

**Catch-Up Briefing Report**  
**June 2015**  
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An annotated compilation of selected Wisconsin health and health care news stories from March 19, 2015 – June 2, 2015. Archived editions can be found [here](#).



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## **STATE NEWS**

### **Biennial Budget Update**

#### Status of Health Care in 2015-2017 Wisconsin State Budget

The legislature's budget-writing committee is currently completing work on Governor Walker's proposed [biannual budget bill](#), which includes many health-related provisions. (See list of [all Fiscal Bureau Budget Papers for 2015-17 Biennial Budget](#))

- **BadgerCare and SeniorCare:** monthly premiums, eligibility limits, and drug screening for childless adults – Approved via GOP [Medicaid Omnibus](#) motion. Supports many of the

Governor's provisions, but [rejected](#) Governor Walker's proposed changes to the Senior Care program, instead maintaining the current program as is. **Fiscal Bureau paper:** [SeniorCare](#) and [here](#) (**Fiscal Bureau papers:** [BadgerCare for Childless Adults](#) and [Drug Screening Requirements](#))

- **Long-Term Care:** large-scale changes affecting the elderly and those with disabilities through reforms to Family Care and the elimination of IRIS, a self-directed long-term care option – [Rejected](#). Instead passed more limited reforms, outlined in this [Long-Term Care Omnibus Motion](#). A coalition of Wisconsin long-term care [advocates opposed](#) the proposed changes, while Wisconsin's [Alliance of Health Insurers supported](#) the Governor's Family Care reforms. The Committee did vote to [merge the DHS Division of Long-term Care](#) with the Division of Health Care Access and Accountability, creating the Division of Medicaid Services. **Fiscal Bureau budget papers:** [Long Term Care Changes](#) [Family Care and IRIS](#) [Medicaid Payment of Nursing Homes](#)
- **Medicaid disproportionate Share Hospital (DSH) program** – Approved. Will pay out \$30 million (\$71 million with federal matching funds) over the biennium to nearly 100 hospitals across the state. The committee modified the governor's proposal by making the payments annual and ongoing. (**Fiscal Bureau Paper -** [Disproportionate Share Hospital Payments](#))
- **Federally Qualified Health Center Payments** – Modified. Delayed payment reductions, approving adoption in year 02 of the biennium of a Prospective Payment method for one year. FQHCs, which serve large numbers of Medicaid and uninsured patients, are currently reimbursed for their reasonable costs.
- **Enhanced Dental Services Payment Pilot Program** Approved. Will increase Medicaid reimbursement rate for dental care for children and adult emergency dental services. The pilot would operate in Brown, Marathon, Polk and Racine Counties.
- **Repeal Health Care Provider Fees for Data Collection and Dissemination.** Approved. Eliminate a \$70 annual fee on Wisconsin physicians, ending the primary funding source for the [Wisconsin Health Information Organization](#).
- **Restore Rural Physician Residency and Loan Assistance Funding**  
Gov. Walker [requested](#) the Joint Finance Committee reinstate \$1M in inadvertent cuts in his proposed budget that would eliminate the University of Wisconsin's rural physician residency assistance program ([WRPRAP](#)) and cut loan assistance programs for providers who practice in underserved areas. A large coalition of health care providers subsequently [released a memo](#) asking the Committee to reinstate funding to support the rural health care workforce.

## Health Care Reform Implementation in Wisconsin

### [Over 207,000 Wisconsin Residents Enroll in ACA Marketplace Coverage](#)

As of the end of the 2014-15 open enrollment period, 207,349 Wisconsin residents had selected health plans through the Affordable Care Act (ACA) Marketplace. Of this group, 90% receive federal subsidies for their premiums, with the Advanced Premium Tax Credits providing a 72% average premium reduction, from \$440/month before subsidy to \$125/month after subsidy. The age group 18-34 represents 26% the Wisconsin residents who selected plans.

### [Wisconsin Retained 83% of 2014 ACA Enrollees in 2015](#)

A recent Avalere Health [study](#) of state ACA enrollment increase and retention rates in 2015 found that Wisconsin retained 83% of 2014 ACA enrollees in 2015. The report also found that 2015 enrollment in Wisconsin was 48% higher than in 2014. According to the report, states with exchanges run by the federal government experienced better retention rates and higher percentage of new enrollees than did states that set up their own exchanges.

