



THE ADVISORY BOARD

Daily Briefing

"Nation's news in
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News for Health Care Executives • Friday, March 14, 2008

SPOTLIGHT

Minorities, whites receive same quality care at most hospitals, study says

Indicating that within-hospital care disparities may not be as prevalent as once thought, a study in the March/April *Health Affairs* finds that white and minority patients who are admitted to the same hospital for the same reason or procedure receive comparable quality care at nearly all hospitals.

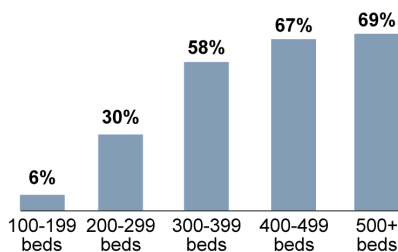
See story #1

RESEARCH HIGHLIGHT

Neurosciences 'club' admitting mid-sized players

Sizable market opportunity, surmountable entry barriers in selected programs, and relative saturation in urban areas means that neurosciences does not belong to just the large academic medical center. More than half of neurosurgery programs are at hospitals with fewer than 400 beds. To learn more, please see the Innovations Center's *Future of Neurosciences* study.

Proportion of hospitals providing neurosurgery services*, 2006



*Defined as hospitals with 20 annual discharges

Source: MedPAR

THIS DAY IN BRIEF

NEJM study: Brain monitors no better at stopping anesthesia awareness

The use of bispectral index monitors to gauge wakefulness in patients under anesthesia is no more effective than the use of conventional methods that analyze exhaled anesthetic gas, according to a study.

See story #2

Pediatric endocrinologists in short supply, study finds

Amid a two-fold increase in the rate of childhood obesity in children over age 6 in the United States across the past 20 years, the number of board-certified pediatric endocrinologists has not kept pace with the growing demand for specialized care, according to a study published in the *Journal of Pediatrics*.

See story #3

FDA panel recommends stricter limits for anemia drugs

An FDA advisory committee yesterday recommended that anemia drugs marketed by Amgen and Johnson & Johnson remain on the market for use in some cancer patients undergoing chemotherapy but also called for new restrictions on the drugs.

See story #4

FROM THE ADVISORY BOARD

Survey of 4,500 reveals keys to nurse engagement

The Advisory Board's national Nurse Engagement Survey identifies the most important variables in driving nurse engagement in order to effectively involve this key constituency in broader organizational performance improvement efforts.

See story #5

NAMES IN THE NEWS

Bon Secours St. Francis (S.C.) (#7) ■ Bryn Mawr Hospital (Pa.) (#6) ■ Cincinnati Children's (Ohio) (#7)
C.S. Mott Children's (Mich.) (#3) ■ Massachusetts Institute of Technology (#8) ■ MidMichigan Medical Center-Midland (#7)
University Hospital (Ohio) (#7) ■ University of Cincinnati (#7) ■ University of Maryland (#1)
University of Michigan (#3) ■ Washington University School of Medicine (#2)



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► Today's Headlines

1 Minorities, whites receive same quality care at most hospitals, study says

Indicating that within-hospital care disparities may not be as prevalent as once thought, a study in the March/April *Health Affairs* finds that white and minority patients who are admitted to the same hospital for the same reason or procedure receive comparable quality care at nearly all hospitals. For the study, researchers led by a professor from the **University of Maryland** evaluated state inpatient discharge data from the **Agency for Healthcare Research and Quality's** (AHRQ) Healthcare Cost and Utilization Project, the Pennsylvania Department of Health, and the Texas Department of State Health Services; data spanned three years and were drawn from 13 states representing nearly 40% of the nation's acute care general hospitals. Researchers used the data to compute AHRQ inpatient quality and patient safety indicators, analyzing hospital-specific and risk-adjusted mortality, complication, and adverse event rates for whites, Hispanics, blacks, and Asians. While the authors did find racial disparities in the overall mortality and adverse event rates for certain indicators, they note that within most hospitals, there was no evidence that minority patients received lower-quality care than white patients treated at the same facility; only "a relatively small number of hospitals" provided lower-quality care to minority patients than white patients for certain conditions, according to the authors.

