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Information for eNews 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*, Wisconsin Technology Network and others.

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## STATE NEWS

### [Wisconsin Ranks Near Bottom In Disease Prevention Funding](#)

Wisconsin ranks 43<sup>rd</sup> among the states, at \$14.97 per person, in federal support for disease prevention in fiscal year 2008. This, as reported by *Shortchanging America's Health: A State-By-State Look at How Federal Public Health Dollars are Spent*, released by the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). States on average receive \$17.60 per person from the U.S. Centers for Disease Control and Prevention (CDC) to spend on public health. Midwestern states received an average of \$15.40 per person and Southern states received \$17.89 per person, while Northeastern states received \$18.99 and Western states received \$18.15 per person from the CDC.

### [BadgerCare Plus Basic Plan Passed by State Senate](#)

The proposed [BadgerCare Plus Basic Plan](#) is planned as a self-funded, state insurance program for eligible people in Wisconsin. The program, pending final legislative approval, would offer coverage to individuals on the [BadgerCare Plus Core Plan](#) waiting list--a group of over 25,000 individuals. This bill authorizes DHS to establish and operate another health care benefit plan for individuals who are on the waiting list for the Core Plan. The health care benefit plan will

provide limited benefits funded entirely from premiums set by DHS and paid by individuals with coverage under the Basic Plan. [Legislative Fiscal Bureau memo](#) provided information about people currently being served by the BC+ Core Plan and on the waiting list for Core.

### **[New Medicaid Advisory Group Convenes](#)**

On March 3, the Wisconsin Hospital Association convened its first monthly meeting of its Medicaid Advisory Group, chaired by Meriter CEO Jim Woodward. State Medicaid Director Jason Helgerson, along with other DHS staff attended to discuss Medicaid payment and coverage issues. The meetings are intended promote more transparency in the rate-setting process and allow a platform for direct hospital input into the many Medicaid processes and policies carried out by DHS. Other topics discussed in the first meeting included additional potential rate reforms, the BadgerCare Core and Basic plans, the RFP process regarding Medicaid HMOs in Southeastern Wisconsin, and an upcoming disproportionate share hospital payment audit that will be conducted by the firm of Coleman & Williams. The next meeting is scheduled March 31 at WHA headquarters.

### **[DHS Working On Another Round of Medicaid Rate Reform to Balance the Budget](#)**

The Dept. of Health Services (DHS) is currently working on a second round of "rate reforms" to cut about \$400 million from Medicaid and BadgerCare Plus spending in the current biennium, including about \$120-\$150 million GPR. A provision in the biennial budget bill directed the department to find cuts and efficiencies to balance the Medicaid and BadgerCare Plus budgets. The department is already in the process of implementing changes to reduce spending by more than \$600 million (including about \$208 million GPR), but it now appears that higher than expected BC+ caseloads - being driven higher by the recession - will create an added shortfall of about \$400 million.

### **[Governor Appoints new WIRED Board](#)**

Members have been appointed to the new 15-member Wisconsin Relay of Electronic Data (WIRED) for Health Board. Governor Doyle announced the creation of the WIRED for Health Board in December 2009 to develop plans for a statewide health information exchange. The Board is also charged with creating a governance structure for a statewide electronic health information exchange. The WIRED for Health Board replaces the eHealth Care Quality and Safety Board and will develop plans for a statewide health information exchange.

### **[Governor Signs New Health Bills](#)**

[BPA-Free Kids Act](#) bans the manufacture or sale of new baby bottles or cups for children aged 3 years or younger that contain BPA; [SB 455](#) creates an exception to current law that will allow the donation of unused prescription medications to charitable organizations such as community health centers. [Wisconsin Act 140](#) will permit employees who are volunteer emergency responders to be late or absent from work if that lateness or absence is due to responding to an emergency. The proposal does not apply to employees that provide direct patient care in emergency rooms and intensive care units. The [Healthy Youth Act](#), updates Wisconsin's education standards to provide comprehensive, medically accurate, un-biased and age-appropriate information to students in classrooms that choose to teach human growth and development courses. The bill is intended to ensure that teens are taught about the potential negative consequences of their choices and how to identify abuse, and it helps prevent teen

pregnancy in Wisconsin. The bill also preserves the ability of school boards to opt out of human growth and development curricula and preserves the ability of parents to review the curricula and exempt their children from the curricula.

