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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, 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**

### **Medicaid and BadgerCare Reductions Undergoing Legislative Review**

Wisconsin's Dept of Health Services (DHS) recently released a [list of proposed changes](#) in the Medicaid and BadgerCare programs in order to attain \$554.4 million in savings over the 2011-13 biennium. DHS sent a [report on the proposals](#) for review to the [Legislative Joint Committee on Finance for Review](#). After the legislative committee reviews the proposal, it will be sent to the federal Centers for Medicare & Medicaid Services (CMS) for review. The proposals require a waiver from CMS. Wisconsin's biennial budget act specifies that, if needed federal waivers are not provided by December 31, 2011, DHS will automatically pare back eligibility for adults, from 200% to 133% FPL, [thereby dropping coverage for over 53,000 adults..](#) [This timeline, however, appears unworkable,](#) in that the CMS review process usually takes 90 days

- [Legislative Fiscal Bureau analysis](#)
- [Journal-Sentinel review of the proposed coverage changes](#)
- [WI Council on Children and Families: Summary of Proposed Cost-Cutting Initiatives](#)
- [Wisconsin Council on Children and Families: Effects on Health Care for Children](#)
- [Citizen Action of Wisconsin: petition opposing proposed plan](#)

### **WI Submits Comments on Proposed Rules for Insurance Exchange**

The Wisconsin Office of Free Market Health Care has submitted comments to the U.S. Department of Health and Human Services and the Department of Treasury on various proposed rules designed to implement the PPACA:

- [CMS-9989-P Establishment of Exchanges and Qualified Health Plans](#)
- [CMS-9974-P Exchange Functions in the Individual Market: Eligibility Determinations; Exchange Standards for Employers](#)
- [CMS-2349-P Medicaid Program; Eligibility Changes under the Affordable Care Act](#)
- [REG-131491-10 Health Insurance Premium Tax Credit](#)

### **Two Opposing View of the ACA's Effect on Wisconsin**

The consumer group [Families USA released a report](#), with analysis conducted by MIT Economist Jonathan Gruber, detailing the benefits of the federal Affordable Care Act to Wisconsin. "[The Bottom Line: How the Affordable Care Act Helps Wisconsin Families](#)" concludes that Wisconsin households will save an average of \$1,467 per year after full

implementation of the Affordable Care Act (ACA). AT the same time, [Wisconsin's Office of Free Market Health Care's press statement](#) on the ACA rules assert that the law is unnecessary to advance coverage, and that "Congress and the Administration need to reconsider PPACA, as the fundamental design is unworkable."

### **Wisconsin's Health Insurance Market Highly Competitive**

The [Kaiser Foundation](#) assesses the competitiveness of state insurance markets for individuals and small businesses to establish a baseline as implementation of the health reform law proceeds. The intent of the analysis is to provide context for the policy decisions states will be considering. The analysis looks at variation and competition across state insurance markets in both large and small group markets. [Wisconsin](#) was found to have one of the most competitive insurance markets in both large and small group markets. The [Milwaukee Journal Sentinel reports on how this relates to the review of Wisconsin's health insurance premium increases](#), as specified under the federal Affordable Care Act.

### **Wisconsin Seeks to Exempt Health Insurers from 80% Minimum Loss Rule**

The state's Insurance Commissioner is to exempt health insurance companies participating in the ACA-developed health insurance purchasing exchanges from the new federal requirement that they spend at least 80% of premiums on medical care. Wisconsin instead proposes that the 80% rule to be phased in over the course of three years. The Insurance Commissioner asserts that the rule may force some insurance companies to leave the market, thereby reducing consumer choice and competition among insurers. The Commissioner [estimates](#) that the regulation would provide over \$4 million in annual rebates to consumers, a [savings of 1% or less of what consumers who buy their own insurance would spend](#) in that time period. [Wisconsin Health News reports that 16 other states have requested similar waivers](#). [Citizen Action of Wisconsin](#) opposes the Commissioner's request, asserting that insurance companies are sufficiently profitable.

