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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

Medicaid/BadgerCare

[BadgerCare Plus in Southeastern Wisconsin Faces Financial /Provider Challenges](#)

Wisconsin's Medicaid program in southeastern Wisconsin is facing significant provider challenges. The program covers nearly 300,000 adults and children in this region. The program cut payment rates to managed care organization in years 2011 by 11% and by another 11% in 2012. Three of the four organizations managing the program claim that they are losing money. United HealthCare ended its contract at the end of October, and Molina Healthcare Inc. is threatening to do the same. [Wisconsin Council on Children and Familie comments here.](#)

[Senior Care Closer to Renewal](#)

The Department of Health Services recently announced that the Centers for Medicare and Medicaid Services (CMS) has certified that Wisconsin's SeniorCare application has met the necessary requirements for and advanced to the next phase of the approval process.

[Contract Severed with LogistiCare Transportation Provider for Medicaid](#)

LogistiCare has notified the Wisconsin Department of Health Services that it will terminate its contract for serving as the Medicaid and BadgerCare Plus transportation manager and providing non-emergency medical transportation to members. In canceling its contract, LogistiCare cited higher than expected utilization and lack of needed data to effectively manage the services. LogistiCare services to Medicaid members have been heavily criticized by providers and advocates, and led to [legislators requesting an audit](#) of the company. DHS is currently [requesting proposals](#) from potential new service providers.

[Wisconsin Leaning Against Medicaid Expansion](#)

Wisconsin is likely to opt-out of the Medicaid coverage expansion and associated federal matching funds provided under the Patient Protection and Affordable Care Act, according to a map and chart produced by the consulting firm Sellers Dorsey. The federal health reform law provides that, as of 2014, state Medicaid programs will cover all persons under 133% of the federal poverty level. But the Supreme Court ruled that states are able to opt-out of this coverage expansion, and many states have not made a final decision.

[Analysis: Medicaid Expansion, with Federal Match, Would Benefit WI Budget](#)

The Urban Institute estimates that Wisconsin will save \$248 million over the next ten years if the state uses the Medicaid option in the Affordable Care Act (ACA) to extend BadgerCare coverage for adults without dependent children ("childless adults") – those currently awaiting coverage due to the cap on Core Plan enrollment. The federal government would pay a larger share of the current costs for most new Medicaid/BadgerCare enrollees. Spending with this expansion is projected to increase by an average of \$72.5 million per year over the next decade, but this is about \$25 million per year less than the increase would be if the state rejects the expansion option. Read further analysis in an [article in Governing Magazine](#).

Health Reform & Insurance

[Gov. Walker Defers to Federal Government to Create WI Health Insurance Exchange](#)

Governor Walker [has notified the federal government](#) for the creation of Wisconsin's future health insurance exchange. Governor Walker a [letter of rationale](#) for not having Wisconsin create the exchange and deferring to a Federally-Facilitated Exchange (FFE). A range of reactions and newspaper coverage are archived on the [November 16 page of The Wheeler Report](#).

Other resources: [Webcast: Wisconsin- What's Next for Health Care Reform](#)

Milwaukee Journal-Sentinel: [Many decisions remain on Wisconsin's health care exchange](#)

The Wall Street Journal: [Walker to Washington: No Thanks](#)

[Beloit Featured in Profile of Wisconsin's Perspective on Health Care Reform](#)

The Chicago Tribune reports how health care reform will affect individuals in Beloit, WI, as well as finding out various perspectives on the upcoming reforms from a variety of different individuals in the community. The piece explains how health care reform will affect residents of Beloit, WI, where unemployment remains high and many are uninsured. The largest employer, Beloit Memorial Hospital, has employees with mixed feelings about health care reform.

[Health Benefits Costs Rise for Large Employers and for Workers](#)

An annual survey by [Aon Hewitt](#) asserts that in Milwaukee, health benefits costs continue to remain higher than the national average. In Milwaukee, employers can expect to spend around \$12,691 per employee for health benefits this year. This figure is an increase of 5.2% over last year and is about 17% more than the national average of \$10,522 per employee. Employees will also expect to pay more for their share of health insurance benefits this year with a 5.9% increase from last year -- about 16% more than the national average employee expenditure

Meanwhile, another survey conducted by [Mercer](#), a national consulting firm, found that [Milwaukee employers](#) spent about 4.5% more this year on employee health care than in 2011 while nationally, employers spent about 4.1% more this year than last. This is the smallest increase in employee health care costs since 1997.