### **Legislature Takes Action on Transparency, Nurse-Midwives, Drug Prices**

The Wisconsin Senate and Assembly have agreed on [AB 614](#), the transparency proposal that seeks to increase the amount of information health care providers and insurers disclose to health care consumers. The bill includes a requirement that if a health care provider has publicly reported quality data, they are required to make that data available. Governor Doyle is expected to sign the bill into law. The Assembly Health Committee amended [AB 675](#) relating to [Certified Nurse Midwives](#) (CNMs). The bill would permit hospitals to grant admitting privileges to CNMs and would remove the requirement that CNMs have a written collaboration agreement with a physician. The adopted amendment mandates CNM participation in the Injured Patients and Families Compensation Fund. New language also requires that a representative of the Wisconsin Nurses Association (WNA) be one of the four public members on the Fund Board. AB 675 is now available for scheduling for a vote by the full Assembly. The Assembly has also passed a [Big-box retailers drug bill](#), which would lift the state's Depression-era Unfair Sales Act for prescription drugs and allow pharmacies to sell them below their cost, thus allowing big box stores to offer more prescription drugs for \$4 a month.

### **National Foundation Assesses Wisconsin's System for Kids' Coverage**

Wisconsin, a grantee of the RWJF [MaxEnroll](#) initiative, has been subject to a Diagnostic Assessment Report on its systems for enrolling children in public health insurance coverage. The diagnostic assessments were conducted to provide a foundation for these states' work over the next three years to improve enrollment of eligible children

### **Test Developed in Wisconsin Can Help Save Babies' Lives Worldwide**

In 2008 Wisconsin became the first state to screen all newborn babies for Severe Combined Immune Deficiency (SCID). On January 21, 2010, a federal advisory committee recommended that SCID be added to the uniform newborn screening panel, which serves as a guide for what disorders states should include as part of their newborn screening testing programs.

### **Issue Brief: Building on our Strength: Achieving Equity in Health Outcomes**

This new WisKids Count Issue Brief from WCCF takes on the issue of health disparities in Wisconsin based on race and ethnicity. Largely rooted in social and community factors, Wisconsin's gap is one of the most egregious in the country. "Building on our Strength" notes disturbing figures in several health-related areas and makes recommendations for reducing disparities.

### **Wisconsin Suicides: Veterans' Rates Disproportionately High**

Military veterans in Wisconsin are committing suicide at rates much higher than the rest of the population, according to state data. Many questions about why the suicides are occurring remain unanswered. Less than 8 percent of the state's population are veterans, but they account for 20 percent of its suicides, according to compiled through death certificates, police reports and other public documents from 2001 through 2007. Meanwhile, a [report by the Wisconsin Center on](#)

[Investigative Journalism](#) reports that Wisconsin's overall suicide rate in the general population is rising.

### **Rural Health Challenges Examined**

*Wisconsin State Journal* reporter David Wahlberg is undertaking a special project this year examining rural health care challenges. Installments will follow in the coming months. The project is partly supported by the nonprofit, nonpartisan Kaiser Family Foundation, which awarded a fellowship to Wahlberg.

### **State Dental Policies Fall Short of Children's Needs**

In Wisconsin, only one-third of children on Medicaid receive dental services in a year, and only 58% of children with private insurance do. According to a report by Pew Center on the States, Wisconsin meets just half of the eight policy benchmarks aimed at addressing children's dental health needs.

### **Community Health Centers Recognize Senator Feingold**

The National Association of Community Health Centers has named Senator Russ Feingold the 2010 Distinguished Community Health Superhero. Feingold received the award for his efforts to preserve, strengthen and expand access to America's health centers and providers of high-quality health care.

