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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 Society*, Wispolitics.com, Wisconsin Health News, Blue Cross/Blue Shield, *The New York Times*, *Milwaukee Journal-Sentinel*, *Milwaukee Business Journal*, *Wisconsin State Journal*, Wisconsin Technology Network and others.

In This Issue

STATE NEWS

- [Analysis of the ACA's Effect on WI: Controversy over Interpretations](#)
- [Surveys Find Employers Consider Dropping Coverage in 2014 with ACA](#)
- [Proposed Bill Incorporates PPACA Coverage Requirements into WI Law](#)
- [Some WI Health Plans Exempted from New Coverage Rules](#)
- [New Coinsurance Payment for State Workers & Retirees](#)
- [Health Insurance Premiums for State Workers Decline](#)
- [Health Insurer to Drop State Employees](#)
- [Aurora to Launch Insurance Product](#)
- [Health Care Benefit Costs Continue Upward Trend](#)
- [DHS Declines to Request or Endorse Other Federally-Funded Projects](#)
- [State Repays Malpractice Fund](#)
- [Few Milwaukee Dentists Serving BadgerCare Pregnant Women](#)
- [State Switching to Public Workers for FoodShare Program](#)
- [State Medical Transport Service Generates More Complaints](#)
- [Legislation Proposed to Make Inmates Pay for Medication](#)
- [Wisconsin Legislators Request Assistance with Family Care](#)
- [Direct Messaging & Wisconsin's Health Information Exchange](#)
- [WI Medicaid EHR Incentive Program Available for Eligible Hospitals](#)
- [Clinic Demonstrates Improved Quality of Care: Cost Savings for Medicare](#)
- [Pay to Top Area Health care Executives Exceeds National Average](#)
- [Viterbo Opens \\$15M Nursing Facility](#)

- [UW Extension & 4 UW Campuses Launch New Health & Wellness Online Degree](#)
- [Prevention Project Reduces Infections in Wisconsin Hospitals](#)
- [Wisconsin Program Prepares Hospitals for Disaster](#)
- [Milwaukee United Way Focusing On Infant Mortality](#)
- [Anthem of WI using Google Maps to Reduce ER Use](#)
- [WI Clinic Ahead of the Nation in Move to Electronic Records](#)
- [Medical College of Wisconsin earns \\$45 million grant; \\$13 million Grant](#)
- [WI Receives 1.2 Million from CDC to Strengthen State & Local Health Depts.](#)
- [WI DHS Receives Federal Grant for Public Health Infrastructure](#)
- [Dean Clinic Episode: Disease Exposure via Medical Devices a Growing Concern](#)
- [Wisconsin Ranks 12th for Child Health](#)

RESEARCH AND PROGRAM TOOLS

- New and Updated Resources from the [Kaiser Family Foundation](#)
- New and Updated Resources from the [Commonwealth Fund](#)
- New and Updated Resources from [HBNS](#)
- New and Updated Resources from [CMS](#)
- New and Updated Resources from the [CDC](#)
- New and Updated Resources from the [Annie E. Casey Foundation](#)
- New and Updated Resources from [AHRQ](#)
 - [Effective Health Care Program: Explore Your Treatment Options](#)
 - [Bringing Human Factors into Home Health Care](#)
 - [Spanish-Language Guides: Heart Disease & Other Illnesses](#)
 - [Nursing Home Survey on Patient Safety Culture](#)
 - [2010 National Healthcare Quality & Disparities Reports](#)
- [America's Children: Key National Indicators of Well-Being, 2011](#)
- Wisconsin Toolbox:
 - [Milwaukee Health Report: Health Disparities by Socioeconomic Status](#)
 - [DHS: Tracking the State Health Plan 2010 State-Level Data](#)
 - [Texting Campaign for Pregnant Women & New Moms](#)
 - [WI's ICD-10 Website](#)
 - [LogistiCare Wisconsin Facility Network Home](#)
 - [WMS & WCHQ: A Resource Use Primer: WHIO Data Mart](#)
 - [BadgerCare Plus: Who's Eligible, for What, and at What Price?](#)
 - [Wisconsin Local Health Department Survey, 2009](#)