### [Impact on Wisconsin of SCOTUS King v Burwell Estimated](#)

A Supreme Court ruling to limit subsidies to only those states that set up their own exchanges, under consideration now in the King v Burwell case, would result in insurance loss for up to 247,000 Wisconsin residents, [estimates](#) a report by the Urban Institute. A [recent analysis](#) by the Wisconsin Council on Children and Families of newly-released [data](#) from the CDC's National Health Interview Survey (NHIS) outlines how that the ACA has significantly decreased Wisconsin's uninsured rate.

### [CMS Report: Pioneer ACO Bellin-ThedaCare Saved \\$21 Million in First Two Years](#)

The U.S. DHS [reports](#) that Pioneer Accountable Care Organization (ACO) pilot projects [saved](#) more than \$384 million nationally. The northeast Wisconsin-based Pioneer ACO, Bellin-ThedaCare produced savings of just over \$21 million. The savings are based on an estimated amount that Medicare would have paid for beneficiaries under traditional fee-for-service reimbursement. Bellin-ThedaCare HealthCare Partners was recently [ranked](#) number one in quality among the 23 Pioneer ACO participants.

## **Medicaid/BadgerCare**

### [Childless Adults Continue to Enroll in BadgerCare Plus at Higher Than Expected Rates](#)

Childless adult enrollment in BadgerCare Plus continues to exceed expectations, with [over 14,000](#) new enrollees having signed up for coverage in the first two months of 2015. The total number of childless adults covered through BadgerCare as of March was 159,711 Wisconsinites, an increase of over 34% since the start of the State Fiscal Year.

### [Wisconsin Sees 6.9% Increase in Medicaid Enrollment since ACA Implementation](#)

Medicaid enrollment in Wisconsin has increased by 6.9% since July 2013. According to new Medicaid enrollment numbers released by the Centers for Medicare and Medicaid Services, Wisconsin Medicaid enrollment has increased by nearly 68,000 since September 2013. The increased enrollment by Childless Adults, counter-balanced by the decline in enrollment of parents/caretaker adults over 100% FPL, would account for this change. The total number of people enrolled in Medicaid and CHIP as of February 2015 was 1,053,400, over 46% of whom were children.

### [Medicaid Budget to Remain Balanced Despite Initial Concerns](#)

DHS now [projects](#) that the Medicaid program will remain in balance for the current biennium. The forecast assumes the Department will cover the nearly \$25 million in increased costs by using one-time funding from the nearly \$47 million in settlement payments from drug manufacturers. Increased costs are attributed to BadgerCare enrollments 60% above estimates, reduced federal claiming for certain services, and higher expenditures in some fee-for-service categories such as hospital services and prescription drugs. A [report](#) by the Wisconsin Budget Project warns that this is only a temporary fix, arguing that [tapping federal Medicaid expansion dollars](#) would provide longer-term revenue and would have allowed the settlement money to have been used elsewhere in the budget.

### **[Report: Wisconsin Would Save More than Other States with Medicaid Expansion](#)**

The Kaiser Family Foundation recently estimated that Medicaid expansion would save Wisconsin nearly 5% in Medicaid state spending, and could save \$2.5 billion over the next ten years. The [report](#) provided new projections on the impact of Medicaid expansion in the 21 states that have not expanded. The projections show that Wisconsin would be the only state to see outright savings on state Medicaid spending through expansion. Among the report's other findings, BadgerCare enrollment would increase by nearly 57,000, and uncompensated care would decline by \$26-\$52 million over the next ten years. This report augments [ongoing arguments](#) made by the Wisconsin Council on Children and Families (WCCF) about the [case for adopting Medicaid expansion](#). Wisconsin's Maclver Institute, however, argues that Medicaid expansion [remains a bad idea](#).

### **[Study: Wisconsin Medicaid Funding System for Nursing Centers Second- Worst in the Nation](#)**

The American Health Care Association released a study of 2012 shortfalls in Medicaid funding for nursing center care, reporting that the majority of nursing centers receive Medicaid reimbursements too low to cover the cost of Medicaid-covered services. In a state-by-state comparison, Wisconsin was found to have the second largest shortfall in the nation, behind only New York. In [43 states and D.C.](#), including Wisconsin, provider taxes help mitigate this gap. 2014 shortfalls are projected to be similar to those of 2012.

