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- **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 129**: Inadmissibility of Apology/Condolence by a Health Care Provider
• **SB 137**: The Duty of Physicians to Inform Patients of Treatment Options

**Passed Legislation**

• **AB 120**: Inadmissibility of Apology/Condolence by a Health Care Provider
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**EVENTS AND ANNOUNCEMENTS**

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• Threat and Risk Assessment
• Cultivating a Diverse Nursing Workforce
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• Coding/Quality Measures/Internal Chart Review Processes
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• Fail Safe Strategies for Achieving “Always” Patient Satisfaction

**READING ROOM**

Study on Medicaid’s Health Effects Yields Mixed Findings
STATE NEWS

Medicaid, BadgerCare, & State Budget
Governor Walker’s Medicaid Changes: Increase Cost to State Estimated
Wisconsin’s nonpartisan Legislative Fiscal Bureau released new estimates that show that Governor Walker’s proposed plans for changes in Medicaid and BadgerCare will cost an additional $52 Million beyond previous estimates. The Medicaid budget’s cost-to-continue has also increased by $21.5 million, such that the program will need a total of $71 Million more over the next biennium. The Milwaukee Journal Sentinel reports how this has added to the debate about the Governor’s plans to reject a federally-supported expansion of Medicaid.

The Fiscal Bureau memo did report that the cost to continue SeniorCare would be $4.4 million less than previously estimated. As well, DHS had attained federal Medicaid matching funds for providing school-based health services, allowing it to transfer an additional $68.4 million to the general fund.

Unlikely Partners Call for Changes in Governor’s Medicaid Plans
A broad range of groups, including health care provider, industry, advocacy, and civic organizations, are expressing concern regarding Governor Walker’s plans to transition of people now on Medicaid to the exchanges and how to do this without these individuals losing insurance coverage during the transition. The Wisconsin Hospital Association board has voiced these concerns, and is currently working with other stakeholders to advocate for a slow-down of these transitions until the exchanges have demonstrated effective operation such that the change in Medicaid/BadgerCare eligibility will not result in a large drop-off of coverage. Senator Roberta Darling has loaned voice for such concerns.

- Statement by Health Care, Business Leaders
- WI Council on Children and Families, Summary of Concerns
- Save BadgerCare Coalition statement

Worker’s Compensation Negotiations Has New Voice with WEEWC
A new group, called “Wisconsin Employers for Equitable Workers’ Compensation,” or WEEWC, has been formed by Wisconsin business owners to submit proposals for consideration by the
Worker’s Compensation Advisory Council of Wisconsin. WEEWC supports the implementation of a fee schedule for medical procedures, prescriptions and implants as part of their cost-cutting measures, but according to Wisconsin Health News, Wisconsin health care groups, such as the Wisconsin Hospital Association which formed a work group on the topic, and the Wisconsin Medical Society, are not happy with the proposed fee schedule.

**Medicaid Primary Care Pay Increases Require Physician Attestation**
The Affordable Care Act (ACA) has provisions under which primary care physicians who treat Medicaid patients will receive pay increases, which in Wisconsin, is approximately 78% according to a survey conducted by the Kaiser Family Foundation Commission on Medicaid and the Uninsured. The pay increase is temporary, January 1 2013 – Dec. 31, 2014, and applies only to certain services. Eligible physicians must complete an attestation form on the ForwardHealth web portal in order to receive pay increases for providing primary care to Medicaid patients.

**Report: Budget Includes Possible Medicaid Cuts for Children in the Future**
The Wisconsin Council on Children and Families (WCCF) reports that the governor’s pending 2013-2015 budget includes proposed state Medicaid cuts that would cause 29,000 children to lose Medicaid coverage. This proposal was dropped last year during negotiations with federal officials. The state asserts that it doesn’t plan on making the possible changes but the changes could potentially be written into the statutes for implementation later (2019) on once federal healthcare reform allows it.

