Rural Wisconsin
Health Cooperative

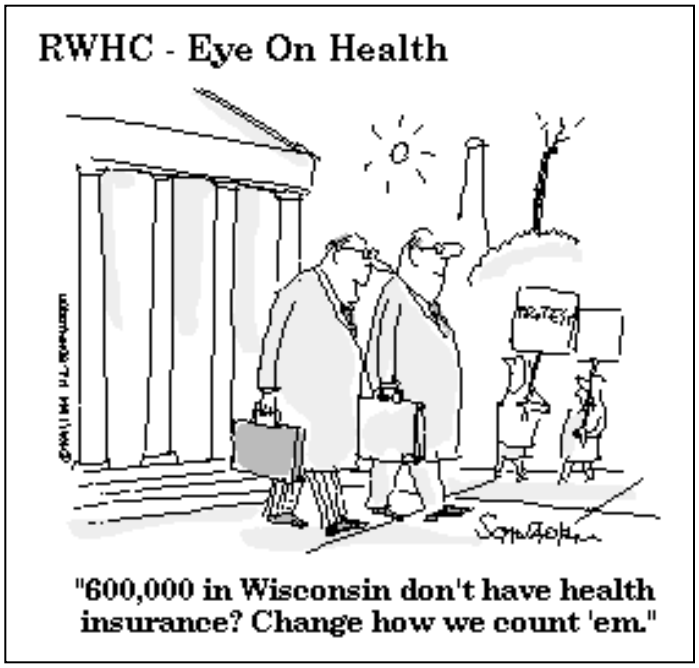
Eye On Health

Review & Commentary on Health Policy Issues from a Rural Perspective - November 1st, 1999

Is It 200,000 or 600,000 Wisconsin Uninsured?

Wisconsin's rate of uninsured went from 8 percent in 1997 to 12 percent in 1998 according to the US Census Bureau. (Uninsured was conservatively defined as "without health insurance coverage during the entire 1998 calendar year;" obviously the number would have been even higher if the definition was for only part of the year.) But according to State Secretary of Health & Family Services Joe Leean, Wisconsin's rate went down -- from 5 percent to 4 percent. For years, Wisconsin (with Hawaii) has lead all states in Census Bureau reports, but now Wisconsin is ranked fourteenth.

Many in-state commentators have previously expressed concerns that not enough is being done to inform potential Medicaid enrollees that they can still access Medicaid even when they are not receiving other benefits due to the Wisconsin Works welfare reform initiative. What else might explain the possible change? This is too important of an issue to leave to dueling headlines about who has the right number, hopefully one or more neutral parties can add some light on that question.



From *U.S. Census Bureau Press Release,* 10/4/99:

"An estimated 44.3 million people in the United States, or 16.3 percent of the population, had no health insurance in 1998 -- an increase of about 1 million people since 1997, the Commerce Department's Census Bureau reported today."

" 'Those more likely to lack health insurance continue to include young adults in the 18- to 24-year-old age group, people with lower levels of education, people of Hispanic origin, those who work part time and people born in another country,' said Jennifer Campbell, author of *Health Insurance Coverage: 1998*."

"The status of children's health-care coverage did not change significantly from 1997 to 1998, with 11.1 million, or 15.4 percent, of all children under age 18 uninsured."

"Other highlights from the report include:

- Based on comparisons of two-year averages (1997-98 versus 1996-97) the proportion of the population without health insurance fell in eight states (Arkansas, Florida, Iowa, Massachusetts, Missouri, Nebraska, Ohio and Tennessee) and rose in 16 others (Alabama, Alaska, California, Illinois, Indiana, Maryland, Michigan, Montana, Nevada, North Dakota, Pennsylvania, South Dakota, Utah, West Virginia, Wisconsin and Wyoming).
- **About one-half of poor full-time workers did not have health insurance in 1998.**
- The Medicaid program insured 14.0 million poor people, but **about one-third of all poor people had no health insurance**.
- The proportion of people without health insurance ranged from 8.3 percent among those in households with annual incomes of $75,000 or more, to 25.2 percent among those in households with less than $25,000 in income.
- A higher proportion of the foreign-born population (34.1 percent) was without health insurance than of the native population (14.4 percent)."

