An annotated compilation of selected Wisconsin health and health care news stories from
June 3 – August 11, 2015. Archived editions can be found here.

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STATE NEWS

Bienniel Budget Update

Healthcare Provisions in 2015-17 Biennial Budget
Governor Walker recently signed the state’s budget into law, making changes to a number of key health provisions in the process. The Wisconsin Health News comprised an extensive list of Governor Walker’s vetoes and modifications to health-related provisions. Among them, Walker vetoed proposed administrative changes to the Department of Employee Trust Fund’s Group Insurance Board. Vetoes to Family Care and IRIS program changes include: removing a provision limiting the number of long-term care regions. Walker also vetoed a number of provisions related to a proposed dental pilot program in
select counties, including removing specific valuations for provider reimbursement rates and lifting the requirement that DHS collaborate specifically with the Dental Association and submit quarterly evaluation reports. The Wisconsin Budget Project released articles breaking down key changes to the budget, including an updated overview of health care issues in the 2015-17 budget to reflect the changes, and an article examining health care issues in the budget that affect low-income households in Wisconsin.

Health Care Reform Implementation in Wisconsin

WI Among States With Highest Rate of Consumers Receiving ACA Subsidies
Over 90% of the 183,155 Wisconsin residents who enrolled in health care plans through Healthcare.gov as of March 31st received premium assistance to facilitate purchase of coverage. Wisconsin was the ninth-highest state in the country for consumers who received premium tax credits. Tax credit amounts in Wisconsin average $315 as of March 31, 2015, above the national average for all enrollees of $272. The most popular plan in the state is the Silver plan, attracting over 70 percent of enrollees.

WI ACA Enrollees Who Don’t File Taxes Risk Losing Subsidies
Wisconsin Public Radio reports that a Navigator group, Covering Kids and Families – Wisconsin, that helps people enroll for ACA health insurance through the federal marketplace, is reminding people to file tax returns for 2014 or risk losing subsidies next year. Earlier this summer, IRS officials sent a letter to Congress, updating lawmakers on this year’s tax filing season as it relates to the Affordable Care Act. Nationally, 40 percent of those getting federal help paying for premiums haven’t provided enough information to the government to get subsidies in the future. Even if a person doesn’t owe anything, they still have to verify their income so subsidy amounts are correct.

Supreme Court Ruling Preserves Subsidies for 166,000 Wisconsinites
The Supreme Court recently ruled in King v. Burwell to uphold tax credits that allow an estimated 166,000 low-income Wisconsinites to purchase health insurance coverage through the Federal Marketplace. Governor Walker expressed his displeasure with the ruling, urging Congressional Republicans to “redouble their efforts to repeal and replace this destructive and costly law.” The Wisconsin Council on Children and Families estimated that up to 183,000 Wisconsinites could have been affected if the Supreme Court had voted to revoke subsidies, and a Kaiser state-by-state analysis reported that ACA premiums in Wisconsin could have risen by 252% if the challenge had been upheld.

Wisconsin Marketplace Enrollment as Share of Potential Enrollees Mirrors National Average
A new analysis by the Kaiser Health News of Wisconsin’s ACA enrollment as a share of the population eligible to enroll found Wisconsin’s rate in line with the national average across all states. As of March 31st, 38 percent of potential enrollees were enrolled in the federally-facilitated marketplace (183,155 out of an estimated 478,000). The national average is 36 percent. A nationwide map of the percentage of potential enrollees who signed up for coverage in 2015 is available, and searchable by zip code. An interactive map of county-level marketplace enrollment estimates in Wisconsin is available here.