[10% of Milwaukee Employers Consider Dropping Insurance Coverage in 2014](#)

The [HCTrends Greater Milwaukee Annual Employer Health Care Benefits Survey](#) reports employers' plans in 2014 to discontinue health insurance coverage and instead send employees to purchase individual health insurance through the health insurance exchange. Nearly a quarter of Milwaukee-area small employers (between 20-99 employees) report that they are either "likely" or "very likely" to do so; About 12% of employers with 100-499 employees report similarly, while none of the employers with over 500 employees reported such plans. Overall, 10% of Milwaukee-area employers report this likelihood.

[Wisconsin Remains Above Average in Children's Health Insurance](#)

A [report](#) ranks Wisconsin 11th among states for child health insurance coverage, based on 2011 data. BadgerCare has been successful in keeping most of Wisconsin's children insured. Wisconsin slipped in rank from the previous report based on 2009 data, as other states made significant progress and Wisconsin slowed its efforts.

Health System Performance & Innovation

[Milwaukee Area Health Cost Growth Rate Slows; Provider Payments Relatively High](#)

The Greater Milwaukee Business Foundation on Health released a [new report](#) showing that health care premiums in southeast Wisconsin continue to exceed Midwest and national averages. At the same time, the rate of growth is slowing. Health care utilization in southeast Wisconsin was five percent below the Midwest average, but per-unit provider payments to providers were nine percent higher. Read coverage by the [Milwaukee Journal Sentinel here](#).

[Wisconsin Hospitals Graded on Patient Safety; Ranks 31st Nationally;](#)

The Leapfrog Group has issued its Hospital Safety Score, grading Wisconsin hospitals along with hospitals nationally on 26 measures of patient safety. Hospitals across the country showed great variation in how effective they are at preventing errors and avoiding harm. [Wisconsin ranks 31st](#) in a ranking of 50 states based on the percentage of "A" hospitals. An "A" grade was assigned to 10 Wisconsin hospitals, a "B" to 12 hospitals, and a "C" to 24 hospitals.

[New Report Ranks Quality of Wisconsin Hospitals](#)

[HealthGrades](#) recently released a report on the quality of hospitals in the United States in which it graded the quality of 122 of Wisconsin's hospitals. The report also compared the distribution of Wisconsin hospitals among its three ratings with hospitals around the country. In Wisconsin hospitals, patients have a lower chance of dying than nearly any other state in the country, has below average hospital-acquired complications for hip replacements and knee replacements, but above average risk-adjusted complication rates for gallbladder surgery, carotid surgery and spinal fusion.

[Wisconsin Collaborative for Healthcare Quality Teams up with Consumer Reports](#)

Consumer Reports is working with the Wisconsin Collaborative for Healthcare Quality (WCHQ) to create a 30 page inserts that will rate physicians on seven preventive health measures. Physicians will be rated on a scale of 1 to 4 and be matched against national benchmarks. The collaboration is funded by the Robert Wood Johnson Foundation and similar teamwork has been done earlier this year with quality groups in Massachusetts and Minnesota.

[WI Health Centers Rated on National Quality Measures; Variation Noted](#)

A new federal report rating the quality of care at community health centers finds Wisconsin's health centers average rating higher than the national average on most measures. . The National Association of Community Health Centers, a trade group, questions the data's usefulness, noting the results are not adjusted for patients' health status, Several studies including a [July report by Stanford University researchers](#) show the quality of care at the health centers is comparable to that delivered at private doctors' offices, even though the centers typically see patients who are poorer and sicker.

[WI Health Care Quality Rated Weak for Blacks and Hispanics](#)

A new Issue Brief by the UW Population Health Institute reviews data from various sources that indicate that Wisconsin, while a leader in many quality reports, lags in measures of care disparities. The brief reviews the areas where racial disparities persist in health care quality even when controlling for differences in socio-economic status, insurance coverage, and other factors. Wisconsin providers lag behind other states in collecting data and integrating disparities focus in their quality improvement efforts.