"At the very least, the eerie political silence around 44.3 million uninsured Americans is breaking." *NYT*, 10/10/99

"Data are from the March 1999 Current Population Survey. Statistics from sample surveys are subject to sampling and non-sampling errors."

The Rest of the Story

From "Official Disputes Insurance Figures" in the *Wisconsin State Journal*, 10/15/99:

"A U.S. Census Bureau report saying the number of Wisconsin residents without health insurance grew by 50% last year is flawed, State Secretary of Health and Family Services Joseph Leean said Wednesday."

"The number of residents uninsured all year actually dropped from 5 percent in 1997 to 4 percent last year, he said."

"That's afar cry from the Census Bureau estimate of an increase from 8 percent to 11.8 percent Leean said in a statement."

"The bureau used a smaller sample than the state and did not directly ask residents about being uninsured, which could lead to an exaggerated number of people who do not have health insurance, he said."

"Family advocates in the state were concerned by the census figures, which were released earlier this month."

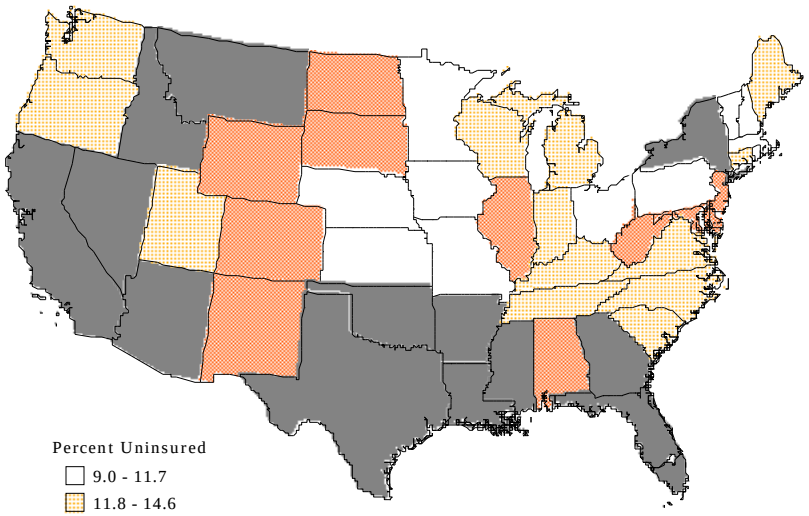
" 'Welfare reform has decreased health-care coverage across the country but especially in Wisconsin.' said Linda Hall, a health policy analyst with the Wisconsin Council on Children and Families."

" 'In the wake of welfare changes, many parents who left welfare simply are not aware that they are still eligible for the Medicaid program and some others make just a little too much to be eligible for the program,' she said."

" 'That is why the state created the BadgerCare program,' Leean said. The program provides health insurance for people who cannot afford private insurance."

"With 27,291 residents enrolled in the program, BadgerCare is already a success, Leean said."

People in the United States Without Health Insurance Coverage During Entire 1998 Calendar Year



Data: U.S. Census Bureau, 10/99
Graph: RWHC, 10/99

Health Care Reform in the *Washington Post*

From "Health Care Reform" by Paul Starr in *The Washington Post*, 10/17/99:

"Today, unemployment has fallen to its lowest point in more than a quarter-century, inflation is nearly flat, the federal deficit has turned to surplus, even crime rates are falling--in short, America seems to have turned around. Thus, the continued increase in the numbers of uninsured (up 1 million in 1998 to 44.3 million, or 16.3 percent of the population, according to the Census Bureau) is especially disturbing because it seems out of step with the dominant trends: If more people are becoming uninsured in good times, what will happen in a recession?"

