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• SORH Grantee Meeting & NOSORH Annual Conference
• 2012 Poverty Matters!
• HIPAA COW 2012 Fall Conference
• MetaStar Health Care Quality Symposium: Communities Transforming Health Care Through Collaboration
• Wisconsin Rural Health Clinics
• Working Together Conference Emergency Services Midwest Conference and Exposition

READING ROOM
• UW’s Smeeding Comments in NY Times on Measuring Income Distribution
• HHS Says Health Plans Cannot Discriminate Against Transgender People
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$647 M Medicaid Increase for 2012-2014 State Budget
The Wisconsin Department of Health Services (DHS) is requesting almost $650 million more in state funding for Medicaid services in the upcoming biennium budget. DHS’s budget request does not include any changes to eligibility, enrollment or benefits that would occur if/when the federal healthcare reform law (ACA) is implemented, and it also doesn’t assume any carryover deficit from the current budget. DHS does assume other factors that will lead to an increase in needed funds, including growing health care costs, enrollment in the program, utilization, and more demand for long-term care services. The budget proposal also does not include Family Care expansion for some northern counties.

DHS recently reported, in a letter to the Legislature’s Joint Finance Committee, that the state’s Medicaid budget finished fiscal year 2011-12 with a positive balance of $41.6 million, and the projected deficit in state funding for the full biennium fell by more than 90%.

Changes Expected to BadgerCare Plus Enrollment; Decrease of 9,000 in August
The DHS budget request includes changes to BadgerCare that were implemented this past July and are expected to decrease enrollment in BadgerCare Plus by as much as 21,600 over the next year. Earlier in the year, DHS had predicted an enrollment decrease of 17,000 and has since updated its estimates based on data from this past June and July and the budget request assumes that the current cap on BadgerCare Plus Core continues through FY 2015.

Meanwhile, the total enrollment in BadgerCare fell by 9,244 in August, making enrollment off by 11,900 since the start of the FY, July 1, 2012. The data show an increase in children’s enrollment of more than 600 during July and August, with a decrease in adult enrollment by 12,518.

Wisconsin Considers Medicaid Coverage Roll-Back
Wisconsin, along with a handful of other states, is asking the federal government to let them omit from the Medicaid expansion residents whose incomes put them just above the poverty
level. Some intend to send these residents to buy private insurance, presumably with a federal subsidy as provided by the Affordable Care Act. Last month, the Wisconsin Health News reported that DHS Secretary Dennis Smith questions the federal health reform law’s maintenance of effort (MOE) requirement for Medicaid coverage. Some health care reform advocates question Secretary Smith’s interpretation of the health law ruling. The Walker Administration will wait until after the November elections this fall to make decisions on how the state will move forward with Medicaid.

UnitedHealthcare ends BadgerCare Plus Contract with State
UnitedHealthcare, the largest of four managed care organization that won contracts from the state in 2010 to serve six counties in southeastern Wisconsin, has decided to end its contract with DHS as of Oct. 31 of this year. UnitedHealthcare oversees care for 174,000 people insured through BadgerCare Plus. The end of UnitedHealthcare’s contract brings up questions about whether the state cut payments rates too much when it created its most recent budget.

Community Health Partnership withdraws from Family Care and Partnership Programs
Community Health Partnership, a managed care organization (MCO) is withdrawing from FamilyCare and Partnership programs starting this January 1st, 2013. The FamilyCare and Partnerships being the only programs the company offers means that Community Health Partnerships is closing its doors. The WI Department of Health Services (DHS) would not allow Community Health Partnerships to participate in the Partnership program if it didn’t offer Family Care. 1,200 FamilyCare members receive services from Community Health Partnerships while 1500 participate in the Partnership program in the Eau Claire, Chippewa, Dun, Pierce and St. Croix counties. DHS has released a request for proposal and will announce new MCOs in mid-October.

Wisconsin Uninsured Rate Drops to 9%
Reflecting the period prior to the 2012 changes in BadgerCare, the U.S. Census Bureau’s American Community Survey report shows that Wisconsin’s uninsured rate had dropped from 9.4% in 2010 to 9% in 2011. This places Wisconsin at the 7th lowest uninsured rate nationally, and comparing favorably to the U.S. overall rate of 15.1%. Uninsured children dropped from 5% to 4.4%, while young adults (19-25) coverage increased by 2.5% from 2009-2011.