While saying that they were pleasantly surprised by the evidence that within-hospital racial disparities in inpatient care may not be as pervasive as once thought, the researchers note that the AHRQ indicators studied "reflect the experience of patients who have received care" rather than demonstrating "whether hospitals are offering differential access to major surgical and diagnostic procedures on the basis of race and ethnicity." Given their findings, they conclude that "more attention needs to be devoted to eliminating disparities in quality across hospitals, rather than within hospitals," adding that any efforts to target within-hospital disparities should focus on lower-performing facilities, rather than all hospitals nationwide (Gaskin et al., *Health Affairs*, March/April 2008 [subscription required]; Hille, *Baltimore Examiner*, 3/13).

2 NEJM study: Brain monitors no better at stopping anesthesia awareness

The use of bispectral index (BIS) monitors to gauge wakefulness in patients under anesthesia is no more effective than the use of conventional methods that analyze exhaled anesthetic gas, according to a study appearing in this week's *NEJM* that represents the first "major scientific challenge" to the brain monitors, the *Wall Street Journal* reports. Although used in an estimated 60% of ORs across the country, BIS monitors—which cost at least \$3,000 each and require sensors that cost \$16.50 per procedure—have been a source of controversy among anesthesiologists, some of whom have questioned the devices' reliability. Previous studies—including a 2004 analysis funded by a lead manufacturer of BIS monitors—have indicated that the FDA-approved devices decrease the incidence of anesthesia awareness—estimated to affect roughly 30,000 Americans each year. For this latest study, researchers from the St. Louis-based **Washington University School of Medicine** randomized nearly 2,000 surgical patients to undergo BIS-guided anesthesia with a target BIS range of 40 to 60—which indicates adequate general anesthesia—or end-tidal anesthetic gas (ETAG)-guided anesthesia—which measures the concentration of anesthetic gases in a patient's breath—with a target ETAG range of 0.7 to 1.3 minimum alveolar concentration. The researchers postoperatively assessed 967 and 974 patients from the BIS and ETAG groups, respectively, between September 2005 and October 2006, with assessments occurring at three intervals: 0 to 24 hours, 24 to 72 hours, and 30 days after extubation. They found that two patients in each group experienced definite anesthesia awareness. Noting that their findings contradict those of

earlier studies showing a lower incidence of anesthesia awareness with BIS monitoring—and that anesthesia awareness occurred even when BIS values and ETAG concentrations were within target ranges—the researchers conclude that the study “does not support routine BIS monitoring as part of standard practice,” particularly given that the cost of disposable electrodes alone could exceed \$360 million annually if BIS monitoring were routinely used for all U.S. patients undergoing anesthesia. The researchers add, however, that the findings should not be extrapolated to patients receiving total intravenous anesthesia, who are at the highest risk of anesthesia awareness.

Commenting on the findings, an editorialist from the University of Toronto notes that “all too often we discover that strategies that intuitively appear to be valuable fail to perform as predicted,” adding that “professionalism demands that care plans be based on a critical evaluation of the best available data, not on pressure from external forces.” Meanwhile, the medical director of **Aspect Medical Systems**—the leading manufacturer of the devices—disputed the study’s methodology, saying that it does not “reflect standard practice” because physicians in the control group had access to tools and procedures not commonly used in routine surgeries and asserting that the research team did not use the BIS monitors to their “full potential” (Avidan et al., *NEJM*, 3/13 [subscription required]; Orser, *NEJM*, 3/13 [subscription required]; Shishkin, *Journal*, 3/13 [subscription required]; Johnson, *Associated Press/Boston Globe*, 3/12).

3 Pediatric endocrinologists in short supply, study finds

Amid a more than two-fold increase in the rate of childhood obesity in children over age 6 in the United States across the past 20 years, the number and geographic distribution of board-certified pediatric endocrinologists has not kept pace with the growing demand for specialized care, according to a study in the *Journal of Pediatrics*. Recent statistics indicate that there are an estimated 229,240 diabetic children in the United States and that 16.5% of American children between the ages of 6 and 19 are obese—raising their risk for developing diseases such as diabetes. The study’s lead author notes that while the majority of adults see generalists to manage their diabetes in conjunction with specialists, diabetic children are often sent directly to pediatric endocrinologists for care because many pediatricians “don’t feel comfortable with the kind of disease management that diabetic children require.” For the study, researchers from the **University of Michigan’s C.S. Mott Children’s Hospital** used data from the **American Board of Pediatrics** to estimate the number of board-certified pediatric endocrinologists under age 65 by state, in 2004. To estimate the number of children with diabetes and obesity, the researchers used data on 102,353 interviews conducted from January 2003 to July 2004 for the National Survey of Children’s Health. They found that while the number of medical fellows entering the field of pediatric endocrinology has increased 12% annually since 1997, the ratio of diabetic children to pediatric endocrinologists remained 290-to-one. The ratio of obese children to pediatric endocrinologists, meanwhile, was 17,741-to-one. Finding that there were approximately 790 pediatric endocrinologists nationwide in 2004, the study notes disparities in geographic distribution of children with diabetes compared with the distribution of pediatric endocrinologists, finding that the ratio of diabetic children to pediatric endocrinologists was lowest in the Northeast at 144-to-one and twice as high in the Midwest at 370-to-one, the South at 335-to-one, and the West at 367-to-one. Geographic disparities were even more pronounced for the ratios of obese children to pediatric endocrinologists, ranging from about 5,000-to-one in Massachusetts to nearly 100,000-to-one in Mississippi.