"Meanwhile, the managed-care revolution has quieted concerns about rising health care expenditures. Instead, in the battle over patients' rights, the excesses of cost containment are the issue. And in the debate about the uninsured, the projected growth in the federal surplus would provide money for reform that wasn't available before."

"Perhaps most important, the health reform efforts emerging today are different from those of the early '90s precisely because the earlier ones failed, and those interested in change have tried to learn from the experience."

"Consider how the circumstances of the late '90s and the defeat of the Clinton plan are shaping the debate about health care in the presidential race. While Republican front-runner and Texas Gov. George W. Bush has yet to address the issue, it is central for the leading Democrats: Bill Bradley has introduced a major new federal initiative to cover the uninsured, while Vice President Gore has focused on coverage for low-income families with children. Both Democrats find money for their proposals in the budget surplus. Neither tries to set up any new governmental structures. Neither emphasizes cost containment as a goal. Both avoid mandates on employers, controls on insurers or measures that could antagonize physicians and other providers.

Both try to keep their plans simple by limiting their scope."

"The proposals from both Gore and Bradley reflect a shift back to the politics of redistribution. In the early '90s, reformers were hoping to create a coalition for health reform that included middle-class people, who, even if they had insurance, often faced such problems as insurance exclusions for "preexisting conditions." Many of these issues, however, were dealt with in the Health Insurance Portability Act that Congress passed in 1996 or are being addressed in pending patients' rights legislation. That leaves the problem of the uninsured, and it complicates the task of creating a broad enough base of support for further reform."

"Will these new efforts to extend health coverage turn out any differently from the Clinton effort? It depends partly on the outcome of the 2000 campaign: A Democratic Congress and president are far more likely to take up the issue, and if the next president turns out to be Bradley, he would find it difficult to walk away from the single biggest promise of his campaign. While Bush has not yet talked about the uninsured, his support for the Republican tax cut removes the chief source of revenue for expanded coverage. In Texas, 25 percent of the population is uninsured, and the plight of these people has not been a priority for their governor."

"Health insurance remains a key dividing issue between Democrats and Republicans. Now that America has rebounded economically and fiscally, how will we use the dividends of growth? That's the underlying question for the country--a very different one from that of 1993--as health care comes back into the national debate."

The **Rural Wisconsin Health Cooperative**, begun in 1979, intends to be a catalyst for regional collaboration, an aggressive and creative force on behalf of rural communities and rural health. RWHC promotes the preservation and furthers the development of a coordinated system of rural health care which provides both quality and efficient care in settings that best meet the needs of rural residents in a manner consistent with their community values.

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RWHC is actively recruiting for an individual to join our senior management team as director of product & member development. Reporting to the executive director, this new position, will be responsible for strategic planning, marketing, new product development, grant writing and member relations. He or she will be an entrepreneur with a proven track record, a deep commitment to rural health and demonstrated skills at collaboration and team building. The appropriate background is flexible with a salary/benefit package being negotiable. Resumes should be sent to RWHC, 880 Independence Lane, P. O. Box 490, Sauk City, WI 53583 c/o Monica Seiler or to mseiler@rwhc.com.

Health Care Reform in the *New York Times*

From "RX REDUX, Fevered Issue, Second Opinion" by Robin Toner in *The New York Times*, 10/10/99:

"The most popular enemy on Capitol Hill last week was not the bureaucrats in 'big government,' as it was during the struggle over Mr. Clinton's 1,342-page health plan, but the bureaucrats in health maintenance organizations and other forms of managed care. Government regulation, in fact, was presented as a necessary check on out-of-control H.M.O.s; Representative Charlie Norwood, a conservative Republican dentist from Georgia who was elected to Congress in 1994 as a fierce opponent of the Clinton plan, was now standing shoulder to shoulder with the Democrats and Mr. Clinton, leading the charge against H.M.O.s."

"Andrew Kohut, the director of the Pew Research Center for People and the Press, says this concern about the power of H.M.O.s has made health care more of an issue for middle-class working people with coverage."