Legislature’s Democrats Urge Walker to Implement Affordable Care Act
Sen Jon Erpenbach, D-Middleton, and Rep Jon Richards, D-Milwaukee again urged Governor Walker to create a state-run health insurance exchange as specified by the federal Affordable Care Act (ACA). They sent a letter to the Governor asking him to convene a special bi-partisan committee to restart work on the health insurance marketplace. The Senate Health Committee also took testimony from the public during a hearing, which no Republicans attended. The federal government expects states to submit their exchange plans by November 16.

In related news, Wisconsin Insurance Commissioner Ted Nickel has written to the U.S. Department of Health and Human Services (HHS) that Wisconsin needs more information prior to designating the a benchmark health plan – the minimum insurance benefits – that will be in
effect for state residents under the ACA. HHS had asked states to select their benchmark plan for essential health benefits by September 30. For states that don't choose, the benchmark becomes the state's largest small group plan. The requirements apply to plans sold to individuals and small businesses.

**HHS: PPACA Saved WI $14.6 million on Insurance Premiums; Numbers Challenged**
The federal government’s Health and Human Services (HHS) recently released a report asserting that the health care law (PPACA) saved American’s an estimated $1 billion, including $14.6 million for Wisconsinites. The Wisconsin savings includes $4.2 million from a provision that requires insurers to publicly justify rates 10% or greater, and another $10.4 million in rebates from health insurance companies that didn’t meet the 80/20 provision (spending at least 80% of consumer premiums on healthcare). Some are challenging the numbers as the report was later modified because of technical errors. Office of Commissioner of Insurance, J.P. Wieske asserts that Wisconsin’s competitive health insurance market, not the federal health reform law, explains Wisconsin’s higher than average medical loss ratio rates, meaning smaller rebates to consumers.

**Logisticare Still Working on Issues; State Legislators Ask for Audit**
Logisticare, the private medical transportation service contracted by the state Medicaid/BadgerCare program, is reducing wait times on its hotlines, but complaints have spiked recently regarding very late cabs and no-shows which results in clients missing important medical appointments. Logisticare recently took over nonemergency transportation services of 265,000 Medicaid and BadgerCare Plus recipients, adding to the long wait times and late taxis. Due to mounting complaints, legislators and disability rights groups are asking for an audit to be conducted on Logisticare.

**Health Care Delivery, Reform, Innovations**

**Hospitals Aim to Cut Repeat Admissions**
Aurora Hospitals is developing a checklist to try to help patients from being readmitted to the hospital. About one in six Medicare patients end up being readmitted to the hospital within 30 days of being released and many of those readmissions could be prevented. Aurora’s checklist program, called Better Outcomes for Older Adults through Safe Transitions has done well in keeping readmissions in check and the model will soon be deployed throughout all Aurora facilities.

**Hospitals Report Increase in Uncompensated Care**
The Wisconsin Hospital Association’s, measuring the difference between total charges and collected revenue, reports that Wisconsin hospitals provided $1.2 billion in uncompensated care last year, a 10% increase from the previous fiscal year 2010. Uncompensated care as a percentage of total charges remained fairly stable, at 3.4% in 2011 and 3.3% in 2010. This report includes The Wisconsin Budget Project analysis reports that the substantial increase in reported uncompensated care in FY 2011 was primarily the result of the general increase in the
cost of hospital services, along with continued decline in the number of people with employer-sponsored insurance, the rising deductibles in private coverage, and the declining coverage in the BadgerCare Core Plan.

**Wisconsin Hospitals Post an Average 8.7% Profit Margin**
Wisconsin’s 149 hospitals averaged an 8.7% profit margin in 2011, according to new figures from the Wisconsin Hospital Association. This is a slight increase from last year’s 8.4% profit margin. Wisconsin hospitals continue to sustain an average, 57% occupancy rate. Outpatient gross revenue rose during the past two decades. From 1993 to 2011, outpatient revenue, as a proportion of total gross patient and other revenue, grew from 30.3% to 53.3%.

**UW Medical Foundation and Physicians Plus Reach Agreement**
The University of Wisconsin Medical Foundation and Physicians Plus Insurance Corporation issued a joint press release announcing a three-year extension to a provider contract agreement that was reaching expiration. Services rendered to Physicians Plus members at all UWMF locations will not require prior approval. Physicians Plus will require prior approval for all other outpatient services and all inpatient services at UW Hospital and Clinics locations, and will not approve access to primary care physicians at UW Hospital and Clinics locations.

