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- **Study Finds Most Children’s Meals at Large Restaurant Chains are Still Unhealthy**
Health Care, Business Leaders Urge Medicaid Changes to Budget
The Wisconsin Hospital Association and Medical Society, along with Aurora, Dean, Marshfield, UW-Health, and several other health systems, provider entities, and business leaders, have sent a memo to state lawmakers urging them to accept the federal PPACA’s funding for Medicaid coverage up to 133% of the federal poverty level. Governor Walker opposes this Medicaid expansion, and his budget opts out of available federal Medicaid funding. The Joint Finance Committee has been hearing testimony from around the state and from the Dept. of Health Services. The committee’s members have been leaning in favor of the Governor’s proposal.

Family Care: Cost of Caring for Average Person Declines
While overall costs have increased because of increases in the number of frail elderly and/or disabled recipients, the average per person cost of FamilyCare has decreased in the past three years. The monthly cost has decreased from $2,997 to $2,887, down 3.7%. Governor Walker’s budget bill doesn’t expand Family Care, but leaves this decision to lawmakers who must now weigh whether or not to expand the program to the remaining 15 counties in Wisconsin that doesn’t currently provide the service. The Legislative Fiscal Bureau has confirmed that expanding Family Care would save the state money in the first one to two years.

Hospital Assessment Increased Their Medicaid Payments by $257.6 Million in 2012
Wisconsin DHS reports that the special assessment on hospitals gross patient revenues leverage an additional $257.6 million in additional Medicaid payments in 2012 and increased the Medicaid budget by $350 million in state and federal funds. The Wisconsin Hospital Association reports that these funds bring hospitals payment to 65% of their charges for delivering Medicaid services, up from 48%. A separate assessment on Critical Access Hospitals also increased their payments by $6.1 million.

New MA Transportation Services Manager Named; Increases State Costs by $6.3M
Medical Transportation Management, Inc. (MTM) is the intended contract recipient for the Dept. of Health Services non-emergency medical transportation service provider. They will be replacing LogistiCare who has been providing the service for certain Medicaid and BadgerCare Plus members. Final contract details are yet to be negotiated at which time the contract start date will be determined. The new contract will incorporate changes based on feedback from members and stakeholders. The Milwaukee Journal Sentinel reports that the new contract will cost the state $6.3 million more annually than the previous LogistiCare contract, raising questions about whether the privatization of transportation services is a cost-saving measure.
Health Reform, Innovations & Incentives

Report: Subsidized ACA Coverage for 433,000 Wisconsin Residents
A report released says that in 2014 more than 433,000 Wisconsinites will be eligible for premium tax credits to purchase health insurance under the Affordable Care Act. The report, “Help Is at Hand: New Health Insurance Tax Credits in Wisconsin, was released by Families USA. It includes county-by-county data showing how many Wisconsin families in different income brackets qualify for subsidized coverage. The tax credits will be determined on a sliding scale based on income.

Report: ACA Would Bring Net Financial Gain for Wisconsin Hospitals
An Urban Institute report estimates the financial impact of the ACA Medicaid expansion for hospitals at the national and state level from 2013 through 2022. Wisconsin would experience a 30.5% decrease in uninsured persons from the ACA with no states expanding Medicaid, while a Medicaid expansion would decrease the uninsured by 51.7%. A Medicaid expansion would bring a 27.5% increase in Medicaid revenues to Wisconsin hospitals -- an increase that would greatly exceed the estimated loss of private payments due to crowd-out and reduction in Medicaid Disproportionate Share Hospital (DSH) payments. (A December 2012 NEJM article details the impact of DSH reductions in states that do not expand Medicaid.)

Report: Wisconsin has ~25,000 Uninsured Veterans and Spouses
New analysis by the Urban Institute shows that Wisconsin has 16,700 uninsured veterans with 8,900 uninsured spouses. The report lays out who in this group would gain health coverage if Wisconsin were to adopt the Medicaid expansion under the Affordable Care Act. Within this group, 6,500 of these veterans and spouses live below 100% of the federal poverty level (FPL) could gain coverage under Governor Walker’s plan, while 1,700 live between 100-138% FPL and could gain coverage if Wisconsin adopted the ACA-level of Medicaid expansion. and 17,400 live above 138% FPL, and may be eligible for ACA-subsidized coverage within the new Marketplaces.