**Healthcare Worker Unions Advocate for Healthcare Bills**
Healthcare workers from AFSCME Council 24, SEIU Healthcare Wisconsin, and the Wisconsin Federation of Nurse and Health Professionals converged on the capital to advocate for legislation they assert would improve the quality of care for patients in nursing homes, hospitals and other healthcare facilities. The healthcare workers are asking legislators to do the following: ban mandatory overtime practices, restore collective bargaining rights for UW Hospital employees, create specific nurse-to-patient staffing ratios, require health care facilities to establish safe patient handling and movement programs, and demand that institutions develop violence prevention and anti-bullying programs.

**Smoking Surcharge, High Deductible Health Plans, Other Provisions Pass Budget Committee**
The Legislature’s budget-writing Committee has approved several health-related items as part of its review of the biennial budget bill under consideration. The bill, once complete by this committee, next goes through the full legislature and on for the Governor’s signature before becoming law.

- Impose a $50 a month surcharge on health insurance premiums of state employees who smoke.
- Provide state employees the option of a high deductible health plan and provide state contributions to each employee’s Health Savings Account. Require the Group Health Insurance Board to complete an actuarial analysis of its impact on overall state health insurance costs.
• Require adults to get a job or conduct some type of training for at least 20 hours a week in order to receive FoodShare benefits. Fiscal Bureau analysis here.
• Direct the Department of Employee Trust Funds and the Office of State Employment Relations to study the feasibility of dropping state employee health insurance coverage for spouses or domestic partners who have health insurance through their employer.
• Restrict the collective bargaining ability of police, firefighters, and emergency medical service, allowing them to collectively bargain over their health insurance premiums but not other benefits.

Health Reform, Innovations & Incentives

ACA: 33,000 Wisconsin Addicts Will Receive Insurance
When the federal health reform law takes effect on January 1, 2014, around 33,000 Wisconsin residents with drug and alcohol additions will become eligible for insurance. Some healthcare professionals worry that due to persistent staff and bed shortages currently, the increase in patients will cause the system to become overwhelmed resulting in patients not receiving the care they need. Treatment centers are reluctant to add staff because they don’t know how much insurance will reimburse them for treatment.

Businesses Prepare for Health Reform Exchange
As employers and health insurance programs prepare to join the health insurance exchange, many still have questions about which plans to participate in and how much the coverage will cost. Insurance companies needed to apply by May 10th to be on Wisconsin’s exchange and area insurers dealt with this differently. Details of costs and coverage aren’t expected to be released until summer with final approval in September.

HIRSP Closure Plan Approved; Federal Program Sustained to Year End
The Wisconsin State Legislature’s Joint Committee on Finance (JCF) voted to adopt a plan that would transition participants in the state’s high-risk insurance pool to the federal PPACA-created health insurance exchanges by January 1, 2014. HIRSP in March 2013 provided health insurance to 22,333 Wisconsin residents who either are unable to find adequate health insurance coverage in the private market due to their medical conditions or who have lost their employer-sponsored group health insurance.

With regard to the HIRSP-run federal high risk insurance pool, the U.S. HHS informed Wisconsin and other states that administer their own Pre-Existing Condition Insurance Plans that it was capping reimbursement for the rest of the year leaving states to cover any remaining expenses. However, the federal government has agreed to a HIRSP proposal to provide it the full $15.3 million to cover claims costs and commercial reinsurance premiums from June through December 2013. Wisconsin will be one of 10 states that will run its own federal high-risk pool through the end of the year. HIRSP’s federal plan has 2,320 members, as of March 31.

WI Hospital Prices Vary Widely, Similar to US Trend
A recent report from the Centers for Medicare and Medicaid (CMS) reports wide variation in prices of hospital care across the country. Wisconsin’s hospitals show a similar trend of wide
variation in prices charged, even within local communities. Skeptics criticize the utility of the data for consumer decision-making, pointing out that, because of negotiated discounts to commercial payers and fee schedules by government payers, the hospital list prices have no relationship actually payments.