**Doctors Offering Price Guarantee To Insurers**
Auorora Health Care has formed an Accountable Care Organization (ACO) which is working with AetnaInc. and Wellpoint subsidiary Anthem Blue Cross and Blue Shiled in Wisconsin to create a new concept that rewards doctors and hospitals for working towards improved quality. The ACO is packaging commercial health insurance products using Aurora doctors and hospitals that offer small and mid-sized businesses a price guarantee. Aurora is promising that employer’s costs won’t go up by a specified amount for three years, and the employer signs a three year contract with either Aetna or Anthem.

**UW Team Maps Costs of Participating in Health Information Exchange**
A multidisciplinary research team from the University of Wisconsin, Madison has created a model that develops pricing for Health Information Exchanges (HIEs). Their model provides cost savings to hospitals, clinics, medical labs and patients and their research was recently published in the *Journal of American Medical Information Association*. The research team mapped the different ways to price HIE including, having an annual rate that allowed hospitals to look up electronic records an unlimited number of times, by paying a fee to look up a record for each ED visit, or by paying a fee each time the department looks up a patient. The results of the study found that hospital annual subscriptions would save patients money and they’d also visit the ED less, while health maintenance organizations had the most to gain from participating in HIEs.

**Wisconsin One of Four States Selected for New Diabetes Program**
A new program, a joint effort of the Wisconsin Department of Health Services (DHS) and the National Association of Chronic Disease Directors, called the Diabetes Leadership Initiative, helps residents better detect and manage diabetes. Wisconsin is just one of four states selected
for the new program. The program partnered with three family practice clinics in the Wisconsin Research and Education Network with the goal of improving the quality of clinical care related to kidney and cardiovascular complications associated with diabetes. The aim of the program is to support healthcare providers in helping diabetes patients understand their test results and to help slow the progression of diabetes complications.

**WI Community Health Centers Receive $550,000 for Cervical Cancer Screening**
Ten Wisconsin Community Health Centers each recently received $55,000 from Health and Human Services (HHS) to improve their quality of care and to ensure that more women are screened for cervical cancer.

**WI Medical Society Promotes End of Life Planning; Documentary Highlights Issue**
The Wisconsin Medical Society has recently launched a statewide initiative, Honoring Choices in Wisconsin, to make advanced care planning and end-of-life planning a standard part of patient care. The goal of the initiative is to trained staff available in the state’s health systems to help patients understand and document what care they would chose to have later in life. Two Wisconsin men put together a documentary, “Consider the Conversation: A Documentary on a Taboo Subject,” which was a catalyst for the creation of WMS’s Honoring Choices in Wisconsin Initiative. The film has been broadcast more than 350 times on 155 public television stations throughout the country and won nine awards.

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**Public Health**

**Report: WI Could Save $12 billion in Health Costs if Residents Lost Weight**
F as in Fat, a new report by the Trust for America’s Health and the Robert Wood Johnson Foundation, Wisconsin could save nearly $12 billion in health care costs if the average Wisconsinite lost 5% of his/her body mass index by 2030. Health savings would also come in the reduction in weight-related diseases such as hypertension and type II diabetes. The report asserts that if the current trends continue, more than half (56.3%) of adults in Wisconsin may be obese by 2030. The CDC report that 27.7% were Wisconsin adults in 2011.

**Smoking Bans and Health Outcomes**
Research was recently released evaluating the effects of the 2009 Wisconsin Act 12 statewide smoke free law, enacted July 2010. While many studies have documented the effectiveness of state smoking bans on the reduction of second hand smoke exposure in public places, how these smoking bans effect exposure to second hand smoke outside the home and on household smoking policies has not been well researched. The researchers conclude that smoke-free legislation appears to reduce secondhand smoke exposure and also increase no-smoking policies in households.

**Wisconsin Reports Highest Rate of Whooping Cough**
Wisconsin now has the highest rate of Whooping Cough in the country, recently reporting over 3,800 cases this year alone. Unlike the state of Washington, with the second highest rate of the
disease, which has declared a state of emergency, Wisconsin’s Dept. of Health Services has no plans to issue a state of emergency, asserting that the outbreak is under control at a local level. Immunization campaigns are in full effect as children have recently gone back to school.