Study: WI Individual Insurance Prices to Increase 80% under PPACA; Findings Challenged
The Society of Actuaries has produced state-by-state estimates that show that, if all of the major provisions of the ACA, including the Medicaid expansion, go into effect, Wisconsin’s individual health insurance market prices will increase by 80 percent by 2017. This compares to a national predicted average increase of 32%, and exceeded only by Ohio. The increases are attributed to the influx of high risk members to the market, and Wisconsin’s current relatively low prices in the individual market. Critics of the study, however, note close ties between the actuaries making the forecasts and the insurance industry.

WI to Receive $829,329 for ACA Navigators
The federal government plans to provide $829,329 to at least two organization in Wisconsin to operate as Exchange Navigators, helping connect uninsured persons with coverage in the ACA’s Federally-facilitated Exchange/Marketplace. A least two types of entities will serve as Navigators in each Exchange, and that at least one Navigator will be a community
consumer-focused nonprofit. Each states' federal allocation is based on its number of uninsured estimated by HHS, with Wisconsin estimated at 497,388 uninsured. CMS published the proposed rules for Navigators, and is accepting public comments through May 6.

**Tiered Health Plans Add Competition & Level Costs**
According to the Milwaukee Journal Sentinel, Manitowoc County, WI, is keeping their health insurance coverage costs to what they were roughly six years ago while nationally, the cost of family health insurance coverage has increased more than 30% in that same time. The county has given its employees financial incentives be better health care consumers and is now moving towards a program that gives employees an incentive to go to hospitals that provide overall quality care at the lowest cost. This is a tiered health plan which is meant to make the healthcare market a bit more competitive like the rest of the marketplace.

**WCHQ Receives Choosing Wisely Grant**
The Wisconsin Collaborative for Healthcare Quality (WCHQ) received a grant from the American Board of Internal Medicine (ABIM) Foundation to help physicians and patients engage in conversations with the goal of reducing unnecessary clinical tests and procedures. The grant extends the reach of the ABIM Foundation’s Choosing Wisely campaign, which encourages physicians and patients to think and talk about medical tests and procedures that may be unnecessary, and in some instances can cause harm.

**Workforce/Health Professions Education**

**Jefferson County Funding Feasibility of Osteopathic Medical School:**
Efforts continue for establishing the Wisconsin College of Osteopathic Medicine, having transferred from a previous pursuit in Wausau to a current site in Jefferson. Questions continue about the feasibility of the project, potential funding, and the ethics of some of the projects’ principals. The Jefferson Daily Union reports that the College is seeking to reinstate its nonprofit status after learning that it had been revoked three years ago by the Internal Revenue Service, without College officials realizing it, after not filing the required forms for three consecutive years.

**WARM Students Stay in Rural Wisconsin as Primary Care Residents**
Two students in the Wisconsin Academy for Rural Medicine (WARM) program, run through the Univ. of Wisconsin School of Medicine and Public Health (SMPH), have chosen to continue their medical careers at the Marshfield Clinic system where they had previously completed a portion of their medical school training. Both residents say they plan to stay in northern Wisconsin to continue practicing medicine after their residencies are complete. The UW School of Medicine and Public Health also reports that about 45% of its graduate medical student class this year have matched into primary care residencies, and 38% of the class will remain in residencies in Wisconsin.
Wisconsin Action Coalition Receives Grant to Progress Nursing
Wisconsin is one of 20 states receiving a Robert Wood Johnson Foundation (RWJF) grant to help prepare the state’s nursing workforce for the future. Wisconsin Action Coalition (WAC) received the two-year $150,000 matching grant. WAC is led by the Wisconsin Center for Nursing and the Rural Wisconsin Health Cooperative, who is working to engage and empower the nursing workforce in Wisconsin. The goal of the grant is to have 80 percent of nurses reach the BSN level by 2020, boost the number of nurses serving on boards, and increase diversity in the profession.

