



## More aggressive organ procurement tactics stoke provider concern

Since the 2003 launch of an HHS campaign designed to boost retrieval rates among the nation’s 58 organ-procurement organizations, some providers say they have noticed a “clear change” in the aggressiveness of the groups’ approach to meeting the increasing national demand for donor organs, the *Washington Post* reports. While the Breakthrough Collaborative campaign has helped increase organ donations and shorten transplant waiting lists, some physicians and nurses interviewed by the *Post* say the improvements have come with a “discomforting rise in both subtle and overt pressure” on caregivers and families.

See story #1

## THIS DAY IN BRIEF

### Medical technology companies lobby against imaging payment cuts

Executives from several medical imaging equipment manufacturers this week met with members of the Bush administration to lobby against Physician Fee Schedule provisions that slash reimbursements for several diagnostic imaging procedures.

See story #2

### Health care groups gather to share ‘greening’ best practices

In an effort to reduce hospitals’ environmental footprint, the Health Research and Educational Trust is holding the first in a series of meetings today and tomorrow to share best practices for waste reduction, energy conservation, and other improvements.

See story #3

### WSJ analyzes ‘loophole’ in breast, cervical cancer coverage act

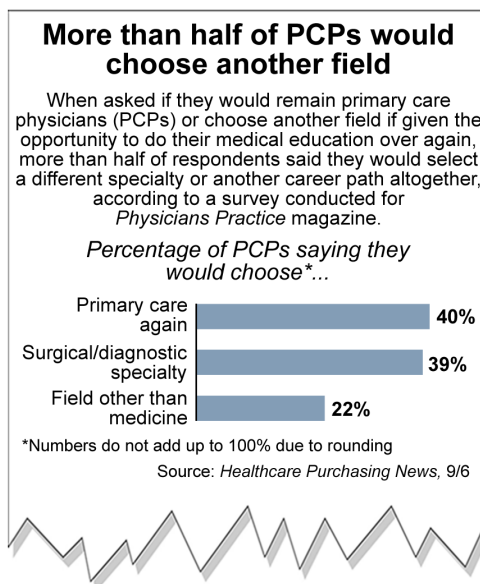
The *Wall Street Journal* today examines the plight of thousands of women who “get caught in a loophole” in the seven-year-old Breast and Cervical Cancer Prevention and Treatment Act, which allows uninsured women under age 65 who have been diagnosed with a malignancy in either tumor site to obtain Medicaid coverage for their treatment even if they do not satisfy other enrollment criteria.

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### Health Care Advisory Board announces 2007-2008 National Meeting Series

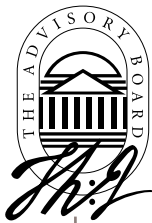
The Health Care Advisory Board is pleased to announce its 2007-2008 National Membership Meetings, which will center on developing and executing a future service line growth strategy.

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Thursday, September 13, 2007

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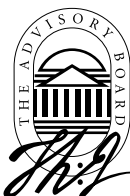
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## ► Today's Headlines

### 1 More aggressive organ procurement tactics stoke providers' concern

Since the 2003 launch of an **HHS** campaign designed to boost retrieval rates among the nation's 58 organ-procurement organizations (OPOs), some providers say they have noticed a "clear change" in the aggressiveness of the groups' approach to meeting the increasing national demand for donor organs, the *Washington Post* reports. While the Breakthrough Collaborative campaign has helped increase organ donations and shorten transplant waiting lists, some physicians and nurses interviewed by the *Post* say the improvements have come with a "discomforting rise in both subtle and overt pressure" on caregivers and families. The majority of U.S. hospitals, for example, have implemented protocols under which providers alert the local OPO within an hour of identifying a potential donor. OPO representatives also routinely scan patient records in search of possible donors and—in some cases—request that providers administer blood pressure treatments and other medications to maintain organ viability before obtaining the potential donor's or the family's consent. Furthermore, some OPOs have reportedly delayed identifying their role to potential donors' families, letting families assume they are members of the hospital medical staff or ambiguously characterizing themselves as end-of-life counselors. And in another move that has raised concern among some critics, OPOs have taken a "dual advocacy approach" in which they try to persuade families to donate by "describing dying patients desperate for organs"; others adopt a so-called "presumptive approach" that assumes families will consent to donation until proven otherwise.