**Pediatric Mobile Clinic Is Serving Ho-Chunk Members**
Some of the most medically underserved children in Wisconsin now have access to health care. The Ho-Chunk nation in Wisconsin recently unveiled a new mobile pediatric health clinic, the end result of an idea that began twenty-five years ago with the Children’s Health Fund. Other such mobile pediatric clinics exist throughout the nation, but the Ho-Chunk Nation is the first in Indian Country to receive the service.

**Infant Mortality Rates Decline Slightly; Sleep Factors Linked to 47 Milwaukee Infant Deaths**
The most recent numbers from the Dept of Health Services shows a decrease in overall infant mortality rates in Wisconsin from 8.0 to 6.3 deaths per 1,000 live births, based on 3-year averages. However, African American infants are still 2.7 times more likely to die before their first birthday as are infants born to white women. A recent meeting in Milwaukee area, discussed the 47 of 48 cases of infant mortality that had sleep-related risk factors. In 2012, eight infant deaths have been attributed to unsafe sleeping conditions in the Milwaukee area.

**Insured Families Need to Schedule Children’s Vaccinations Starting Oct. 1**
The Department of Health Services (DHS) is informing parents that those with health insurance need to schedule their children’s vaccination appointment through their health care provider rather than with their local health departments. This change becomes effective as of October 1st. A new federal policy requires that state-supplied vaccines – with the exception of pertussis (whooping cough) -- be directed towards children without health insurance.

**WI Receives $1 Million to Launch Stroke Care Improvement Initiative**
Wisconsin state health officials and the American Heart Association/American Stroke Association (AHA/ASA) has received $1 million federal grant to decrease disability from stroke and to increase survival from stroke. Ten other states received the funding which will be given out over the next three years for participating in the Paul Coverdell National Acute Stroke Registry program. The registry program is a model that has been shown to enhance Emergency medical Services (EMS) response and hospital-based treatment for acute stroke sufferers.

**UW Health Services Awarded Grant to Prevent Suicide**
University Health Services has been awarded a three-year, $306,000 suicide prevention grant from the U.S. Substance Abuse and Mental Health Services Administration. The grant provides $102,000 in funding each year for three years and will be used to initiate comprehensive education and outreach activities aimed at identifying students at risk of suicidal behavior and encouraging them to seek the help and assistance that is available to them.

**State Helping Residents Dispose of Old Drugs**
The Wisconsin Dept. of Natural Resources is helping residents safely dispose of unused and/or expired medications at special collection sites around the state. Unsafe disposal of medications
can cause contamination in water supplies, accidental poisonings increase when unneeded drugs are kept at home, and it increases the potential for abuse of medications. There are permanent collection sites in 52 Wisconsin counties

**Health Professions and Provider Updates**

**Wisconsin Medical Society Earns Top CME Accreditation Status**
The Wisconsin Medical Society (WMS) has been awarded Accreditation Status with Commendation from the Accreditation Council for Continuing Medical Education. The WMS received a six-year accreditation which is the maximum awarded from ACCME. Only 21% of ACCME-accredited providers have achieved Accreditation with Commendation status.

**La Crosse Area Hospitals Increase Education Requirements for Nurses**
La Crosse’s hospitals soon will require all new nurses to hold a bachelor’s degree or higher. Gundersen Lutheran is requiring any new hires to have the degrees within six years, and it’s providing financial incentives to its older nurses to go back to school. Mayo Clinic Health System plans to enact a similar requirement some time next year. The hospitals say a better trained nursing corps will drive down costs, improve the quality of care, speed up diagnosis and decrease time a patient spends in the hospital. A 2010 IOM recommendation is that hospitals have 80% of nurses with at least a BA by 2020.

**RWJF: Supporting Evaluations of Strategies for Addressing Nurse Faculty Shortage**
The University of Wisconsin-Madison School of Nursing is among a third cohort of grantees recently announced by the Robert Wood Johnson Foundation’s (RWJF) Evaluating Innovations in Nursing Education (EIN). The focus of this third round of funding is on doctoral nursing education and the production of nurse faculty. EIN’s main aim is to support research to understand the effectiveness of promising interventions and educational strategies for addressing the nurse faculty shortage.

**WI Receives $680,000 in Grant Awards to Bolster Health Care Workforce**
Wisconsin received over $680,000 in grant money as part of federal efforts to strengthen training for health professionals and increase the size of the health care workforce. The main areas of focus for this initiative include: nursing workforce development, interdisciplinary and geriatric education and training, centers for excellence, and density.