State Panel Provides Funding for MCW Campuses
The Wisconsin State Building Commission recently approved state financing to support the Medical College of Wisconsin’s (MCW) community-based medical education programs in central and northeast Wisconsin. The Building Commission approved $7.4 million for building renovations and remodeling, as well as technology improvements at two new regional campuses in Green Bay and Central Wisconsin. Each community-based campus will eventually train at least 25 new students per year to address Wisconsin’s coming physician shortage and geographic distribution of physicians.

UWSPH PA Program to Partner with Essentia Health
The Family Medicine program at the Univ. of Wisconsin School of Medicine and Public Health (SMPH) has created a partnership with Essentia Health. The goal of the partnership is to help address Wisconsin’s coming shortage of primary-care physicians. Under the partnership, SMPH physician-assistant students will do clinical rotations at Essentia Health clinics in Ashland, Hayward, Spooner and Superior. Physician assistants are qualified to perform physical examinations, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and in Wisconsin, like most states, they can also prescribe medications.

Public Health

Milwaukee Pursuing Well-City Gold Designation
Milwaukee earned a Well City USA–Silver designation in 2010 by the Wellness Council of America (WELCOA), and has now announced its second phase with a goal to earn a Well City – Gold designation by the end of 2014. Milwaukee is the largest city in the country to earn silver status and the only city in the country to take on the challenge of pursuing a second three-year initiative to reach a higher level of accreditation. Wisconsin has three other Well City USA projects – in Racine, Oshkosh and the Fox Cities – making Wisconsin the only state in the country to have four active Well City projects.

WI Woman Makes Film to Encourage Organ Donations
A Wisconsin woman donated one of her kidney’s to a stranger last year and has since made a film, "Does Anybody Need a Kidney?," to increase awareness of the need for organ donation. Natasha Coe, the kidney donor and subject of the film, is particularly interested in encouraging
minorities to consider organ donation. Though there is no need for organ donors and recipients to be of the same race, Coe notes that 29% of people on waiting lists for organ transplants are African American.

**Moratorium Authority Requested due to Aerial Spraying of Manure**

Sustain Rural Wisconsin Network (SRWN) has submitted a letter to the Wisconsin Towns Association (WTA) asking for a Sample Ordinance on Moratorium Authority for Towns which would offer guidelines on all forms of aerial spraying systems which disperse untreated liquid manure. SRWN asserts that the request is endorsed by many environmental groups who see a serious health hazard in human exposure to the viral and bacterial pathogens found in manure - and the intensified risk when the waste is applied to fields through aerial sprayers.

**Mental Health Task Force Hearings Underway**

The Wisconsin Mental Health Task Force recently held hearings in Neenah, WI, to hear concerns about barriers to mental health care. Some expressed concerns about sharing mental health troubles with primary care physicians, while some providers showing support for integration of mental health records. The task force will hold further hearings to gather information on concerns related to mental health care in the state.

**Health Officials Suggest Health in all Policies**

Local health officials recently weighed in on implications of legislative bills that can affect the public’s health, reminding legislators that health should be considered in all policies. Examples given related to frac sand mining, workplace wellness tax credits, raw-milk sales, drinking laws, and Safe Routes to Schools programs in the new transportation budget.

**Minority Health Month Focuses on Infant Mortality**

The Dept. of Health Services (DHS) recently reaffirmed its commitment to addressing one of the state’s most vexing minority health challenges: poor birth outcomes such as premature birth and infant mortality. Rates of infant mortality and premature birth among Wisconsin African Americans is very high and much higher than rates of whites and non-black Hispanics in the state: 17% of African American mothers gave birth prematurely and these babies are 2-4 times as likely to die in their first year than infants born to white women.

**Wisconsin Lags in Submitting Records for Gun Background Check**

The Appleton Post Crescent reports that Wisconsin lags far behind other states in sharing mental health records with the National Instant Criminal Background Check System for gun purchases. Wisconsin has, however, substantially increased the number of records it submits to the national database. The wide variation among states was first highlighted in a November 2011 report by the Mayors Against Illegal Gun Guns.