[Health Sector Sustainability Efforts: Gundersen Health System Featured](#)

A new study reports that the adoption of a range of environmentally sustainable policies by the health care sector could yield in excess of \$5.4 billion in savings over five years, and \$15 billion over a decade. The report [Can Sustainable Hospitals Help Bend the Health Care Cost Curve?](#),

examines the changes undertaken by nine health systems and hospitals across the United States in such areas as waste management, energy use reduction, and operating room supply procurement. Each hospital realized significant savings, even those that made initial investments to adopt the sustainability program.

[WI Medical Examining Board Limits Changes to Personal Prescribing, Social Media](#)

While the codes for unprofessional conduct are continuing to be overhauled by the Wisconsin Medical Examining Board, the board has decided not to make any great changes to issues dealing with personal prescribing and social media. The board had previously decided to include the current Wisconsin state statute for personal prescribing in its rules (which prevents doctors from prescribing scheduled drugs to themselves) but did not include language dealing with prescribing for family members and the board took a similar approach with social media.

[DHS: Revisions to Virtual Pace Plan](#)

The Centers for Medicare and Medicaid Services (CMS) informed the WI Dept. of Health Services (DHS) that it [won't approve](#) a 3-year roll out of its [Virtual PACE demonstration](#), a project funded by CMS to develop a care coordination and funding model to integrate the care of persons dually eligible for Medicare and Medicaid. CMS also told WI DHS that it needs to submit a new proposal, which it did recently. The new plan would roll out the Virtual Pace program over 18 months to 37 counties instead of the original 3 year full state plan that CMS did not approve.

[H2D: Telemedicine Innovations](#)

HariTrivedi, a professor of medicine at the Medical College of Wisconsin, recently started a new telemedicine company, H2D Easy Health Care LLC. The company is still in its development phase, but is looking promising. The company plans to create H2D, telemedicine with advanced technological capabilities that will allow doctors to conduct follow-up visits with patients over the phone and/or internet. There is an ever increasing market for telemedicine because it can reduce costs by eliminating in-person offices visits with doctors.

[Froedtert and UW are the Most Preferred Hospitals in their Market](#)

According to the [National Research Corporation](#) (NRC), Froedtert and the University of Wisconsin Hospitals and Clinics are the most preferred hospitals in their market and received NRC's annual [Consumer Choice Award](#). NRC surveyed more than 250,000 households in more than 300 markets to determine their results. Hospitals that won were ranked best in overall quality, best overall image/reputation, and best doctors and best nurses.

[Fox Cities Hospitals Honored for Financial Health](#)

The [National Rural Health Association](#) named 20 critical access hospitals in the nation, and two of them were located in Wisconsin. New London Medical Center, serving New London, Outagamie and Waupaca counties, and Riverside Medical Center in Waupaca, were both honored with this ranking for their financial health and stability.

Health Professions Supply/Education/Training

[New Grant Increases Integration of Public Health Into Health-Professions Training](#)

Dr. Pat Remington and the University of Wisconsin School of Medicine and Public Health (SMPH) has won a grant for \$1.5 million from the Health Resources and Services Administration (HRSA) to plan for a more integrations of public health into the medical degree (MD) and physician assistant (PA) curricula. The grant comes from the realization in the U.S. healthcare system that public health problems, such as obesity, are complex and extremely hard to solve and will need creative solutions between the fields of medicine and public health to combat.

[Medical College of Wisconsin Northern Campus Plans Take Shape](#)

The Medical College of Wisconsin will move ahead with plans to open satellite campuses in [Green Bay](#) and [Wausau](#), with training also offered in Marshfield, Stevens Point, possibly other communities such as Wisconsin Rapids. The northern and central Wisconsin community-based medical education programs are expected to cost nearly \$24 million to develop and are targeted to open in July 2015. The programs will use faculty members from the University of Wisconsin - Stevens Point, University of Wisconsin - Marathon County, University of Wisconsin - Marshfield/Wood County, and Northcentral Technical College. Clinical faculty members would be physicians from Aspirus, Ministry Health Care, and Marshfield Clinic.