**Enrollment Navigators: State Regulation Approved**
The Legislature’s budget writing committee has approved requirements proposed by Wisconsin’s Office of the Commissioner of Insurance to license and register the Navigators and others assisters who are working to enroll people into health insurance coverage through the federal health insurance Marketplace/Exchange. The language sets strict criteria about who may assist in enrollment and, beyond federal training, requires state training, licensure, fingerprinting, bonding, and fees. It is not yet clear if these state restrictions will be consistent with pending federal regulations pertaining to Navigators. In Wisconsin, as elsewhere, the Navigator program has generated significant controversy, and Wisconsin’s regulations mirror those being promoted elsewhere by critics of the program.

**Wisconsin CHCs to Receive $1.7 Million for Exchange Enrollment Assistance**
Wisconsin community health centers will be receiving $1.7 million to assist them in enrolling people into the state health insurance exchange. The $1.7 million that Wisconsin is receiving is part of the $150 million given to states by the federal government to assist in exchange enrollment. The amount of funding Wisconsin and all states received was based on the number of uninsured in the state and the number of community health centers. This amount will add to the $829,329 in federal support Wisconsin is slated to receive for ACA Navigators.

**Insurance Commissioner’s Office Releases Health Reform FAQs**
Wisconsin’s Office of the Commissioner of Insurance has been updating its webpage pertaining to the implementation of the Affordable Care Act, and has posted documents with “Frequently Asked Questions” and its answers pertaining to the Affordable Care Act. The documents provide the Walker Administration’s perspective on how health reform will affect consumers, insurers, employers and insurance agents.

**Business Heath Care Group Celebrates 10-Year Decline in Relative Cost Trend**
The Milwaukee Business Health Care Group (BHCG) is marking its 10th anniversary by noting what it cites as dramatic improvement in southeast Wisconsin’s health care cost position relative to the Midwest average – from 39 percent above the average costs in the Midwest in 2003 to only seven percent above the Midwest average. The Group attributes this positive trend to the implementation of successful strategies and collaborative activities with other health care stakeholders in the region.

**Workforce/Health Professions/Training & Education**
**WI College of Osteopathic Medicine School (WCOM) Moves Forward**
A plan five years in the making, the proposed school of osteopathic medicine in Wisconsin continues to move forward. A site for the school has been has been chosen in Jefferson, WI, at the campus of the former site of St. Coletta of Wisconsin. WCOM plans to build new facilities as
well as renovate some already existing structures. WCOM is currently working on creating partnerships with hospitals in Wisconsin as well as looking for donations and grants from government entities, foundations and private sources.

MCW Launches Public Health Training Program
The Health Resources and Services Administration has awarded the Medical College of Wisconsin (MCW) with a one year $8,000 award to help fund a new Public Health Traineeship program. The program’s aim is to help MCW develop students who are able to help address the coming shortages of public health professionals in the Wisconsin workforce as well as supporting doctoral candidates completing their dissertation research.

WI Medical School Output Grows Along with National Increases
The University Of Wisconsin School Of Medicine and Public Health (UWSMPH) and the Medical College of Wisconsin (MCW) have increased their enrollments recently to address projected physician shortages. UWSMPH increased its class size to 175 a few years ago and also takes 25 students a year to help with shortages in rural areas. MCW continues to move forward with its plan to add campuses in Green Bay and central Wisconsin with classes of 15 at each campus, eventually increasing to 25 each. Meanwhile, the Wisconsin College of Osteopathic Medicine (WCOM) plans to open a school in Jefferson, WI. Questions continue to linger about the availability of Wisconsin-based post-graduate residency training positions for these medical school graduates.

Health Care Workers Hope to End to Mandatory Overtime
Healthcare workers in Wisconsin are hoping to change the current mandatory overtime practices in the state. Mandatory overtime varies by institution, but is a common practice. Mandatory overtime raises concerns for quality of care because overtired healthcare workers have been equated to someone who is intoxicated. Mandatory overtime also interferes with quality of life of healthcare workers. Healthcare workers rallied at the state capitol recently in support of legislative measures their unions claim will improve patient care workplace safety.