"The percentage of people polled by the Pew Center who say 'reforming health care' should be a top priority rose from 56 percent in January 1997 to 69 percent in January 1999. A particularly big jump occurred among men aged 30 to 49, Mr. Kohut said. This helps explain why a Republican-controlled House, much of whose leadership is deeply uncomfortable with government regulation, passed the managed care reform bill by such a lopsided vote last week."

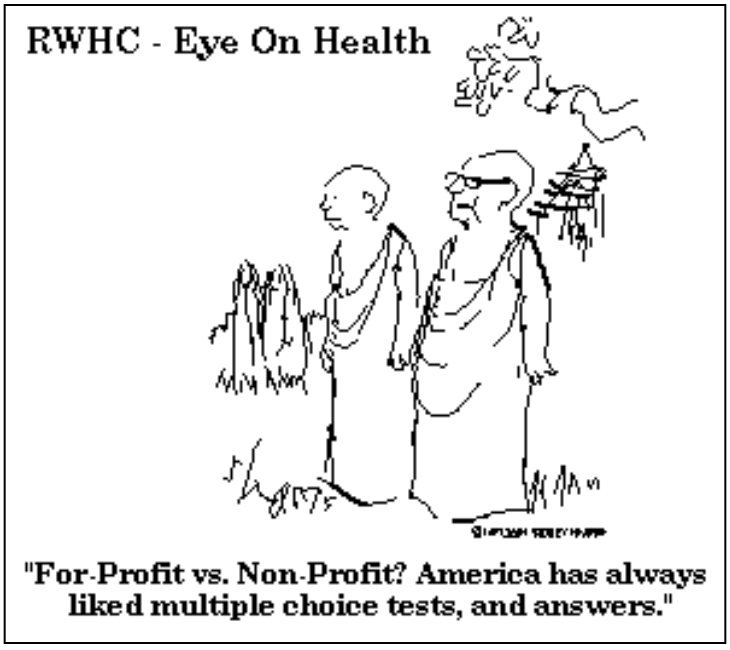
"The managed care backlash is only one piece of the health care puzzle, although perhaps the easiest piece politically. To many health care planners and lawmakers on Capitol Hill, the primary concern is the steady rise in the uninsured, many of whom are low- and moderate-income workers."

" 'I worry what will happen when there's a recession,' said Dr. Judith Feder, dean of policy studies at Georgetown University and a former top health adviser to the Clinton Administration. 'If low-wage workers are in trouble in good times, where will they be in bad?' "

"Still, politicians have only recently begun to venture near the issue again; there are no easy fixes for the uninsured, big solutions carry big price tags and the cost, complexity and political ham-handedness of the Clinton plan are painful, lingering memories."

"Deborah Steelman, who is advising Gov. George W. Bush of Texas on health care, said the issue is 'really on his radar screen,' particularly the plight of low-income workers who lack insurance, but she also indicated that his health care proposal was not imminent."

"In fact, the constituency for 'health care reform' is divided and complicated, several experts said. Some voters are insured but angry at their H.M.O.s. Some voters are motivated by the plight of the uninsured, and others are mostly concerned about Medicare and coverage for prescription drugs."



"Moreover, what some experts see as the most worrisome trend in health care -- rising costs -- is the most difficult to discuss politically. Cost-control in health care is a risky business: the cost-containment provisions in the Clinton plan led to fears of rationing. And the gatekeepers and referral requirements of managed care led to one horrific anecdote after another on the floor of the House last week about dying children and heedless bureaucrats on the other end of the phone."

"Some experts worry that the managed care revolution has already squeezed out the easy savings. 'I've thought for many years that there was an underlying upward trend in medical spending because of the increase in new capabilities in medicine, which we're now seeing fairly dramatically in pharmaceuticals,' said Joseph Newhouse, a professor of health policy and management at Harvard. He suggested that after 'some one-time gains from the managed care revolution' that upward trend may be reasserting itself."

"The complex, interlocking nature of these issues pushed the Clinton Administration -- and many other health planners, for that matter -- to go for a grand, comprehensive plan. Working on these problems with incremental measures, step by step, is harder, some health planners say, but is probably all the political system can handle."

