includes information related to patients’ experience of care. While the information is available on a national Hospital Compare Web site, www.HospitalCompare.hhs.gov, the Wisconsin Hospital Association’s CheckPoint program has become the first stop for many health care consumers and employers in Wisconsin. CheckPoint users can view how any individual hospital scored on all survey questions. Finally, CheckPoint provides a trend graph that shows a hospital’s score for any one question over time.

Increased Risk of Waterborne Disease in Great Lakes Region Expected if Trends in Weather Extremes Continue
A team of Wisconsin-based researchers recently published a report in the American Journal of Preventive Medicine indicating that movement towards more extreme weather, such as the “monsoon-like rainfall events” that occurred this past year are likely to increase the risk for waterborne disease outbreaks in the Great Lake Region. Extreme precipitation is a particular threat when raw sewage is diverted into Lake Michigan due to exceeded capacity of combined storm water and sewage systems like those in Milwaukee and Chicago. Additionally, livestock concentration in areas of heavy precipitation can flush animal waste into rivers and streams that lead to the Great Lakes.

Marshfield Clinic Medicare Pay for Performance Project Demonstrates Successes
The Milwaukee Journal Sentinel recently highlighted the positive outcomes currently being demonstrated by a Medicare project at Marshfield Clinic in north-central Wisconsin. The project is one of 10 across the country that structures Medicare payments around performance—creating financial incentives for doctors to provide high quality, efficient care. Two of the 10 clinics participating in the project have received bonuses in both of the first two project years, Marshfield Clinic is one of them. The clinic is estimated to have saved the Medicare program $13.1 million in its second project year and $12.6 million in its first project year through its efforts to promote both efficiency and quality. The Medicare project, which in total will span a period of four years, will conclude this upcoming March.

RESEARCH AND PROGRAM TOOLS

GAO Releases Data on Health-Care-Associated Infections in Hospitals
This Government Accountability Office (GAO) Highlight of GAO-08-808: An Overview of State Reporting Programs and Individual Hospital Initiatives to Reduce Certain Infections provides a brief overview of GAO examination of the following:
1. Design/implementation of state HAI public reporting systems
2. Hospital initiatives to decrease MRSA infections
3. Foundations/experiences of early-adopting hospitals’ successes

National Center for Health Statistics Brief Details Trends in Infant Mortality
This new data brief from NCHS, Recent Trends in Infant Mortality in the United States, highlights trends in infant mortality from 2000 to 2006, provides a comparison between the United States and other developed countries for infant mortality, examines differences between
racial and ethnic groups, and examines the relationship between preterm births/preterm-related causes of death and infant mortality.

**KFF Details Medicaid and Health Insurance Coverage Data**
Researchers from KFF’s Commission on Medicaid and the Uninsured along with researchers with Health Management Associates have released the result of the eighth annual budget survey of state officials. Results can be found in the publication: *Headed for a Crunch: An Update on Medicaid Spending, Coverage and Policy Heading into an Economic Downturn*. Additionally, the online chartbook, *Health Insurance Coverage in America, 2007* is now available; it includes data for the following population groups: Nonelderly, children, nonelderly adults, and working adults.

**New Robert Wood Johnson Foundation Publications**
- The Synthesis Project, Policy Brief No. 16: *High and Rising Health Care Costs: Demystifying U.S. Health Care Spending*
- Commission to Build a Healthier America: *America’s Health Starts With Healthy Children: How Do States Compare?*

**New Resources from the Center for Studying Health System Change (HSC)**
- Issue Brief: *Massachusetts Health Reform: High Costs and Expanding Expectations May Weaken Employer Support*
- Research Brief: *How Engaged Are Consumers in Their Health and Health Care, and Why Does It Matter*

**Select KFF Issue Briefs, Policy Briefs and Fact Sheets**
- *The Decline in the Uninsured in 2007: Why Did It Happen and Can It Last?*
- *Eliminating Racial/Ethnic Disparities in Health Care: What are the Options?*
- *Trends in Access to Care Among Working-Age Adults, 1997-2006*
- *Medicare Now and in the Future*

**Updates Available at Statehealthfacts.org**
Updates are available for the following topics: Percentage of Women who Report Ever Being Told by a Doctor they have High Blood Pressure, 2007 and Percentage of Women who Report Having Arthritis, 2007.