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

### **[MCW to Open School of Pharmacy](#)**

The Medical College of Wisconsin (MCW) will open a school of pharmacy in Milwaukee to address an overall need for highly-qualified pharmacists who can provide expanded services as part of a healthcare team. There also is a need to address pharmacist maldistribution in underserved communities in Wisconsin. The school of pharmacy will offer specialty tracks aligned with health needs such as pediatrics, psychiatry, cancer, pharmacogenomics and medical toxicology. Opening is anticipated by summer of either 2017 or 2018.

### **[2015 Medical Student Residency Match Results: Two-Thirds Leave WI, Fewer Select Primary Care](#)**

Match results were recently released for graduating senior medical students at the [University of Wisconsin School of Medicine and Public Health](#) and the [Medical College of Wisconsin](#). Of the more than 330 graduating students, 27% will stay in Wisconsin for their residency training, and roughly a third will enter primary care programs including family medicine, pediatrics, and internal medicine. These results mirror national rates for primary care. The Wisconsin Hospital Association estimates the probability of a physician choosing to practice in Wisconsin is 70% if they both attend medical school and complete their residency in the state. WHA Chief Medical Officer Chuck Shabino asserts that, while the state would like to see more medical students stay in Wisconsin, "We must acknowledge that all the primary care residency programs in our state are filled."

### **[Rep. VanderMeer Introduces Legislation to Facilitate Physician Licensure in other States](#)**

Rep. VanderMeer (R-Tomah) and Sen. Sheila Harsdory (R-River Falls) introduced legislation to streamline the process for licensing Wisconsin physicians to practice in multiple states. The [Interstate Physician Licensure Compact bill](#) would not create a new license, but would expedite the process of applying for a license in other states. The administrative costs of expedited services would be paid by the physician applicants. Wisconsin is the eighteenth state to have introduced legislation to adopt the Compact, and would be the seventh state to adopt it.

### **[WHA Report Highlights Aging Healthcare Workforce, Projected Nurse Vacancies](#)**

The Wisconsin Hospital Association released the [2014 update](#) to its annual Wisconsin Health Care Workforce Report. According to the report, positions for Advance Practice Nurses have the highest vacancy rates, with nearly 1 in 10 of these positions reported as vacant. Certified Nursing Assistants and Physician Assistants reported high vacancy rates as well, at 7.1% and 5.1%, respectively. The report emphasized that vacancies are likely to continue to grow because of the aging number of professionals employed in hospitals, nearly 20% of whom are 55 years of age or older. The report also calls for increased integration of team-based healthcare models in response to a looming physician shortage and aging healthcare workforce.

### **[Palliative Care Leaders Join to Form New Organization](#)**

A new network of palliative care providers was launched recently. The Palliative Care Network of Wisconsin (PCNOW) aims to integrate palliative care in all health care settings through the growth of both generalist and specialist palliative care services, advance the knowledge and skills of health professionals in palliative care, and provide a voice for palliative care services in health care policy. The network is open to all healthcare professionals and organizations providing palliative care services.

### **[Marshfield Clinic CEO Named One of 50 Most Influential Physician Executives](#)**

Dr. Susan Turney was included in Modern Healthcare's list of 50 most influential physician executives and leaders. The annual rankings are the result of more than 23,000 nominations by readers, as well as the opinions of senior editors at Modern Healthcare. Dr. Turney, former President and CEO of the Medical Group Management Organization, has served as CEO of Marshfield Clinic Health System since August, 2014.

### **[Bill Would Allow State to Collect Debts Owed to Private Ambulance Companies](#)**

A new bill proposed by Republican legislators would allow the state to use the tax refund intercept program to collect debts owed for private ambulance services. Gundersen Health System's executive director argues that ambulance services write off \$1.4 million every year in unpaid fees, nearly \$200,000 of which could be collected through tax refund interception. Representatives from the Department of Revenue oppose the bill, expressing concerns that the tax intercept program could become less efficient if the government is tasked with collecting for private companies.