Some physicians say the increasingly aggressive practices are particularly concerning because they coincide with a state-level push to give OPOs more latitude. In addition, critics reference the growing prevalence of organ donation after cardiac death but before patients have been declared brain dead—a practice recently spotlighted in a case in which a Los Angeles surgeon allegedly hastened a patient's death to procure his organs for transplantation (see related story in the Aug. 1 *Daily Briefing*). Organ-procurement advocates, however, note that "nothing is done that would harm a potential donor" and that any preliminary testing performed without consent helps spare families the pain of "agonizing about a donation only to discover that their loved one was not eligible," according to the *Post*. The president of the **Association of Organ Procurement Organizations** adds that "our job is to recover organs and save lives," noting that "we have to do that sensitively, honestly, and fairly...[with] the interests of the donors and families in mind" (Stein, 9/13).

### 2 Medical technology companies lobby against imaging payment cuts

Executives from several medical imaging equipment manufacturers this week met with members of the Bush administration to lobby against Physician Fee Schedule provisions that slash reimbursements for several diagnostic imaging procedures, *The Hill* reports. **CMS** imposed the imaging cuts, which took effect in January, as part of its effort to comply with the 2005 Deficit Reduction Act (DRA); 2006 data indicated that Medicare spending on medical imaging—including MRI scans, PET scans, and X-rays—nearly doubled between 2000 and 2005, while average annual program spending grew at a rate of only 15.7%. Adding to the concern among manufacturers—who say that the DRA-related cuts have translated into a 20% average fee reduction for imaging services—House Democrats have proposed cutting roughly \$400 million across the next five years for imaging service fees under legislation reauthorizing the State Children's Health Insurance Program. While the fee cuts would specifically target payments made to physicians and imaging facilities, trade groups representing imaging manufacturers—including **AdvaMed**, the **Access to Medical Imaging Coalition**, and the **National Electrical Manufacturers Association's** Medical Imaging and Technology Alliance division—have suggested that the legislation may discourage physicians from

purchasing their products and curtail Medicare patients' access to certain expensive technologies. Imaging technology manufacturers have found allies in Congress, with Rep. Carolyn McCarthy (D-N.Y.) and Sen. Jay Rockefeller (D-W.Va.) sponsoring bills that would postpone the cuts for two years; however, the administration later this year is expected to issue additional regulations that could further cut imaging payments (Young, 9/12).

### 3 Health care groups gather to share 'greening' best practices

In an effort to reduce the environmental footprint of hospitals and the organizations with which they do business, the **Health Research and Educational Trust (HRET)**—an affiliate of the **American Hospital Association**—is holding the first in a series of meetings today and tomorrow designed to share best practices for waste reduction, energy conservation, and other improvements, the *Chicago Tribune* reports. HRET's president says the sessions will bring together representatives from the **American Nurses Association**, **Hospira Inc.**, the **Cleveland Clinic**, **Kaiser Permanente**, and other organizations interested in improving the environmental stewardship of U.S. hospitals, which produce more than 6,500 tons of largely solid waste daily, according to the not-for-profit **Hospitals for a Healthy Environment**. To date, some hospitals have sought to become more environmentally friendly by replacing certain medical equipment with Mercury-free products and using special types of paving material in parking lots that facilitates water's return to aquifers. Device makers, meanwhile, are reducing the use of polyvinyl chloride in medication-delivery products amid concerns that the compound can cause environmental harm when incinerated and may threaten patient safety in some cases (Japsen, 9/12).