Report: Wisconsin’s Uninsured Rate Declines 19-38%, With Large Geographic Variation
Wisconsin’s uninsured rate fell as much as 38% since 2013, but up to 81% of those uninsured in 2013 remain uninsured as of June 2015, according to a preliminary estimates released by the University of Wisconsin Population Health Institute. The report provides a range of estimates based on assumptions regarding the previous insurance status of new enrollees. The initial findings suggest that the state has
not yet met Governor Walker’s goal of reducing the number of uninsured in the state by 224,580, or about half. According to the report, BadgerCare has increased enrollment of childless adults eight-fold since 2013. The report also found that some counties experienced minimal change or even slight increases in uninsured rates since 2013 as a result of offsetting losses in BadgerCare coverage.

Interactive Maps Show Change in WI Uninsured by County and Zip Code, Pre-Post ACA
The University of Wisconsin Population Health Institute recently released interactive maps that depict how the ACA has impacted uninsured rates. The maps display the total ACA enrollment numbers in WI on a county and zip code level. Also included are estimates for the change in uninsured rates since the ACA was implemented, and the remaining number of uninsured in each county and zip code in the state. The maps act as a visual supplement to a report released recently with detailed data covering Wisconsin’s experience thus far with the ACA and changes to the BadgerCare program.

New Gallup Survey Shows WI Adult Uninsured Rate Decline from 11.7 to 5.6%
Gallup-Healthways Well-Being Index, based on Americans’ answers to the question, "Do you have health insurance coverage?" with daily surveys conducted from January through June 2015. Wisconsin uninsured rate for adults in this survey declined from 11.7% in 2013 to 5.6% in the first half of 2015. Seven states show uninsured rates at or below 5%: Minnesota, Iowa, Rhode Island, Massachusetts, Vermont, Connecticut and Hawaii.

Another Interactive Map Displays Enrollee Demographics by County
A new map, provided by Enroll America using data from U.S. DHHS, includes information on a number of health plan selections, consumers’ age, race/ethnicity, income, financial help received, metal level of plan selected, and new or renewal customer status. Clicking on a county within a state displays more information on the number and proportion of consumer who enrolled there.

And Another Interactive Graphics Break Down ACA Enrollment in Milwaukee-area Counties
A report by the Milwaukee Biz Journal provides interactive infographics of ACA enrollment numbers in Milwaukee-area counties. According to the report, of the seven counties studied, ACA enrollment ranged from 2.3% (Waukesha) to 4.9% (Walworth). The report also provides a breakdown of enrollees by age, race, and ethnicity across the southeastern Wisconsin counties. Among the counties studied, 55-64 year olds comprised the greatest number of enrollees, the majority of enrollees were white, and the largest group of ACA enrollees earn between 100-150% of the federal poverty level.

Journal-Sentinel: Walker Tallies $550 Million in Federal ACA Funds Unclaimed
Guy Boulton of the Milwaukee Journal Sentinel reviews Governor Walker’s alternative approach to the ACA’s Medicaid expansion, noting that Wisconsin now has passed up more than $550 million in federal money available under the Affordable Care Act. “Walker did expand Wisconsin's Medicaid program, and 145,000 people have gained coverage as a result. The governor just did it in a way that costs state taxpayers — though not federal taxpayers — more money.”

Medicaid/BadgerCare

New LFB Estimate: Rejecting BadgerCare Expansion Cost Wisconsin Over $360 Million
According to new figures released by the nonpartisan Legislative Fiscal Bureau, Wisconsin would see a net savings of $360.5 million in the 2015-17 biennial budget by accepting BadgerCare federal expansion
dollars. According to Citizen Action of Wisconsin, the decision creates an artificial budget deficit that has led to cuts to other public investments. Those opposed to expansion have expressed concern that federal funding won’t be sustained, leaving states to pick up the increased tab.

**Childless Adult Enrollment in Medicaid Declining**
The number of childless adults enrolled in Medicaid has been declining since a peak at the end of March. According to the Department of Health Services, 146,116 childless adults were enrolled in BadgerCare Plus as of July. This represents a decline of 3% since May, and a decline of over 14,000 adults since the end of March. Childless adult enrollment is still substantially higher than expected enrollment rates in this category in the first few months of the year. The growth in this enrollment has amplified calls from some advocates for the state to accept federal funds for Medicaid expansion as a way to mitigate cost pressures and the need for cuts elsewhere.