### **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:

- [Advancing a Healthier Wisconsin \(AHW\) Endowment, MCW award \\$250,000 to Reduce Youth Alcohol and Other Drug Abuse in Rusk County Youth](#)
- [United Health Foundation Awards \\$2 Million to Combat Asthma in Five Cities, Including Milwaukee](#)
- [Aurora Awards \\$6.6 Million in Grants to 21 Federally Qualified Health Centers and Free Clinics Across Eastern Wisconsin](#)
- [Rogers Memorial Hospital Foundation Receives \\$2.5 Million Donation from Kublys](#)
- [Vince Lombardi Cancer Foundation Donates \\$2.2 Million to Aurora](#)

## Public Health

### [2015 County Health Rankings Released; Highlights Effects of Income Disparity](#)

The UW Population Health Institute and Robert Wood Johnson Foundation released the 2015 update of their annual County Health Rankings report. According to the [Rankings](#), the healthiest county in Wisconsin was Ozaukee, followed by Pepin, Calumet, Florence, and Kewaunee. The least healthy county for the sixth straight year was Menominee, followed by Milwaukee, Forest, Washburn, and Rusk counties. Among the national findings: one in four children in the U.S. lives in poverty, and child poverty rates are more than twice as high in the least healthy counties in each state than in the healthiest counties. [Distribution of income](#) predicts health: those in counties with high income inequality had shorter lifespans than those living in counties with more equal income distribution.

### [Aurora Report: Wisconsin Lags Behind Rest of Nation in Health Habits and Wellness Goals](#)

A recent [report](#) found that Wisconsinites are less likely to consider their lifestyles healthy and set fewer annual health and wellness goals compared to the rest of the nation. According to the report published by Aurora Health Care, 68% of Wisconsin respondents reported healthy lifestyles, versus 75% nationwide. The report also found that obesity and cancer are Wisconsinites' top health concerns. Wisconsinites also have been slower to adopt health-related apps, with 19% currently using digital fitness trackers such as MapMyRun compared to 24% nationwide.

### [Dental Care Access Challenges, ER Use in Wisconsin Reported](#)

A three-part series by Wisconsin Public Radio reports significant challenges to receiving dental care in Wisconsin. According to the report, the number of people presenting to the emergency room for non-traumatic dental complaints [increased by 20%](#) from 2006 to 2010. The report suggests that increased ER dental visits may result from decreased utilization of preventive dental services, with many foregoing regular dental checkups until they develop symptoms. Wisconsin Dental Association [continues to assert](#) that low Medicaid payment rates cause a shortage of dentists willing to participate in the program.

### [New Fund Aims to Improve Community Health](#)

A new Wisconsin Community Health Fund aims promote state health improvement through partnership with the philanthropic, health care, and business sectors. The UW Population Health Institute recently held a [state forum](#) to introduce the fund and to get stakeholder input about its potential structure, activities, and funding. Currently the Fund has a contract with the Wisconsin DHS' Chronic Disease Prevention and Control Unit to work on projects aimed at reducing diabetes, obesity, strokes and heart disease. The Fund founders envision potential contributors to include philanthropies, businesses, and insurance companies and hospitals, who are newly-mandated to meet certain requirements for community benefits through the ACA.

### [Deaths in Wisconsin on the Rise According to Annual Wisconsin Deaths Report](#)

The Department of Health Services' Office of Health Informatics recently released its 2013 *Wisconsin Deaths report*, an annual review of death statistics compiled from death certificates filed for Wisconsin residents. According to the report, there were 1,692 more deaths in 2013 than in 2012, an increase in the death rate from 8.4 to 8.7 per 1,000. Also among the findings: the top two leading causes of death in 2013, heart diseases and malignant neoplasms (cancer), accounted for 45% of total deaths in Wisconsin residents. Accidents were the leading cause of death among residents age 1-44, and the third leading cause of death among all residents.

