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STATE NEWS

WI Readies for Aid from Federal Recovery & Reinvestment Package
On February 17, President Obama signed the American Recovery and Reinvestment Act. The $787 billion package aims to stimulate the economy through almost $500 billion in new spending and $289 billion in tax cuts. Wisconsin’s Office of Recovery and Reinvestment has prepared a summary of intended investments in health care. The goal of the bill is to create or save 3.5 million jobs. Wisconsin is in line to receive $1.3 billion through a temporary 6.2% increase in federal Medicaid matching (FMAP) funds. The Act also provides:
- **COBRA subsidies** of 65% for those who are recently unemployed
- Community health clinic modernization
- Physician and nurse training grants in underserved areas
- $19 billion in hospital and physician "bonus" payments from 2011-2015;
- 2009 and 2010 tax incentives for banks and individuals to purchase hospital bonds (raises bank-specific limits from $10-30 million); and,
- $1.1 billion to NIH, AHRQ and HSS to develop and disseminate "comparative effectiveness" research that will be broadly disseminated.

The White House has released a Health Care Fact Sheet and a summary of Impact on Families. As well, a new Wisconsin Council on Children and Families document tracks about 60 parts of the federal economic stimulus legislation, showing what many of them will mean for Wisconsin and how they changed during the Congressional process.

**Wisconsin Biennial Budget Proposal Released**
Governor Doyle released his 2009-2011 biennial budget proposal, which is now under consideration in the legislature. The health provisions are summarized on page 18 of the Budget in Brief, with detail available in the Entire Budget document. Read Governor Doyle's Press Release and Republican response to the budget proposal.

Among the proposals:

- Maintain eligibility standards and benefits for Medicaid, BadgerCare Plus and SeniorCare
- Continue the expansion of Medicaid coverage to childless adults statewide and to low-income adults without dependent children in July 2009, using additional federal funding claimed through implementation of the hospital assessment.
- Require insurers to provide health insurance coverage to dependents through 26 years of age.
- Prohibit smoking in all workplaces, including bars and restaurants.

**Worksite Wellness Awardees Recognized**
Winners of the Governor's Worksite Wellness Award have been named. The award, designed by the Governor's Council on Physical Fitness and Health, recognizes employers that promote a work environment that encourages and enables their employees to improve their health and well-being. Applications were evaluated on criteria that include: Program infrastructure, Health education Health screening and disease prevention & management, Physical activity and nutrition components, Tobacco use policies, Alcohol and other drug policies.

**Wisconsin Ranks Among Best in National Pandemic Flu Report**
A 2008 assessment from the U.S. Department of Health and Human Services reports that Wisconsin ranked among the top states in the nation for pandemic flu preparedness.

**Wisconsin Awarded RWJF Grant to Increase Coverage for Uninsured Children**
Robert Wood Johnson Foundation selected Wisconsin as one of eight states to participate in its $15 Million initiative to maximize enrollment in CHIP and Medicaid. As a grantee of the Maximizing Enrollment for Kids program, Wisconsin anticipates developing a new system that would allow the state to complete eligibility reviews online to further reduce renewal barriers.
**WI Partnership Program Commits $10M to Reduce Infant Mortality**
The five year, $10 million initiative, is designed to reduce infant mortality in Wisconsin, which has the highest black infant mortality rate in the country. One of the goals of the initiative is to help coordinate existing programs in Beloit, Kenosha, Milwaukee and Racine, where 92% of black infant deaths occur. Additionally, the initiative will look at factors affecting the community.

**Ban on Mandatory Overtime for Health Care Workers Unveiled**
Mandatory overtime has been on the rise as a way to fill holes in staffing schedules. The proposed bill is being circulated for co-sponsorship this week and would prohibit an employer from requiring a health care employee to work overtime except in the case of an unforeseeable emergency or while in the middle of an ongoing medical procedure essential to the health of a patient.

**New Law Gives Young Legal Immigrants Access to Health Care**
States may now use federal Medicaid and SCHIP funds to provide health insurance to low-income children who are legal immigrants. In Wisconsin, children will automatically be eligible when the law takes effect in October. Before the law, legal child immigrants were required to wait five years after entry to the U.S. to be eligible for coverage.

**Hospital Assessment Now Law**
Governor Jim Doyle signed the hospital assessment into law. The assessment is part of a plan to stimulate the economy and decrease the predicted $5.7 billion deficit in the coming 2009-2011 biennium. Part of the assessment allows for an increase in the Medicaid payment to hospitals, while funds will also support the planned expansion of BadgerCare Plus to cover childless adults.

**Governor Doyle Calls for Action on Autism Coverage Mandate**
The Legislature was called on by Gov. Doyle to pass a bill that requires insurance companies to cover autism. Autistic treatment services are already covered by insurance in 19 other states.