**EVENTS AND ANNOUNCEMENTS**

**Wisconsin State Health Plan: Healthiest WI 2020 Community Engagement Forums**
November 6, 2008, 12:30-4:30 pm, Southeastern Forum 2: Racine/Kenosha, Kenosha County UW Extension Center
November 13, 2008: 2:00-6:00 pm, Southern: Madison, Howard Johnson Inn
November 20, 2008: 1:30-4:00 pm, Northern Forum 2: Wausau, Aspirus Medical Education Center
Contact Information: Margaret Schmelzer, (608) 266-0877 DHSHW2020@wisconsin.gov
IRP Seminar Series, Healthy Families: Assessing the Role of Public Policies
Vanishing Dreams: A 15 Year Reappraisal
Andrew M. Sum, Professor of Economics and Director of the Center for Labor Market Studies at Northeastern University in Boston
November 10, 2008, 12:15-1:30 pm: 8417 Sewell Social Sciences
Information: (608) 262-6175, ewilliam@ssc.wisc.edu

Health Insurance and School Lunch: Covering Poor Kids and Families
Roberta Riportella, School of Human Ecology/School of Medicine & Public Health/IRP Affiliate
November 13, 2008, 12:15-1:30 pm: 8417 Sewell Social Sciences
Information: (608) 262-6175, ewilliam@ssc.wisc.edu

A Collective Turn in Biomedicine: New Configurations of Practice and New Forms of Objectivity in the Era of Genomics
Alberto Cambrosio, PhD, Dept. of Sociology; Chair, Social Studies of Medicine, McGill University
November 13, 2008, 4:00-5:00 pm: 8417 Sewell Social Sciences, UW-Madison
Contact Information: (608) 262-5956, sts@ssc.wisc.edu

UW CWHR Women’s Health Forum: Women and Sleep
Ruth M. Benca, Department of Psychiatry & director of the Sleep Program
Nov. 18, 2008, 8-9:00 am: Meriter Hospital, 2nd Fl. Atrium Community Health Education Center
Contact Information: (608) 263-9770, judeebell@cwhr.wisc.edu

Wisconsin Academy Ten-Year Stem Cell Anniversary Event
Speakers: Governor Doyle, Alta Charo, Jamie Thomson, Tommy Thompson, Carl Gulbrandsen, Mark Bugher and Michael West
November 18-19, 2008: Capitol Theater, Overture Center for the Arts
Contact Information: (608) 263-1692, jsmith@wisconsinacademy.org

Milwaukee Health Champion Awards Reception
Tuesday, November 18, 5:30-6:45 pm University Club of Milwaukee. 924 E. Wells Street, Milwaukee
Keynote presentation by the co-founder of the US Community Health Center movement and steadfast campaigner for health equity, Dr. H. Jack Geiger at the dinner meeting of the Milwaukee Academy of Medicine. Recognize projects linking Milwaukee Health Department staff, community leaders, and students to tackle community health problems in Milwaukee
Email amy@milwaukeeacademyofmedicine.org or phone Amy John 414/456-8249.

Covering Kids & Families 2008 State Coalition Meeting
November 18, 9am-3pm, Goodman Community Center, Madison.
The free event is open to all individuals who would like to learn more about BadgerCare Plus.
Online registration: www.ckfwi.org/fallmeeting.htm.

