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Information for eNews is compiled from several sources, including websites and lists from the Agency for Healthcare Research and Quality, Blue Cross/Blue Shield, Commonwealth Fund, Health Affairs, Kaiser Family Foundation, Milwaukee Journal-Sentinel, Milwaukee Business Journal, Milbank Quarterly, The New York Times, Urban Institute, Wheeler Report, Wisconsin Council on Children and Families Wisconsin Health News, Wisconsin Medical Journal, Wispolitics.com, Wisconsin State Journal, Wisconsin Technology Network and others.

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STATE NEWS

[Gov Walker in Wash Post: ObamaCare will Devastate WI; PolitiFact Check Rates Claim False](#)
 Governor Walker wrote an op-ed piece for the Washington Post in which he describes the Affordable Care Act (ACA) as devastating Wisconsin. The Governor draws on data from a [study](#) that had been commissioned by former Governor Doyle. The *Milwaukee Journal-Sentinel* subsequently ran a [PolitiFact Check](#) on Governor Walker's column, and judged the assertion "False." A [Milwaukee Journal Sentinel](#) op-ed asserts that Governor Walker cherry picked information while ignoring the many positives outlined in the report.

[DHS: GAO Report on Health Care Reform and Medicaid Expansion](#)

Dennis Smith, Secretary of The Wisconsin Department Health Services, responded to a [GAO report](#) entitled "Medicaid Expansion: States' Implementation of the Patient Protection and

Affordable Care Act.” Secretary Smith asserts that the report confirms DHS’s concerns that the implementation of health care reform is lacking a credible plan for meeting deadlines.

[DHS: Maintenance of Effort in Question after Supreme Court Decision](#)

DHS Secretary Dennis Smith questions the federal health reform law’s maintenance of effort (MOE) requirement for Medicaid coverage, but the state will wait until after the November elections this fall to make decisions on how the state will move forward with Medicaid. The Secretary asserts that Wisconsin’s initial MOE waiver request -- that would have significant Medicaid coverage declines for adults and children -- is “back on the table.” [Some health care reform advocates](#) question Secretary Smith’s interpretation of the health law ruling.

[Study: 181,000 Currently Uninsured WI Adults Gain Medicaid Under ACA](#)

A new state-specific analysis examines the characteristics of uninsured nonelderly adults who could be newly-eligible for Medicaid at state option under the Affordable Care Act (ACA). It reports the potential eligible by age, gender, parental status, race and ethnicity. The ACA will allow new Medicaid eligibility for 181,000 uninsured Wisconsin adults below 138% FPL, 145,000 of whom are below 100% FPL. The [Wisconsin Budget Project](#) has prepared its own analysis of who would be covered and the likely costs of an ACA-related Medicaid expansion in Wisconsin.

[Three Wisconsin Groups Selected for ACO Program](#)

Three of the 89 health care organizations selected to participate in the latest round of the Centers for Medicare and Medicaid Service’s (CMS) Accountable Care Organization (ACO) program are from Wisconsin. The three Wisconsin medical groups started their coordinated care programs for Medicare beneficiaries on July 1, 2012, and include: Aurora Health Care’s Lakeshore Medical Clinic, Dean Clinic and St. Mary’s Hospital, and ProHealth Solutions. These three Wisconsin medical groups join Independent Physicians Network, Bellin-ThedaCare Healthcare Partners and Allina Hospitals and Clinics which were selected in the first round of ACO programs that began on April 1, 2012.

[WI Physicians Among Top for Accepting Medicaid Patients](#)

A new study in *Health Affairs* reports that 93% of Wisconsin’s office-based physicians are accepting Medicaid patients, compared to 69.4% nationally. This places Wisconsin in the top five states nationally. Minnesota is just ahead at 96%, while in the lowest state, New Jersey, only 40% of physicians accept new Medicaid patients.

[Basic Women’s Health Care Coverage Mandates Take Effect](#)

Provisions of the Affordable Care Act (ACA) that apply to basic women’s health care coverage took effect on August 1, 2012. Health plans are now required to cover certain preventive services at no charge. These free preventive services include: contraception, well woman visits, breast feeding supplies, gestational diabetes screenings, domestic violence counseling, contraceptive education and counseling, HPV testing and HIV screenings and counseling. The US Dept. of Health and Human Services estimates that nationwide, nearly 47 million women nationally and 968,000 Wisconsin women will benefit from this coverage.