[Report Considers Wisconsin Physician Workforce Supply, Needs](#)

The UW Population Health Institute has published a new Issue Brief: *How Many Doctors Will Wisconsin Need? What Should Wisconsin's Medical Schools Be Doing?* The brief notes wide agreement about a shortage of primary care providers and a poor geographic distribution of physicians. However, no consensus exists about the need to grow the overall physician supply. Projections vary widely about the degree - or even the existence - of emerging physician shortages and how best to address them. The brief discusses efforts underway by the state's two medical schools and the current state funding for graduate medical education using Medicaid and other resources. The brief also notes the "relative dearth of student interest in the available primary care residency positions."

Meanwhile, a [new report from the Wisconsin Health Workforce Data Collaborative](#) provides comprehensive data on the current physician workforce in Wisconsin. It concludes that the state needs an expansion of residency programs in specific primary care specialties.

[Primary Care Workforce Summit Convenes, Drafts Action Plan](#)

A coalition of health care provider organizations convened to establish and prioritize the issues relevant to growing and sustaining the primary care workforce for Wisconsin. The Summit decisions will contribute toward an "Action Plan" and "White Paper" that articulates advocacy, public policy and collaboration. Materials and preliminary decisions from the summit are identified in the web site, and divided in five key areas: practice transformation, payment reform, education, recruitment and legislative initiatives.

[Milwaukee's Teen Birthrate Drops for Fifth Year in Row](#)

Milwaukee is well on its way to meeting the goal set in 2007 by the United Way of Greater Milwaukee, reducing the teen birth rate to 30 per 1000 teens between the ages of 15 and 17 by 2015. A new report from the [Milwaukee Public Health Dept.](#) shows that Milwaukee's teen birthrate, the 2nd highest in the county just a decade ago, dropped for a 5th year in a row to a new historic low of 33.4 births per 1000 girls between 15-17. The city continues its efforts to keep teen birth rates on the downward trend, and have incorporated a new model called the Carrera model, proven successful in New York City, to continue these efforts in a positive direction. The model emphasizes daily homework help, exposure to the work of work, financial education and career mentoring.

[End of Life Care Gaining Attention; Concerns about POLST](#)

A recent piece in the *Milwaukee Journal Sentinel* discusses the new statewide pilot program, modeled on a successful program that originated in La Crosse and is now a national example, which attempts to get more people to document their end-of-life wishes for medical care. However, there are now concerns that the the POLST (Physician Orders for Life-Sustaining Treatment) is being excluded from the pilot program. [The New York Times](#), in a recent editorial, highlighted Wisconsin's program and these concerns.

[WI Treatment Alternatives to Prison Can Save Money and Improve Outcomes](#)

A new report is recommending that Wisconsin spend \$75 million a year on treatment programs that keep offenders out of prison. It projects 3,100 fewer prison admissions, 21,000 fewer jail admissions, and 1,000 fewer crimes over five years. Both Republicans and Democrats are [expressing interest](#) in the idea of increasing so-called Treatment Alternative Diversion (TAD) programs -- drug and alcohol treatment courts, day reporting centers, mental health treatment courts and other initiatives. Read the [full study here](#).

[Beloit's Lifecourse Initiative Develops Plans to Combat Infant Mortality](#)

Beloit's Lifecourse Initiative for Healthy Families (LIHF) program, one of four in the state created by the [Wisconsin Partnership Program](#) to tackle the very high infant mortality rates among African Americans in southeastern Wisconsin, has developed a plan to decrease infant mortality in their community. Two years has been spent collecting data, meeting with members of the community and considering different plan options, and now Beloit's LIHF chapter is ready to move forward with their [plan](#).

[Dean Donates EpiPens to School Districts in South Central Wisconsin](#)

Epi-pens, a medical device used to deliver epinephrine for the treatment of acute allergic reactions to avoid or treat the onset of anaphylactic shock, have been donated by Dean Clinic and Dean Health Plan to 243 schools in 39 school districts in South Central Wisconsin. The program runs through the school year 2016-2017 and schools' supplies of EpiPens will be continually refreshed as needed.