EVENTS AND ANNOUNCEMENTS

- [2011 Suicide Prevention Summit](#)
- [WHA Annual Convention: Looking Toward Tomorrow's Health Care](#)
- [The Art and Science of Integrating Compassionate Care](#)
- [12th Annual Midwest Coding & Practice Management Symposium](#)
- [Nurse Practitioners and Physician Assistants Dementia Update](#)
- [Statewide Sexual Assault Response Team \(SART\) Conference](#)
- [Patient Experience Summit](#)

READING ROOM

- [Republican Governors Issue Recommendations for Medicaid reform](#)
 - [New Federal Rules Define “Affordability,” Other Implementation of Exchanges](#)
 - [ACA’s Consumer Operated and Oriented Plans \(CO-OPs\): Will They Work?](#)
 - [AARP Finds Toll On Family Caregivers Is 'Huge'](#)
 - [Closing the Quality Gap: Revisiting the State of the Science](#)
 - [Nurse-To-Patient Mandate Didn’t Reduce Skill Level Of Nursing Workforce](#)
 - [Newly Insured in Mass. Continue To Use Community Health Centers](#)
 - [Report: Rural Areas Have Lower-Quality Health Care than Suburbs and Cities](#)
 - [The U.S. Health System in Perspective: A Comparison of 12 Industrialized Nations](#)
 - [HHS Rule: Women's Free Preventive Services Will Include Contraception](#)
 - [Restrictions on Abortion Multiply this Year](#)
 - [Preventing Chronic Disease: The New Public Health](#)
 - [Access to Grocers Doesn't Improve Diets, Study Finds](#)
 - [Mortality Amenable to Health Care in the United States](#)
-

STATE NEWS

[Analysis of the ACA’s Effect on WI: Controversy over Interpretations](#)

A [report](#), commissioned by the State and completed by Gorman Actuarial, LLC and MIT Economist Jonathan Gruber, analyzed the actuarial and economic impacts of the Patient Protection and Affordable Care Act (PPACA) on Wisconsin. The [report](#) concluded that the ACA will decrease the Wisconsin’s uninsured by 65%, covering an additional 340,000 persons by 2016. Once tax subsidies take effect, about 60% of persons already covered in the individual market will have premiums increase by about a third, while about 41% percent of the individual market will have premiums decrease by about 56%.

Governor Walker’s [Office of Free Market Health Care](#), in a [press release](#) and a [presentation](#), emphasized [different conclusions](#) in the key findings, focusing on those in the individual market who will be face higher premiums and movement from employer-sponsored coverage to individual coverage through the exchanges.

The report’s author, in [an interview with the Capitol Times](#), asserts that DHS chose to highlight only the negative elements, but that “health reform is a great thing for Wisconsin.” DHS Secretary Smith, in an [op ed](#), asserts otherwise. [Citizen Action of Wisconsin](#) led voices protesting the Walker Administration’s interpretation of the report as [biased](#).

Meanwhile, [the Wisconsin Council on Children an Families has prepared an update](#) about the development of Wisconsin’s Exchange. The Department of Health Services, [Office of Free Market Health Care](#) offers a presentation about its current plans.

Surveys Find Employers Consider Dropping Coverage in 2014 with ACA

A recently [survey](#), completed by [Towers Watson](#), found that 9% of midsize and large companies polled plan to drop employer-sponsored health insurance after the enactment of the Affordable Care Act in 2014. This follows a recent trend of other similar polls on the subject done by [McKinsey](#), [Mercer](#), and the [Congressional Budget Office](#), some of which predicted that even more firms will drop coverage, letting employees buy insurance with subsidies through the exchanges that will be established.

Proposed Bill Incorporates PPACA Coverage Requirements into WI Law

Proposed assembly bill 210, implements health insurance reform, provides an exemption from emergency rule procedures, and grants rule-making authority. This bill incorporates the health insurance coverage requirements of the federal Patient Protection and Affordable Care Act (PPACA) into the Wisconsin statutes. The bill requires insurers to comply with PPACA provisions that went into effect for plan years beginning on or after March 23, 2010.