WMS Urges Support of Tuition Assistance Program
The Tuition Assistance Program, an initiative designed to help increase the number of primary care physicians in current and future shortage areas in the state, is receiving support from the Wisconsin Medical Society (WMS) and other health care organizations. WMS is encouraging the Joint Committee on Finance to support the program which would provide service-based tuition assistance to primary care physicians who practice in medically underserved areas of Wisconsin and would be administered by the Wisconsin Higher Educational Aids Board (HEAB).

WDA Foundation Awards Dental and Hygiene Scholarships
Ten Wisconsin dental and hygiene students have received scholarships to help with their higher-education costs. Additionally, four state residents entering their 4th year at Marquette University School of Dentistry and five students at Wisconsin technical college dental hygiene program will each receive a scholarship.
EMS Training Program Helps Paramedics Learn to Treat Elderly
A grant from the UW School of Medicine and Public Health (UWSMPH) provided funds to EMS instructors from Northeast Wisconsin Technical College (NWTC) to teach the pilot training program that helps paramedics’ better care for elderly patients. The test run was conducted in Shawano Co. because of its large population of elderly which constitutes 2/3 of all Shawano Ambulance Service use in the county. Paramedics are benefiting from training that is teaching them to look a little harder for potential risk factors that they might see when treating elderly patients in their own homes, risk factors that doctors are not able to see.

Wisconsin Ambulance Safety Inspection Program Scrutinized
Some critics of the current Wisconsin ambulance safety inspection program have raised concerns about how the inspections are conducted. Currently, one inspector travels the state, checking every ambulance, whether run by a municipal fire department or private company, every other year. Journalists from Patch and WISN 12 News inspected ambulance inspection reports from 2011 and 2012 and found that for the most part, there were no problems with vehicles.

Informed Consent Bill Debated, Progressing in Legislature
A proposed bill AB139 advancing in the Legislature would provide physicians with more protection from liability and have courts use a different standard to determine whether a doctor adequately advised a patient about alternative treatment options. The Milwaukee Journal Sentinel examines the debate and the history behind legislation that would change the standard for what information a patient must be told to what a reasonable physician would tell a patient.

Public Health
Legislature Votes to Prohibit Local Bans, Limits on Sugary Drinks
The State Legislature’s budget writing committee has inserted a provision that would prohibit local communities from banning or limiting the sale of large, sugary beverages. The provision, as part of the state budget bill, still needs to be approved by the full legislature and Gov. Scott Walker before the prohibition could become law.

Obesity and the Sleep Apnea Epidemic
Both weight and age are linked to sleep apnea which is a disorder that has drastically increased in the past 20 years. More men than women have it, and researchers assert that 10% of men between 30-49 stop breathing for anywhere from 10 seconds to a minute – this figure is 50% higher than 20 years ago. Researchers have found that increases in obesity correspond with increases in obstructive apnea which is caused by fat tissue causing the upper airway to close or get smaller.

Study Looks at Farm Life and Children’s Immune Systems
A study funded by the National Institute of Allergy and Infectious Diseases (NIAID) is helping researchers at the Univ. of Wisconsin School of Medicine and Public Health and Marshfield
Clinic learn more about how exposure to farm animals and farm-related microbes early in life affect healthy immune system development and resistance to viral respiratory illnesses in infants. Understanding the issues involved in early exposure will help researchers understand viral respiratory illness in children better, which are huge risk factors for developing childhood asthma which affects over seven million children nationwide. Author Michael Pollan, writing in *The New York Times Magazine*, recently **explored this issue in-depth** as it pertains to obesity and other health challenges.

**23 Tons of Unwanted/Unused Drugs Collected**
In April, the state ran a **take back drive** to help residents properly dispose of unwanted/unused drugs. The drive collected 23 tons of unwanted/unused prescription medications at 180 take back sites across the state. The collection of such drugs prevents improper disposal which can cause environmental contamination as well as possible drug abuse.