### [\*\*Report Finds Stark Racial and Ethnic Divide in Wisconsin among Working Families\*\*](#)

A [report](#) by the Working Poor Families Project identified substantial racial/ ethnic income disparities among working families in Wisconsin. Wisconsin is among a few states where at least 60% of all minority working families live at or below 200% of poverty, including nearly 3 in 4 Hispanic/Latino families. The report, which analyzed 2013 Census data of 179,873 low-income working families in the state, found that working minority families in Wisconsin are almost three times as likely to be low-income as white working families. The authors conclude that improving economic conditions for working families can help fuel economic growth and foster a stable, well-qualified workforce.

### [\*\*Wisconsin Among Lowest in Nation in Public Health Spending\*\*](#)

A [report](#) released by the Robert Wood Johnson foundation ranked Wisconsin 45<sup>th</sup> in the nation in per capita state spending on public health, at \$13.03 per person. Wisconsin ranked 49<sup>th</sup> in the same report for Health Resources and Services Administration grant funding, and 45<sup>th</sup> in per capita funding from the Centers for Disease Control and Prevention. The report called for increased core funding for public health at all levels and, emphasized the importance of stable funding for the ability to respond to major disease outbreaks and public health emergencies.

### [\*\*Injury Prevention Study Finds Fall Prevention Efforts Proved Effective in Reducing Hospital Visits\*\*](#)

A team of injury prevention researchers at the Medical College of Wisconsin found that implementing evidence-based fall prevention programs in Wisconsin communities reduced ER visits and hospitalizations for fall-related injuries in people 65 years and older. The study, published in the *American Journal of Public Health*, suggests that widespread implementation of fall prevention programs can prove effective in reducing injuries in communities.

### [\*\*Briefing Highlights Science and Policy of E-Cigarettes\*\*](#)

A recent [briefing](#) coordinated by the UW Population Health Institute's Evidence-Based Health Policy Project provided an update on the science and regulation of e-cigarettes. The briefing included a scan of current state regulations by a representative from the National Conference of State Legislators; a presentation by a tobacco addiction and cancer prevention specialist about how e-cigarettes work, their current patterns of use, and how those patterns might be effected by policy; and a review of the latest research comparing toxic agent exposures in e-cigarette users and cigarette smokers.

### [\*\*MetaStar to Lead Wisconsin's Healthy Hearts Program under \\$15 Million Federal Grant\*\*](#)

Wisconsin, in consortium with Illinois and Indiana, will participate in a \$15 million grant over 3 years from the [federal Healthy Hearts program](#) to help prevent strokes and heart attacks. Metastar will lead Wisconsin's effort, and will recruit about 50 small independent practices in the southeastern part of the state to receive practice coaching, data and other quality improvement support services. The participating practices will be linked with population-based quality improvement resources based on the Department of Health and Human Services' Million Hearts Initiative.

### [\*\*Reps. Kind, Ribble Introduce Bill to Improve Veteran Health Care in Response to Tomah VA Scandal\*\*](#)

U.S. Representatives Ron Kind, (D-La Crosse) and Reid Ribble (R-Neenah) introduced a bipartisan bill in response to the recent controversy over prescription medication prescribing practices at the Tomah VA Medical Center. The Veterans Pain Management Improvement Act would establish regional pain management boards within each Veterans Integrated Service Network. The boards, consisting of medical professionals, veteran patients and family members, would result in greater accountability of pain management practices by conducting regular evaluations of practices in their region and reporting to Congress and the Secretary of Veterans Affairs.

### [Governor Walker Promotes Post-20-Week Abortion Ban](#)

The State legislature is moving forward with a bill to [ban abortion after 20 weeks](#) – with no exception for rape or incest and with Governor Walker’s [endorsement](#). Others voice [medical concerns](#) about this measure. The [City of Madison Common Council calls for coverage reinstatement for abortion services](#). The Council resolution requests removal of bans on the use of federal funds and state funds for abortion and reproductive health services for recipients of public insurance programs.