Some WI Health Plans Exempted from New Coverage Rules

The Affordable Care Act (ACA) creates caps on annual coverage limits; however, it also allows companies to request waivers to be exempt from these coverage limits. The waivers were originally created with the intent of helping employers, unions and insurers protect Americans from losing what limited coverage they have before the ACA takes effect. In Wisconsin, more than two dozen companies have received waivers from Health and Human Services (HHS) so they don't have to comply with annual coverage limits required under the ACA.

New Coinsurance Payment for State Workers & Retirees

The State [Department of Employee Trust Funds](#) unveiled a new co-insurance for state employees. For many employees, the changes to their health insurance benefits began in the last week of August. [The new premium rates](#) have essentially doubled for most employees, and employees will now pay 10% for office visits and other medical services (preventive and prescription not included – these changes are effective January 1, 2012). There is an annual out-of-pocket cap implemented: \$500 per individual and \$1000 for a family.

Health Insurance Premiums for State Workers Decline

The Wisconsin Department of Employee Trust Funds said that health insurance premiums for the majority of state workers will decline by 3.3% next year, a first ever drop. The program covers more than 183,000 state employees, retirees and their dependents.

Health Insurer to Drop State Employees

Group Health Cooperative of Eau Claire will stop providing health insurance to state employees in several west-central WI counties, citing costs as the barrier to providing coverage. About 10,000 state workers and their families current get coverage through this plan and will need to find a new provider as of January 2012.

Aurora to Launch Insurance Product

The Business Journal of Milwaukee reports that Aurora Health Care is exploring partnerships with insurance companies to begin offering employers a product by early next year that officials

say will reduce their health care costs in exchange for their commitment to exclusively visit the system's hospitals and doctors.

[Health Care Benefit Costs Continue Upward Trend](#)

An annual survey recently completed by [HCTrends](#) found that health insurance premiums increased 8% to 10% on average for employers and employees in the Milwaukee area this year. This most recent survey shows that costs have decreased since last year's rate increases of 11% to 13%, but demonstrate a continued trend towards increasing health care costs. In contrast, the overall cost of living increased 1.6% last year.

[DHS Declines to Request or Endorse Other Federally-Funded Projects](#)

The *Milwaukee Journal-Sentinel* reports that Wisconsin Department of Health Services has declined to make or provide support letters for applications to federal public health grants that could have totaled more than \$9 million over the next five years. This spurred [further media coverage](#), as well as statements by [Advocacy Groups](#). Subsequent to the new media coverage, 30 of the legislature's Democrats and one Republican sent [a letter](#) expressing disappointment over the DHS Secretary's lack of support for the federal health grants. All of this follows previous media coverage surrounding nearly \$30 million in federal grant requests that [DHS initially declined to endorse](#) but then reversed course.

[State Repays Malpractice Fund](#)

The State of Wisconsin has fulfilled last year's order from the state [Supreme Court](#), paying \$233.7 million to settle a debt to a fund compensating victims of medical malpractice. The court ruled that, in 2007, state officials had illegally raided \$200 million from the Patients Compensation Fund, which is intended to compensate victims of medical malpractice and their families. The state was also ordered to repay an additional \$33.7 million to cover interest and lost earnings for the fund.

[Few Milwaukee Dentists Serving BadgerCare Pregnant Women](#)

The *Milwaukee Journal-Sentinel* reports that, of all 55 dental clinics in the city listed on the state BadgerCare Plus website, only were accepting new adult BadgerCare patients enrolled in the managed care organizations that administer the program. And most were booking new patients two to three months out. Some studies point to a link between gum infections and premature birth, so the state Department of Health Services recommends pregnant women see a dentist. Yet just 35% of all BadgerCare Plus patients in Milwaukee County did so during the year that ended June 30, 2010.