**Lyme Disease Awareness**
Tickborne diseases have been increasing in Wisconsin in the past 10 years, according to the Dept. of Health Services (DHS). The average confirmed and probable cases of Lyme disease in Wisconsin between 2008-2011 was six times higher than during 1997-1999. DHS urges residents to take precautions to prevent tick bites and to remove ticks promptly. Meanwhile, state health officials are watching the **shortage of a Lyme disease drug, Doxycycline**. There haven’t been any shortages reported yet in Wisconsin but high demand for the drug in larger cities could cause isolated issues.

**Wisconsin Hospitals’ Infection Rates Far Lower than National Levels**
According to the Division of Public Health’s (DPH) annual Healthcare-Associated Infections (HAI) Prevention Program report, Wisconsin hospitals have significantly reduced some of the most serious infection levels and have much lower rates than the national standard. Central line-associated infections were 56% lower than the national level and 21% lower than in 2011 while in neo-natal intensive care units was 36% lower than the national level and 10% lower than in 2011; Catheter associated urinary tract infection rates (CAUTI) as well as methicillin-resistant staphylococcus aureus (MRSA) rates were lower.

**$891,207 Granted for Breast Cancer Screening, Education and Access to Treatment**
Eight Wisconsin community programs received funding from Susan G. Komen of Southeast Wisconsin. The funding will provide breast health screening, education and access to treatment. Recently, *The New York Times Magazine* **explored the effectiveness** of the Komen Foundation and other breast cancer prevention initiatives.

**20 Dental Health Programs Receive Funds from WDA Foundation**
The **Wisconsin Dental Association** (WDA) has granted 20 dental health programs in the state with funds to assist low-income residents in receiving oral health care and other dentistry services. In the past decade, the over $600,000 has been awarded from WDA Foundation in oral health program grants and scholarships to dental and dental hygiene students across the state.
Fisherman over Age 50 Encouraged to Participate in Survey

Sport-caught fish are most often consumed by older men, according to the WI Department of Health Services (DHS), and this can cause this demographic to have higher levels of mercury and other contaminants commonly found in fish. DHS is working in conjunction with the Dept. of Natural Resources (DNR) to request that fishermen over the age of 50 participate in an online survey requesting information about where they fish, what fish they consume and where they get information on safe fish consumption.

School Gardens Funded by WMS Foundation & Partners Grow

Wisconsin Medical Society Foundation and its partners provided funds in 2011 for twelve schools across the state to establish or expand sustainable school gardens. The program was able to provide materials and supplies to establish and expand gardens, implement year round curricula that incorporates gardening, and parents, community members and organization were able to become engaged in activities in the gardens. Reports show that students enjoyed the experiences they had growing and consuming the foods grown in the gardens, and sharing extra produce with the local community.

Screening for and Identifying Hearing Loss in Infants

Hearing significantly affects children’s ability to learn and develop and early detection of hearing-related issues can help both parents and children adapt and succeed. Children’s hearing loss can be attributed to many factors, including genetics, prematurity, low birth weight, maternal infections and lack of oxygen at birth. Wisconsin provides resources for babies born in hospitals and those born at home through midwives and outreach in the Amish and Mennonite communities. More information on infant hearing screening can be found here.

Clinics, Hospitals and Health Plans

Wisconsin Integrated Health Systems Attract National Recognition

Becker’s Hospital Review has named Aurora Health Care, Gundersen Health System, Mercy Health System, and Wheaton Franciscan Healthcare among “100 Integrated Health Systems to Know” nationally. The health systems were selected based on rankings by health care analytics company IMS Health, as well as health systems' financial, clinical and operational strength.

Three of Four Madison Health Plans Report First Quarter Losses

The Wisconsin State Journal reports that, according to figures filed with the National Association of Insurance Commissioners, Physicians Plus Insurance Corp. lost $7.9 million the first quarter of 2013, while Dean Health Plan lost $1.9 million and Group Health Cooperative of South Central Wisconsin lost money $1.3 million. Unity Health Plans made $446,000.