[Federal Officials Approve Family Care Renewal Request & Note Violation](#)

The Centers for Medicare and Medicaid Services (CMS) recently informed [Wisconsin's Dept. of Health Services](#) (DHS) that it has renewed the Family Care program, but also, that Wisconsin had violated the terms of the Family Care program last year. Because of the violation of the program, the state is required to reimburse anyone who was harmed by the enrollment cap placed on Family Care last year. CMS asserts that the WI DHS use of an enrollment cap violated the terms of the state's agreement with the federal government, possibly depriving eligible individuals from participating in the program. Secretary of Health Services, Dennis Smith, asserts that [Wisconsin will not reimburse](#) those who were placed on the waiting list due to the Family Care enrollment cap, saying that Wisconsin had not in fact violated the terms of the agreement with the federal government.

[DHS: Expects some Glitches with MA Patient Transit Expansion](#)

The Department of Health Services (DHS) does expect some issues with the expansion of a newer service provider, Logisticare, to southeastern Wisconsin. Logisticare, which took over coordinating and providing transportation for individuals in state medical assistance programs such as BadgerCare last year, has experienced many logistical difficulties and many complaints have been lodged about their services. Logisticare will expand their services to southeastern Wisconsin starting September 1, 2012.

[Improving Health Services for Children in Foster Care](#)

Governor Walker recently announced that the Dept. of Health Services (DHS) has received approval from the federal government to create a medical home program for foster care children in southeastern Wisconsin. The program, which begins this fall, is a joint initiative of DHS and the Dept. of Children and Families (DCF) and will be implemented in Milwaukee, Waukesha, Racine, Kenosha, Ozaukee, and Washington Counties. The medical home concept, which will provide these foster care children with individualized treatment plans specific to their needs, should result in improved physical and mental health which will in turn result in improved resiliency and shorter term stays in out-of-home care.

[Southeast Wisconsin Health Care Costs Rise More Slowly](#)

In southeastern Wisconsin in the past year, health care benefits rose the least that they have in a decade at between 5% and 7%. On average, health care benefits range from \$5,750 to \$5,999 for single coverage while a family costs on average between \$15,000 and \$15,999 per year in the Milwaukee area. The survey, conducted by [HCTrends](#), found that the 2012 increase was lower than the increase last year which was approximately 9% and even lower than the year before which had an approximate increase of 12%. [Several factors](#) contributed to this moderation in costs.

[Study: Wisconsin Health Care Markets Less Competitive; Unrelated to Cost](#)

HCTrends released a report assessing The Impact of Provider Market Dominance on Health Care Costs, concluding that the average commercial market share for the dominant hospital provider in Wisconsin cities is significantly higher than for 24 cities in other states. However, this lack of competition does not necessarily result in higher per-member-per-month hospital costs.

[WSC Ruling Prevents Most Insurers from Denying Benefits to Surrogates](#)

A Wisconsin Supreme Court Ruling (WSC) prevents most insurers from denying coverage to surrogate mothers. The court ruled: "An insurer may not make routine maternity services that are generally covered under the policy unavailable to a specific subgroup of insureds, surrogate mothers, based solely on the insured's reasons for becoming pregnant or the method used to achieve pregnancy." Wisconsin is the only state with such a law protecting surrogate mother's insurance rights.

[WISHIN Pulse: Provides Secure Access to Patient Health Information](#)

The Wisconsin Statewide Health Information Network (WISHIN), as the state-designated entity for Health Information Exchange (HIE) helps enable HIE in Wisconsin by working to create a network of networks that give health care providers a secure system to access medical information where and when they need it. WISHIN is providing a new service called WISHIN Pulse that will allow health care providers to view secure, consolidated summaries of patient's health histories. This will help ensure that the clinical decisions made are based on the patients most current information available.

[Wisconsin Hospitals Penalized for Rate of Readmissions](#)

Medicare evaluated 65 Wisconsin hospitals and will levy penalties against 26 of them for exceeding standards for readmission rates. Penalties are based on how often Medicare patients with heart failure, heart attacks or pneumonia were readmitted within 30 days. Wisconsin hospitals average readmission penalty is among the lowest nationally, at 0.08%, compared to national rate of 0.28%. The penalties start October 1 and will be deducted from hospital Medicare payments.

[3 Wisconsin Hospitals Ranked Nationally by US News](#)

Three Wisconsin hospitals, University of Wisconsin Hospitals and Clinics, Aurora St. Luke's Medical Center, and Froedtert Hospital, received national rankings. Ten other Wisconsin hospitals met standards for strong performance within the state.