[State Switching to Public Workers for FoodShare Program](#)

Wisconsin will retain millions of dollars in federal funds for [FoodShare](#), the state's food assistance program because that state has decided to drop the private contractor employees who have been running FoodShare. Instead, the state will hire public workers to run the program. Federal officials had recently been [warning the state](#) that it would withhold funds for FoodShare because of what they assert were improper privatization practices of the program.

State Medical Transport Service Generates More Complaints

The [Coalition of Wisconsin Aging Groups](#) (CWAG) along with the [Wisconsin Alliance for Retired Americans](#) (WIARA) have written [a letter](#) expressing their concern with information recently sent out to Medicaid recipients from WI DHS in regards to their appeal rights against [LogistiCare](#), the new state contracted MA transportation provider. Numerous patients, medical professionals and transportation providers continue to claim that they have experienced difficulties with LogistiCare, an Atlanta-based company coordinating rides for Medicaid recipients in Wisconsin.

Legislation Proposed to Make Inmates Pay for Medication

Currently, when an inmate in a Wisconsin correctional facility is prescribed medication, that state covers the cost of the prescriptions, at an annual cost of almost \$16 million. A [new bill](#) would require those incarcerated in correctional facilities pay at least a \$2.50 from their canteen account funds.

Wisconsin Legislators Request Assistance with Family Care

Wisconsin legislators have written a [letter](#) to U.S. Health and Human Services Secretary Sebelius requesting assistance with the support of Family Care, Wisconsin's Medicaid program that provides at-home care for frail older adults and those with disabilities who need long-term care. The letter requests that Secretary Sebelius reject any requests from the current governor's office to amend Wisconsin's Medicaid waivers to cap Family Care enrollment and reinstate waiting lists.

Direct Messaging & Wisconsin's Health Information Exchange

The [Wisconsin Statewide Health Information Network \(WISHIN\)](#) will use the [Direct Project](#), a secure clinical messaging protocol, to start health information exchange (HIE) throughout Wisconsin. WISHIN is the state's designated, not-for-profit entity that is working to develop a robust, bidirectional HIE in Wisconsin. WISHIN Direct allows providers to share a patient's medical history with other providers who have seen the patient—even if those providers are not part of the same practice or health system thus cutting back on paper and otherwise streamlining care.

WI Medicaid EHR Incentive Program Available for Eligible Hospitals

The Electronic Health Record (EHR) Incentive Program was established under the American Recovery and Reinvestment Act of 2009, to encourage eligible health care professionals and hospitals to adopt and show meaningful use of certified EHR technology. Under the federal law, Medicare and Medicaid have separate EHR incentive programs. Key dates are available [here](#).

Clinic Demonstrates Improved Quality of Care: Cost Savings for Medicare

The federal Centers for Medicare & Medicaid Services (CMS) announced that, in the fifth performance year of the five-year Medicare Physician Group Practice (PGP) Demonstration, Marshfield Clinic has again improved the quality of health care while decreasing costs. Marshfield, among 10 participating large physician group practices in the federal study, was one of only two study participants that earned bonuses each year. [Wisconsin State Journal opines](#) how Marshfield demonstrates “Good news on controlling health care costs.”

[Pay to Top Area Healthcare Executives Exceeds National Average](#)

Hospital leaders in Madison earn more than the national average of roughly \$630,000. Critics claim that health care executives shouldn't be making so much when health care spending is expected to increase 5.8 percent annually through 2020, accounting for a fifth of the economy. Such critics assert that these large salaries and benefit packages add to the increasing cost of health care. Health care consultants argue that hospitals, health systems and health insurance companies must pay their leaders well to remain competitive.

[Viterbo Opens \\$15M Nursing Facility](#)

[Viterbo University](#), which already trains more nursing graduate than any other private college in Wisconsin, just opened a new \$15 million nursing facility. The [new facility](#) is expected to boost enrollment at Viterbo University by 25% over the next 5 years. The new technologically advanced facility received input by nearby local health care provider experts such as the Mayo Clinic Health System and Gundersen Lutheran Medical Center in La Crosse. Viterbo has had an established nursing school for over 40 years and currently has more than 700 students enrolled in its nursing programs.