### **Calls to Send Back ACA \$ Revive; Technical Bill to Codify Federal-State Law Dies**

*Wisconsin Health News* reports that Senator Frank Lasee, R-De Pere, is calling on Governor Scott Walker's administration to return nearly \$50 million in federal health reform funds the state received to implement a health insurance exchange. Lasee also recently announced that his committee will not take up [Assembly Bill 210](#), a technical bill from the Office of the Commissioner of Insurance to codify OCI's work on the ACA requirements. Conservative groups opposed AB 210 as a perceived endorsement of the federal ACA, Meanwhile, some liberal groups opposed AB210 for other reasons. [Citizen Action of Wisconsin called for rejection of AB210 in its current form](#), arguing that it lacked needed consumer protections.

### **Virtual PACE: Demonstration Project for Dual Medicaid/Medicare Members**

In April, 2011, Wisconsin was one of fifteen states to receive a [demonstration grant](#) from the Centers for Medicare & Medicaid Services (CMS) to develop a care coordination and funding model, called Virtual PACE, to integrate the care of persons dually eligible for Medicare and Medicaid. Now several months into the planning stage, recent activity of the pilot project included a Town Hall forum, where interested parties were able to share their vision for a reformed delivery system and several more similar forums will occur in the near future.

### **[Wisconsin's Preterm Birth Rate Earns 'B' in National Report](#)**

Preterm birth, defined as birth before 37 weeks' gestation, is the leading cause of newborn death. Wisconsin earned a "B" grade for reducing its preterm birth rate from 11.4% to 10.9% of all live births, according to the March of Dimes 2011 Premature Birth Report Card. The March of Dimes scores each state's preterm birth rate against the group's goal of reducing the nation's preterm birth rate to 9.6% of all live births by 2020. While Wisconsin overall ranks in the middle in that measure, African American babies have high rates of infant mortality. The *Milwaukee Journal Sentinel* provides more detail related preterm birth rate data [in this interactive map](#).

### **[Milwaukee Sets Ambitious Goal to Reduce Infant Mortality](#)**

Milwaukee's Mayor and Health Department have announced a goal of reducing Milwaukee's infant death rate to a historic low by 2017. It is the first time city officials have set such a target for reducing the rate, aiming to improve the city's status as one of the worst for infants in the nation. The goal is to reduce the black infant mortality rate by 15%, and the city's overall rate by 10%. Milwaukee's African American infants die at 2.5 times the rate of white babies, one of the worst disparities in the nation.

### **[Marshfield Clinic Dental School Moving Ahead](#)**

The *Marshfield News Herald* reports that a letter meant to clarify the state's position on use of state funds for Marshfield Clinic's planned dental school provides, in the Clinic's view, a green light. Department of Administration Secretary Mike Huebsch sent an Oct. 10 letter to Clinic President Dr. Karl Ulrich clarifying a \$10 million state matching grant for construction of a "rural dental education outreach facility" should be used "in whatever manner that is consistent with the contract and you believe will best serve the people of Wisconsin." A June letter from then-Division of State Facilities Administrator Jeff Plale had said the state's matching grant may not be used to fund construction of a dental school. Huebsch indicated his clarification replaces Plale's letter. The Clinic is "proceeding as planned" with the dental school. But the Wisconsin Dental Association does not believe the letter indicates the state funds intended for building Wisconsin's second dental school. The WDA and Marquette University's School of Dentistry -- Wisconsin's only dental school -- have opposed the state awarding money to the Clinic.

### **[Aurora Health Care Ranks #1 in National Quality Initiative](#)**

Centers for Medicare and Medicaid Services (CMS) created the [Hospital Quality Incentive Demonstration](#) project to improve the quality of health care by expanding the information available about quality of care and through direct incentives to reward the delivery of superior quality care. [Aurora Health Care](#) is the top performing health system participating in the Hospital Quality Incentive Demonstration project. Aurora won 253 awards over six years, the most of any participating system.

### **[Milwaukee Business Health Care Group Attaining Premium Cost Savings](#)**

The Business Health Care Group (BHCG) announced results of a study, conducted by Milliman, showing health care premium costs for member employers are 13 percent below the average premium costs for southeast Wisconsin as a whole. BHCG member premium costs are also below the Midwest average.