[New F2S Project makes it Easier for Public Schools to Serve Wisconsin Vegetables](#)

The U.S. Dept. of Agriculture has provided funding to University of Wisconsin-Madison [Center for Integrated Agricultural Systems](#) to work with local vegetable growers, processors and distributors to help schools provide more fresh fruits and vegetables. The plan is to provide Wisconsin public schools with affordable packages of ready-to-roast Wisconsin vegetables while at the same time opening up a new market for Wisconsin vegetable growers.

[Seven Wisconsin Communities Recognized for Public Fluoridation Efforts](#)

The Wisconsin Dental Association (WDA) has recognized seven Wisconsin communities for their public fluoridation efforts. Adding or maintaining adequate levels of fluoridation in public drinking water to reduce tooth decay in children and adults has been a practice recommended by the Centers for Disease Control (CDC) for 67 years and is one of the CDC's 10 top public health achievements of the 20th century. The communities that received recognition for their efforts include Fennimore, Hazel Green, Lancaster, Rio, Alma, Avoca and Mt. Horeb.

[Polk County Public Health Officer Wins National Award](#)

Polk County's public health officer, Gretchen Sampson, has won the 2012 [Milton and Ruth Roemer Prize for Creative Local Public Health Work](#) from the American Public Health Association (APHA). The national prize goes to local county or city health officers who have demonstrated outstanding and innovated public health work.

[Wisconsin Immunization Registry Receives Excellence Award](#)

Health and Human Services (HHS) awarded the Wisconsin Immunization Registry (WIR) the 2012 American Immunization Registry Association (AIRA) Center for Excellence Award. The annual award goes to programs that have actively implemented strategies to support immunization program goals which in Wisconsin are that immunization records were complete and accurate so that individuals receive all needed immunizations.

[Injury Prevention and Death Review Funding](#)

The Centers for Disease Control (CDC) has awarded two grants to Children's Health Alliance of Wisconsin in partnership with the Injury Research Center at the Medical College of Wisconsin and the Wisconsin Dept. of Health Services to improve the Wisconsin death review system. One grant, the Sudden Unexpected Infant Death grant, will focus on understanding sudden infant death and improve the quality of infant death scene investigations. The second grant, Childhood Injury Prevention: Community Data, Community Prevention, will assist local child death review and fetal infant mortality review teams.

[Elderly and Disabled Receive Donated Dental Care](#)

260 Elderly and disabled uninsured adults in Wisconsin received over \$800,000 in free dental care in the summer of 2012. Nearly 550 volunteer dentists provided this care under the Wisconsin Dental Association Foundation's Donated Dental Services program. Nearly \$65,000 in donated materials and services were also given by 101 dental labs.

[Associated and Marshfield Clinic Partner in the Fight Against Breast Cancer](#)

A new mobile mammography unit will be launched in 2013 thanks to a \$250,000 donation to Marshfield Clinic from Associated Banc-Corp. The mobile mammography units are used to help provide early detection of breast cancer to more than 10,000 Wisconsin women annually,