[UW Extension & 4 UW Campuses Launch New Health & Wellness Online Degree](#)

There is a growing need for health and wellness professionals in today's changing health care environment: companies and organizations around the country need qualified individuals who can manage and administer health and wellness programs to reduce healthcare costs and improve productivity and employee well-being. The new [online course](#) offered by UW Extension and four UW campuses provide training for a variety of professional careers such as Wellness Manager, Wellness Program Manager, Worksite Wellness Coordinator and Director of Sports, Fitness, and Wellness

[Prevention Project Reduces Infections in Wisconsin Hospitals](#)

State health officials have recently reported that Wisconsin hospitals participating in a voluntary infection prevention project have achieved significant reductions in healthcare-associated infections ([HAIs](#)). The first annual report of the Wisconsin Healthcare-Associated Infections Prevention Project found reporting hospitals saw significant reductions in the occurrence of central line-associated bloodstream infections (CLABSIs) compared to national baseline data from 2006-2008. The hospitals reported these infections dropped 33% in 2009 and 26% in 2010.

[Wisconsin Program Prepares Hospitals for Disaster](#)

The Wisconsin Hospital Emergency Preparedness Program has organized a statewide effort since its inception in 2002 to stockpile protective clothing, including disposable respirator masks, which are crucial for containing infectious diseases. The [WI Trac software](#), widely implemented in 2008, enables instant communication to every hospital in the state. This will allow a unified hospital response to any catastrophic or mass casualty event and move to partners beyond hospitals.

[Milwaukee United Way Focusing On Infant Mortality](#)

The United Way of Greater Milwaukee, for its 2011 campaign, hopes to bolster the fight against infant mortality in the city with a \$48 million fundraising goal. United Way has placed an

emphasis on raising money to distribute to Milwaukee Community Health Centers in support of wellness programs for expectant mothers and infants. In the Community Campaign, the charity will use a \$1 million challenge grant from five area hospital systems -- Aurora Health Care, Children's Hospital of Wisconsin, Columbia St. Mary's, Froedtert Health and Wheaton Franciscan Health.

[Anthem of WI using Google Maps to Reduce ER Use](#)

Anthem Blue Cross Blue Shield Wisconsin is attempting to reduce the use of costly emergency room visits through a new partnership with Google Maps. Anthem launched an "emergency room education campaign" this month incorporating Google Maps to make it easier for customers to find and use walk-in clinics and urgent care centers for non-emergency conditions when their regular physicians are not available.

[WI Clinic Ahead of the Nation in Move to Electronic Records](#)

[Western Wisconsin Medical Associates](#) (WWMA) is the first medical group in Wisconsin -- and perhaps the entire United States -- to have all of its doctors using electronic medical records. WWMA is an independent, physician-owned group comprised of Hudson Physicians and clinics at River Falls, New Richmond, Ellsworth and Spring Valley. Its staff includes 55 doctors and a number of physician assistants and nurse practitioners.

[Medical College of Wisconsin earns \\$45 million grant; \\$13 million Grant](#)

The Medical College of Wisconsin (MCW) recently [received its largest grant ever](#) at just under \$45 million. The federal NIH grant is being dispersed over six years to fund and analyze large clinical research trials aimed at answering fundamental questions surrounding bone marrow transplants in the fight against blood cancers such as leukemia, lymphomas and myelomas. In addition, MCW has won a [\\$13 million federal grant](#) to lead an international team in building a revolutionary computer model of a rat's inner workings. The project could have broad implications for drug development and basic biology. Because humans and rats share about 90% of their genes, including most known disease genes, and the specific sequences of these genes are approximately 85% identical the rat has become one of the most common stand-ins for the human body in scientific experiments.