**Lyme Disease Risk Growing Statewide**

The Wisconsin State Journal reports that Lyme disease is now present in every Wisconsin county. More than 3,600 cases were reported statewide in 2011, double the total from five years earlier and one-tenth of what health officials believe is occurring
**Clinics, Hospitals and Health Plans**

**Large Area Insurance Providers Lose Money in 2012**
Three large area insurance HMOs, Physicians Plus, Group Health Cooperative of South Central Wisconsin (GHSCCW), and Unity all lost money in 2012. Physicians Plus lost the most at $30.3 million, GHSCCW lost $5.5 million, and Unity lost only $113,000 while the fourth local HMO, Dean Health Plan made $1.1 million in the same time period.

**Madison’s Dean-St. Mary’s Announce Merger**
Madison-based Dean Health System will become part of the St. Louis-based SSM Health Care, the parent company of St. Mary’s Hospital in Madison, an arrangement that could be final within months. The deal still requires the approval of Dean Physician shareholders and the Office of the Commissioner of Insurance. This move is part of a nationwide trend, and recent predictions of more hospital mergers, as recently reported by the Milwaukee Business Journal.

**WI Employer-Sponsored Coverage Declines Substantially**
New state-by-state data show that an average of 69% of Wisconsin’s population under 65 received employer-sponsored health benefits in 2010-2011, down from 79% a decade earlier. This still exceeds a national average of 59%, which also declined from 70% a decade earlier. Two notable landmarks: Wisconsin experienced the largest decrease of all states in the percentage of employees in small businesses who are offered health benefits, and now fewer than half (49%) of all employers in Wisconsin offer health benefits, compared with 60% in 2000. See coverage by the Milwaukee Journal Sentinel.

**Study: Wisconsin Long-Term Care Costs Higher than National**
Insurance company Genworth reports that Wisconsin costs for assisted living facility or nursing home care exceed national averages. The median annual cost of care is $96,725 for a private nursing home, compared to a national average of $83,950. Wisconsin also had a higher average annual rate of increase, at 6.8% compared to a national 4.5% percent annual. Wisconsin’s assisted living facility care cost $42,451, but had only a 2.5% average annual increase, while the national average was $41,400 with a 4.3% percent annual increase. Wisconsin’s home health aides earn $22 an hour, compared to the national average of $19.

**Wipfli and RWHC Honor Hospital Executives Who Implement Cost Savings**
The winner of the 2013 Wipfli-Rural Wisconsin Health Cooperative (RWHC) Cost Champion Awards was recently given to Boscobel Area Health Care for implementing changes in their process for scheduling nursing time to reduce unnecessary overtime payments. The award’s purpose is to share encourage and share implemented cost-savings ideas at RWHC-member hospitals.

**E-visit’ Allows Patients Greater Access to Physicians**
Patients at UW Health can now use a service called “E-Visit” that allows them to ask about common health issues, such as sinus infections, online through their MyChart portal and
receive a diagnosis and treatment within two hours. The fee for the service is $30, less than the average $35 clinic visit co-pay and currently isn’t covered by area insurance providers. The program may eventually expand to include other symptoms and specialty providers.

**Do Milwaukee Area Hospitals Perform too many Open-Heart Surgeries?**
The *Milwaukee Journal Sentinel* questions the relationship between volume of complex surgeries, the skill and knowledge of a hospital’s staff, and the outcomes in the Milwaukee region. Twelve hospitals in the Milwaukee area perform open-heart surgery, though the vast majority are performed by Aurora St. Luke’s Medical Center. Generally, the risk to patients seems to rise when hospitals do fewer than 100 open-heart surgeries a year. Seven hospitals in the Milwaukee area fall short of that threshold. Yet several of the hospitals with the lowest patient volumes are staffed by the same surgeons as higher volume hospitals.