"Advocates for the uninsured take heart from the fact that, at the very least, the eerie political silence around 44.3 million Americans is breaking."

For-Profit Health Care--The Dark Side

From "When Money Is the Mission -- The High Costs of Investor-Owned Care" by Steffie Woolhandler, M.D., M.P.H and David U. Himmelstein, M.D. in *The New England Journal of Medicine*, 8/5/99:

"Market medicine's dogma, that the profit motive optimizes care and minimizes costs, seems impervious to evidence that contradicts it. For decades, studies have shown that for-profit hospitals are 3 to 11 percent more expensive than not-for-profit hospitals; no peer-reviewed study has found that for-profit hospitals are less expensive. For-profit hospitals spend less on personnel, avoid providing charity care, and shorten stays. But because they spend far more on administration and ancillary services than not-for-profit hospitals, their total costs are higher."

"We have recently shown that investor-owned health maintenance organizations (HMOs) have lower quality-of-care scores than not-for-profit HMOs. Why is it that the market does not weed out firms that offer inferior products at inflated prices? The simplest explanation is that the competitive free market described in textbooks does not and cannot exist in health care for several reasons."

"**First, many hospitals exercise virtual monopolies.** Roughly half of Americans live in areas too sparsely populated to support medical competition. For-profit chains have concentrated their purchases of hospitals in areas where they can control much of the market."

"**Second, an informed choice by consumers, which results in efficiency, according to market theory, is a mirage in health care.** Many patients (e.g., frail elderly patients and those who are seriously

ill, who account for the largest proportion of hospital care) cannot comparison shop, reduce their demand for services when suppliers raise prices, or accurately appraise quality. Patients rely on their physicians' advice. Even lucid, educated patients may have difficulty gauging whether a 7-day hospital stay is better than the more lucrative alternative (for the hospital) of a 2-day stay followed by 12 days in a hospital-owned nursing facility."

"**Third, if purchasers cannot accurately appraise a product, they cannot determine whether its price is fair. Efforts to evaluate care are no match for profit-driven schemes to misrepresent it.** Doctors and hospitals create the data used to monitor them. When used as the basis for financial rewards, such data have the accuracy of a tax return. By reporting minor chest discomfort as angina rather than chest pain, for example, a hospital can increase its DRG payment by 9.2 percent and factitiously improve the outcome of treatment for angina. Exploiting loopholes is more lucrative than improving efficiency or quality, and creative cheaters have a decisive market advantage."

"But our main objection to investor-owned care is not that it wastes taxpayers' money, nor even that it causes modest decrements in quality. The most serious problem with investor owned care is that it embodies a new value system that severs the communal roots and samaritan traditions of hospitals, makes doctors and nurses the instruments of investors, and views patients as commodities."

"In nonprofit settings, avarice vies with beneficence for the soul of medicine; investor ownership marks the triumph of greed. A fiscal conundrum constrains altruism on the part of not-for-profit hospitals: No money, no mission. With for-profit hospitals, the money is the mission; form follows profit."

"In our society, some aspects of life are off-limits to commerce. We prohibit the selling of children and the buying of wives, juries, and kidneys. Tainted blood is an inevitable consequence of paying blood donors; even sophisticated laboratory tests cannot supplant the gift-giving relationship as a safeguard of the purity of blood. Like blood, health care is too precious, intimate, and corruptible to entrust to the market."

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Beyond a Sound Bite, What Is Community?

From *The Different Drum: Community Making and Peace*, M. Scott Peck, 1987, p. 59:

"In our culture of rugged individualism -- in which we generally feel that we dare not be honest about ourselves, even with the person in the pew next to us -- we bandy around the word 'community.' We apply it to almost any collection of individuals -- a town, a church, a synagogue, a fraternal organization, an apartment complex, a professional association -- regardless of how poorly those individuals communicate with each other. It is a false use of the word."