**Audit Details Problems with Medicaid Transportation**
A recent audit of the broker in charge of providing non-emergency medical transportation to Wisconsin’s Medicaid recipients found that the company was late or failed to arrive to thousands of scheduled trips over a one-year period. The audit, directed by the state Legislative Audit Bureau, found over 4,000 instances from August 2013 to June 2014 in which Medical Transportation Management (MTM) providers did not arrive for a scheduled appointment. More than 40% of the 5,000 passengers surveyed said they had missed or had to reschedule appointments due to the variability. The audit offers several recommendations including establishing standards for allowable number of no-shows and late arrivals per month, and weekly reporting of these figures to DHS.

**Workforce/Health Professionals/Training & Education**

**MCW-Green Bay Medical School Campus Welcomes Inaugural Class**
The inaugural class of the Medical College of Wisconsin’s new Green Bay campus began orientation in early July. The cohort consists of 26 medical students, 23 from Wisconsin, representing 18 different undergraduate institutions. A second regional campus located in Central Wisconsin is scheduled to open in July 2016. The two regional campuses are a response to the 2011 Wisconsin Hospital Association study indicating that the state needs to add 100 physicians each year to keep pace with demand. Others, however, assert that an increase in medical students will not solve the problem without an expansion in residency training positions: When states, like Wisconsin, don’t have enough residency positions for the medical students they train, they export those graduates they have paid to train.

**Psychiatrist Shortage Compounds Mental Health Care Problems**
The Milwaukee Journal Sentinel reports how the Wisconsin Department of Health Services has estimated that 49% of people with mental illness in Wisconsin did not receive treatment in 2011. Among children, 46% were not treated that year. The Kaiser Family Foundation has estimated that Wisconsin meets just 20% of all need for mental health care, putting Wisconsin behind every state except South Dakota. And the state suffers a shortage of psychiatrist on par with a national shortage.

**Compendium of Rural WI Issues Highlights Rural Health Professions Shortages**
Many counties in northern and western Wisconsin face shortages of key health professionals, according to a new report. The 2015 Rural Wisconsin Today report, compiled by the Wisconsin Rural Partners, provides a snapshot of economic, demographic, educational, and health issues in rural communities. Among the report’s findings, over half of Wisconsin counties face population-based shortages in dental
care and geographic shortages in mental health care. The report also identified primary care shortage areas, which were found disproportionately in northern WI.

**Walker Signs Bill Allowing Out-of-State Ambulance Companies to Provide Limited Services in WI**
Governor Walker recently signed into law a bill that will allow out-of-state ambulance providers to provide a maximum of ten patient transports per year in Wisconsin without requiring licensure in the state. The bill will ensure that residents who live near the state’s borders have access to the closest first responders. Opponents of the bill in the Assembly’s Health Committee argued instead for a reciprocity agreement between states, which would allow Wisconsin providers to share the benefit of working across state lines.

**Study: Half of UW Healthcare Workers Do Not Remove Protective Equipment Correctly**
Half of healthcare workers failed to properly remove personal protective equipment, according to a recent evaluation by University of Wisconsin researchers. The study, published in the *American Journal of Infection Control*, was headed by Dr. Nasia Safdar of the University of Wisconsin and involved observation of removal procedures in 30 UW Hospital health care workers. Researchers found that the majority of health care workers did not remove their protective equipment in the correct order, and many of those who did failed to properly dispose of the contaminated equipment.

**Wisconsin Enacts Measure Allowing Broader Use of Epinephrine Auto-injectors**
A new bill will expand the use of epinephrine auto-injectors beyond schools and doctor’s offices to summer camps, colleges, daycare facilities, and other businesses. The injectors, which deliver a potent shot of adrenaline, are routinely used to counteract life-threatening acute allergic reactions from insect stings, food, latex, medications, and other sources. The bill requires establishments that carry the injectors to train personnel in their use, and protects people who give the drug from legal action under the Good Samaritan law. The American Latex Allergy Association lauded the decision, citing the more than 3 million people nationwide with a latex allergy and one in every 13 children with food allergies.