## **Clinics, Hospitals, and Health Plans**

### [Changes to the State Employee Health Insurance Program Approved](#)

The Group Insurance Board approved that are expected to save \$56.4 million in 2016, most of which is derived by higher cost sharing. The changes will add deductibles of \$250 for individuals and \$500 for families, and increase the out-of-pocket maximum to \$1,000 for singles and \$2,000 for families. Employees will also pay more for drugs and office visit copays. The Department of Employee Trust Funds plans to expand advanced care planning offerings. The changes are estimated to generate \$84.7 million in savings over the biennium. Gov. Scott Walker’s budget calls for savings of \$81 million to [help avoid the federal health reform law’s "Cadillac Tax."](#)

### [Consultant Report Suggests Self-Insuring State Employees Could Save \\$50 Million](#)

Wisconsin could save more than \$50 million by transitioning all 207,000 state employees to self-insurance, according to Segal Consulting. The report suggests that the switch to self-insurance could occur as early as 2017, and would save the state \$50-\$70 in medical and administrative fees as well as eliminate ACA premium taxes and ACA market share fees. The [Wisconsin Association of Health Plans calls the Segal Analysis flawed](#), pointing out the costs of self-funding. [Previous findings by Deloitte consultants](#) concluded that self-insuring state employees could bring a savings of 4-5% in non-claims related expenses. The Legislature’s Joint Finance Committee has passed a motion calling for a new process for [legislative oversight of the State Health Plan](#).

### [Wisconsin Has Higher Health Spending than MI, IN; Hospital Profits Above National Rates](#)

A recent [report](#) by the University of Michigan’s Center for Healthcare Research and Transformation found that Wisconsin had both higher per capita health care spending and higher per capita hospital spending than its neighbors in Michigan and Minnesota. The report also found that Milwaukee’s health systems all had operating and total profit margins far exceeding national rates. Total profit margins in Milwaukee ranged from 6.6 to 15.2%, compared to a benchmark of 4.2%. Wisconsin’s hospital charity care is declining, and is [lower than the national average](#).

### [Study: Lower Payments to Hospitals Results in Cost-Cutting](#)

An industry-financed [study](#) by BSG Analytics reports that lower Medicare and Medicaid payments brings Wisconsin hospitals to reduce operating costs and increase the revenue they receive from private payers. In order to avoid cost cutting, the report argues, hospitals shift costs to commercial payers, thus accounting for 35% of overall commercial rates paid in southeastern Wisconsin. Health economist and *New York Times* columnist Austin Frakt, [speaking in Madison](#), argues [against this cost-shifting theory](#). He explains, that although cross subsidization may certainly occur, hospitals exercise their market power to charge the maximum they can from all from payers, leaving no money on the table, and will not simply reduce their commercial rates if government payers increase their payments.



### [Long-term Care Costs on the Rise in Wisconsin](#)

The cost of long-term care in Wisconsin has risen significantly over the past five years, according to an annual study released by Genworth. The annual cost of a private room in an assisted living facility is \$47,760, an increase of 3% from five years ago, and higher than the national average of \$43,200. Nursing home costs have increased as well, with the annual cost of a private room in a nursing home reaching \$99,499. This is up 4% over the past five years and higher than the national average of \$91,250.

### [WHA and WCHQ Launch Health Care Data Reporting Company Physician Compass](#)

The Wisconsin Collaborative for Healthcare Quality (WCHQ) and the Wisconsin Hospital Association will jointly launch a new health care data reporting company, [Physician Compass](#) to guide Wisconsin providers through the mandatory submission of Physician Quality Reporting System (PQRS) data to the Centers for Medicare and Medicaid Services. [According to](#) WCHQ president Chris Queram, 60% of WCHQ members eligible to submit PQRS measures are currently using the service.

### [WHIO Launches Website with Public Reporting of Healthcare Data in Wisconsin](#)

The Wisconsin Health Information Organization (WHIO) recently launched [MyHealthWI.org](#), a website that reports healthcare data for increased transparency of healthcare quality and costs. The website draws from one of the largest claims databases in the country, with data on more than 300 million medical and pharmacy claims representing over 70% of Wisconsin's population. The website currently provides limited information, with ratings available only for clinics and covered specialties limited to primary care fields of Internal Medicine, Family Medicine, and Pediatrics. The [Milwaukee Journal Sentinel review](#) concludes that, while the information provided by the website is limited, the website is "a great start."