### **[WI Hospitals: \\$28 Billion in Economic Activity, \\$1.4 Billion in Community Benefits](#)**

According to a report recently released by University of Wisconsin-Cooperative Extension Department of Agricultural and Applied Economics and the Wisconsin Hospital Association, “[Healthy Hospitals. Healthy Communities](#),” Wisconsin hospitals have a major [impact on the state’s economy](#). The study reports that Wisconsin hospitals generate \$28 billion annually in economic activity and with more than 110,000 employees throughout the state. Wisconsin hospitals also spent millions more providing charity care and supporting free clinics and health screenings. More than half (\$800 million) of the reported \$1.4 billion community benefits is attributed to “payment shortfalls” (less payment than charged) for Medicaid/BadgerCare patients.

### **[Humana Adding 130 Jobs in Wisconsin](#)**

Health insurance company, Humana Inc., is adding 130 jobs in Wisconsin. The number includes 95 jobs at its service center in the Green Bay area as well as an additional 20 jobs in Middleton and 15 jobs in Waukesha, primarily in sales. These new jobs bring Humana's full-time workforce in Wisconsin to almost 3,700 people, most of whom are employed in the Green Bay area.

### **[New Veterans Clinic Under Construction in Green Bay](#)**

The new clinic, described as a place for healing, is scheduled for completion in 2013 and will serve Northeastern Wisconsin veterans who sometimes have to travel to Milwaukee or elsewhere for health care. Officials said the new facility would provide a full range of services and will bear the name of Huempfer, a highly decorated World War II soldier from Brown County. The clinic is expected to employ 200 people.

### **[MCW Study: Measuring Quality Improves Doctors' Care](#)**

A study from the [Medical College of Wisconsin](#) led by Professor Geoffrey Lamb, compared the care given to diabetic patients by physician practices that belong to the [Wisconsin Collaborative for Healthcare Quality](#), with the care given by physicians in Iowa and South Dakota as well as national performance measures. The study tracked measures over the course of two years and found that the collaborative's members improved overall in every measure.

### **[Economic, Health Benefits from Use of Bikes for Commuting: UW Study](#)**

Exhaust from cars contains precursors to ozone and fine particulate matter that pose health risks. The sedentary behavior associated with vehicular travel also poses health risks associated with reduced physical fitness. [A new study](#), conducted by UW-Madison researchers, reports both significant health and economic benefits from increased bicycle travel, replacing car travel for shorter trips.

### **[UW Researchers to Study, Address Global Health Problems](#)**

Eight projects recently won grants through the university's new [Global Health Institute](#). For years, UW-Madison has sent health sciences students and doctors around the world to learn about and address global health problems. Other areas of study on campus are now getting more involved in studying the social, political, economic and structural barriers that make these global health problems so hard to solve.

### **[\\$750,000 Grant to Focus on Alcohol Consumption in La Crosse County](#)**

The [La Crosse Medical Health Science Consortium](#) and the [Medical College of Wisconsin's Injury Research Center](#) recently received a \$750,000 grant to help continue efforts to encourage alcohol safety in La Crosse County. The five-year grant, beginning in July and focusing on people 18 to 50, comes from the [Healthier Wisconsin Partnership Program](#), a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.

### **[\\$4.6 Million Grant will Help Stratatech Start Clinical Trials of Skin Substitute](#)**

Stratatech Corp. recently announced that the company has received a \$4.6-million grant from the [National Institute of Diabetes and Digestive and Kidney Diseases](#) to support the first human clinical trial of Stratatech's ExpressGraft® antimicrobial skin substitute. The safety and efficacy of the tissue as a treatment for chronic diabetic foot ulcers will be assessed during the clinical trial.

### **[Improving Asthma Control with Mobile Technology](#)**

[Asthmapolis](#), a company started in 2009 and based in Wisconsin, can use GPS-enabled sensor to pinpoint where and when asthma patients use their rescue inhalers to cope with asthma symptoms. Every week the patient receives both information on how to improve asthma control as well as the analysis of their rescue inhaler use. The aggregation also helps researchers and public health authorities identify the causes of local asthma attacks and develop successful interventions to prevent them.

### **[New UW Hospital Simulation Center Gives Practice Time](#)**

The [UW Health's new Clinical Simulation Program](#) lets nurses, medical students and experienced surgeons practice how to put breathing tubes in patients, insert catheters, tie stitches, lift patients out of bed and diagnose problems such as obstructed airways in a safe environment, on high-tech manikins, TraumaMan, rather than on real patients. Few medical schools have dedicated centers like UW Health's, though since fields such as anesthesia and laparoscopic surgery have started to require simulated training, many academic medical centers are planning such centers.