### 4 WSJ analyzes 'loophole' in breast, cervical cancer coverage act

In a front-page story today, the *Wall Street Journal* examines the plight of thousands of women who "get caught in a loophole" in the seven-year-old Breast and Cervical Cancer Prevention and Treatment Act, which allows uninsured women under age 65 who have been diagnosed with a malignancy in either tumor site to obtain Medicaid coverage for their treatment even if they do not satisfy other enrollment criteria. However, 21 states currently take advantage of an "escape hatch" in the legislation under which they can opt to extend coverage only to women diagnosed at clinics that receive federal cancer-detection program funding. To illustrate the trials faced by women in states with the more restrictive approach, the *Journal* profiles the case of the late Shirley Loewe, an uninsured Texas resident who was diagnosed with inflammatory breast cancer in 2003 at a facility that does not receive federal cancer-detection funding. The *Journal* notes that in receiving her diagnosis at that particular center rather than a federally funded clinic nearby, Loewe—whose \$15,000-per-year income was too high to qualify for Medicaid otherwise—"unwittingly" sacrificed her eligibility for public coverage under the act. Her ensuing quest to receive care took her to "five hospitals, two clinics, two charitable organizations, and two nursing homes in two states," according to the *Journal*, which adds that Loewe was "denied assistance or care at least six times along the way for reasons that ranged from not being poor enough to not being sick enough." The *Journal* reports that as of Sept. 1, Texas had changed its policy to cover eligible women diagnosed at any location (Carreyrou, 9/14). The full article is available on the *Journal's* [website](#) (subscription required).

## ► From the Advisory Board

### **5 Health Care Advisory Board announces 2007-2008 National Meeting Series**

The Health Care Advisory Board is pleased to announce its 2007-2008 National Membership Meetings—16 sessions scheduled at locations nationwide starting this fall that will center on developing and executing a future service line growth strategy. The first day of the meeting will focus on best practices for identifying the “right” strategic portfolio for short- and long-term success and optimizing service line alignment and organizational design. In particular, the meetings will present research on creating a compelling patient experience by framing hospital services around care episodes and consumer needs. The second day of the series, meanwhile, will showcase Innovations Center work on the future of three strategically vital service lines—cardiovascular care, neurosciences, and orthopedics—and report on competitive outlooks, disruptive technologies, and emerging differentiation strategies.

#### **For more information**

To learn more about the agenda and register for a meeting, please visit the Health Care Advisory Board [website](#) on Advisory.com. Members may contact Neha Shah at 202-266-5887 or [shahn@advisory.com](mailto:shahn@advisory.com) with questions.

### **6 OptiLink to detail system’s ability to help Ill. hospitals meet nurse staffing mandates**

Amid growing mandates regarding minimum nurse staffing levels in Illinois and elsewhere, the Advisory Board’s OptiLink division—which offers nursing workforce management technology—is pleased to announce a teleconference titled “A Better Measure of Nursing Workload” on Thursday, Sept. 20 from 11 a.m. to 12:30 p.m. ET. Illinois Gov. Rod Blagojevich (D) recently signed legislation requiring all Illinois hospitals to implement comprehensive, acuity-based nurse staffing plans. Adding to the state’s Hospital Report Card Act—which takes effect Jan. 1, 2008—Illinois is increasingly regulating how hospitals manage staffing based on the specific needs of their patients. The Advisory Board’s OptiLink system is equipped to help hospitals meet Illinois regulations while simplifying reporting processes and improving hospitals’ ability to manage labor costs.

This interactive teleconference will review the value and power of acuity systems, compare task-based systems with professional judgment systems, and present statistical results of professional judgment systems. The session will also include a brief demonstration of OptiLink’s best-in-class patient classification system, which measures true nursing workload and accounts for patient volume, patient turnover, and patient acuity. OptiLink is pleased to have Steven H. Shaha, Ph.D., D.B.A.—a nationally renowned acuity measurement expert—as a featured speaker. Shaha has lectured around the world on patient classification and acuity measurement systems and has personally worked with a range of nursing organizations to help them implement methodologies for balancing patient needs with staffing requirements.