"If we are going to use the word meaningfully we must restrict it to a group of individuals who have learned how to communicate honestly with each other, whose relationships go deeper than their masks of composure, and who have developed some significant commitment to 'rejoice together, mourn together' and to 'delight in each other, make others' conditions our own.' But what, then, does such a rare group look like? How does it function? What is a true definition of community?"

Communities Reclaiming For-Profit Castoffs

From "Communities Try To Reclaim Hospitals" by J. Duncan Moore Jr. and Chris Rauber in *Modern Healthcare*, 9/27/99:

"Two small communities thousands of miles apart, one in Arkansas and the other in California, are working hard to reclaim their hospitals as locally operated not-for-profit institutions after years of long-distance for-profit ownership."

"Officials of Triad Hospitals announced Sept. 22 that they had reached a verbal agreement to sell 75-bed DeQueen (Ark.) Regional Medical Center to DeQueen General Hospital Foundation. Triad is the Dallas-based company that Columbia/HCA Healthcare Corp. spun off in May."

"Fifteen years ago, when DRGs were introduced, the city of DeQueen lost its nerve and sold the hospital to Hospital Corp. of America, which later merged with Columbia. After Triad was spun off, it put the hospital up for sale."

"The company had been preparing to close the hospital if it couldn't find a buyer... The town's residents hadn't wanted to lose their hospital, so they decided to buy it, Gallagher said... Since DeQueen lacks the expertise to run a hospital, it has asked Christus St. Michael Health System in Texarkana, Texas, to man-

age the facility. The town will retain a strong voice in governance, however, the mayor said."

"About 50 miles north of San Francisco, residents of Sebastopol are hoping to transfer control of their local facility, 49-bed Palm Drive Hospital, to a new tax-supported public hospital district. In late February, a limited liability company formed by local businesses and community leaders bought the hospital from Columbia, which was planning to close the facility."

"After the local limited liability company bought the hospital for about $2.8 million, including transaction fees and minor infrastructure improvements, it leased the facility to a new not-for-profit foundation, West (Sonoma) County (Calif.) Healthcare Foundation, for $1 per year. Now the local owners want to recoup their money by selling the hospital to a new hospital district, which would operate it as a public facility."

"They're engaged in a petition drive to put an initiative on the April 2000 ballot asking residents whether they support a new hospital district. The district could issue the $5.9 million in bonds needed to defray Palm Drive's $2.8 million purchase price and to make necessary capital improvements, supporters said."

" 'The business of for-profit hospitals is to make money. The mission of local control is to provide quality healthcare,' said Bill Wood, a local businessman who is running the ballot campaign."

Thinking Locally, Acting Globally

From the Nobel Foundation, <www.nobel.se/>:

"Nobel Peace Prize 1999--The Norwegian Nobel Committee has decided to award the Nobel Peace Prize for 1999 to Doctors Without Borders (Médecins Sans Frontières), in recognition of the organization's pioneering humanitarian work on several continents."

"Since its foundation in the early 1970s, Doctors Without Borders has adhered to the fundamental principle that all disaster victims, whether the disaster is natural or human in origin, have a right to professional assistance, given as quickly and efficiently as possible. National boundaries and political circumstances or sympathies must have no influence on who is to receive humanitarian help. By maintaining a high degree of independence, the organization has succeeded in living up to these ideals."

The entire *Encyclopedia Britannica* is now online at <www.britannica.com>.

"By intervening so rapidly, Doctors Without Borders calls public attention to humanitarian catastrophes, and by pointing to the causes of such catastrophes, the organization helps to form bodies of public opinion opposed to violations and abuses of power."

"In critical situations, marked by violence and brutality, the humanitarian work of Doctors Without Borders enables the organization to create openings for contacts between the opposed parties. At the same time, each fearless and self-sacrificing helper shows each victim a human face, stands for respect for that person's dignity, and is a source of hope for peace and reconciliation."