### **[Local Filmmaker Raises Awareness About HIV/AIDS](#)**

A local filmmaker, Rafael Ragland, is hoping to make a difference in the fight against HIV/AIDS with his new film, Fraternal. The local filmmaker's latest film features real-life drama, through the use of the story of brothers Cain and Able with a modern twist. The film is aimed at reaching those at risk of contracting HIV and shows how HIV and AIDS can affect people's lives. More information about the film can be found [here](#).

### **[Wisconsin Organ, Tissue and Eye Donor Registry Hits One Million Donors](#)**

[Donate Life Wisconsin](#) recently announced that the organization has more than one million donors signed up. Before the registry, those who wished to be organ, tissue and eye donors needed to place a dot on their driver's license which while recording their willingness to participate, was not a legally authorize donation. By speeding up the donation process, online registries can save lives.

### **DHS & DNR Seeks Male Anglers Age 50+ for Online Survey on Fish Consumption**

State health and natural resources officials are asking male anglers age 50 and over to fill out an online survey on fish consumption. Most state and federal fish consumption advice focuses on those most vulnerable to the effects of environmental contaminants — pregnant women, their developing fetuses, and young children, but older adults can also be affected and this online survey hopes to address this population. The survey will be available through 2013 and was developed by the Wisconsin Department of Health Services (DHS) and funded by the U.S. Environmental Protection Agency.

## **LEGISLATIVE UPDATE**

### **Passed both Houses and Sent to Governor**

#### **Decreases Training for School Nurses, Staff Giving Meds**

A bill [recently passed in both the Senate and the Assembly](#) lowers the educational requirement for school nurses but still requires them to undergo public health training. The Wisconsin Association of [School Nurses opposes the bills](#) preferring a rule passed last year that required school nurses to have a four-year bachelor's degree. The bill has been sent to the Governor.

#### **Nursing Home Regulation Reforms**

The [bill](#), which passed the Senate and the Assembly, gives nursing homes fewer citations for violations and would have them more time to pay them. It is estimated that nursing homes will pay \$1.5million less per year in forfeitures, state officials assert. Those who support the bill say it prevents duplicate punishment while opponents assert that the stiff penalties are needed to regulate the worst facilities. The bill has been sent to the Governor.

#### **Health Care Tax Cut**

The [bill](#), SB 203, which passed both the Senate and the Assembly, will apply retroactively to January 1, 2011. Both state and the federal government laws require health insurance companies to cover dependent children until they reach age 26: this bill aligns state and federal laws exempting health care coverage for adult dependent children from a parent's income. The bill has been sent to the Governor.

#### **Longer Hours for Liquor Sales**

The state Assembly and Senate approved bills that authorize longer hours for retail liquor sales, beginning as early as 6:00 am. Current state law allows retailers to sell beer from 8 a.m. until midnight and other liquor from 8 a.m. until 9 p.m.

### **Passed One House; Awaits Further Action**

#### **SB 237 Passes Senate: Allows Return of Abstinence-Only Sex Ed in Schools**

SB237, that [recently passed in the Senate](#) would allow schools to teach abstinence-only courses and also require any sex education courses to promote marriage and tell students

abstinence is the only reliable way to prevent pregnancy and sexually transmitted diseases. The bill moves to the Assembly where it awaits discussion and a vote.

### **[SB 92 Passes Senate: Prohibits Exchanges from Covering some Abortions](#)**

The [Senate passed](#) SB 92, to ban abortion coverage from policies obtained through a health insurance exchange that is to begin in 2014 under last year's federal Affordable Care Act.

The bill now moves on to the state [Assembly](#).

### **[Physician Apology Bill, AB 147, passes Assembly](#)**

AB 147, passed by the Assembly and will now moving to the Senate early in 2012, The bill provides that a statement or conduct of a health care provider that expresses apology, benevolence, compassion, condolence, fault, liability, remorse, responsibility, or sympathy to a patient or patient's relative or representative is not admissible into evidence or subject to discovery in any civil action or administrative hearing regarding the health care provider as evidence of liability or as an admission against interest.