[Grants to improve health of Wisconsin communities](#)

Thirty Wisconsin communities have been awarded grants from the [Transform Wisconsin](#) fund. The grants are being awarded to diverse community organizations across Wisconsin in an effort to create healthier places to live, work and play. The grants total over \$6.6 over the next months.

[WDA Foundation Awards over \\$51,000 to 15 Dental Health Programs](#)

The Wisconsin Dental Association (WDA) has awarded grants to 15 different dental health programs throughout the state. The awards total over \$51,000 and will be used to bring oral health care to low-income Wisconsin residents and provide other dentistry-related services.

[UW Receives RWJF Grants to Guide States in Implementing Medicaid Reform](#)

Two research proposals submitted by UW researchers have been awarded grants from the [State Health Access Reform Evaluation \(SHARE\)](#), a national program of the Robert Wood Johnson Foundation (RWJF). The two grant proposals awarded to this team were among only nine awards nationwide, selected out of an applicant pool of 62, demonstrating the strong interest in this team's research and in the reforms underway in Wisconsin. The projects both use data from Wisconsin's Medicaid and BadgerCare Programs and focus on programs for childless adults.

[Family Medicine Interest Group Named an AAFP Program of Excellence](#)

Sixteen Family Medicine Interest Groups (FMIG) recently received national recognition as American Academy of Family Physicians (AAFP) Programs of Excellence recipients. The award goes to those FMIG organizations that simulate student interest in family medicine and family medicine programming.

[Wisconsin Kids Losing Ground Compared to Other States](#)

Every year the Annie E Casey foundation publishes its [Kids COUNT Data Book](#) which provides state-by-state data as well as across state comparisons. This year the Data Book provided data in 16 child well-being indicators based on four domains of economic well-being, education, health, and family and community. Wisconsin improved on six of the 16 indicators and remained the same on three indicators, however, Wisconsin's national ranking slipped in 11 of the 16 indicators. Birth to Wisconsin teens, however, have declines to historic lows in recent years, both [in Wisconsin](#) and [nationally](#).

[Wisconsin Whooping Cough Outbreak Near Record Levels](#)

Over 3000 confirmed and probably cases of pertussis (whooping cough) have been recorded in Wisconsin in 2012, along with nearly 18,000 cases nationally. [Wisconsin is among the top states](#), along with Washington State, in cases. The Wisconsin Department of Health Services issued [a press release](#) in May urging residents to seek vaccination.

[Vision Problems Growing in Wisconsin](#)

According to a recent report, [Vision Problems in the U.S.](#), age-related eye diseases are becoming a growing problem. In Wisconsin, debilitating eye problems are on the rise. Prevent Blindness Wisconsin has launched a public education campaign called, "Live Right, Save Sight!," in response to the report. The campaign is specifically meant to address lifestyle related eye disease issues such as diabetic retinopathy which is worsened by poor blood sugar control. In Wisconsin, prevalence of visual impairment and blindness is 3.21% which is higher than the national average of 2.94%, most of which are due to cataract cases and diabetic retinopathy.

Bits and Pieces: Clinic, Hospital, and Health Plan News

[Marshfield Clinic](#) has cut another 69 positions, bringing the total number of positions lost this year to 119. Marshfield Clinic cites the [sluggish economy](#) as the reason for less

demand at their clinics. Meanwhile, [Marshfield Clinic Dental Centers](#) will be expanding thanks to a grant they received from Wal-Mart. The \$45,000 grant will provide expanded dental care to residents at long-term care facilities

[Physicians Plus](#), a health insurance provider in the Madison area, is shifting much of its UW Hospital outpatient services to Meriter Hospital, a move they hope will save them as much as \$30 million a year. This shift will affect approximately 9,000 plan members who have primary care physicians at UW Hospital run clinics who must not switch to the Meriter network of doctors.

Madison area [Dean Health Plan](#) recently signed an agreement with Prevea Health and St. Vincent Hospital to expand their health insurance services to the Green Bay area. Dean's health insurance will be provided through a managed care network in northeastern Wisconsin.

Next year [Aetna Inc.](#) will be offering a new health plan for employers that is tied to Aurora Health Care's network of hospitals and doctors. The new plan guarantees to limit future increases in premiums as Aurora is willing to guarantee that costs will increase at a slower rate than in the employer's previous two to three years as long as employees and their families receive nearly all of their care from the network's system of providers.

[Anthem Blue Cross and Blue Shield in Wisconsin](#) will also offer a health plan that guarantees savings for employers if workers and their families use Aurora Health Care's network of hospitals and doctors for nearly all their care.