Noting that the supply of pediatric endocrinologists falls far short of the number needed to fulfill **American Diabetes Association** recommendations that all children with diabetes be cared for by these specialists, the researchers conclude that “ultimately, the pediatric endocrine workforce shortage raises the question of how health care delivery for U.S. children with diabetes and children at risk for

diabetes should ideally be organized,” emphasizing the need for multidisciplinary models of care. The researchers recommend reassessing the current system to ensure that the supply of pediatric endocrinologists is matching regional demand and that reimbursement for these providers better reflects their role in providing comprehensive care. Additionally, the study authors suggest that primary care providers should be given additional tools to help manage and prevent childhood obesity (Lee et al., *Journal of Pediatrics*, March 2008 [subscription required]; University of Michigan [release](#), 3/11; Coles, [Reuters](#), 3/13).

4 FDA panel recommends stricter limits for anemia drugs

An FDA advisory committee yesterday recommended that anemia drugs marketed by **Amgen** and **Johnson & Johnson** (J&J) remain on the market for use in some cancer patients undergoing chemotherapy, but called for additional restrictions on the drugs that could “significantly trim a major market for the medications,” the *Wall Street Journal* reports. The move comes amid evidence linking Amgen’s Aranesp (darbepoetin alfa) and Epogen (epoetin alfa), as well as J&J’s Procrit (epoetin alfa) with an increased risk of death and accelerated tumor growth in patients with several types of cancer. In light of those concerns, the committee voted 9-to-5 that the drugs not be prescribed for patients with advanced breast and head and neck cancers, and 11-to-2—with one abstention—to recommend that the drugs not be used in patients “who are getting treatments that could cure their disease,” likely those with early-stage tumors who are undergoing chemotherapy after surgical removal of a tumor, according to the *New York Times*. Meanwhile, panel members also recommended that patients sign consent forms before receiving the drugs and physicians warn patients of the possible dangers associated with the therapies.

Saying that the committee’s recommendations represent a “mixed result” for the drug makers, the *Journal* also notes that the advisory panel rejected proposals to revoke the FDA’s approval of the drugs for use in all cancer patients and narrowly voted against seeking to limit distribution of the drugs solely to patients with small-cell lung cancer. Sales of both Procrit and Aranesp—which combined totaled more than \$6 billion last year—have already plummeted since the FDA in March of 2007 issued a public health advisory and revised product labeling for the drugs (see related story in the March 12, 2007, [Daily Briefing](#)). Reiterating that the drugs have important benefits if used in recommended doses and for intended purposes, Amgen said it is “committed to working with the FDA to consider the input from the committee and to implement future label changes,” while J&J said in a statement that it was “concerned” by the latest recommendations (Wilde Mathews/Chase, [Journal](#), 3/14 [subscription required]; Pollack, [Times](#), 3/14 [registration required]; Beasley, [Reuters](#), 3/13).

► From the Advisory Board

5 Survey of 4,500 reveals keys to nurse engagement

Research shows that a concerted effort at fostering employee engagement is the best way to drive performance across a broad scope of critical activities. Given the important role that nurses play in such key pursuits as improving clinical outcomes, integrating new technologies, maintaining high levels of productivity, and controlling costs, fostering their engagement must be a top agenda item for any executive seeking to inflect organizational performance.

Through an in-depth analysis of the results of a national survey of 4,500 nurses, *Engaging the Nurse Workforce* identifies the most important variables in driving nurse engagement and provides a road map for promoting and sustaining exceptional nursing performance.