**Funding Awards:**
Many academic institutions and research partners received funding to further education and research on health topics. Links below provide information on the award:

- UWM College of Nursing Receives $600,000 Grant from New York City-based Helene Trust Fund
- Rural Health Initiative Awarded $4,300 Grant to Fund Innovative Health Services in Marathon Co.
- UW Partnership Program Awards 11 Grants to Community Health Programs Across WI
- MCW Healthier Wisconsin Endowment invests $1.7 million in six community health awards
- DHS Receives 5 Year, $3.75 Million Grant from CDC to Strengthen Stroke Care Systems in WI

**Public Health**

**State Audit Released of Medical Schools’ Endowment Grant Programs**
The Wisconsin Legislative Audit Bureau (LAB) released its programmatic audit of the two endowment funds operated by the UW Medical School (AHWPP) and by the Medical College of Wisconsin (HWPP). The audit is required every five years under order of the Wisconsin Insurance Commissioner to ensure compliance with the components of the original Order that established the endowment and entrusted the funds to the medical schools to administer. The recently completed audit stands as the second five-
year audit of both programs. The report includes audit bureau recommendations, and response by the two medical school program leaders.

**Wisconsin Legislature Passes Bill Banning Abortions after 20 Weeks**
Governor Walker recently signed into law a bill that will ban abortions in the state of Wisconsin after 20 weeks, except in cases of medical emergencies. Doctors who perform these procedures would be subject to a fine of $10,000 and a maximum prison sentence of 3 ½ years. The bill does not include exemptions for rape or incest victims, or severe fetal anomalies. Supporters cite a widely disputed theory that a fetus can feel pain at five months. Several major medical groups in Wisconsin oppose the bill, asserting that there is no evidence to support this theory, and prominent studies cast doubt on its legitimacy. A New York Times article examines the issue of fetal pain and the science behind it. Only 1.5% of abortions in the U.S. are performed at or after 21 days, often because of serious fetal anomalies.

**Legislature Proposes Bill to Ban Use of Fetal Tissue**
The Wisconsin Legislature is debating a bill that would end the use of fetal tissue for research, and has raised concerns about how this might limit research at the University of Wisconsin.

**Wisconsin Repeals 48-Hour Waiting Period for Handgun Purchases**
Governor Walker recently signed into law a bill that repeals the mandatory 48-hour waiting period for handgun purchases in the state. Proponents of the bill point out that it was first enacted before the advent of instant background checks, and argue that there is no evidence that waiting periods reduce violence. Detractors of the bill have expressed concern that it may lead to more impulsive gun purchases and domestic violence incidents. The bill will also allow off-duty, out-of-state, or retired police officers to carry concealed firearms on school grounds.

**DHS Releases New Plan to Combat Rising Suicide Rates in Wisconsin**
The Wisconsin Department of Health Services recently partnered with Prevent Suicide Wisconsin to release an updated Wisconsin Suicide Prevention Strategy. According to DHS, suicide is the second leading cause of death due to injury in Wisconsin, averaging 724 deaths annually in the state. The revised four-point strategy aims to reduce the likelihood that individuals become suicidal by building social-emotional competencies and building social connections; identifying and supporting suicidal individuals by increasing public knowledge of risk factors; increasing resources available to providers; and monitoring the impact of these strategies statewide.