**State takes over county's public assistance programs**
The State of Wisconsin has made the unprecedented move to strip Milwaukee County of its role in administering food aid, child care and medical assistance programs. DHS Secretary Karen Timberlake said this was necessary due to county mismanagement and administrative bottlenecks resulting in unfair benefit denials. The takeover requires installing state managers but retaining county case workers, a "hybrid model" that will require a law change, she said. Milwaukee County Executive Walker asserted that the problem has been the state underfunding the operation, or due to the souring economy.

**New Medicaid Computer System Creates Backlog**
Glitches with Medicaid’s new $64.2 million automated computer system caused a backlog of claims, preventing the state from processing some prior authorizations for therapies and medical equipment. The agency replaced its 30-year-old Medicaid computer system in November. DHS was been unable to process about 10% of its claims for prior authorization within the 20-day time period required under state law. The delays affected about 2,500 people, a small percentage of the 925,000 people who receive Medicaid services in Wisconsin.
**Milwaukee Journal-Sentinel Wins Health Award**
The Journal Sentinel has become the first news organization to receive the Excellence in Health Journalism award from the Foundation for Informed Medical Decision Making. The Journal Sentinel received more top reviews "than any other newspaper of this size in our experience so far."

**Governor Doyle Asks Obama Administration to Extend SeniorCare Through 2012**
SeniorCare, the state’s successful prescription drug program is currently scheduled to end December 31, 2009. Governor Doyle has asked for an extension of the program through 2012. SeniorCare is an affordable alternative to Medicare Part D. The state is able to leverage additional savings with the program because it can negotiate the lowest price for drugs, which is illegal for the federal government to do with Medicare Part D.

**Burden for Patient Data Exchange Likely to Fall on Payers and Patients**
Patients and payers are more likely to take on the financial costs of implementing health information exchanges according to Don Holmquest, the former head of the California Regional Health Information Organization. Holmquest spoke to healthcare executives at the Wisconsin Health Information Exchange in Milwaukee.

**RESEARCH AND PROGRAM TOOLS**

**New Materials from the Evidence-Based Health Policy Project**
The Evidence-Based Health Policy Project, a collaboration of the UW Population Health Institute, La Follette School of Public Affairs, and the Wisconsin Legislative Council, recently produced two briefings at the state capitol, one Wisconsin’s nursing shortage and one with Eliot Fisher speaking about Accountable Health Plans with Eliot Fisher. Materials from the briefings are posted online.

**Revisiting 'Skin in the Game' Among Medicare Beneficiaries: An Updated Analysis of the Increasing Financial Burden of Health Care Spending From 1997 to 2005**
A Kaiser Family Foundation data update finds the out-of-pocket costs Medicare Beneficiaries are required to pay are becoming a greater financial burden. Median out-of-pocket spending as a share of income for people on Medicare climbed to 16.1 percent in 2005, up from 15.6 percent in 2004 and 11.9 percent in 1997.

**Database on Policies and Programs to Improve Wisconsin’s Health**
This database, produced by the Population Health Institute, is a summary of programs and policies that address multiple health determinants that affect overall health outcomes. Each program and policy is evaluated on its expected beneficial outcomes, the level of implementation already in place, the population reached, and the strength of evidence of effectiveness.

**Health Savings Accounts and High-Deductible Health Insurance Plans: Implications for Those with High Medical Costs, Low Incomes, and the Uninsured**
This RWJF-supported study by the Urban Institute indicates that HSA and HDHPs are likely to be attractive to people with high incomes and those with expected low use of health care services, but they are unlikely to decrease significantly the number of uninsured.
Rethinking Medicaid’s Financing Role for Medicare Enrollees
This issue brief examines coverage of the nearly 9 million "dual eligible" beneficiaries, the low-income elderly and persons with disabilities who are enrolled in both Medicare and Medicaid.

America’s 50 Best Hospitals
These hospitals have been recognized by HealthGrades for their consistent clinical excellence and represent the highest scoring of the nation's full-service hospitals for the most consecutive years.

Select KFF Issue Briefs, Policy Briefs and Fact Sheets
- HIV/AIDS Epidemic in the United States
- The Impact of Medicaid and SCHIP on Low-Income Children’s Health

New Resources and Updates Available at statehealthfacts.org
- State Budget Shortfalls, SFY2009
- Measures of State Economic Distress: Housing Foreclosures and Changes in Unemployment and Food Stamp Participation
- Number of Reported Chlamydia Cases, 2007
- Reported Number of AIDS Cases, All Ages, Cumulative through 2007
- ARRA Medicaid Grant Funds (2 Qtrs)
- SCHIP Enrollment by FPL%, FY2009
- Federal SCHIP Allotments, FY2009
- Total Physician Assistants in Clinical Practice, 2008

New Resources from the Commonwealth Fund
- The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way
- Improving Communication About the Effects of Obesity
- Searching for a Business Case for Quality in Medicaid Managed Care
- High Medical Cost Burdens, Patient Trust, and Perceived Quality of Care
- Patient Centeredness, Cultural Competence, and Healthcare Quality
- Special Needs Plans and the Coordination of Benefits and Services for Dual Eligibles