[WI Receives 1.2 Million from CDC to Strengthen State & Local Health Depts.](#)

The CDC recently gave funds to all 50 states to improve the quality of health care and strengthen the public health infrastructure. [Wisconsin](#) DHS received over 1.2 million dollars from the CDC for Epidemiology and Laboratory Capacity, Healthcare Associated Infections, Immunization Research, and Epidemiology and Laboratory Capacity (Non-Affordable Care Act Funds). State, local and territorial health departments will be able to improve their capacity to perform their tasks of epidemiological research, laboratory work and the detection and prevention of healthcare-associated infections, as well as support immunization programs.

[WI DHS Receives Federal Grant for Public Health Infrastructure](#)

The Department of Health Services is receiving nearly \$1 million to help health departments improve how they track performance, promote best practices, and improve coordination among state and community systems. The grant is part of over \$40 million in federal funding, partly supported by the Affordable Care Act, allocated to nearly every state.

[Dean Clinic Episode: Disease Exposure via Medical Devices a Growing Concern](#)

Officials from the U.S. Centers for Disease Control and Prevention (CDC) have become increasingly concerned about the kinds of risks of transmitting blood-borne viruses when diabetics are assisted with testing their blood sugar levels and insulin injections, and equipment is unsafely reused with multiple patients. Outbreaks of hepatitis B associated with blood sugar monitoring have been identified with increasing regularity, particularly in long-term care settings such as nursing homes and assisted living facilities. Diabetic patients who may have been exposed to blood-borne diseases [at the Madison-based Dean Clinic](#) are now getting tested for hepatitis and HIV. A nurse who worked at the clinic for the past five years misused equipment to teach them to inject insulin and test their blood sugar levels, the clinic said.

[Wisconsin Ranks 12th for Child Health](#)

Wisconsin is the 12th best state for children's health, according to the Annie E. Casey Foundation's 2011 Kids Count Data Book. The ranking measures 10 factors of health and well-being. Wisconsin ranked in the top ten for its percent of teenagers in school and percent of teenagers in school and working. Other factors the study looked at include poverty, infant mortality, low birth weight, child death rate, teen birth rate, percent of children in a home where no parent works full time, and single parent families.

RESEARCH AND PROGRAM TOOLS

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 - [Nursing Home Survey on Patient Safety Culture](#)
 - [2010 National Healthcare Quality & Disparities Reports](#)
- [America's Children: Key National Indicators of Well-Being, 2011](#)
The Federal Interagency Forum on Child and Family Statistics' report includes Federal data on children and families in an easy-to-use, non-technical format.
- Wisconsin Toolbox:
 - [Milwaukee Health Report: Health Disparities by Socioeconomic Status](#)
The Center for Urban Population Health and the City of Milwaukee's Health Department. Report on health and its relationship to socioeconomic status.
 - [DHS: Tracking the State Health Plan 2010 State-Level Data](#)

Access to state-level data on indicators that track progress toward meeting many of the 2010 objectives. Indicators were developed in the Department of Health Services based on the availability of state-level data to measure a given objective.

- [**Texting Campaign for Pregnant Women & New Moms**](#)
The National Healthy Mothers, Healthy Babies Coalition launched [text4baby](#), a free mobile text messaging service that provides pregnant women and new moms with information to help them care for their health and give their babies the best possible start in life.
- [**WI's ICD-10 Website**](#)
Resources and educational tools to prepare individuals for ICD-10.
- [**LogistiCare Wisconsin Facility Network Home**](#)
The LogistiCare Facility web site for Medicaid and BadgerCare Plus hosts information and forms that medical facilities in WI can use to schedule non-emergency medical transportation for Medicaid and BadgerCare Plus members who have no other way to get a ride.
- [**WMS & WCHQ: A Resource Use Primer: WHIO Data Mart**](#)
This report is intended to serve as an educational primer related to the Wisconsin Health Information Organization (WHIO) data mart, with examples of its early use by the Wisconsin Collaborative for Healthcare Quality (WCHQ).
- [**BadgerCare Plus: Who's Eligible, for What, and at What Price?**](#)
Summary document about income eligibility criteria, what people are eligible for, and how to calculate the premiums for families of different sizes and incomes.
- [**Wisconsin Local Health Department Survey, 2009**](#)
Includes tables showing financial data (revenues, expenses, local tax levies and per capita expenditures) and LHD staffing for 2009.

