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STATE NEWS

**Enrollment for BadgerCare Plus Basic Began on June 1st**
Individuals who are currently waiting for health care coverage under the BadgerCare Plus Core Plan now have the option to enroll in the Basic plan. BadgerCare Plus Basic is an entirely self-funded health care plan created for more than 50,000 adults without dependent children who are on the BadgerCare Plus Core Plan waiting list. Benefits will start for some enrollees July 1, 2010. [Press release]

**HIRSP Selected to Administer Federal High-Risk Pool Funds**
The Health Insurance Risk-Sharing Plan (HIRSP) Authority will administer federal high-risk pool funds for Wisconsin. HIRSP is the state’s health insurance program for medically uninsurable individuals who do not have access to employer-sponsored health insurance. HIRSP currently covers about 17,000 people. An estimated 6,700-8,300 could be covered through the new program, which would provide the HIRSP benefit package and pay Medicaid rates to providers.
Wisconsin is slated to receive approximately $73 million under the federal Patient Protection and Affordable Care Act to allow uninsured residents who have a pre-existing condition to be covered by health insurance until 2014, at which time the Act would allow them to receive coverage through health insurance exchanges.

HIRSP has posted a notice on its website informing potential applicants about the trade-offs in applying for HIRSP or BadgerCare now, relative to the benefits of waiting until later this summer to enroll under the federally-supported high risk program.

**WI Receives $1M Grant to Expand Use of HIT in Health Centers**
The Wisconsin Primary Health Care Association has been awarded $1 million, part of the $83.9 million awarded nationally from the 2009 ARRA, to develop a Health Center Controlled Network (HCCN) comprised of HRSA-funded federally-qualified health centers. Grants will support new and enhanced EHR implementation projects as well as HIT innovation to improve the operational effectiveness and clinical quality in health centers by providing management, financial, technology and clinical support services. The *Milwaukee Journal Sentinel* reports how role for community health centers is growing with the implementation of federal health reform.

**Coalition Pushes for Transparency between Doctors and Drug companies**
Led by the Coalition of Wisconsin Aging Groups, patient and health care advocates are urging elected officials promote legislation that promotes greater transparency about the financial and other exchanges between doctors and pharmaceutical and medical device sales reps.

**WI to receive $4.4 Million in Settlement with Drug Company AstraZeneca**
The state will receive $4.4 million as its share of a $520 million settlement with AstraZeneca Pharmaceuticals LP stemming from allegations that the company improperly marketed the antipsychotic drug Seroquel.

**Marshfield Clinic Touts Test for Prescription Drug Abuse**
Marshfield Clinic says it has patented a test that will help doctors detect signs of prescription painkiller abuse in their patients. The new technology can indicate whether a patient is taking more or less than the prescribed amount of a drug, whereas current tests indicate only the presence of a drug, a statement issued by the clinic says.

**Department of Health Services Terminates H1N1 Uninsured Program**
Effective June 30, 2010, the Department of Health Services (DHS) will terminate the H1N1 benefit program for the uninsured and undocumented in Wisconsin. In addition, on June 23, 2010 the Commissioner of the Food and Drug Administration will terminate the Emergency Use Authorizations for the antiviral medications Tamiflu, Relenza and Peramivir IV. Guidance will soon be available at [www.pandemic.wisconsin.gov](http://www.pandemic.wisconsin.gov) for the continued appropriate use of these government-distributed antiviral drugs.

**Racial Cancer Disparities: The Healthy People 2010 Cancer Mortality Objective**
This WI Comprehensive Cancer Control Program Surveillance Brief examines racial cancer mortality disparities in Wisconsin and the United States over the ten years following the establishment of the Healthy People 2010 goal for reducing the burden of cancer.
Audit Reveals Concerns About Wisconsin's Emergency Radio System  
Emergency responders in Wisconsin still cannot communicate with each other statewide during large-scale disasters, and local agencies face obstacles — and high costs — amid plans to build a radio system here, auditors say.

New Law Signed to Improve Dental Access in Rural Areas Signed  
The State of Wisconsin will provide $10 million in bonding authority to the Marshfield Clinic to aid in the construction of a rural dental education outreach facility in Marshfield if the clinic raises another $10 million by 2015.