**GE Healthcare Pledges $32.9M to UW School of Medicine**
A new imaging research facility at UW Madison School of Medicine and Public Health has received a pledge of nearly $33 million from GE Healthcare. The pledge money would be dispersed over the course of 10 years. GE Healthcare and the Wisconsin Alumni Research Foundation (WARF) created an agreement for intellectual property and licensing practices from the research. The imaging facility would focus on application of medical imaging, such as personalized medicine like molecular scans of cancer patient’s tumors post chemotherapy to see if the medications chosen are best for that particular patient.
$1 Million Gift to Marquette Dental School
The Marquette School of Dentistry has received a gift of $1 million from an alumnus couple who met there in 1975. The $1 pledge will help the school build a new 40,000 square foot expansion. The faculty practice clinic is a full-service general density and multi-specialty facility where the school’s faculty members provide dental care to the public.

Marshfield Clinic Receives Grant to Bolster Telehealth Services
The Public Service Commission of Wisconsin (PSC) recently awarded the Marshfield Clinic $39,675 to support its ongoing initiative to increase patient access to health care through telecommunications and videoconferencing. The grant will allow the clinic to expand two services—telepharmacy and telestroke. It will also allow the clinic to add mobile videoconferencing technology. Marshfield Clinics received a second grant of $1 million from Health Resources and Services Administration to help with the same telehealth programs and services.

Eleven Wisconsin Hospitals Among Joint Commission’s Top Performers
The Joint Commission recognized eleven Wisconsin hospitals, among 620 recognized nationally, as Top Performers on Key Quality Measures, based on their performance related to 45 accountability measures. Nationally, these hospitals represent the top 18% of Joint Commission-accredited hospitals that report core measure performance data.

La Crosse Area Hospitals Increase Education Requirements for Nurses
La Crosse’s hospitals soon will require all new nurses to hold a bachelor’s degree or higher. Gundersen Lutheran is requiring any new hires to have the degrees within six years, and it’s providing financial incentives to its older nurses to go back to school. Mayo Clinic Health System plans to enact a similar requirement some time next year. The hospitals say a better trained nursing corps will drive down costs, improve the quality of care, speed up diagnosis and decrease time a patient spends in the hospital. A 2010 IOM recommendation is that hospitals have 80% of nurses with at least a BA by 2020.

Group Health Cooperative Continues as Top 10 Health Plan
The National Committee for Quality Assurance ranks Group Health Cooperative of South-Central Wisconsin the 9th best health plan in the country. This is the seventh straight year that GHC-SCW ranks in the top 10, with rankings based on clinical performance and member satisfaction of private plans. Ten other health plans with Wisconsin ties rank the top 100.

Bits & Pieces

Ministry Health Care and Ascension Health: A recently announced tentative agreement would allow Ministry Health Care, which has 14 hospitals in Wisconsin and one in eastern Minnesota, to become part of Ascension Health Alliance, the parent of Columbia St. Mary’s Health System and the country’s largest Catholic health system.

Froedtert Health recently announced that it plans to begin construction this year on a $117 million expansion and renovation project which includes a 480,000 square foot building with three levels of underground parking.

Physicians Plus lost $7.9 million the first half of this year after losing $10.5 million last year while Unity made $1.1 million through June 30 after making $1.3 million last year.

Anthem Blue Cross and Blue Shield in Wisconsin will 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.

Aurora is partnering with IASIS Healthcare, a large private Tennessee-based health system, to work on a wide array of projects in Wisconsin and northern Illinois. Such projects may include acquisitions, new construction, and management contracts, the first of which is an 11,000 square foot cancer care center in Kenosha. The companies are also considering collaborating on managing physician practices and developing managed care initiatives for Aurora patients covered by Medicaid.

Security Health Plan, a Marshfield Clinic company, will start selling Medicare Advantage Plans in the Madison area this fall. The plans, called Advocare, will expand to Columbia, Dane, Marquette and Sauk counties and providers will include doctors and specialists at Meriter Hospital and UW Hospital.

The Medical College of Wisconsin is looking to expand and the city of Stevens Point is hoping that the expansion comes to them. The city has put in a bid for a site by offering the current MSTC building.