Aurora & United: Burlington Hospital on Hold

Aurora Health Care must give the city of Burlington its long-term plans before Untied Hospital System will decide whether or not to build a hospital there. The decision should be made in early June which is when Burlington expects to receive Aurora’s long-term plans.
**Wisconsin Hospitals Reduce Central-Line Infections**
Wisconsin hospitals have significantly lowered the rate of infections from central lines used to deliver fluids, medication and blood to patients. Infections in intensive care units from tubes placed in a large vein in a patient's neck, chest or arm were 21% lower in 2012 than in 2011 and 56% lower than a national baseline established in 2008. This progress, reported by the Wisconsin Division of Public Health, results from initiatives since 2009 by the Wisconsin Hospital Association and individual hospitals.

**Wisconsin Hospitals Reducing Energy Consumption, Costs**
The Gundersen Medical Center recently fired up its new wood chip boiler, which burns chips from the local area. It is expected to save the Gundersen System $500,000/year and, in turn, help control health care costs. The boiler makes up almost 40% of Gunderson’s goal of 100% energy independence by next year. As well, the American Hospital Association has recognized three Wisconsin hospitals for reducing their energy consumption by more than 10 percent during a 12-month period. Froedtert Hospital reduced energy use by 20%, while Aurora Sheboygan Memorial Medical Center and Aurora St. Luke's Medical Center each reduced energy consumption by 15%.

**Deaconess Home Health Care Shut Down**
The Dept. of Health Services stopped payment on April 18th to Deaconess Home Health care while it was under investigation for possible fraud. Managed care organizations have also suspended payments. Deaconess has since shut down and has not paid its workers, leaving its 2,400 patients in southeastern Wisconsin without home care. Deaconess hopes that the state will work with it to make transitions for its patients.

**Bellin, Aspirus: Not Part of Quality Health Solutions ACO**
Bellin Health Systems of Green Bay and Aspirus of Wausau will not be part of the largest accountable care organization (ACO), Quality Health Solutions, in Wisconsin as originally planned. The remaining participating health care systems are Columbia St. Mary’s, Milwaukee; Froedtert Health, Wauwatosa; Wheaton Franciscan Healthcare, Glendale; the Medical College of Wisconsin, Wauwatosa; Agnesian Healthcare, Fond du Lac; and Centegra Health System, McHenry, Ill.

**North Woods & The Lakes Clinics Merge**
Four communities in northern Wisconsin (Iron River, Ashland, Hayward and Minong) will have expanded health care services due to a merger of local health center. The Lakes Community Health Center (Iron River and Ashland) and North Wood Community Health Center (Hayward and Minong) merged on May 1 and are now called NorthLakes Community Clinic. Joining resources allows for added capacity such as the addition of full patient pharmacies in Iron River and Minong which wouldn’t have been possible without the merger.

**Green Bay Hospital: Fire Department To Visit Patients At Home**
The Green Bay Hospital is teaming up with the local fire department in a first-of-its-kind program in Wisconsin they’re calling “hook and ladder.” The program asks patients dealing with
congestive heart failure, recovering from heart surgery or heart attack if they would like a follow-up visit from the fire department when they are discharged. The hospital is hoping that such check-ins will reduce the number of readmission that often occur with such patients, thereby reducing the hospitals costs and increasing patient health.

**Stoughton Hospital Honored for Patient Satisfaction**
Stoughton Hospital is one of 58 critical access hospitals in Wisconsin, and one of 1,328 in the country. According to the [National Rural Health Association](https://www.nationalruralhealth.org), it was ranked in the 20 highest critical access hospitals in the country for patient satisfaction.