#### **For more information**

While the teleconference should be of particular interest to Illinois hospitals given current regulatory mandates, the session is open to anyone interested in this topic. To learn more about the teleconference or OptiLink in general, please contact Katy Shipley at 202-266-5919 or [shipleyk@advisory.com](mailto:shipleyk@advisory.com).

## ► Regional Round-up

### 7 Around the nation: Bite-sized hospital and health industry news



- **California:** County supervisors have approved an additional \$18 million in funding for the construction of the **County-University of Southern California Medical Center** complex, which has exceeded initial budget projections by more than \$80 million to date. The extra spending will help “cover alterations or correct errors” in the original construction plan; city officials add that the increasing cost of building materials has also driven up expenses. Construction of the 600-bed complex—endorsed by county commissioners in 1998 and launched in 2002—is about a year behind schedule, but the hospital should be ready to open by next spring (Rosenblatt, *Los Angeles Times*, 9/12).
- **Georgia:** Andrew McKelvey, the founder of the company that owns the Monster.com job website, has donated \$5.4 million to researchers at **Emory School of Medicine’s** Andrew McKelvey Lung Transplantation Center, which was named for the benefactor following his \$20 million gift in 2001. The money will be used for research initiatives and new laboratories at the facility, which is the state’s only lung transplant program and expects to perform up to 27 lung transplants this year—double the number that it completed in 2001 (Oliviero, *Atlanta Journal-Constitution*, 9/10).
- **Missouri: Cass Medical Center** will soon break ground on a \$55 million replacement hospital in Harrisonville. The new facility is expected to open in mid-2009 and will be licensed for 35 beds (*Kansas City Business Journal*, 9/11).
- **Michigan: Beaumont Hospitals** this week received approval to proceed with plans to build a \$70 million medical center in Commerce Township. Construction of the 159,000-square-foot project—which will include a freestanding emergency center; physician offices; a women’s health center; and space for rehabilitation, diagnostic imaging, and laboratory services—is scheduled to begin in November (Anstett, *Detroit Free Press*, 9/11; Beaumont Hospitals website, accessed 9/12).
- **New Jersey: Saint Barnabas Health Care System** has received approval from the State Health Planning Board to close **Union Hospital** by the end of the month. The system asserted that the facility was not a full-service or safety-net hospital and did not offer inpatient obstetric, pediatric, or psychiatric services or operate outpatient clinics. Saint Barnabas also said that closing the facility would help improve the efficiency of acute care delivery in the region, adding that most area hospitals posted occupancy rates of less than 60% last year. The president of Union’s medical staff, however, asserted that the facility’s closure leaves “a gap in...care that definitely was necessary for this community” (Jett, *Newark Star-Ledger*, 9/12).
- **Texas: Baylor University** College of Medicine has received a \$100 million gift from Houston Texans owner Robert McNair and his wife Janice. The gift—the largest in the school’s history—will fund research in areas that have “touched [the McNair] family,” including breast cancer, pancreatic cancer, and juvenile diabetes. In recognition of the gift, Baylor plans to name the campus on which it is currently building its Baylor Clinic and Hospital after the McNairs (Ackerman, *Houston Chronicle*, 9/12).

## ► Endnotes

### 8 Et cetera

#### Lights, camera, healing: Device taps film technology for wound assessment

The film technology used to digitize and animate the Gollum character from the Lord of the Rings trilogy is now being used to gauge the width and depth of wounds, offering caregivers a noninvasive way to monitor the healing process and minimize patient discomfort. The Silhouette Mobile device uses lasers to assess wound dimensions, stores the data in the camera's computer, and compares current readings with previous results. Thanks to the hand-held camera—developed by **ARANZ Medical**—providers can forego antiquated methods of injecting probes to test wound depth, according to New Zealand's One News. Noting that the device facilitates swift patient recovery, a company spokesperson says “the fact that [patients] can see immediately how their wound is progressing, see a photograph of their wound, and see the trends...is very motivating.” One News adds that the device could yield cost savings because nurses will not have to spend as much time evaluating wound dimensions and patients will not have to use unnecessary ointments or antibiotics.

—8/23