Marquette Dental School recently broke ground on their new dental school facility. The expansion consists of a lower level, first and second floors, and the expansion will give the school the opportunity to increase its graduating class size to 100 students per year. The expansion will also include a clinic housing 24 operatories, a larger faculty practice clinic, additional classroom space and a research lab.

The UW School of Nursing is expanding its campus which in turn is inspiring a re-design of the curriculum. The new facility, Signe Skott Cooper Hall, will allow for more hands-on learning experiences.

The UW Physician Assistant Program is expanding, hoping to help with the projected shortages in primary care physicians. The program will expand to the UW Marathon Campus in Wausau, WI.
UW School of Medicine and Public Health has been awarded a 5-year grant from U.S. DHHS to develop the UW-Public Health and Primary Care Innovations in Medical Education (UW-PRIME) Program. The goal of this program is to shape a new generation of health professionals who will value primary care and incorporate health promotion and disease prevention into their practice.

**RESEARCH AND PROGRAM TOOLS**

- **What Works for Health**
- New and Updated Resources from the [Common Wealth Fund](#)
  - Addressing Women’s Health Needs and Improving Birth Outcomes
  - Infographics
- New and Updated Resources from [Kaiser Health News](#)
- New and Updated Resources from [AHRQ](#)
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  - First-time public voting for top health innovations at HHS
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- New Health Reform Resources:
  - [GAO: Report on States’ Medicaid Expansion related to PPACA](#)
  - Health Affairs Health Policy Brief on Medicaid Expansion
  - Medicaid Expansion: Framing and Planning a Financial Impact Analysis
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  - Choosing the "Best" Plan in a Health Insurance Exchange
  - Resources from RWJF State Coverage Initiatives
  - Urban Institute: Who Could Gain Coverage Under the Medicaid Expansion?
  - Managing State-Level ACA Implementation Through Interagency Collaboration
  - New Series of Commonwealth Fund Health Reform Videos
- Wisconsin Toolbox:
  - [Wisconsin Health Facts: Poverty and Health, 2010](#)
    Fact sheet from the Wisconsin DHS that provides estimates of poverty rates in Wisconsin and the impact of poverty on the health of Wisconsin residents. It is based on results of the Family Health Survey, an ongoing telephone survey of Wisconsin households.
  - [Guide to Wisconsin Hospitals, Fiscal Year 2011 (July 2012)](#)
    Detailed information about each hospital in Wisconsin, including general medical-surgical, long-term acute-care, psychiatric, alcohol and other drug abuse, rehabilitation, and state hospitals.
  - [Uncompensated Health Care Report, Wisconsin Hospitals, FY2011](#)
Wisconsin Activities to Prevent Healthcare-Associated Infections
CDC’s work with state health departments improves HAI tracking and prevention by implementing successful prevention strategies in the entire state and tracking the impact of that strategy across all hospitals.

EVENTS AND ANNOUNCEMENTS

- **County Health Rankings and Roadmaps: Take Action – Evaluate Actions**, October 9th, webinar
- Community Care Coalitions: A Multi-stakeholder Workshop in Southwest Wisconsin to Improve Care Transitions
  - October 9th, Viroqua, WI
  - October 16th, Rice Lake, WI
- **Wisconsin Association for Perinatal Care, Regional Forums**: Several Dates
- **Fall 2012 School Crisis Preparedness Conferences**
  - October 4th, Whitewater, WI
  - October 15th, Chippewa Falls, WI
  - October 26th, Middleton/Cross Plains, WI
  - November 15th, Green Bay, WI
- **SORH Grantee Meeting & NOSORH Annual Conference**, October 16-18, Madison, WI
- **2012 Poverty Matters!** October 17-18, Appleton, WI
- **HIPAA COW 2012 Fall Conference**, October 19th, Appleton, WI
- **MetaStar Health Care Quality Symposium: Communities Transforming Health Care Through Collaboration**, October 30th, Madison, WI
- **Wisconsin Rural Health Clinics**, November 14th, Sauk City, WI
- **Working Together Conference Emergency Services Midwest Conference and Exposition**, January 30 - February 2, Milwaukee, WI

READING ROOM

**UW’s Smeeding Comments in NY Times on Measuring Income Distribution**
The Director of UW’s Institute for Research on Poverty, Timothy Smeeding provided expert commentary on the New York Times reporting about a new Congressional Budget Office report. The CBO includes the value of health benefits provided through by the government (through Medicaid and Medicare) in measuring poverty and income disparity. The inclusion of government health benefits in this measure is a new and controversial approach.