**St. Clare’s Hospital of Weston Leads in Medicare Value Score**
St. Clare's Hospital of Weston ranks as the state's acute care hospital in Medicare's Value Based Purchasing Program. The U.S. Centers for Medicare and Medicaid Services scores hospitals based on 70% clinical care and 30% on patient experience. Medicare payments can increase or decrease up to 1% based on the scores. Payment reductions will be levied on 24 of Wisconsin’s 64 qualifying Wisconsin hospitals.

**Planned Parenthood closes Chippewa Falls Health Center**
Planned Parenthood of Wisconsin closed its health center in Chippewa Falls that has operated for 28 years. This is one of four clinics that Planned Parenthood plans to close this year as a result of losing $1 million last session in state funding from the family planning program. The other clinics slated for closure are in Shawano, Beaver Dam, and Johnson Creek.

**Pending Legislation**
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- **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 129**: Inadmissibility of Apology/Condolence by a Health Care Provider
- **SB 137**: The Duty of Physicians to Inform Patients of Treatment Options

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- **AB 120**: Inadmissibility of Apology/Condolence by a Health Care Provider
- **AB 139**: The Duty of Physicians to Inform Patients of Treatment Options
- **AB 110**: A pilot program to limit foods under FoodShare

**RESEARCH AND PROGRAM TOOLS**
- [Federal Health Reform Updates](https://federalhealthreformupdates.org)
- [Health Reform Updates from Kaiser Health News](https://khn.org)
- [Health Reform Updates from the National Academy for State Health Policy](https://www.nashp.org)
- [HHS Interactive Screening Chart for Women](https://www.cdc.gov/ncbddd/hscreening/index.html)
- [Infographic: How Other Nations Manage Drug Costs](https://www.thinkprogress.org)
Toolkit on Hospital Readmissions
CMS-Released Hospital Data on Variations in Charges and Quality
Interactive outreach maps of the uninsured by PUMA/county
State-by State Poverty Among Seniors, with Supplemental Poverty Measure
Medicare-Medicaid Coordination for Dual Eligibles: What’s it All About?
Wisconsin Toolbox:
  o WCHQ: Updated Performance Measures & New Clinic-Level Reporting
    The Wisconsin Collaborative for Healthcare Quality (WCHQ) has updated the performance results for its chronic and preventive care measures, while also debuting new reports at the clinic level.
  o 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.
  o Connections to Community Living
    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.

EVENTS AND ANNOUNCEMENTS

- Forward! Transforming Health IT in Wisconsin, May 29, Madison, WI
- Legal Aspects of Creating and Defending Medical Records, May 31, Sauk City, WI
- BuildHealth3 Hackathon, June 1-2, Milwaukee
- Death, Grief and Bereavement Conference: Children and Death, June 3-5, LaCrosse, WI
- Build Your Community Coalition, June 4th, Johnson Creek, WI
- The Health Care Reform Act: What Lies Ahead, June 4th, Green Bay, WI; June 6th, Sheboygan, WI; June 13th, Oshkosh, WI; June 18th, Appleton, WI; June 19th, Milwaukee, WI; June 20th, Fond du Lac, WI; June 25th, Wausau, WI; June 27th, Manitowoc, WI.
- CMS Health Insurance Marketplace Training Schedule: On-Line webinars, June 5-July 25
- Threat and Risk Assessment, June 6-7, Kenosha, WI
- Cultivating a Diverse Nursing Workforce, June 10, Wisconsin Dells, WI
- Digital Healthcare Conference, June 11-12, Madison, WI
- Preparing for the Federal Health Insurance Marketplace: A View from Wisconsin, Wausau, June 13-14
- The Future of Medical Practice in the New World, June 14th, Webinar
- 2013 Wisconsin Rural Health Conference, June 26-18th, Wisconsin Dells, WI
- Coding/Quality Measures/Internal Chart Review Processes, June 28th, Webinar & Sauk City, WI
- Pediatric Assessment/Emergencies, July 10th, St. Croix Falls, WI
- Fail Safe Strategies for Achieving “Always” Patient Satisfaction, July 31st, Madison, WI
Study on Medicaid’s Health Effects Yields Mixed Findings
A study published in the New England Journal of Medicine reports mixed findings from the landmark Oregon Health Study, which uses a rigorous research design to study various effects of providing Medicaid coverage to adults. The study reports that the this coverage has not shown positive impacts on hypertension, cholesterol, and diabetes treatment. The Medicaid recipients did report much lower rates of depression and financial strain, and improved self-reported health. The study’s findings are being used by critics of the ACA’s Medicaid expansion and also cited by those who support the Medicaid expansion.