[Bellin Health](#) has created a partnership with and the Packers NFL team and will be building a clinic near Lambeau stadium for both NFL players and the public.

[Aspirus Clinics Inc.](#) now owns the Wausau Family Medicine Residency Clinic, formerly owned by the UW School of Medicine and Public Health. The switch occurred on July 1st and the UW continues to serve as the academic sponsor of the residency program and provides educational oversight.

Ground was broken in mid-July at what will eventually be the [Access Community Health Centers' Wingra Family Medical Center](#) in Madison. Three UW Health clinics will be housed in the new facility which is planned for opening in the spring.

[Community Memorial Hospital](#) at Oconto Falls campus will be expanding gynecological services and other specialty care for women, while discontinuing obstetrical services, including childbirth delivery. Community Memorial Hospital is exploring the possibility of providing pre-natal and post-natal care at its Oconto Falls campus through its affiliation with Prevea Health.

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- [KIDS COUNT 2012 Data Book](#)
- [Predicting the Health Insurance Coverage Impacts of Complex Policy Changes: A New Tool for States](#)
- [2014 Medicaid Eligibility Transition Toolkit for States](#)
- Wisconsin Toolbox:
 - [Wisconsin Eye: Affordable Care Act Ruling](#)
Panel discussion about the Supreme Court's Affordable Care Act ruling with officials from the WI Hospital Association, WI Medical Society, WI Council on Children and Families, and WI Association of Health Plans.
 - [Wisconsin Immunization Registry](#)
The Public Immunization Record Access feature now allows parents and legal guardians can now access the [registry](#) to check for immunization information.
 - [Public Health Profiles](#)
Public Health Profiles are published annually and provide concise health and demographic information about each county in Wisconsin.
 - [WI Health Insurance Coverage 2010](#): New data, released July 2012, from the Wisconsin Family Health Survey. 11% of residents uninsured all or part of the year. [WCCF blog post](#)

EVENTS AND ANNOUNCEMENTS

- County Health Rankings and Roadmaps
 - [The Link Between Childhood Poverty and Ill Health](#), August 21st, Webinar
 - [Act on What's Important](#), Sept 11, Webinar
- [Wisconsin Wound Care Prevention and Treatment Program](#), August 20-24th, Manitowoc, WI
- [2012 Public Health Nursing Conference: Strengthening Public Health Nursing](#), August 20-21, Stevens Point, WI
- [Rural Hospital Finance Workshop](#), Aug 24th, Sauk City, WI

- Screening of documentary [The Waiting Room](#). August 31, 4070 Vilas Hall, Madison.
- [Wisconsin EMS Service Directors Training Course](#), Sept 7, Green Bay, WI
- [Wisconsin Oral Health Coalition Annual Meeting](#), Sept 11, Stevens Point, WI
- [2012 La Crosse Area Suicide Prevention Summit](#), Sept 12-13, La Crosse, WI
- [Step Forward for Kids](#), Sept 12, Madison, WI
- [Leading the Way](#), Sept 27th, Milwaukee, WI

READING ROOM

[Large Increase in Usage of Retail Clinics](#)

A new study, released by *Health Affairs*, reports a large increase in the use of retail clinics that operate in many American pharmacies, supermarkets, and shopping malls. The study shows that the number of patient visits grew from 1.48 million in 2006 to 5.97 million in 2009. This is a follow-up to an [earlier Health Affairs study](#) about retail clinics by the same authors.

[GAO Report: IRS Definition of Affordable Health Insurance may Harm Children](#)

How should affordable health insurance be defined? Did the authors of the law intend for this to apply to health insurance for a whole family, or just for individual coverage? According to a recent report released by the GAO, depending on how affordable health insurance is defined, many children may continue to remain uninsured due to the IRS's definition of affordable health insurance. In the IRS rule released in May, under the law (PL 111-148, PL 111-152), affordable health insurance coverage was defined as the insurance offered by an employer to a workers, not family coverage and the language of this part of the rule has not yet been finalized. Under the law, people who are eligible for Medicaid or the Children's Health Insurance Program (CHIP) will not be eligible for the tax credits that those ineligible for assistance will receive.

[Issues with Accountable Care for Vulnerable Populations](#)

Accountable care organizations are health care and delivery payment models meant to improve quality of care while reducing costs. A recent report by the Commonwealth Foundation found that while there is still an optimistic outlook on ACOs ability to provide better overall care while keeping costs down, certain vulnerable populations may not receive this same advantage because health care providers treating certain vulnerable populations such as racial minorities, low-income individuals, medically complex patients, and otherwise disadvantaged groups, often lack the resources needed to support and operate an ACO. The report suggests ways to mitigate these issues such as new financing strategies, performance measurement techniques and technical assistance programs.