EVENTS AND ANNOUNCEMENTS

Population Health Sciences Seminars
Mondays, 12:00-1:00 1309 Health Learning Science Center
Information: Patty Grubb: pagrubb@wisc.edu, (608) 265-0516

"What does the Stimulus Bill Do to Fight Poverty, Educate Citizens and Improve Public Health?"
Institute for Research on Poverty Seminar
Panelists: Dan Meyer, School of Social Work and IRP, Sara Goldwick-Rab, School of Education and IRP, Pam Herd, LaFollette School
March 5, 2009, 12:15 p.m., 8417 Sewell Social Sciences
Information: cwilliam@ssc.wisc.edu, (608) 262-6175
“Critical Condition” Documentary Film Viewing
Uninsured and Underinsured Patients in America
March 9 and March 10, 2009, 12:00 p.m., 1222 Health Science Learning Center
Information: udieterle@wisc.edu, (608) 262-8025

Wisconsin Prevention of Obesity and Diabetes Poster
UW School of Medicine and Public Health and Public Health Center for the Study of Cultural Diversity in Healthcare
March 10, 2009, 2:00-4:00 p.m., Health Sciences Learning Center Atrium

Health Sciences Mock IRB Session
Catherine Rogers
March 25, 2009, G5/119 Clinical Sciences Learning Center
Information: jetaylor@bascom.wisc.edu, (608) 262-1703

UW CWHR Women’s Health Forum
March 31, 2009, 8:00-9:00 a.m., Meriter Hospital, 2nd Floor Atrium Community Health Education Center
Information: judeebell@cwhr.wisc.edu, (608) 263-9770

Medical Homes and Retail Clinics: Complementary Care or Conceptual Clash?
Briefing produced by the Evidence-Based Health Policy Project
Tuesday, April 7, 2009, 9:00-11:00 am
State Capitol
Information: contact cerijenkins@wisc.edu

UW Libraries Workshop
Evidence-Based Practice: Overview of Resources
April 8 and April 10, 2009, 12:00-1:00 p.m., 2121 Health Sciences Learning Center
Information: libinstruct@library.wisc.edu, (608) 262-4308

READING ROOM

Obama Reveals Plan to expand Health Care in Proposed Budget
Obama’s budget would put money towards a universal health care plan, and he would pay for some of it by cutting federal payments to hospitals, insurance companies and drug companies. His budget also includes increases in premiums for high income Medicare beneficiaries and greater availability of low-cost generic versions of expensive drugs.

Spending to Survive: Cancer Patients Confront Holes in the Health Insurance
This report issued by Kaiser Family Foundation discusses critical challenges that cancer patients may confront for treatment even when they have private health insurance. The report follows 20 patients to illustrate typical situations they confront such as: running up large debts, filing for
bankruptcy, and having to delay or do without essential treatment because of cost. Watch the video documentary that accompanies the report

**Medicare Spending Still Varies Widely by Region**
Some cities like Miami and Dallas are undergoing a much faster growth in costs compared to cities like San Francisco and Pittsburgh, according to a study by Dartmouth researchers published in the New England Journal of Medicine. Read the full analysis in the [NEJM](https://www.nejm.org)

**Decline in Breast Cancer Analyzed**
A study published in the New England Journal of Medicine argues that the decrease in breast cancer incidence in several countries can be traced to the 2002 federal warning against use of hormone-replacement drugs after menopause. These findings are still controversial and are disputed by some in the field.

**Children Take on Caregiver Role**
Schools, social services and health providers are often unaware that children are providing care for sick parents and relatives because family members are sometimes embarrassed or too stoic to talk about it. The number of children caregivers is expected to grow as chronically ill people leave the hospital earlier and the recession forces many to go without paid home-care services.

**Health Care in Crisis: 14,000 Losing Coverage Each Day**
The Center for American Progress Action Fund released a report stating that, since the recession began, an additional 4 million Americans have lost their health insurance. This translates to approximately 14,000 people a day losing health insurance coverage.

**The New York State Sugar Tax**
Governor Paterson proposed a sugar tax that would add an additional 18% tax on soda and sugary drinks that contain less than 70% fruit juice. However, he is facing great opposition from the soda industry who say the government has no right to change private consumer behavior.

**Want to Live a Little Bit Longer? Speak Up**
A physician discusses the differences between men and women in interactions with their physicians. He hypothesizes about how the difference in health behaviors and management of disease leads to men dying earlier than women.

**At Wal-Mart, A Health-Care Turnaround**
Wal-Mart is attempting to change its bad image after criticism for providing expensive, non-comprehensive health insurance options to employees. They have changed the wait to be enrolled to six months for full-time employees, started a campaign to reduce the number of premature births by their employees, and expanded the generic prescription drugs available in an attempt to change their image.

**Patients Pay When Doctors Switch Health Systems**
When a physician switches to a new health system, many health care systems make it difficult for patients to find where their doctor is moving and charge them to take their medical records to the new system their doctor is switching to.