Hospitals Question Medicare Rules on Readmissions
The New York Times reports critics are challenging whether new federal policy, which penalizes hospitals that have high readmission rates, is unfair. Health policy experts and hospital executives say the penalties unfairly target hospitals that treat the sickest patients or the patients facing the greatest socioeconomic challenges. They say a hospital’s readmission rate is not a clear measure of the quality of care, and they question whether hospitals should focus on other ways to improve care.

Lower Spending Growth May be Due To Structural Health Changes
Two studies, both recently published in Health Affairs, assert that the slowdown in health care spending rates can likely be attributed to structural changes, not the slow economy, thus, will likely continue even after the economy picks up. While neither of the studies can pinpoint exactly what factors are responsible for the spending slowdown, they are carefully optimistic that the changes are permanent. One study looked at how job loss and insurance benefits related to health care spending, while the other study discovered that national health care spending (between 2003-2012) was 16% lower than predicted by government actuaries at CMS. These two studies differ a study last month and another just released.

CMS Hospital Price Data Shows Erratic Hospital Pricing
Health and Human Services (HHS) is working to provide information to consumers, businesses, and insurers to help them make educated decisions on where to receive care. It has released new data on hospital prices, and is providing states will $87 million to help create “pricing data centers.” Hospitals assert that such information does not take into account the severity of illness or the higher costs that some medical centers incur. Others expressed skepticism about the utility of the data because it does not reflect actual payments after negotiated discounts to insurers. Some consider this more evidence about the irrational pricing practices of hospitals.

Researchers Propose Combining Medicare Plans
Johns Hopkins and the Commonwealth Fund researchers propose a new structure for Medicare that they assert could save state and local governments, employers, and beneficiaries $180 billion over 10 years. They propose a combination of Medicare Part A (hospital care), Part B (physician visits) and Part D (prescription drugs) and supplemental coverage into one plan they are calling Medicare Essential.
The Decline in Emergency Care
Trauma centers and emergency departments (EDs) are closing across the county, though the rates of emergencies are not decreasing. Often, the geographic locations in which these trauma centers and EDs are closing in are where people are in most need of them. These needed facilities are not closing due to poor performance but due to cost: they often depend on public funds while they face pressures from HMOs to provide more profitable services. Vulnerable populations are being affected most by these closures because the least profitable of these centers generally treat uninsured, self-pay and Medicaid patients.

How Physician Weight Affects Patient Attitudes
A recently study in the International Journal of Obesity found that patients often look down upon physicians who are overweight or obese. The study found that patients find overweight/obese physicians to be less credible than “normal weight” doctors, and patients are less likely to follow their medical advice. The study also found that patients hold doctors to a higher standard, claiming that by being in a health profession, these individuals shouldn’t be struggling with their weight.

Is ADHD Actually Undertreated?
The issue of ADHD diagnosis is controversial: many critics of ADHD diagnosis assert that overdiagnosis raises the specter of medicalizing normal behaviors and relying too heavily on pills. ADHD, like many other well recognized medical conditions (like hypertension and type 2 diabetes) exist on a spectrum. The new DMS-V, coming out shortly, is expected to have fewer total symptoms of ADHD necessary for diagnosis.

Our Feel-Good War on Breast Cancer

Some of My Best Friends are Germs
Author Michael Pollan considers the role of microbes in the human digestive system, modern diets, the use of antibiotics in medicine and agriculture, and the possible relationship to human health and obesity.