[CMS: No Deadline for States to Launch Medicaid Expansion](#)

In their first official statement on the subject, CMS has that there is not a deadline in place for states to tell the federal government whether or not they'll be expanding their Medicaid enrollment under the new health care law. The recent ruling on the health care law gives states the option of receiving federal funding to expand their Medicaid programs to adults earning

less than 138% FPL. CMS also stated that states can receive additional federal funding to assist with Medicaid Information Technology and exchange implementation regardless of whether or not they have made the decision about Medicaid expansion, and that states do not have to return the money if they chose not to expand Medicaid.

[Medicare Beneficiaries Experience Fewer Problems than Private Insurance](#)

This study compares experiences of those with private employer insurance to those with Medicare health coverage. The study found that individuals with employer sponsored health insurance were more likely to forgo needed care, have more access issues related to cost, have medical bill issues and be less satisfied with their coverage over all. Of the subset of individuals aged 65 and older, those with private Medicare Advantage plans were less likely than those with traditional Medicare to have premiums and out-of-pocket expenses that exceeded 10% of their income but were also more likely to rate their insurance poorly and note access problems related to cost. The study suggests that if policy changes that shift Medicare recipients into private insurance are planned, that special attention be given to the potentially negative insurance experiences, access issues, and medical bill payment problems.

[The Higher Health Costs of Women in the U.S. Compared to Other Nations](#)

Researchers found that both uninsured and insured women in the United States are more likely to go without needed health care because of cost than women in the other ten industrialized nations. Currently, in the United States, there are an estimated 18.7 million women between the ages of 19 and 64 who were uninsured in 2010, an increase of 5.9 million since 2000 and another 16.7 million women who were effectively underinsured due to high out-of-pocket costs relative to their income. The authors assert that the Affordable Care Act will greatly reduce the cost issues associated with women's access to health care in the United States.

[A Sharp Slowdown in Growth of Medical Imaging](#)

the growth of imaging use among both Medicare beneficiaries and the non-Medicare insured slowed to 1–3 % per year through 2009, ending nearly a decade of growth in the field. Researchers found that increased cost sharing, increases in the use of prior authorization and other such measures have contributed to the slowdown and the authors assert that a meaningful portion of the reduction in procedures were for procedures of unproven medical value. The authors suggest that incentive-based cost control measures can be useful in conjunction with comparative effectiveness research.

[Using Electronic Health Records to Improve Quality and Efficiency](#)

Nine hospitals that have successfully implemented Electronic Health Records (EHR) were analyzed to determine best practices. The authors of this report found that the nine hospitals in question had clinical and administrative leaders who built EHR adoption into their strategic plans for successful integration of inpatient and outpatient care, providing a continuum of coordinated services. The authors determined the characteristics determined successful implementation.

[Ten Attributes of Health Literate Health Care Organizations](#)

The Institute of Medicine (IOM) outlines ten attributes and implementation strategies that make a health care organization health literate, that is, health care organizations that make it easier for people to navigate, understand, and use information and services to take care of their health. Many Americans are not health literate, and even those who are still struggle with understanding health care services and information. Increasing American's health literacy was a top priority outlined in Healthiest People 2010, and it is commonly recognized that proper health literacy leads to more positive health care related health outcomes.

[What Can Mississippi Learn From Iran](#)

The New York Times Magazine article discusses how the health disparities in Mississippi are being addressed using a "health houses" model and community health workers, inspired and led by a physician from Iran.

Alternatives for Bending the Cost Curve

- [Bending the Cost Curve through Market-Based Incentives](#). NEJM. August 1, 2012.
- [A Systemic Approach to Containing Health Care Spending](#). NEJM. August 1, 2012.
- [Tackling Rising Health Care Costs in Massachusetts](#), NEJM, August 15, 2012.
- [Vermont Wields New Power Over Hospital Budgets](#), KHN, August 2, 2012

[WMJ: The Potential for Technology to Change Medicine](#)

The most recent issue of the *Wisconsin Medical Journal* contains a series of articles that showcase how technology can affect clinical decisions, placement of clinical resources and creative approaches to improving quality and linking health care to the environment. This series of articles show the potential for clinical information to change medicine by look to other disciplines such as engineering and the social sciences to help medical professionals see both patients but also populations and patterns.