UW CWHR Women’s Health Forum
Dec. 16, 2008, 8-9:00 am: Meriter Hospital, 2nd Fl. Atrium Community Health Education Center
Contact Information: (608) 263-9770, judeebell@cwhr.wisc.edu
Quality of Health Care Improved in 2007; Large Variations Cited
According to a recent study released by the National Committee for Quality Assurance (NCQA), the quality of health care in the US improved in 2007. Positive findings on the aggregate, however, did not imply that the level of quality of care was uniform across the country. According to the report, the quality of care varied depending upon place of residence. For example, individuals living in New England were more likely to receive quality care when compared to individuals living in the Deep South. The study indicated that greatest gains in quality were experienced by those participating in commercial health plans as opposed to Medicare and Medicaid.

GAO: Variation in Standards Limits Comparison of Hospitals’ Community Benefit
A lack of standards and consensus among the nation’s private, not-for-profit hospitals leads to “substantial differences” in reported community benefits, the Government Accountability Office said after a review of Internal Revenue Service and CMS regulations and rulings, state statutes, industry guidance and 2006 data from four states.

Medical School Hispanic Enrollment Increases; Overall Enrollment Reaches Record High in 2008
According to new data released by the Association of American Medical Colleges (AAMC), medical school enrollment increased by 1.6% in 2008. This increase put first-year medical school enrollment at a record high of 18,036. In sum 11 medical schools increased enrollment by at least 10% last year. Targets for increased enrollments to address projected physician shortages also include goals to increase racial and ethnic diversity in medical schools. AAMC statistics indicate that the number of Hispanic students has increased by 10%, with Hispanic students comprising 7.9% of new medical students this past year. According to the AAMC, blacks, Hispanics, and Native Americans represent only 6% of the current medical doctor workforce.

CMS Releases Projection of Medicaid Spending Growth through 2017
CMS released a new report this past month indicating that state and federal expenditures on Medicaid will likely reach about $339 billion in 2008. Additionally, projections indicate that spending would increase at a rate of roughly 7.9% annually, implying that annual spending would reach $674 billion by 2017. Alongside these estimates, Medicare spending is expected to rise by roughly 7.4% annually, and general health care spending is expected to increase by 6.7% annually, while growth of the economy is expected to increase at a rate of 4.8% annually. Data was derived from the first annual CMS report directed at updating the public about Medicaid’s financial circumstances; CMS already releases annual reports containing similar information for Medicare and Social Services.

Medicare Prescription Drug Plan Costs down $6 Billion in 2008
According to a recent USA Today article, the cost of the Medicare prescription drug program decreased by $6 billion this year. Cost decreases were driven by the use of lower-cost generic drugs by program participants. When the prescription drug program was first implemented, CBO projected program costs to reach $74 billion per year by 2008. Spending, however, was
only at $44 billion for the fiscal year that ended on September 30th. Reasons for these program savings include the use of generic drugs, fewer program participants than originally projected, and the presence of the ‘doughnut hole,’ which pushes seniors to avoid accruing drug costs between the coverage gap of $2,510 and $4,050.

**Majority of Increased ER Use Over Past Decade Due to Insured Patients**

According to a new study published in the *Journal of the American Medical Association*, the majority of increased use of the emergency departments in the US over the past decade is due insured patients, as opposed to uninsured patients. Reasons for ED overcrowding cited by the study authors included “understaffed inpatient hospital wards, ED closures, a shortage of inpatient beds and a growing elderly population with chronic illnesses.”

**Panel Finds FDA Conclusions Regarding Safety of BPA Inadequate**

According to a panel of scientists appointed by the FDA’s Science Board, the Food and Drug Administration disregarded important studies when it determined last August that bisphenol A is safe. Bisphenol A (BPA) is a chemical used in baby bottles, containers for infant formula, aluminum can lining, and thousands of other consumer products. Over the past twenty years, multiple scientific studies have indicated that bisphenol A causes problems such as cancer, diabetes and others in laboratory animals. The panel indicated that FDA conclusions regarding safe levels of BPA were too high and that reductions should be made in these values. The review panel also recommended that the FDA abandon its previous conclusions regarding the safety of BPA.