EVENTS AND ANNOUNCEMENTS

[**2011 Suicide Prevention Summit**](#), September 13-14th, LaCrosse, WI

[**WHA Annual Convention: Looking Toward Tomorrow's Health Care**](#)

September 14-16, Lake Geneva, WI

[**The Art and Science of Integrating Compassionate Care**](#)

September 17th & Oct 22nd, La Crosse, WI

[**12th Annual Midwest Coding & Practice Management Symposium**](#)

September 18-20, Wisconsin Dells, WI

[**Nurse Practitioners and Physician Assistants Dementia Update**](#)

September 23, Wausau, WI

[**Statewide Sexual Assault Response Team \(SART\) Conference**](#)

September 27-28, Wisconsin Dells, WI

[**Patient Experience Summit**](#), September 30th, LaCrosse, WI

READING ROOM

Republican Governors Issue Recommendations for Medicaid reform

Republican Governors of 30 states and territories issued a report calling for the reform of Medicaid and the repeal of the federal health reform law. The report, [*A New Medicaid: A Flexible, Innovative and Accountable Future*](#), outlines 31 proposals including eliminating maintenance of effort requirements, establishing asset tests for eligibility, and requiring the federal government to take full responsibility for the uncompensated care costs of treating illegal aliens.

New Federal Rules Define “Affordability,” Other Implementation of Exchanges

The US Departments of Health and Human Services and Treasury have issued three proposed rules pertaining to the implementation of the federal PPACA, affordability of coverage, and participating in the health insurance purchasing exchanges. The agencies [also sent a letter to Governors](#) outlining the options and resources for states to work with HHS to set up Exchanges while making more efficient use of shared resources.

The proposed rules are as follows:

- [Exchange Eligibility and Employer Standards](#): Standards and process for enrolling in qualified health plans and insurance affordability programs.
- [Health Insurance Premium Tax Credit](#): How individuals and families will receive premium tax credits to help defray insurance costs.
- [Medicaid Eligibility](#): Expands and simplifies Medicaid eligibility and promotes a coordination of Medicaid and CHIP with the new Exchanges.

A [new report by the Robert Wood Johnson Foundation](#) analyzes the three federal draft regulations. The [Commonwealth Fund also explains](#) these rules. As well, the Center for Budget and Policy Priorities has [posted a blog expressing concern](#) about the 9.5% affordability rule, in that it applies to family income for individual employee coverage.

ACA’s Consumer Operated and Oriented Plans (CO-OPs): Will They Work?

This report provides a preliminary look at prospects for the PPACA’s Consumer Operated and Oriented Plans (CO-OPs)—nonprofit, member-governed insurance plans. The report finds that in addition to upfront financial and governance hurdles, CO-OPs will likely face challenges building robust provider networks and recruiting enrollees. The report suggests that the long-term success of CO-OPs will depend on their ability to move beyond the individual and small group markets.

AARP Finds Toll On Family Caregivers Is 'Huge'

A [new study by the AARP](#) estimates that family member care-givers work is valued at approximately \$450 billion a year. Chronic conditions for are now able to be managed for decades, thanks to modern medicine, but the study finds that along with longer managed care, comes the expectation that family members will participate in increasingly more complicated procedures. And unfortunately the burden for family-member caregivers will likely only get worse as the baby-boom generation ages.

Closing the Quality Gap: Revisiting the State of the Science

This new series of reports from AHRQ continues the focus on improving the quality of health care through critical assessment of relevant evidence for selected settings, interventions, and clinical conditions. Another goal of this series is to compile the evidence about effective strategies to close the “quality gap”—the difference between what is expected to work well for patients based on known evidence and what actually happens in day-to-day clinical practice. This series uses the knowledge of eight Evidence-based Practice Centers (EPCs).