Bits and Pieces: Clinics and Hospitals, Health Plans, and Schools

- [Madison's Meriter Cutting 140 Positions; 50 Employees Losing Jobs](#)
Meriter Health Services announced that about 50 employees are losing their jobs, while others will have their hours reduced, and some vacant positions will be eliminated. CEO Jim Woodward reports that 140 full-time positions will be cut – 4% of the 3,500 employees. This is intended to save about \$9 million in preparation for reductions in Medicare payments or possible threats of the fiscal cliff.
- [Roundy's Supermarkets Inc.](#), with some 8,000 employees and family members, has joined Aurora Healthcare and Anthem Blue Cross and Blue Shield as one of the first large employers a new health plan that guarantees savings if enrollees use Aurora hospitals and doctors for the majority of their care. Aurora says they can save 8% off market trends. Aurora Health Care is also making [management changes](#) to improving its financial performance.
- [Waupan Memorial Hospital](#) recently celebrated their new expansion, adding an additional 24,000 square feet to their facility. The hospital is a critical access hospital that has received several awards recently, including being named a top 100 access hospital by the National Rural Health Association.
- [Group Health Cooperative](#)
After nearly 40 years with GHC of South Central Wisconsin, Larry Zanoni is retiring. His successor, Kevin Hayden, former state health secretary, will begin as GHC's new their CEO on February 1, 2013.
- [Fox Cities Community Health Center](#)
Fox Cities Community Health Center in Menasha recently started referring some adults to other health providers in the area. While the clinic will no longer accept new adult patients for primary care, but will continue to serve new mental health patients, women in need of prenatal care, and children.
- [GE Healthcare Acquires Maker of Breast Cancer Ultrasound Products](#)
Women with dense breast tissue in 75% or more of their breast have a four to six times greater risk of acquiring breast cancer than women with little or no dense tissue. U-Systems has developed the only ultrasound system currently in the market in the United

States that can screen for breast cancer in women with more than 50% dense breast tissue. GE Healthcare recently acquired U-Systems.

RESEARCH AND PROGRAM TOOLS

- [New PPACA Proposed and Final Regulations](#)
 - [Final Rule on Health Insurance Premium Tax Credits](#)
 - [Essential Health Benefits, Actuarial Value, and Accreditation](#)
 - [Health Insurance Market Rules; Rate Review](#)
 - [Medicaid Payment for Primary Care](#)
 - [Request for Information Regarding Health Care Quality for Exchanges](#)
 - [Incentives for Nondiscriminatory Wellness Programs in Group Health Plans](#)
- [Institute of Medicine Video: Primary Care + Public Health in the Community](#)
- New and Updated Resources from the [Common Wealth Fund](#)
 - [Infographics](#)
- [Why Not the Best: Quality Improvement New Interactive Map](#)
- New and Updated Resources from [Kaiser Health News](#)
 - [Quality Of Care At Community Health Centers](#)
 - [Look Up How Your Local Health Center Performed](#)
- New and Updated Resources from [AHRQ](#)
 - [Medications at Transitions and Clinical Handoffs \(MATCH\) Toolkit for Medication Reconciliation](#)
- New and Updated Resources from [HHS](#)
 - [Mobile Apps](#)
 - [Be Tobacco Free](#)
- New and Updated Resources from [Prepared Patient](#)
- [Alliance for Health Reform ToolKits: Physician Workforce; Nursing Workforce; Mental Health Policy](#)
- Wisconsin Toolbox:
 - [Foodshare Fraud](#)

Watch the video in which WisconsinEye sat down with Department of Health Services Deputy Secretary Kitty Rhoades and Department of Health Services Inspector General Alan White to discuss the issue of fraud in Wisconsin's FoodShare program.
 - [Workflow Toolkit](#)

Wisconsin Research and Education Network (WREN) is gearing up to launch a new project in collaboration with the Oregon Rural Practice-Based Research Network (ORPRN) investigating the usability and suitability of the AHRQ Workflow Assessment for Health IT toolkit. The toolkit was developed by human factors experts in 2008 at UW.
 - [Wisconsin's Aging and Disability Resource Centers](#)

Each county in Wisconsin has "Elder Benefits Specialists" who can help Medicare beneficiaries learn what plans and what options are available to them.

EVENTS AND ANNOUNCEMENTS

- [MetaStar Broadcast National Forum on QI in Health Care](#), December 11-12, Madison, WI
- [County Health Rankings Webinar: Advocacy 201](#), December 12
- [FEMA Multi-Hazard Emergency Planning](#), Dec 11-13th, Appleton, WI
- [Milwaukee CEO Forum on WorkPlace Wellness](#), January 8, Milwaukee, WI
- [Working Together Conference](#), Jan 30-Feb 2, Milwaukee, WI

READING ROOM

[Academic Medical Centers' Variation in Care, Effect on Training, Highlighted](#)

A new report from the *Dartmouth Atlas Project* urges fourth-year medical students look beyond the reputation of a residency program, to also consider how academic medical centers actually deliver care -- because this will influence how residents ultimately practice medicine. The report finds wide differences in how top academic medical centers care for patients at the end of life, in their quality, safety and patient experience ratings, and in their use of surgical procedures when alternatives exist. [Read the press release.](#)

[Jobs Without Benefits: Health Insurance Issues Faced by Small Businesses](#)

The number of employees in small firms (those with 50 or fewer employees) who are offered, eligible, or covered by health insurance through their jobs has declined since 2003. In 2010, less than half of all employees in small firms were both offered and eligible for health insurance through their jobs, down from 58% in 2003. About 90% of employees in large firms (those with 100 or more workers) were offered and were eligible for health plans in both 2003 and 2010.