## **RESEARCH AND PROGRAM TOOLS**

### **Wisconsin County Health Rankings Go National**

The County Health Rankings project, a new collaboration of the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute, examine health outcomes and determinants in every U.S. county. The first rankings – a first-of-its-kind collection of 50 individual state reports were released on Feb. 17, 2010, and will be released annually. This builds on the state health rankings that have been produced for the past six years by the UW Population Health Institute.

### **"Achieving Equity in Health Outcomes for Children and Families in Wisconsin"**

WI Council on Children and Families releases an Issue Brief addressing disparities in Wisconsin based on race and ethnicity. "Building on our Strength" notes the following: The 2008 infant mortality rate for Black infants (13.8 per 1,000 live births) was more than twice as high as the rate for White infants. The rate of Black children born at low birth-weight was more than twice the rate for non-Hispanic White children in 2007. African American and Hispanic teenagers are three times as likely to give birth compared to the state average for all teens.

### **WI Dental Provider Shortage Designations Updated**

The WI Dept of Health Services released the [Map of Dentist Shortages](#) for Low-Income Populations. These data help describe the shortage of dentist care for low-income populations around the state, by using a population to provider ratio - comparing the size of the low-income population to the number of full-time equivalent dentists who provided Medicaid dental services in calendar year 2007.

### **New and Updated Resources from the Commonwealth Fund**

- [Health Care Leader Action Guide to Reduce Avoidable Readmissions](#)
- [Physician and Industry Views on Global Payments](#)
- [Long-Term Care and Financing Reform: Lessons from the U.S. and Abroad](#)
- [International Developments in Self-Directed Care](#)
- [Do Patients Continue to See Physicians Who Are Removed from their PPO?](#)

### **New and Updated Resources from the Kaiser Family Foundation**

- [Medicare Advantage 2010 Data Spotlight: Benefits and Cost-Sharing](#)
- [Medicaid and Managed Care: Key Data, Trends and Issues](#)
- [Medicare Advantage 2010 Data Spotlight: Benefits and Cost-Sharing](#)
- [Budget Tracker: Status of U.S. Funding for Key Global Health Accounts](#)
- [Issue Module: HPV Vaccines and Cancer](#)
- [Issue Module: Prescription Drug Costs](#)
- [Reference Library: Immigrants - Coverage & Access to Care](#)

## **EVENTS AND ANNOUNCEMENTS**

### **Monday Population Health Seminar Series**

Every Monday, 12:00 - 1:00 PM, Room 1309 HSLC

### **Federal Health Reform, Up or Down: What Do Wisconsin Policymakers Do Now?**

[Evidence-Based Health Policy Project](#)

April 12, 1:00-4:00 pm, Inn on the Park

### **18th Annual Meeting of the UW-Center for Tobacco Research and Intervention**

April 6, 8:30 to 9:30 AM, Concourse Hotel at 1 West Dayton St. in Madison, Rsvp [Marie Larson](#)

### **Save the Date: 2nd Annual Bioethics Program**

April 8, HSLC 1306, "Reforming Health Care Ethically: Waste, Tradeoffs, and Rationing."

### **Healthy Classrooms Symposium**

April 21, 5:00-8:00 PM, HSLC, [Register Online](#)

## **READING ROOM**

### **Chronic Conditions Account For Rise In Medicare Spending From 1987 To 2006**

An article published by *Health Affairs* finds that the causes of Medicare spending growth have changed dramatically over the past two decades. Twenty years ago, most of the increases were due to inpatient hospital services, especially for heart disease, but recent annual increases are the result of outpatient treatment of chronic conditions such as diabetes, arthritis, hypertension, and kidney disease.

### **[Analysis of Pay-For-Performance & The Quality Of Healthcare Providers](#)**

To assess the effectiveness of pay-for-performance (P4P) in improving quality of care, the authors analyzed performance reports from medical groups contracting with a large network HMO, PacifiCare Health Systems, before and after implementation of two P4P programs in California. (Pay-for-performance programs generally offer doctors, hospitals and other healthcare providers bonuses if they score high on defined measures, such as meeting guidelines for chronic disease management or preventive screenings.) They compare these reports to medical groups that were not affected by either program.