Any of Us May Become Health Care Workers

Eighty percent of individuals suffering from dementia are cared for at home by family members but these caregivers frequently have little training/support for what under the best of situations is a very challenging role. The Family Caregiver Alliance based in San Francisco is one of the groups who are starting to address the needs of these families. Below are just a few sections from one of their fact sheets "Behavior Management Strategies" as an example of the information available at their website:

www.caregiver.org

"Caring for a loved one with dementia poses many challenges for family caregivers and health care service providers. Bizarre behaviors and memory problems make it to leave the impaired person alone, even for a short time. These behaviors cause embarrassment, frustration, and exhaustion in those providing the care. You will probably need to explore what works best for you and your relative."

"This fact sheet provides some practical suggestions and strategies for dealing with common behavior problems in dementia patients."

Communication

"Eliminate distractions. Turn off the TV or radio when talking to the confused person and maintain eye contact to help keep his/her attention."

"Use short, simple sentences and give only one directive at a time. Avoid sentences phrased in the negative. Instead of saying: 'Don't go outside' say: 'Stay inside'."

"Monitor the tone and level of your voice while talking to the person with dementia. Gestures, pantomime, and pictures can help you get the point across. Use nonverbal cues like exaggerating a smile or a nod."

"Avoid speaking down to your loved one. Speak slowly and clearly, but in an adult manner. Don't be afraid to repeat what you say several times."

"Refrain from discussing topics your relative can no longer remember."

"Encourage him/her to talk about familiar places, interests, and past experiences."

Wandering

"You may want to change the locks on your doors. Consider a lock where a key is required for exit and entry. A sliding bolt installed at floor level may be effective."

"Try a barrier like a curtain or colored streamer to mask the door. A 'stop' sign or 'do not enter' sign also may help. Another technique is to place a black mat or paint a black space on your front porch; this may appear to be an impassable hole to the dementia patient."

" 'Child-safe' plastic door knob cover are available at children's departments. Special electronic devices also are sold by private companies to prevent wandering. Put away essential items such as the confused person's coat, purse, or glasses. Some individuals will not go out without certain articles."

"Have your relative wear an identification bracelet."

"Maintain a current photo should you need to report your loved one missing. Consider leaving a copy on file at the police department."

"Tell neighbors about your relative's wandering behavior and make sure they have your phone number."

"Allow for regular exercise to minimize restlessness."

Angry/Agitated Behavior

"Obtain a doctor's evaluation to determine if there is a medical cause, or if medications are causing adverse side-effects. Reducing caffeine intake may be helpful as well. In severe cases, medication can be prescribed by a neurologist to keep a dementia patient calm."

"Reduce outside noise, clutter, or number of persons in the room. Maintain structure by keeping the same routines. Keep objects and furniture in the same places. Help orient the confused person with calendars and clocks."

"Familiar objects and photographs offer a sense of security and can facilitate pleasant memories."

"Try gentle touch, soothing music, reading, or walks to quell agitation."

"Speak in a reassuring voice. Do not try to restrain the person during a catastrophic reaction. Keep dangerous objects out of reach."

"If agitation increases at night, a night light may reduce confusion."

"Limit choices to minimize confusion. Instead of asking 'What would you like for lunch, soup or a sandwich?' say 'Here's some soup.' "

"Acknowledge the confused person's anger over the loss of control in his/her life. Tell them you understand their frustration."

"Distract the person with a snack or an activity. Allow him/her to forget the troubling incident. Confronting a confused person may increase anxiety."

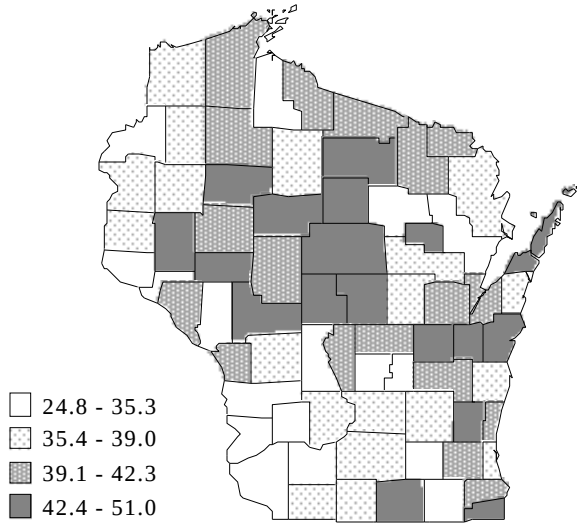
We Must Detect Breast Cancer Earlier

By request, this article is an edited reprint from an earlier *Eye On Health*; updated Medicare data is not yet available. Medicare data for Wisconsin and the statements below are from the following Federal website:

www.hcfa.gov/stats/mamm/mammover.htm

"Older women face a greater risk of developing breast cancer than younger women. Yet older women do not

Percent Women Over 65 Years of Age With at Least One Medicare Paid Mammogram in 1994 or 1995



Data: HCFA 2/97
Graph: RWHC 12/97

take full advantage of the lifesaving potential of mammograms to detect breast cancer early, when it may be cured. The Department of Health and Human Services (DHHS) goal for the Year 2000 is for at least 60 percent of all older women to receive a mammogram and a clinical breast exam every two years."

"During the 1994-95 period, no State had reached the Year 2000 goal of 60 percent. Biennial rates of mammography services by State ranged from 32.2 to 48.4 percent. On average, Caucasians had higher biennial rates (range: 34.0 to 49.0 percent) than African Americans (range: 20.2 to 45.3 percent). However, most rates did increase slightly, between 1 and 4 percentage points, from the prior 1992-93 reporting period."

"When applied to the approximately 19.5 million elderly Medicare women who receive services in the fee-for-service sector, these percentages imply over 11.5 million elderly women have not received a mammogram in the past 2 years. When translated by race, these data imply approximately 10 million Caucasian women and 1.2 million African American women did not receive this important Medicare-covered service."

"Lacking any better data, it is reasonable that the lower than average Medicare mammogram rates can be generalized to younger women in the region as well."

State Has Primo Health Consumer WWW Site

From "State of Wisconsin Consumer Guide to Health Care Information For Better Health Care Choices" at:

www.dhfs.state.wi.us/guide/

"Searching the World Wide Web for health care information can be like looking for a needle in a haystack. The purpose of this guide is to help Wisconsin residents make better health care choices by providing easy access to useful information. To meet this goal, we have identified links to Wisconsin-based organizations and/or databases wherever possible. We have also provided links to the most comprehensive national. Over time, we hope to continue to expand access to Wisconsin-specific data and organizations." A sample of the information available through this site is as follows:

Getting Care--How to find and choose doctors, dentists, hospitals, nursing homes, and other types of health care providers?

- Looking for a doctor? Search a database: *AMA Physician Select*, an on-line doctor finder, provides information on nearly every U.S. licensed doctor.
- Looking for a dentist? Search a database: Find a dentist using the American Dental Association Member Directory.
- Looking for a hospital? Search a database*: Hospital Select*, a hospital locator that you can search by city or state, provides information on nearly every hospital in the U.S..
- Looking for a nursing home? Search a database: This nursing home database, from the Health Care Financing Administration, provides information about homes and their compliance with codes.
- Looking for home health care? Search a database: This is a link to the DHFS Home Health Agency Directory/Fact. This directory provides a listing of all home health care agencies in Wisconsin, their certification status (e.g., Medicare, Medicaid), services provided, staffing, and volume of services.
- Looking for a hospice? Search a database: This is a link to a list of hospices across the country compiled by National Hospice Organization.

Paying for Care--How to choose among your insurance options, and what to do if you have little or no insurance?

Dealing with Problems with Your Health Care--Who to contact if you have complaints about a doctor, hospital, other health care provider, or insurer?

Get the Most out of Your Health Care--Self-care help, tips on how to talk with your doctor, things to consider about surgery, and experimental or alternative therapies?

Learning and Coping--How to find information about specific conditions or injuries from sites on the Web?

Getting Help and Support for Your Situation--Links to information for diseases from Aids through Sickle Cell Disease?"