[Payoff Seen Medicare Advantage Pay-for-Performance System](#)

A recent report put out by the National Committee for Quality Assurance (NCQA) shows positive outcomes from Medicare's program for making higher payments to health plans based on performance. An example of improved care relates to medication use: the number of elderly who take two types of medications that should not be mixed has dropped by a third. The report also found that doctors are using quality measures to identify and counsel obese patients. The report does note some limitations to the reporting process.

[HHS Issues Final Rule Boosting Medicaid Payments for Primary Care](#)

Health and Human Services recently finalized a rule increasing Medicaid's payment rate to be the same as Medicare for some primary care providers. This payment increase is authorized by the Affordable Care Act through 2014.

[Seven Factors Driving Up Your Health Care Costs](#)

The [Bipartisan Policy Center](#) discusses the seven greatest contributors to health care costs.

1) We pay our doctors, hospitals and other medical providers in ways that reward doing more,

rather than being efficient;2) we're growing older, sicker and fatter; 3) we want new drugs, technologies, services and procedures; 4) we get tax breaks on buying health insurance -- and the cost to patients of seeking care is often low; 5) we don't have enough information to make decisions on which medical care is best for us; 6) our hospitals and other providers are increasingly gaining market share and are better able to demand higher prices; 7) we have supply and demand problems, and legal issues that complicate efforts to slow spending.

[How to Rein in Health Care Costs: Empower Consumers](#)

A new paper by former Rockefeller Institute director (and former U.S. OMB official) Richard P. Nathan argues for a consumer-choice approach for next-step health reforms and in doing so presents recommendations for cost constraints to help reduce federal deficits over the long term. The paper suggests ways to implement his recommendations.

[Nurse Practitioners and Primary Care](#)

A recent *Health Affairs* policy brief outlines the issues surrounding the potential expansion of the role of nurse practitioners to help fill the predicted gap in primary care providers. Many suggest expanding nurse practitioners' scope of practice can provide. Some physicians groups oppose such expansion, citing patient safety concerns. The brief also addresses federal and state reimbursement policy.

[Disparities in Healthcare Quality Among Racial and Ethnic Groups](#)

The Agency for Healthcare Research and Quality (AHRQ) reports every year on progress and opportunities for improving health care quality and reducing health care disparities, focusing on national trends in the quality of health care. The National Healthcare Disparities Report (NHDR) focuses on disparities in health care delivery that are related to racial/ethnic factors as well as socioeconomic factors. AHRQ provides a report on the status of healthcare quality among racial and ethnic groups noting ongoing disparities in quality of care, access, and quality.

[Doctor's Notes Read by Patients Improve Care](#)

Federal law requires physicians to provide their patients with a copy of their medical notes upon request, but very few patients ask for this information. A new study reports that, when offered online access to their medical notes, 90% of patients read their doctor's notes; 60-78% of patients accessing their online medical notes reported being more likely to take their medications as prescribed. Physicians noted that this practice strengthened their relationships with patients.

[Decal Provision for Young Drivers Reduces Crashes](#)

A new study shows that New Jersey's law requiring novice drivers to display a red decal on their license plates has prevented more than 1,600 crashes and helped police officers enforce regulations unique to new drivers. The first-in-the-nation decal provision went into effect in May 2010 as part of N.J.'s Graduated Driver Licensing (GDL) law. Nearly every state has a GDL law on the books, but New Jersey requires drivers under age 21 to display their probationary status so that they are more visible to police and thus allowing police officers to better enforce regulations unique to young drivers.