### **[Increase The Use Of "Bundled" Payment Approaches](#)**

This report examines how increased use of bundled payment approaches -- such as paying a set fee for specific medical procedures -- affects nine "performance dimensions," including spending, waste, patient experience, coverage, operational feasibility, consumer financial risk, reliability, health and capacity.

### **[VA Mental Health Services Utilization In Iraq And Afghanistan Veterans](#)**

This study examines the use of mental health services by Iraq and Afghanistan veterans with post-traumatic stress disorder (PTSD) who are receiving care at Department of Veterans Affairs facilities. The study showed that there are groups of veterans that are less likely to receive adequate care than others.

### **[Potential Influences of Screening & Hormonal Factors in Cancer Incidence Rates](#)**

This study explores the disparities in specific cancer incidence rates between 1992 and 2004, which the authors note represents "an era when screening tests for each of these cancers were available." Based on data from the Surveillance, Epidemiology, and End Results (SEER) Program, the authors report that "disparities in the incidence of distant-stage breast, colorectal, and prostate cancers experienced by African Americans compared to whites have stayed relatively constant for breast cancer, increased for colorectal cancer, and decreased for prostate cancer from 1990 to 2004 on an absolute scale."

### **[Funding Growth Drives Community Health Centers](#)**

Federal grants to federally qualified health centers grew from \$550 million in 1990 to \$925 million to nearly \$2 billion in 2007. And, the number went from roughly 750 centers in 2001 to the recently reached milestone of 1,200 centers in December 2007, according to this paper that examines the impact of federal, state, local and private grants on the centers' ability to expand services, staff and provide more uncompensated care. Using 1996--2006 Uniform Data System information, researchers found investments made in the centers led to increases in mental health and counseling services and treatment for more uninsured patients.

### **[Improving Chronic Illness Care: An Analysis of Large Physician Organizations](#)**

Results from this survey published in *Medical Care* show that use of chronic disease management processes—mainly patient registries and support for patient self-management—increased 23 percent between 2000 and 2006.

### **[Balanced Measures for Patient-Centered Care](#)**

The authors of this article published in the *Journal of Ambulatory Care Management* propose ways to include meaningful patient measures at the point of care. They describe tools to elicit information from patients and guide improvement efforts.

### **Disparities in Long-Term Care: Building Equity into Market-Based Reforms**

Rather than "lifting all boats," some market-based policies may exacerbate disparities in the quality of long-term care, according to a study published in *Medical Care Research and Review*.

### **Autism Risk Linked to Maternal Age**

Older women are more likely to give birth to a child who develops autism than younger women, but the father's age is a factor only when moms are younger, a large case-control study showed.

### **Household Routines Linked to Lower Childhood Obesity**

According to this study, these three simple household routines are associated with an almost 40% reduction in the risk of childhood obesity: eating dinner as a family six or seven times a week, limiting the time the child watches TV to less than two hours a day, and making sure he or she gets more than 10.5 hours of sleep a night.

### **National Health Expenditures Now Grab 17.3 Percent of GDP**

The national health expenditures are projected to have risen to \$2.5 trillion in 2009, or 17.3 percent of the Gross Domestic Product, boosted by spending on public health programs amidst a deepening recession, according to a new government study.

### **The True Costs of Immigrant Health Care Spending**

An article published today by *Health Affairs* disputes the widely held belief that U.S. immigrants place a large financial burden on the U.S. health care system. The study examined health care spending between 1999 and 2006 for both adult naturalized citizens and immigrant noncitizens, which included some undocumented immigrants. It found that cost of providing health care to immigrants is lower than that of providing care to U.S. natives and that immigrants are not contributing disproportionately to high health care costs in public programs like Medicaid. However, noncitizen immigrants were more likely than U.S. natives to have a health care visit classified as uncompensated care.