For more information

For more information about the research initiative and to access an electronic copy of the research, click [here](#). To order a copy of the publication, click [here](#).

6 Open teleconference on patient access and throughput

On March 21, from 1 p.m. to 2 p.m. EST, H*Works Consulting will be hosting a teleconference highlighting the results achieved by **Bryn Mawr Hospital** in maximizing patient access and throughput. The teleconference will focus on how Bryn Mawr was able to leverage a disciplined approach to best practice implementation to achieve lasting gains in expediting patient flow and accommodating sustained volume growth with existing beds.

H*Works' Fred Neis, RN, MS, FACHE, CEN, an H*Works expert on inpatient capacity and ED throughput, will be leading this teleconference.

For more information

For more information on how H*Works Consulting can assist your institution with throughput or to be registered for the teleconference, please contact Neha Sharma at sharman@advisory.com or 202-266-6463.

► Regional Round-up

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



- **Massachusetts:** In an effort to curb “doctor shopping”—in which prescription drug abusers visit multiple clinics in a short amount of time in order to obtain powerful painkillers and stimulants—state health authorities yesterday proposed a plan to develop a tracking system similar to those in 17 other states to inform a patient’s prescribing physician of potential abuse. The system—which has yet to be designed—would flag patients seeking prescriptions from numerous physicians and pharmacies in one month and then send a letter to those physicians, who would then determine whether there was a legitimate reason for the prescriptions or refer patients to substance abuse treatment. The Public Health Council could vote on the proposal as early as June (Smith, [Boston Globe](#), 3/13 [registration required]).
- **Michigan: MidMichigan Medical Center-Midland** has announced plans for a \$55 million expansion pending CON and city approval that would add to a \$66 million expansion announced last year. The newest project would add a patient tower featuring 72 private patient rooms on two floors with a shelled-in third floor to accommodate 36 future rooms. It builds on the already-planned renovations at the 1974 Harlow Building, which will add 104 private rooms, enlarge surgical services by six ORs, and update the post-anesthesia care unit and cardiac catheterization and interventional radiology departments (Lascari, [Midland Daily News](#), 3/11).

- **Ohio:** The **University of Cincinnati** (UC) is building a \$15 million tissue bank in conjunction with **Cincinnati Children’s Hospital Medical Center** and **University Hospital**—a “critical part” of the institutions’ Joint Cancer Center that they hope will gain **National Cancer Institute** designation, according to the *Cincinnati Enquirer*. UC has not yet determined the location of the tissue bank—for which it has requested \$5 million in state funds—but notes the project will include storage, analysis and technology to advance the use of tissue samples (Peale, *Enquirer*, 3/13).
- **South Carolina:** West Ashley-based **Bon Secours St. Francis Hospital** opened its new Women’s and Pediatrics Unit on the hospital’s second floor this week. The new unit features 24 private patient rooms—equipped with private baths and flat-screen TVs—and is part of a 63-bed expansion that is expected to be completed late this spring; a fifth floor will house an additional 36 medical-surgical beds while three more beds will be added on the fourth floor. The Women’s and Pediatrics Unit also features a centralized nurses’ station, a room for educational classes, and a visitors’ area with wireless Internet access (Hankla, *Charleston Post and Courier*, 3/13).

► Endnotes

8 Et cetera

Price of pain: Patients report greater pain relief with more expensive placebo

According to a study published in last week’s *JAMA*, people given identical placebo pills reported greater pain relief from the one they were told was more expensive, reinforcing previous studies indicating that price impacts consumers’ perception. For the study, a group of researchers from **Massachusetts Institute of Technology** asked 82 volunteers to rate the intensity of electric shocks to their wrists before and after they had received a placebo. The participants were told that the drug was a new opioid painkiller that was faster acting than codeine (codeine sulfate) and received colorful brochures promoting the drug’s pain-relieving qualities. Previous studies have shown placebos alleviate mild to modest pain due to the release of endorphins from anticipating pain relief; however the scientists wanted to test how price influences the placebo effect. Half of the study participants were told that the opioid had a regular price of \$2.50 a pill, while the other half was told the pill was discounted to only 10 cents. The researchers found that 85% of the participants who received the regular-priced pills reported feeling less pain compared with 61% of those who received the discounted pill. The lead study author contends, however, that greater enthusiasm from physicians about lower-priced medications may combat patients’ negative feelings and improve the effectiveness of such drugs.

—Gellene, *Los Angeles Times*, 3/5 [registration required]