Other Health-Related Bills Signed into WI Law this Month  
AB 163: Requires health insurance policies and plans that cover any diagnostic or surgical procedures to cover colorectal cancer examinations and laboratory tests for any insured or enrollee who is 50 years of age or older or any insured or enrollee who is under 50 years of age and at high risk for colorectal cancer.  
AB 227: The bill requires the Pharmacy Examining Board (PEB) to establish by rule a program for monitoring the dispensing of specified prescription drugs. The bill aims to curb "doctor shopping" by abusers of prescription drugs, which are causing a growing number of overdose deaths locally and nationally.  
AB 496: Prohibits texting while driving in Wisconsin.  
AB 746: Farm to School bill to help more Wisconsin schools have easier access to locally grown fruits and vegetables, supporting school-based initiatives to combat childhood obesity by connecting K-12 schools with healthy locally grown produce.  
SB 44: Requires a mental health check as part of a Department of Justice background check for handgun purchases.  
AB 779: The WIRED for Health Act will strengthen the ability of Wisconsin health care providers to securely share electronic patient data in order to avoid duplicative tests, improve health outcomes, and decrease costs.  
SB 647: Requires the Department of Health Services to develop a proposal to leverage additional federal funding for non-profit or public agencies providing services to persons with HIV or at risk of contracting HIV. The additional federal funding will be used to create a pilot program to better coordinate services for HIV Medicaid patients.

HHS Secretary Lauds Gundersen Lutheran as Model for Health Care  
U.S. HHS Secretary Kathleen Sebelius visited Gundersen Lutheran on June 3 and noted the system’s patient-centered programs, including end-of-life care, wellness and prevention, care coordination and an integrated electronic medical record. Sec. Sebelius was joined by WI Gov. Doyle and U.S. Reps. Ron Kind of Wisconsin and Tim Walz of Minnesota. Along with touring Gundersen Lutheran, the group held a forum with 75 local seniors in La Crosse.

Governor’s 2010 School Health Awards Announced  
Forty-two Wisconsin schools are recognized this year for their effort to develop programs, policies, and resources that support students’ academic achievement and long-term physical health.
Doyle Signs Correction Bill into Law to Fix Problems in the Smoking Ban Bill

All workplaces in the state must be smoke-free starting July 5, but the law allows businesses such as taverns to have smoking in outdoor areas that are not considered enclosed. However, an enclosed area under the law is a space with a roof and at least three "substantial walls." But a wall doesn't count as substantial under the law if at least one-quarter of it is a window that can open. The bill recently signed into law, AB 720, clarifies that a solid wall with no windows would count as "substantial" and that a permanently closed window - such as a plate glass window - doesn't count as an opening under the law.

RESEARCH AND PROGRAM TOOLS

New Materials from the Evidence Based Health Policy Project

- Health Insurance Exchanges: Goals, Options, and Considerations for Wisconsin

New and Updated Resources from the Commonwealth Fund

- Rite of Passage: Young Adults and the Affordable Care Act of 2010
- The Children's Health Insurance Program Reauthorization Act: Progress After One Year
- Issue Brief: The Impact of Health Reform on Health System Spending
- Enhancing the Capacity of Community Health Centers to Achieve High Performance
- What Will Happen Under Health Reform – And What’s Next?
- Issue Brief: Blueprint for the Dissemination of Evidence-Based Practices
- Issue Brief: Providing Uninsured Patients with Medical Homes
- Structuring Payments for Medical Homes
- Employees with Health Insurance Worry over Rising Costs, Survey Finds

New and Updated Resources from the Kaiser Family Foundation

- Report: U.S. Efforts to Address Global Maternal, Newborn, and Child Health
- State-by-State Medicaid Coverage and Spending in Health Reform
- Medicare and the New Independent Payment Advisory Board
- Issue Brief: Financing New Medicaid Coverage Under Health Reform

New and Updated Resources from the Urban Institute

- Report: Health Insurance Coverage in the District of Columbia
- A Profile of the Insured in the District of Columbia
- A Profile of the Uninsured in the District of Columbia
- Health Insurance in Nonstandard Jobs and Small Firms: Differences for Parents by Race and Ethnicity

New and Updated Resources from the Wisconsin Council On Children and Families

- Session Wrap-Up: Bills Affecting Women and Children in the 2009-2010 Legislative Session
- BadgerCare Plus ToolBox
EVENTS AND ANNOUNCEMENTS

Monday Population Health Seminar Series
Every Monday, 12:00 - 1:00 PM, Room 1309 HSLC

Health Equity Leadership Institute: Building Collaborative Research Teams
June 14-18, HSLC, Public Sessions

2010 Wisconsin Rural Health Conference
June 23rd-25th, Kalahari Resort in Wisconsin Dells, Registration Required

Lecture/Discussion: Food for Thought: Food Science and Your Health
July 13th, 7pm-9pm, 1100 Grainger Hall

READING ROOM

The New York Times: Critics Question Study Cited in Health Debate
The New York Times, on June 2, published an article challenging the research compiled in the Dartmouth Atlas of Health Care, which, as noted in the article, has been widely interpreted as showing the country’s best and worst care. Read also: Dartmouth Atlas Response and Commentary by Wisconsin Hospital Association.

Health Affairs: Moving Forward on Health Reform
The June Issue of Health Affairs features the nation’s leading voices focusing on implementation of the federal Patient Protection and Affordable Care Act.