### **[AB 259 Passes Assembly: Removes Athletes from Events if Concussion Suspected](#)**

The [Assembly passes](#) AB 259, requiring coaches to remove athletes from games if they are suspected of having suffered a concussion or other head injury. The bill now moves to the Senate for consideration.

## **Proposed But Not Voted**

### **[“Healthy Workplace” Bill](#)**

Proposed [SB 277](#) provides an exception to current law whereby worker's compensation is generally the exclusive remedy of an employee for an injury sustained while performing services related to employment. The exception would pertain employee who alleges that s/he has been injured by being subjected to an abusive work environment to bring an action in circuit court against the employer or employee who allegedly engaged in the unlawful employment practice.

### **[AB 345 Proposes Changes Regarding Long-Term Care Facilities](#)**

AB 345 proposes several changes to current law regarding contractual agreements between long-term care facilities and their clients, civil actions for negligence in long-term care facilities, punitive damages in civil actions, certain criminal actions against health care providers, and the confidentiality and use of reviews, incident reports, and evaluations of health care providers.

### **[SB 279 Would Restore Eligibility Criteria for Family Planning Services](#)**

Proposed SB 279 would restore the income eligibility criteria for family planning services that were changed on July 1, 2011 under the biennial budget act. The bill would also prevent DHS from creating a policy that alters any of the requirements for family planning services waiver program.

### **[AB 332 Would Include EIAs & HIAs in Analysis of Proposed Admin Rules](#)**

Proposed AB 332 would require an economic impact analysis to include an assessment of the impact that the proposed rule will have on public health and the environment.

### **[AB339 Would Eliminate Ability for DHS to Alter MA by Policy](#)**

The proposed AB 339 eliminates the current requirement for DHS to request federal waiver to implement more restrictive eligibility standards, methodologies, and procedures for Medicaid or waiver programs than those in place on March 23, 2010 and also removes the requirement that DHS reduce income eligibility levels on July 1, 2012, if the current waiver request is not approved by the federal government.

## **RESEARCH AND PROGRAM TOOLS**

- **[CMS Annual Report on the Quality of Care for Children in Medicaid and CHIP, Appendices](#)**
- **[Approaches for Identifying, Collecting, and Evaluating Data on Health Care Disparities in Medicaid and CHIP](#)**
- New and Updated Resources from the **[Kaiser Family Foundation](#)**
- New and Updated Resources from the **[Commonwealth Fund](#)**
  - **[Measuring Care Coordination in Medical Homes](#)**
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- Wisconsin Toolbox:
  - **[WCHQ Updates Hospital Efficiency Performance Results](#)**

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  - **[WISH \(Wisconsin Interactive Statistics on Health\)](#)** added 2010 Wisconsin Behavioral Risk Factor Survey (BRFS) data
  - **[Wisconsin Public Health Profiles, 2009](#)**

## **EVENTS AND ANNOUNCEMENTS**

### **[Population Health Sciences Monday Seminars](#)**

**[Fall 2011 School Crisis Preparedness Conferences](#)**, Nov. 14, Green Bay, WI; November 30, Oshkosh, WI

**[Healthy Living Summit](#)**: November 17, Monona Terrace, Madison

[“Tips for Using Your Health IT System for Population Health Management”](#), Nov. 18<sup>th</sup>,  
webinar

[Being a Mindful Practitioner: The Art and Science of Integrating Compassionate Care](#),  
January, 2012 (exact date TBD), La Crosse, WI

## **READING ROOM**

### **\$6.8 Billion Spent Yearly On 12 Unnecessary Tests And Treatments**

For many adults, a routine visit to a primary care physician might involve blood tests, a urinalysis, an electrocardiogram, maybe a bone density scan. . Researchers in a [a recent study](#) studied five clinical activities across three primary care specialties - pediatrics, internal medicine, and family medicine. They report that, too often, these tests are inappropriate and costly for the health care system and also for individuals.

### **Essential Health Benefits: Balancing Coverage and Cost**

This report, from the Institute of Medicine’s Committee on Defining and Revising an Essential Health Benefits Package for Qualified Health Plans, proposes criteria for the U.S. HHS to use in determining the essential health benefits package (EHB). Certain insurance plans, including those participating in the state-based health insurance exchanges to be established under the Patient Protection and Affordable Care Act (ACA), must cover an EHB. The report neither recommends a list of essential benefits nor comments on whether any particular service should be included or excluded, as doing so would have been beyond the committee's charge.