### [UW to Collaborate with German Institute to Research Neurodegenerative Diseases](#)

The University of Wisconsin School of Medicine and Public Health [announced](#) that it will collaborate with the German Center for Neurodegenerative Diseases (DZNE) to research neurodegenerative diseases including Alzheimer's and Parkinson's disease. The collaboration will focus on new therapeutics and approaches to improve early diagnosis and slow the onset of Alzheimer's disease and dementia. DZNE employs more than 800 at nine sites across Germany, and works with more than 70 research groups studying a multitude of brain diseases.

### [Marshfield Clinic to Build Hospital in Marshfield, Partner with Aspirus for Eau Claire Hospital](#)

The Marshfield Clinic Health System announced that it will build its own hospital in Marshfield. The hospital, which is projected to cost around \$150 million and open in two years, is part of a wide expansion plan that includes expanding its' Ambulatory Surgery Center in Marshfield, and partnering with Wausau-based Aspirus Health System to build or acquire a hospital in Eau Claire by 2018.

### [Rogers to Open Behavioral Health Treatment Center in Fox Valley](#)

Rogers Behavioral Health System recently announced plans to open a specialized regional treatment center in Appleton to serve residents in the Fox Valley. The new Rogers Memorial Hospital will offer programs for obsessive-compulsive and eating disorders, as well as depression, anxiety, and post-traumatic stress disorder.

### **Hospital and Health Plan Performance Rankings**

Wisconsin Hospitals and health plans continue to rank among the best in the nation. This list provides an overview of recent rankings and ratings announcements:

- [AHRQ Report: Wisconsin Second in Overall Healthcare Quality](#)

- [Truven Health Ranks Froedtert & MCW Among Best-Performing Nationally](#)
- [Becker's Hospital Review: Aurora, MCW, Gundersen among top 50 Health Systems "to know"](#)
- [ETF Ranks Gundersen, Dean, MercyCare, and HealthPartners Highest Performing Health Plans](#)
- [Report: Wisconsin Hospital Patient Satisfaction Ratings Among Highest in Nation](#)

### **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:

- [Integrated Health Network and United Healthcare Expand Accountable Care Relationship](#)
- [Mercy Health and Rockford Health merge to form MercyRockford Health System](#)
- [Milwaukee County Department of Family Care Partners with Wisconsin Statewide Health Information Network \(WISHIN\)](#)
- [UW Health, ProHealth Care, Aurora Partner to Deliver Cancer Care in New Pewaukee Cancer Center](#)
- [Marshfield Clinic Health System Joins AboutHealth –8<sup>th</sup> member](#)

### **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](#)
  - HHS [Partner Official Resources](#)
- 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](#) – [Interactive maps of ACA Enrollment by County](#)
- New and Updated Resources from [HRSA](#)
- New and Updated Resources from [AHRQ](#)
- [State Refor\(u\)m](#)
- Value Penguin Map: [Changes to the Obamacare Exchanges 2015 v. 2014](#)
- Avalere Health Analysis: [2015 Exchange Premium File](#)
- Wisconsin Toolbox:
  - [Medicaid Enrollment Trends](#) and also [Here](#)
  - [County-Specific Medicaid/BadgerCare Enrollment Data](#)
  - [Enroll WI](#) (Formerly E4Health)
  - [OIC Individual Health Insurance Carriers in WI Map](#)

### **EVENTS AND ANNOUNCEMENTS**

- [Wisconsin Cancer Council: Healthy Hospitals & Clinics Forum](#), Madison, June 5
- [2015 Statewide Quality Improvement Event](#), Madison, June 16
- [2015 Wisconsin Rural Health Conference](#), Wisconsin Dells, June 17-19

## 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.

"Getting health care is dangerous, so use as little as possible" plus six other lessons from @sarahkliff @voxdotcom <http://bit.ly/1c9BW7J>

"Overkill - Unnecessary medical care harming patients physically & financially" - from @Atul\_Gawande via @NewYorker <http://nyr.kr/1QfzhJ4>

Paper on #ACA #NarrowNetworks access, quality by @SimonFHaeder and colleagues @UWLaFollette via @Health\_Affairs <http://bit.ly/1Kp3KUK>

#Medicaid enrollment surged past #ACA expectations- expansion states worry about cost. Non-expanders' vindicated? <http://politi.co/1GnnENt>

The plan renewal process in the next #ACA enrollment period promises improvements, via @MorningConsult <http://bit.ly/1IJRai5>