**DHS Awards $3.4 Million Grant for Opioid Addiction Services in Northern Wisconsin**
The Wisconsin Department of Health Services announced it will award $3.4 million in grants over the next five years to northern Wisconsin providers to provide medication, counseling and other services to treat opioid addiction. The first year’s grant of $688,000 will be provided to Marshfield-based Family Health Center to develop a comprehensive program to provide services to individuals addicted to opioid drugs. The grant is administered on behalf of the North Central Region Opioid Consortium (NCROC), a partnership of 18 organizations across five northern WI counties. The grant’s recipients in following years include North Lakes Community Clinic in Ashland and St. Joseph’s Hospital in Chippewa Falls.

**WMS Adopts New Vaccine Policy Limiting Exemptions**
The Wisconsin Medical Society released a new policy opposing vaccination exemptions in any instance other than a documented medical reason. The policy, which opposes exemptions based on philosophic, moral and personal beliefs, also supports public reporting of vaccination rates in public and private
schools. The statement comes in the wake of new recommendations by the AMA to limit vaccine exemptions in response to the re-emergence of vaccine-preventable diseases.

**UWSMPH Study: Shift Work Can Affect Health**
Shift workers are more likely to experience sleep problems and face disparities in metabolic health, a new study concludes. The study, published in the journal Sleep Health and conducted by the University of Wisconsin School of Medicine and Public Health, found that shift workers are more likely to be overweight and experience sleep problems such as insomnia or excessive wake-time sleepiness compared to workers on traditional schedules. At least 17 percent of the U.S. workforce has unstable schedules, including split or rotating shifts.

**Wisconsin Child Health, Well-Being Rank Highly in National Report**
A report by the Annie E. Casey Foundation ranked Wisconsin 13th in the nation for overall child well-being, and 15th for child health. The Wisconsin Council on Children and Families praised the rankings, but cautioned that the overall numbers mask the growing number of children in poverty in the state, especially for children of color. The report suggests that Wisconsin may be lagging behind neighboring Midwestern states, as well. Iowa ranked 1st for health; Minnesota 2nd; and Illinois 5th for child health. Metrics evaluated to determine the rankings include number of low-birthweight babies, rates of uninsured children, child and teen death rates, and alcohol and drug abuse among teens.

**Interactive Graphic Shows Substantial Declines in WI Teen Birth Rate**
Teen birth rates in Wisconsin fell 33.3% between 2009 and 2013, according to recent statistics compiled by TIME-HealthGrove. The report, which used data from the National Vital Statistics System, ranked Wisconsin tenth best in the nation for adolescent pregnancy reductions. The top overall state was Connecticut, with a 39.2% reduction, followed by Massachusetts and Colorado. The report points to the success of policy interventions in these states. A county-level breakdown in Wisconsin pinned Washington County with the greatest decline in teen births over the 5-year period, at 57.4%. Chippewa and Dane County ranked second and third, at 51.2% and 50.0%.

**Wisconsin Ranked Among Top Ten States in Nation for Senior Health**
The United Health Foundation’s 2015 Senior Report ranked Wisconsin seventh in the nation for overall senior health. The rankings considered 35 measures of health, including behaviors such as smoking, chronic drinking, and obesity; community factors such as poverty, food insecurity, and nursing home quality; and clinical outcomes measures. The report aims to catalyze discussion on senior health in the country by noting improvements and pointing to the serious health challenges that remain to the senior population.

**Wisconsin Rankings Mixed on Cancer Reduction Measures**
The American Cancer Society released its ranking of states on various policies aimed to cancer prevention and treatment, providing Wisconsin a mix of grades. The report notes that Wisconsin spent only 9.2% of the CDC-recommended level of funding toward tobacco control and prevention, compared to Minnesota’s 42.2%. But Wisconsin scores well for its smoke-free legislation and its tobacco excise taxes.
Clinics, Hospitals, and Health Plans

**Milwaukee Community Health Centers to Receive Over $1.5 Million to Expand Capacity**
U.S. Health and Human Services announced new Affordable Care Act funding to two Wisconsin community health centers among 266 health center sites nationally for the delivery of comprehensive primary health care services in underserved communities. Progressive Community Health Centers will receive $1,083,333 and Gerald L. Ignace Health Center will receive $541,557 to expand site capacity.