### **Accountable Care Organization (ACO) Final Rule Released**

The [final rule](#) and regulatory policies have been released governing the Medicare Shared Savings Program (MSSP) and ACO formation and participation. Significant revisions were made to the interim proposed rule. Full details and explanations are available from the [ACO Learning Network](#).

### **Medicare Cuts Home Health Pay**

Home health care agencies will see another [cut in payments](#) rates next year, 2.3% in 2012 - the sixth consecutive annual decrease. \$430 million will be taken out of the program in 2012 following concerns by a congressional advisory panel that the agencies are overpaid. Opponents of the cuts worry that some agencies will be forced to close. According to [National Association for Home Care and Hospice](#), the cut in funding will decrease the average base payment to home health agencies for a 60 days “episode of care” to \$2,138 in 2012 from \$2,192 in 2011. In 2006, the average reimbursement was \$2,337. About half the cut in the payment rate in 2012 and 2011 was the result of a provision in the 2010 health law that lowered the fees.

### **RAND: How Does Growth in Health Care Costs Affect the American Family?**

RAND Health Research recently released a report entitled, “How Does Growth in Health Care Costs Affect the American Family?” The report finds that it is difficult for consumers to anticipate how the increase in health insurance premiums will affect what they have left to spend

on other goods. U.S. health care spending nearly doubled in the ten-year period between 1999 and 2009, rising from \$1.3 trillion to \$2.5 trillion. Health care costs grew by 4% in 2009 while the rest of the U.S. economy plunged into recession and millions lost their jobs. Consequently, the U.S.'s gross domestic product (GDP) related to health care reached 17.6 %, up from 13.8 percent in 1999.

### **[Why Employers Will Continue to Provide Health Insurance](#)**

The Congressional Budget Office, the Rand Corporation, and the Urban Institute have estimated that the Affordable Care Act (ACA) will leave employer-sponsored coverage largely intact. Some economists and benefit consultants argue that the ACA encourages employers to drop coverage, benefiting both their employees and their. This brief analyzes the issue and concludes that there is no such "win-win" and that employer-sponsored insurance will remain the primary source of coverage for most employees.

### **[CDC: Hospitals Report 'Impressive' Drop in Health Care Infections](#)**

The [Centers for Disease Control and Prevention \(CDC\)](#) has reported significant reductions in central line infections, surgical site infections and hospital infections associated with catheters. They also noted a reduction in the number of people who have contracted methicillin-resistant Staphylococcus aureus (MRSA) infections from health care facilities. The findings suggest that health care services can be retooled in a way that improves safety and lowers costs when the public and private sectors unite on achieving specific goals.

### **[New Effort to Reduce Drug Shortages](#)**

Drug shortages are threatening the lives of cancer patients and other seriously ill people. The federal government is taking steps to combat this issue. [President Obama](#) has ordered the [Food and Drug Administration](#) to take new steps to send out early warnings about looming shortages and try to avert them.

### **[Electronic Consultations Between Primary & Specialty Care Clinicians](#)**

Electronic consultation (e-consultation) is a new tool that primary care clinicians can use to communicate with specialists about patients when it is convenient for each physician. Clinicians use either a Web-based program or a shared electronic medical record to conduct an e-consultation. Early adopters of e-consultation relate positive experiences for patients, clinicians, and health systems. However, lack of incentives may limit dissemination.

### **[Religious Groups Want Relief From Birth Control Mandate](#)**

Faith-based health providers were able to speak at a House subcommittee hearing and propose changes in the [new federal rules](#) that require them to offer prescription contraceptives as part of their health insurance plans. Supporters of the rules claim that the revisions the opponents seek would make the requirement meaningless. Jane Belford, chancellor of the Archdiocese of Washington, told the [House Energy and Commerce Subcommittee on Health](#) that right now, the religious exemption included in the rules "is so narrow that it excludes virtually all Catholic hospitals, elementary and secondary schools, colleges and universities, and charitable organizations." Many of the faith-based health providers wouldn't be exempt and it would have to offer contraception and sterilization services as part of the health plans they provides to their employees.