Study Explores Geography’s Influence On Medical Practice, Spending
Doctors in some parts of the United States are more likely to tell Medicare patients they are sick than in other parts, said researchers. The study is the latest from the Dartmouth Atlas Project, which shows wide differences in spending by region, a finding that became a touchstone in the debate about the need for healthcare reform in the United States. The study showed that, while all people received more diagnoses as they aged, those “who moved from the lowest-intensity to the highest-intensity treatment regions had a far greater increase in the number of diagnoses.

Report: COBRA Subsidy Slowed Growth Of Uninsured
The U.S. Treasury Department reports that the federal COBRA subsidy to allow people to keep their employer's health insurance after being laid off "may have slowed the growth in the number of uninsured Americans during the recession. The study estimates that up to a third of eligible unemployed workers have taken advantage of the subsidy, which covers up to 65% of the cost of continuing a former employer's health care coverage for up to 15 months.

IT: Health Care Entities’ Reported Disclosure Practices and Effects on Quality of Care
GAO’s specific objectives were to describe (1) the practices implemented for disclosing personal health information for purposes of treatment, including the use of electronic means for obtaining consent, as reported by selected health information exchange organizations, their participating providers, and other entities; and (2) the effects of the electronic sharing of health information on
the quality of care for patients as reported by these organizations. To address both objectives, GAO conducted case studies operational health information exchanges and a selection of each of the exchanges’ participating providers.

**Issue Brief: Basing HealthCare on Empirical Evidence**
State policymakers can build consistent incentives in Medicaid and other state-administered programs and health plans, and also engage private insurers in efforts to promote the use of comparative effectiveness research and other empirical data. By coordinating these efforts across payers, the states can play a pivotal role in building consistent incentives to improve the quality and efficiency of care.

**The Impact of Removing Financial Incentives from Clinical Quality Indicators**
The researchers found the removal of pay-for-performance incentives was associated with a decrease in performance of about 3% per year on average for screening for diabetic retinopathy and about 1.6% per year for cervical cancer screening.

**Medical-Legal Partnerships: Addressing the Unmet Legal Needs of Health Center Patients**
Medical-legal partnerships are when health care staff at hospitals, clinics, and other sites are trained to screen for health-related legal issues, refer the patient to an affiliated lawyer or legal services team as necessary, and work with the attorney to resolve problems that impact patient health. “While health reform greatly expands coverage for most health center patients who are uninsured, health center patients will need significant information and assistance in navigating the new rules and regulations,” the authors write.

**Study: When Incentive Payments Are Removed, Quality Of Health Care Suffers**
Between 1999 and 2003, when Kaiser physicians were rewarded for screening diabetic patients for diabetic retinopathy -- a complication that can cause severe vision loss, including blindness -- the screening rate rose from 84.9% to 88.1%. Then the incentive payments stopped, and the screening rate dropped to 80.5% four years later.

**Report: Fewer Problems Obtaining Care in Hospital-Affiliated Community Health Centers**
Community health centers that are closely affiliated with hospitals have fewer difficulties getting their patients appointments for specialty procedures like X-rays, diagnostic tests, and visits with specialist physicians, according to a new Commonwealth Fund survey of community health centers.

**Collaboration Between Critical Access Hospitals and Federally Qualified Health Centers**
This manual illustrates that through cooperation and collaboration, CAHs and FQHCs, especially those in proximity to each other and serving similar communities, can better meet community need, enhance each other’s roles, and stabilize and expand needed services and rural delivery systems.

**Blacks Less Likely to Get Bone Marrow Transplants**
African Americans are less likely than whites to receive hematopoietic stem cell transplants (HCT) -- an expensive procedure that can greatly increase survival for cancers of the blood, a new study found.
Health Status and Health Services Access and Utilization Among Asian-Americans
The May issue of the American Journal of Public Health documents heterogeneous patterns of health care access and use among children of the six largest Asian ethnic groups in California, “suggesting the need for targeted outreach to different Asian” subgroups.

Paying for Performance in Primary Care: Potential Impact on Practices and Disparities
Researchers, publishing in Health Affairs, report that pay-for-performance programs paid less to practices serving higher proportions of vulnerable patients in Massachusetts, which has the potential to worsen existing disparities in quality of care.

Social Context Explains Race Disparities in Obesity Among Women
In examining the impact of social context on racial disparities in obesity, researchers found no racial disparities in obesity among poor, urban, black and white women living together in the same social context.

Medicare Diagnosis Practices Vary by Region
Moving from one area to another can lead to major changes in diagnosed conditions, imaging, and laboratory tests, according to Elliott Fisher, MD, of Dartmouth College in Hanover, NH, and colleagues.

A Nationwide Survey of Patient-Centered Medical Home Demonstration Projects
The medical home has been promoted as a model for delivering comprehensive, coordinated, patient-centered health care. In interviews with leaders at 26 demonstration sites around the country where the patient-centered medical home is being pilot-tested, researchers found substantial diversity in terms of size, scope, and design.