**39% of Wisconsin Hospitals Facing Re-Admission Penalties from Medicare**
A report from Kaiser Family Foundation reports that 49 Wisconsin hospitals (39% of eligible hospitals) will receive an average financial penalty of 38% from Medicare for not meeting its 30-day readmission rate goal. This compares favorably to the national rate of nearly half of all hospitals being penalized. The fines are based on readmissions between July 2011 and June 2014 and include Medicare patients who were originally hospitalized for one of five conditions: heart attack, heart failure, pneumonia, chronic lung problems or elective hip or knee replacements.

**Wisconsin Health Insurers Propose Premium Hikes for 2016**
A number of major Wisconsin insurers are seeking premium increases in 2016 ranging from 10% to 33%, according to recent data released by the federal government. Wisconsin Physicians Service Insurance Corporation is proposing a nearly 33% overall rate increase, citing increased cost in providing medical care, increased utilization, and increased taxes and fees. Among the proposals for individual plans, WPS would increase premiums by over 18%; Unity Health by 10-18%; and Security by 18%. MercyCare would raise small group rates for some plans by 10-19%. A complete list of filed health rate increases greater than 10% for 2016 can be found here. Such increases would have to be approved by the Office of the Commissioner of Insurance (OCI). OCI has approved 46 increases, some very steep, since 2011. The CEO of Healthcare.gov recently sent a letter to insurance commissioners nationwide suggesting data doesn’t support the steep increases and requested public hearings and tighter review of rate requests.

**Milwaukee-based Assurant Health to Exit Health Insurance Market by 2016**
Assurant Health recently announced that it will close or sell its health insurance division and pull out of the health insurance market by the end of 2016. Assurant struggled financially as a result of changes imposed by the 2010 Affordable Care Act, posting losses of $64 million in 2014 and $84 million in the first quarter of 2015. Wall Street analysts predicted that as a small company that engaged in aggressive underwriting, it would be forced to leave the market once the ACA eliminated underwriting and mandated that health insurers spend at least 80% of premium dollars on medical care or quality initiatives. Assurant employs roughly 1,200 people at its headquarters in downtown Milwaukee.

**Wisconsin One of 45 States Receiving ‘F’ Ranking in Health Care Price Transparency**
The third installment of the Report Card on State Price Transparency Laws, a joint venture between the Catalyst for Payment Reform (CPR) and Health Care Incentives Improvement Institute (HCI3), concluded that 90% of states failed to provide adequate health care price information to consumers. The 2015 report considered laws or regulations passed by states requiring public reporting of health care price information, as well as use of all-payer claims databases as sources of data for public websites reporting meaningful price information. The Wisconsin Hospital Association criticized the report for failing to credit voluntary efforts to increase transparency, which are strong in the state.
Children’s Hospital to Participate in National Neuroscience Initiative
Children’s Hospital of Wisconsin was recently selected as one of 15 sites in the United States and Canada to participate in a three-year initiative with the Alliance for Strong Families and Communities. The initiative, a partnership with the Robert Wood Johnson foundation and the Norlien foundation, aims to integrate neuroscience findings about impact of toxic stress into community-based work. As part of the program, Children’s will work with neuroscience researchers from UW-Milwaukee to improve parent-child relationships in young children with behavioral and emotional issues.

Report: Wisconsin Family Caregivers Provide $7 Billion of Care for Disabled
A recent AARP report sheds light on the vital services provided by family caregivers in Wisconsin. According to the report, 578,000 caregivers provided over 538 million hours of uncompensated care in Wisconsin in 2013. At an estimated $13.15 economic value per hour, the report calculates a total economic value of the care provided by caregivers as over $7 billion. The report proposes a number of policy advances to support caregivers, which include tax credits, respite care, educational programs, and workplace flexibility.