**Pending Legislation**
- SB 7 and AB 3: *Exclusion of Veterinarians from Prescription Drug Monitoring Program*
- SB 38 and AB 53: *MA for Adults Not Currently Eligible for Medicaid/BadgerCare Plus*
- SB 131 and AB 109: *Relating to Fees for Dental Services*
- SB 137 and AB 139: *The Duty of Physicians to Inform Patients of Treatment Options*

**RESEARCH AND PROGRAM TOOLS**

- **2013 County Health Rankings**
- **hospitalinspections.org** from the Common Wealth Fund
- New and Updated Resources from **Kaiser Health News**
- New and Updated Resources from **Healthcare.gov**
- New and Updated Resources from **HHS**
- New and Updated Resources from **AMA**
- Wisconsin Toolbox:
  - **Kids Count Data Center**
    The Kids Count Data Center includes information on child well-being at the local, state, and national level. The site includes indicators in the areas of demographics, education, economic well-being, family and community, health, and safety and risky behaviors.
  - **Connections to Community Living**
    Connections to Community Living is a Department of Health Services (DHS), Division of Long Term Care initiative to help support choice to live in the community for individuals living in institutional settings. DHS’s main goal is making community living a success by integrating long-term services and supports with health care and housing while building on the promise of equality and full participation for all.
Health Reform: New Data
- How Will Health Reform Impact Rural Communities?
- Determining Eligibility for Insurance Affordability Programs
- Evaluating the impact of premium requirements and participant cost-sharing
- Studying Expansion of Coverage and Access to Care in Three States
- What Was the Impact of States Expanding Eligibility to CHIP?
- Can Expanding Dependent Coverage to Young Adults Reduce the Number of Uninsured?

EVENTS AND ANNOUNCEMENTS

- WHA Advocacy Day, April 23, Madison
- What's Next for the Affordable Care Act? The View from Researchers, Regulators, and Providers, April 25, Madison
- Emergency Medical Services Leadership Academy, (Level 1) May 2-3, Warrens; (Level 2) May 4-5, Warrens and July 18-19, Camp Douglas; (Level 3) August 15-16, Warrens
- Wisconsin Women’s Health Spring Gala, May 4, Madison
- WI ORH “Hospital Best Practice Events,” May 8, Black River Falls; May 21, Sauk City
- Providing Health Care to Small Cities and Rural Areas, May 17-18, Stevens Point
- WPHA/WALHDAB 2013 Annual Conference, May 21-23, Wisconsin Dells
- Forward! Transforming Health IT in Wisconsin, May 29, Madison
- Death, Grief and Bereavement Conference: Children and Death, June 3-5, LaCrosse
- Threat and Risk Assessment, June 6-7, Kenosha
- Cultivating a Diverse Nursing Workforce, June 10, Wisconsin Dells
- Digital Healthcare Conference, June 11-12, Madison
- Health Careers Summer Camps, June 9-13 Ladysmith/Rice Lake; June 16-20th, LaCrosse; June 23-27, Oshkosh, Madison, and Wausau/Marshfield/Stevens Point; July 7-11, Sheboygan;
- Native Students Health Careers Camp, July 7-11, Cashton
- Preparing for the Federal Health Insurance Marketplace, June 13-14, Wausau

READING ROOM

U.S. Infant Mortality Declines; Racial Disparity Narrows
The Centers for Disease Control and Prevention (CDC) released new data showing that following a plateau from 2000 through 2005, the U.S. infant mortality rate declined 12 percent from 2005 through 2011. Perhaps most encouraging is that the infant mortality rate declined the most (16 percent) for non-Hispanic black women. This may be an indication that deliberate efforts to promote health equity are beginning to create progress in reducing the disparities between whites and blacks.
**Patient Activation Linked to Better Health Outcomes, Lower Costs**
New research by Hibbard and colleagues reported in Health Affairs bolsters the case for patient engagement as an important component of reform health care. Patient activation—the skills and confidence that equip patients to become actively engaged in their health care—can contribute to improved outcomes. A related study also reports that patients’ ability and willingness to manage their health will be integral to health care providers’ ability to improve outcomes and lower costs.