"Making Sense of Hospital Ratings: It's enough to confuse even the savviest health care consumer" via @MorningConsult <http://bit.ly/1zuE9WB>

"Hospitals Provide a Pulse in Struggling Rural Towns" via @nytimes <http://nyti.ms/1EGeWZk>

@PopHealth Dave Kindig of our @UWiscPHI, blogs in April @Health\_Affairs about the meaning of Population Health <http://bit.ly/1zpFnSU>

New USPSTF breast cancer screen recommendations more conservative: <http://bit.ly/1AbAwzB> discussion @aaronecarroll: <http://bit.ly/1P2Z2d0>

Why mortality rates tell more than survival rates in understanding cancer care, via @UpshotNYT @aaronecarroll <http://nyti.ms/1JOM00Z>

"New Analysis Reexamines The Value Of Cancer Care In the United States Compared To Western Europe" @Health\_Affairs <http://bit.ly/1z9Q7V3>

Psychiatrists filling their practices with easy-to-treat, cash-pay patients, unavailable for high need, via @business <http://bloom.bg/1Dxtaqf>

"Are High-Deductible Health Insurance Plans With Narrow Provider Networks A Good Thing?" writes Uwe Reinhard @Forbes <http://onforb.es/1zkq2TD>

"The Problem with Satisfied Patients" - HCAHPS questions not related to medical necessity - via @TheAtlantic <http://theatlntc/1DHX10z>

New brief from @ConsumersUnion about High Deductible questions their impact on health care savings. <http://bit.ly/1P2Ws6V>

"Americans believe their health system is the world's best, but they're measuring it wrong" @ezraklein @voxdotcom <http://bit.ly/1FuKXUV>

8 charts on #ACA/#Obamacare @vox @mattyglesias - challenges critics but concedes "it's a gigantic tax increase" <http://bit.ly/1FuJU7p>

States in 2017 can replace or modify #ACA mandates, make their own plans, with Section 1332 #ACA Innovation Waiver <http://bit.ly/1J6ruZQ>

.@USGAO critical of @HHSGov review, approval of state #Medicaid waivers, and cost-effectiveness pg 20-21: <http://1.usa.gov/1GP1CUE>

States would not/could not move quickly to set up own exchanges if #SCOTUS rules against #ACA subsidies, via @NEJM <http://bit.ly/1NjqsKN>

Pay-for-Performance in #Medicaid to better serve high need communities, described via @nytimes <http://nyti.ms/1C2i63y>

Health-Care Deductibles Climbing Out of Reach, via @DrewAltman @WSJ <http://on.wsj.com/1LYJn25> Data @KaiserFamFound <http://bit.ly/1OyY18x>

Two balanced reviews of #ACA on 5 year anniversary from @nationaljournal <http://bit.ly/1FVjYkM> and <http://bit.ly/1xgXl3n>

Substantial barriers to Rx coverage and accessing medications through #ACA Silver Plans, via @MorningConsult <http://bit.ly/1btPefx>

More new #diabetes cases being identified in states that took the #ACA #Medicaid expansion, reports @nytimes <http://nyti.ms/1CaYs8Y>

.@USGAO reports #ACA subsidies "likely contributed to expanded coverage, but some lack access to affordable plans. <http://1.usa.gov/1N8Fo03>

"Employers seeing benefits of high-deductible plans" via @modrnhealthcr <http://bit.ly/1EGbV7c>

Information for *Catch-Up Briefing* is compiled from several sources, including websites and lists from the Agency for Healthcare Research and Quality, Blue Cross/Blue Shield, Commonwealth Fund, Georgetown Center for Health Insurance Reform and Center for Children and Families, Health Affairs, Kaiser Family Foundation, Milbank Quarterly, Milwaukee Journal-Sentinel, Milwaukee Business Journal, The New York Times, Urban Institute, U.S. Department of Health and Human Services, Wisconsin Council on Children and Families, Wisconsin Health News, Wisconsin Hospital Association, Wisconsin Medical Journal, Wisconsin Office of Rural Health, Wispolitics.com, Wheeler Report, Wisconsin State Journal, Wisconsin Technology Network, and others.