Froedtert & MCW to Pilot New SMARTCare Program to Improve Care for Heart Disease
Froedtert & MCW’s Heart & Vascular Center is one of a few sites nationwide that will participate in the American College of Cardiology’s pilot SMARTCare Program. The program, which was developed to provide decision-making support to physicians and patients with stable ischemic heart disease, will give physicians access to new tools including individualized cardiac risk profiles and treatment databases. Goals of the project are to reduce unnecessary imaging procedures and percutaneous coronary interventions, and increase the percentage of stable ischemic heart disease patients with optimal risk factor modification. The project was funded by a $15.8 million grant from CMS and will be tested at five sites in Wisconsin and five in Florida.

Froedtert & MCW Receives Accreditation as Pulmonary Hypertension Care Center
The Pulmonary Hypertension Association recently accredited Froedtert and the Medical College of Wisconsin as a Pulmonary Hypertension Care Center, the first in Wisconsin and 26th nationally to receive the designation. Pulmonary hypertension is a rare, underdiagnosed disease that can lead to heart failure without treatment. The accreditation indicates that a program has the capacity to diagnose and manage patients with this disease.

Children’s Hospital of Wisconsin Ranked among Top 50 Nationwide in Multiple Specialties
Milwaukee-based Children’s Hospital of Wisconsin received high scores in the U.S. News & World Report’s annual Best Children’s Hospitals rankings. CHW ranked in the top 50 nationally in nine specialties, including 5th for Cardiology and heart surgery; 13th in Gastroenterology and GI surgery; 14th in Cancer; and 20th in Nephrology and in Pulmonology. Scores were assigned based on care-related resources and patient outcomes data collected from 184 pediatric hospitals, including a survey of pediatric specialists. The American Family Children’s Hospital also made the top 50 list in Cancer, Diabetes and Endocrinology, Orthopedics, and Nephrology.

Milwaukee Hospitals May Be Affected by Zoo Interchange Project Delays
A recent decision by the Joint Finance Committee to cut funding for transportation projects across the state could negatively impact hospitals on the Milwaukee Regional Medical Center campus, according to medical center representatives. The committee voted to scale back the $1.3 billion originally proposed by Governor Walker to $500 million. The move will delay $350 million in highway projects across the state, including over $200 million for stretches north of the Zoo Interchange Project on Highway 45. In a
letter sent to members of the Joint Finance Committee, representatives of the medical campus urged the committee to consider the effects that the decision would have on patient transport and care.

**Epic Loses Out on Major Federal Contract**
Epic Systems Corp. and IBM Corp. lost their combined bid for a contract initially worth $4.3 billion from the Department of Defense for a new system for electronic health records. A team consisting of Cerner Corp. — Verona-based Epic's largest competitor — along with Leidos Inc., a military information technology contractor, and Accenture Federal Services was awarded the contract. The contract, reported to be one of the largest information technology contracts in history, ultimately could be worth $9 billion over 18 years, according to the Defense Department.

**Hospital Mergers, Partnerships, and Expansions**
Health systems across the state are merging, expanding, consolidating and partnering in new ways. This list provides an overview of recent merger and partnership announcements:

- Tennessee-Based LifePoint Health to Purchase 80% of Watertown Regional Medical Center
- Kenosha-based United Health System to Join Integrated Health Network
- Arise, AboutHealth Announce Partnership to Offer Co-branded Coverage
- Aurora Invests in StartUp Health to Accelerate Healthcare Innovation
- Green bay-based Prevea Health Expands Services to Chippewa Valley
- Ministry to Expand Healthcare Services in Wausau, Build New Clinic
- Fox Valley Family Residency Training Program Partners with MCW