**Death Rates Rise at Geographically Isolated Hospitals**
Almost 25% of all hospitals in the U.S. qualify as critical access hospitals and nearly all are located in rural areas. Medicare pays them more and they are exempt from some efficiency measures, and they are not required to report patient outcomes. However, a new study finds that these critical access hospitals' mortality rates are increasing while decreasing at other types of hospitals. The study questions whether the leniency and lack of evaluation of patient outcomes contribute to these observed outcomes.

**Hospitals Profit from Surgical Errors**
A new study published in JAMA, reports that hospitals make money from surgical errors, as insurers then pay for the longer stays and needed follow-up care that could have been prevented. The New York Times reports that “changing the payment system, to stop rewarding poor care, may help to bring down surgical complication rates, the researchers say. If the system does not change, hospitals have little incentive to improve: in fact, some will wind up losing money if they take better care of patients.”

**IOM Report Critical of Geographic Payment Adjustment in Medicare**
IOM Committee on Geographic Variation in Health Care Spending and Promotion of High-Value Care released its interim report analyzing Medicare payment polices that might encourage high-value care, including adoption of a geographically-based value index, that would modify provider payments based on composite measures of cost and quality of geographic-area performance. The report offers no recommendations, but does not support the approach to reduce payments in high cost regions, noting substantial variation within regions and that “a geographic value index does not target an appropriate level of clinical decision making to trigger behavioral change at the patient-provider level.”

**Federal Funds Provided to 33 States to Assist in Exchange Enrollment**
Enrollment in the new online health insurance exchanges begins October 1, and 33 states have recently received federal funds, totally $54 million, to help community groups sign people up for insurance. These funds were provided to states that are at least partially relying on assistance from the federal government to help run their marketplaces – states running their own marketplaces are receiving other funds to assist them in this process. Details on exchange implementation grants are available here.
Out-of-Pocket Health Care Costs may Remain High for Another Year
Ten consumer groups recently wrote a letter to federal health officials to express their concern over the Obama administration’s recent decision to delay the enforcement of a section of the health care law which would require insurers and employers to cap out-of-pocket expenses for individuals to $6,250. The consumer groups assert that this delay in the law to limit out-of-pocket expenses will disproportionately hurt individuals with chronic diseases and disabilities.

Estimates of the Low-Income Uninsured Not Eligible for the ACA Medicaid Expansion
Many American’s will receive expanded access to affordable health insurance through the Affordable Care Act (ACA), but many will be excluded from new Medicaid expansion because of their immigration status. The Robert Wood Johnson Foundation recently released a brief that provides state-specific estimates of the number of uninsured, low-income adults who will likely be excluded from the ACA Medicaid expansion due to their immigration status.

Walgreens: Take Care Clinics Diagnose and Treat Chronic Conditions
Chronic conditions like asthma, diabetes and hypertension will now be diagnosed and treated at Walgreens Take Care Clinics, making Walgreens the first retail chain store to provide this type of chronic care coverage. Other retail chain stores (like Walmart, CVS and Target) offer similar services, but only after patients have been previously diagnosed elsewhere. Primary care at these clinics will be provided by nurse practitioners and physicians assistants. The American Academy of Family Physicians are worried that patient care will suffer from lack of continuity of care.

Number of Early Childhood Vaccines Not Linked To Autism
The Centers for Disease Control and Prevention (CDC) recently released a study finding no connection between the number of vaccines a child received and his or her risk of autism spectrum disorder. They also reported that despite the fact that children are receiving more vaccines today than in the past, vaccines today contain many fewer of the substances that provoke an immune response.

Study Finds Most Children’s Meals at Large Restaurant Chains are Still Unhealthy
The National Restaurant Association program, Kids LiveWell, set standards for the nutritional quality of children’s meals, and a recent study found that 91% of the nation’s largest chain restaurants do not meet these standards, while nearly all (97%) failed to meet the Center for Science in the Public Interest’s even higher standards. Significant improvements were expected to be found since a similar study in 2008 found that 99% of children’s meals didn’t meet the nutritional standards and restaurants have been marketing healthier options.