

# Policy and Health

---

John J. Frey, III, MD, *WMJ* Medical Editor

One might read all of the articles in this issue of the *WMJ* as pertaining to health policy. While they have particular relevance to Wisconsin, other states and other readers might benefit from them as each state's policy makers consider the topics they address. Smoking, cost of technology, and prevention are everyone's issues.

The study by Guzman and colleagues<sup>1</sup> shows substantial changes in household and workplace policies about smoking after enactment of the 2009 Wisconsin public smoking ban. Taking data from the ongoing Study of the Health of Wisconsin (SHOW) project that collects data from a rigorous representative sample of state residents, their results suggest that both homes and workplaces have become healthier. Participants were less likely to be exposed to secondary smoke at work and in public spaces and less likely to be exposed to smoking in their homes. Individuals who smoked before and after the ban did not change their behavior. The argument against a statewide smoking ban tended to be framed as individual freedom to smoke or not. The data from Guzman's study show that smokers still smoke at the same rates—their freedom unimpaired, it seems—but that the rest of us are better off with the “freedom to smoke” folks literally out of our faces. A legislative policy change has had substantial positive effect on the general health of the public.

Colmenares argues persuasively that the state of Wisconsin and, by inference, other

states that share problems of rising costs of care (which would be ALL other states) would benefit from having a statewide health technology assessment program to determine the value of any new technology over existing technology regarding outcomes and cost.<sup>2</sup> Even the *New York Times* is running a blog/discussion titled “Too Much Medical

Care?”, which highlights examples of technological overkill that have led to unsatisfactory or negative outcomes.<sup>3</sup> It is not just about cost, it is about quality; but it is also about getting the most tested and reliable care to a wider population of patients who need it. Colmenares's sobering historical perspective on the failure, despite legislation and national policy recommendations, to have evidence and science prevail over technological adventurism are worth reading – and remembering—in any efforts to bring a more disciplined and rational approach to standards of care. Further, his speculation about the benefits of using savings from unnecessary technology to expand care of the uninsured is supported by a recent study comparing mortality in states where Medicaid was expanded to single adults to states where there was no expansion; the results showed a significant decrease in all cause mortal-

ity and increased sense of well being in the states with expanded care.<sup>4</sup>

While getting care to patients who need emergency endoscopy does not at first appear to relate to policy, Haas and colleagues<sup>5</sup> illustrate the value of policies for processes of getting anesthesia and endoscopists where they are needed when they

## Smoking, cost of technology, and prevention are everyone's issues.

are needed. The fear about getting ill on a weekends is one that has a long history in reality; this study shows how the experience of a large community teaching hospital can prove those fears wrong. They outline 4 policies in their discussion that could, and should, apply to any urgent procedures.

A simple policy that standardizes the process of taking blood pressures and gives rooming staff the responsibility to educate patients on the spot and arrange for individual staff follow-up showed a remarkable improvement in the control of blood pressure: 10% in 3 months.<sup>6</sup> The quality improvement process Gindlesberger led in one clinic, albeit a large one, if rolled out to the regional multispecialty clinic of which it is a part would have an enormous consequences for prevention and management of one of the least well-managed chronic health problems. Taking this policy to all primary care clinics

in the state would not require new technology, just persistence and people. A policy of consistency, teamwork, and communication works. But it takes leadership.

Finally, while persistent muscle aches may be among the most common reasons for seeing a physician, Policepatil and colleagues<sup>7</sup> report that screening for creatine kinase (CPK) might not be a bad choice to rule out common problems or, in this case of severe hypoparathyroidism, very uncommon problems. That the patient in question took 6 years to enter treatment after the initial elevated CPK says something about a need for all of us to aggressively follow up communication between primary care clinicians and specialty consultants. It is a problem we all share but a “follow up” box on our electronic health record and a staff designated to find folks might help the problem and help everyone, including clinicians, rest more easily at night.

## References

1. Guzmán A, Walsh MC, Smith SS, Malecki KC, Nieto FJ. Evaluating effects of statewide smoking regulations on smoking behaviors among participants in the Survey of the Health of Wisconsin. *WMJ*. 2012;111(4):166-171.
2. Colmenares P. Proposal for a state health technology assessment program. *WMJ*. 2012;111(4):176-182.
3. Parker-Pope T. Too much medical care? New York Times. July 25, 2012. <http://well.blogs.nytimes.com/2012/07/25/too-much-medical-care/?ref=science>. Accessed July 30, 2012.
4. Sommers BD, Baicker K, Epstein AM. Mortality and access to care among adults after state Medicaid expansions. *N Engl J Med*. [published online ahead of print July 25, 2012]. <http://www.nejm.org/doi/full/10.1056/NEJMsa1202099>. Accessed July 30, 2012.
5. Haas JM, Gundrum JD, Rathgaber SW. Comparison of time to endoscopy and outcome between weekend and weekday hospital admissions in patients with upper gastrointestinal hemorrhage. *WMJ*. 2012;111(4):161-165.
6. Gindlesberger DR. Office-based nursing staff management of hypertension in primary care. *WMJ*. 2012;111(4):183-184.
7. Policepatil SM, Caplan RH, Dolan M. Hypocalcemic myopathy secondary to hypoparathyroidism. *WMJ*. 2012;111(4):173-175.

## Transformational Leadership

The Wisconsin Medical Society's Transformational Leadership webinars assist physicians and other health care professionals with developing strategic plans for their leadership growth as it relates to:

- Using data
- Making improvements
- Supporting physicians' professional development
- Facilitating education about business and management
- Individual learning plans for leadership

Continuing medical education credit is available for the following Transformational Leadership webinars; details are online at [www.wisconsin-medicalsociety.org/education](http://www.wisconsin-medicalsociety.org/education). The 75-minute webinars begin at noon.

### Improving Physician Performance through CME: Linking CME to QI and Engaging in PI CME

(Wednesday, August 22): Participants will learn about Performance Improvement CME (PI CME) and how it can be applied to engage individual physicians and their teams in system and quality improvement initiatives.

### Leadership for Effective Coding

(Thursday, August 23): Participants will learn practical solutions to common practice management problems related to coding and billing, and the role of leadership in solving these problems.

To learn more call 866.442.3820  
or visit [www.wisconsinmedicalsociety.org/education](http://www.wisconsinmedicalsociety.org/education).



Wisconsin Medical Society  
Your Doctor. Your Health.

# WMJ

## Let us hear from you

If an article strikes a chord or you have something on your mind related to medicine, we want to hear from you. Submit your letter via e-mail to [wmj@wismed.org](mailto:wmj@wismed.org) or send it to *WMJ* Letters, 330 E Lakeside St, Madison, WI 53715.

advancing the art & science of medicine in the midwest

**WMJ**

*WMJ* (ISSN 1098-1861) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

© 2012 Board of Regents of the University of Wisconsin System and The Medical College of Wisconsin, Inc.

**Visit [www.wmjonline.org](http://www.wmjonline.org) to learn more.**