**RESEARCH AND PROGRAM TOOLS**

- Information on the Health Insurance Marketplace and Health Care Reform: [healthcare.gov](http://healthcare.gov)
  - Spanish Language Marketplace
  - Marketplace Enrollment Data
- Health and Human Services
- Centers for Medicare and Medicaid Services (CMS)
- New and Updated Resources from the Kaiser Family Foundation
- New and Updated Resources from the Commonwealth Fund
  - Health Reform Resource Center
- Enroll America Resources
- New and Updated Resources from HRSA
- New and Updated Resources from AHRQ
- State Refor(u)m
- Key Health Data About Wisconsin from TFAH
- Avalere Health Analysis: 2015 Exchange Premium File
- Wisconsin Toolbox:
  - Enroll WI (Formerly E4Health)
  - OCI Individual Health Insurance Carriers in WI Map
  - What Works? Strategies to Improve Rural Health
EVENTS AND ANNOUNCEMENTS

- WI Office of Rural Health: 2015 Rural Hospital Finance Workshop, Sauk City, August 20
- Covering Kids & Families = Pre-ACA Enrollment Conference, Green Lake, September 29-30

Selected Tweets from our Twitter Feed

Please follow us on Twitter @UWHealthPolicy to receive notice of relevant reports, research, federal and state news. Tweets below include national news and resources.

Critics question the value of the #ACA-funded Patient Centered Outcomes Research Institute PCORI @Publici http://bit.ly/1K2jW9f

#ACA HIX enrollees more cost-conscious, price-sensitive, and focused on insurance plan value, reports @Deloitte http://bit.ly/1M3iKH4

"Super-utilizers" needs may be temporary; Only 28% still meet definition one year later, via @Health_Affairs http://bit.ly/1P4l3tq

IRS reports that only 10% of #ACA subsidy recipients got right amount, via @commonwealthfnd http://bit.ly/1LYOAqb

Study: #ACA improved trends in self-reported coverage, access, affordability, health, via @JAMA_current http://bit.ly/1SNnEbE

What is the value of #Medicaid? Review in @theprospect http://bit.ly/1D9HVGR and via @IncidentalEcon http://bit.ly/1D9If8h

@USGAO test finds #ACA enrollment, subsidies to phony applicants missing documentation, raises fraud concerns http://1.usa.gov/1JkKylw

Tools for Predicting High-cost Pediatric Patients - new paper by @lindsleininger @BrendanSaloner @LaurawherryR http://1.usa.gov/1GoOdWl

Narrow networks & breadth of provider networks in #ACA health plans, from @PennLDI http://bit.ly/1dYNmvK

New ACA eligible #Medicaid adults average cost $5,517 in 2014, 19% more than non-newly eligible, reports @CMSGov http://bit.ly/1O74kW4

Research needed to improve #Medicaid policy-making. @AcademyHealth Listening Project informs the agenda: http://bit.ly/1HqQbhE
Please know these basics to be a responsible consumer of media and research: "How Not to Be Misled by Data" via @WSJ http://on.wsj.com/1eeHnDC

DYK Despite #KingvBurwell ruling, #Obamacare #ACA faces ongoing legal challenges, via @nytimes http://nyti.ms/1dsIxe6

.@avalerehealth study: #ACA Mandate Penalty May Be Too Low to Attract Middle-Income, Healthy to Enroll in Exchanges http://bit.ly/1AAdzWR

Study: #Medicaid can serve as a growing source of revenue as hospitals face cuts in DSH funds. via @KaiserFamFound http://bit.ly/1K8Ev5j

More about #underinsured: "Some Insured Patients Still Skipping Care Because of High Costs" via @NPRHealth http://n.pr/1ThkS1r


#Hospitals improving their operating margins in #Medicaid expansion states, and also in states that did not expand. http://bit.ly/1IIEqhl

13% of those who selected #ACA health plans failed to pay their premiums, did not "effectuate" enrollment, http://nyti.ms/1FWBbK2

Discussion from @BloombergView of "An #Obamacare Replacement That Works" as a conservative alternative to #ACA http://bv.ms/1SYFMCf

#ACA "incentive mismatch" favors (excess?) free screenings but penalizes those with symptoms that need diagnosis. http://nyti.ms/1dPmdfO