Nurse-To-Patient Mandate Didn't Reduce Skill Level Of Nursing Workforce

In 1999 when California passed a law establishing minimum nurse-to-patient staffing ratios for hospitals, many feared that hospitals' response might be to disproportionately hire lower-skill licensed vocational nurses. The researchers found that, for the period 1997–2008, California's mandate did not reduce the nurse workforce skill level as feared - instead, on average, California hospitals followed the trend of hospitals nationally by increasing their nursing skill mix, and they primarily used more highly skilled registered nurses to meet the staffing mandate.

Newly Insured in Mass. Continue To Use Community Health Centers

After the state expanded health insurance coverage, community health centers in Massachusetts saw a surge in patients, indicating that the safety-net clinics remain a vital source of care even when people gain insurance. A new report, recently published in the [Archives of Internal Medicine](#), found that the number of patients treated at the health centers rose 31% from 2005 to 2009 while during the same period, the percent of uninsured patients at the clinics declined from 35.5 percent to about 20 percent.

Report: Rural Areas Have Lower-Quality Health Care than Suburbs and Cities

Both physicians and consumers rate the quality of their care lower than do those in urban and suburban areas. Their ratings have been recently validated by a [new report](#) recently released by UnitedHealth Group which finds that 70% of insurance markets found lower quality of care in rural areas than in urban areas. Fewer primary care physicians were found in rural areas as well: 65 per 100,000 vs 105 per 100,000 in urban and suburban areas.

The U.S. Health System in Perspective: A Comparison of 12 Industrialized Nations

The Organization for Economic Cooperation and Development (OECD) tracks and reports on more than 1,200 health system measures across 34 industrialized countries. The U.S. far exceeds comparison countries in health care spending while at the same time, having fewer hospital beds and physicians, and fewer hospital and physician visits, than in the comparison countries. The U.S. far exceeds the comparison countries on prescription drug utilization, prices, and spending, as well as the supply, utilization, and price of diagnostic imaging. On a limited set of quality measures, U.S. performance is variable.

HHS Rule: Women's Free Preventive Services Will Include Contraception

Starting Aug. 1, 2012, private health plans will have to offer free preventive services—including contraception, breast feeding supplies, and screening for sexually transmitted diseases.

U.S. Department of Health and Human Services (HHS) officials recently issued an interim final rule that incorporates those recommendations. The rule would require insurers to offer free care for plan years that start on or after Aug. 1, 2012. Because many plans are based on calendar years, in practice a significant number of people will get the coverage beginning Jan. 1, 2013.

Restrictions on Abortion Multiply this Year

In the first half of this year, states have enacted a record 162 new laws or changes to existing laws that affect reproductive health, according to a [new report](#) from the Guttmacher Institute. According to the report, the 80 new abortion restrictions already in 2011 are more than double the previous annual record of 34 seen in 2005, and more than triple 2010's 23 changes.

Preventing Chronic Disease: The New Public Health

This issue brief from the Alliance for Health Reform and the Robert Wood Johnson Foundation describes how programs around the country are working to reduce chronic disease by helping people quit tobacco use, fight obesity and promote a healthy lifestyle.

Access to Grocers Doesn't Improve Diets, Study Finds

A new study conducted by researchers at the University of North Carolina reports findings that run counter to the idea that access to supermarkets can improve diets and curb obesity in low-income neighborhoods. Lack of access to supermarkets is often cited as a cause of poor nutrition and high obesity rates in low-income neighborhoods. The study tracked thousands of people in several large cities for 15 years. The researchers report that people didn't eat more fruits and vegetables when they had supermarkets available in their neighborhoods.

Mortality Amenable to Health Care in the United States

Health care researchers use a statistic known as "mortality amenable to health care" (or "amenable mortality") to measure deaths from certain causes before age 75 that are potentially preventable with timely and effective health care. In a new study published by the Commonwealth Fund, researchers found associations between certain demographic factors—poverty and race—and amenable mortality. In addition, after controlling for these factors, they found strong associations between amenable mortality and health system-related indicators, like hospital readmission rates and care for diabetics and asthmatics.