**HHS Says Health Plans Cannot Discriminate Against Transgender People**
In a recent letter, the Department of Health and Human Services has clarified the provisions in the Affordable Care Act prohibiting sex discrimination in health insurance apply to transgender people. HHS asserts that employers, insurers and others cannot deny health insurance coverage
or benefits based on "gender identity or failure to conform to stereotypical notions of masculinity or femininity," as this would be discriminatory.

**IOM: Care Too Complex and too Costly**
The Institute of Medicine recently released a report in which they assert that our medical system here in the United States is too complex and too costly and cannot continue as is. The report cites common inefficiencies, lack of management of an ever expanding clinical knowledge base, and a reward system that doesn’t focus on patients key health needs which all contributes to a lack of improvement in safety and quality of care. The IOM report asserts that in order to achieve higher quality care at a lower cost, fundamental commitments to continuous learning will be needed.

**Census Report Shows Number of Uninsured Americans Drops by 1.3 Million**
Recently released census data shows that for the first time in three years, the number of Americans without health insurance has declined, dropping by 1.3 million uninsured (2010-2011). One major factor in this drop in number of uninsured is young adults who are now able to stay on their parents’ health insurance through age 26, one provision of the 2010 Patient Protection and Affordable Care Act.

**Medicare Pilot Program Shows Cost Savings For Treating Dual-Eligibles**
An article recently released in the *Journal of American Medical Association* took a deeper look at the *Physician Group Practice Demonstration*, one of the federal government’s first pay-for-performance demonstration projects aimed at improving health care while reducing the costs associated with the Medicare population. The study asserts that there are significant savings to be made with the demonstration project, particularly for dual eligibles (those in the population who receive coverage from both Medicaid and Medicare and are often the sickest and most expensive patients). The study found an average annual savings per patients of $114, though with dual eligibles, the average annual savings was $532 per patient.

**HHS: Medicare Advantage Remains Strong**
Enrollment in the Medicare Advantage (MA) program is projected to increase by 11 percent in the next year and premiums will remain steady. Since the Affordable Care Act was passed in 2010, Medicare Advantage premiums have fallen by 10 percent and enrollment has risen by 28 percent. Last month, CMS announced that the average estimated basic Medicare prescription drug plan premium was projected to hold steady from last year. Today's projections show that continued access to a wide range of Medicare prescription drug plans in 2013.

**2012 Annual Rate Review Report: Rate Review Saves Estimated $1 Billion for Consumers**
The PPACA requires insurance companies to document, submit for review, and publicly justify rate increases above a certain level. Insurance companies are also required to meet specific thresholds for “medical loss ratio” – the amount of premiums directed to health care relative to profits and administrative expenses. The U.S. DHHS reports how these provisions are slowing premium growth and reducing the price of insurance premiums.
Report: Physicians, Not Nurses, Should Lead Care in Medical Home Model
The American Academy of Family Physicians (AAFP) asserts that family physicians, not nurse practitioners, should lead health care teams in patient-centered medical homes. Due to primary care doctor shortages, 16 states have given authority to nurses with higher levels of training to diagnose patients and prescribe treatment and medications while at the same time, patient-centered medical homes are being promoted as a way to improve access and improve quality of care while lowering costs. Some studies have found that nurse practitioners can have comparable results to physician-led care.

Childhood Obesity Rates Decline Among Students in Philadelphia Public Schools
The overall obesity rate among Philadelphia schoolchildren fell 4.7 percent between the 2006-07 and 2009-10 school years, according to a study published in Preventing Chronic Disease. The decrease, from an obesity rate of 21.5 percent to 20.5 percent, was reported among male and female students ages 5 to 18 from all racial and ethnic groups. The largest declines were seen among African American boys and Hispanic girls.

IOM Report: Military Not Doing Enough to Curb Alcohol, Drug Abuse
The Institute of Medicine recently released a report analyzing policies and programs that pertain to prevention, screening, diagnosis and treatment of substance use disorders (SUDs) for active duty service members in all branches, in the National Guard and Reserves, and military families. The impetus behind the report is the long history of alcohol and drug misuse and abuse coupled with skyrocketing prescription painkiller use since 2001. The report presents the IOM’s findings and recommendations for how to deal with this issue.