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See story #1

THIS DAY IN BRIEF

Study finds hospital comparison websites offer conflicting information

As patients undergoing surgery increasingly turn to the Internet to compare hospital quality, the data they find online is often inconsistent or incomplete, according to a new study in the *Archives of Surgery*.

See story #2

Some insurers refuse off-label specialty drug coverage amid surging costs

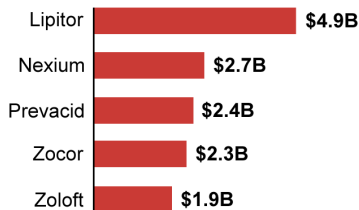
In response to rapid escalation in specialty drug costs, some insurers are limiting coverage of certain therapies to FDA-approved indications, potentially compromising care for patients for whom all other treatments have failed.

See story #3

U.S. adults spent nearly \$5B on Pfizer’s Lipitor in 2004, report finds

U.S. adults spent more on Pfizer’s statin Lipitor than on any other brand-name outpatient prescription drug in 2004, according to the Agency for Healthcare Research and Quality.

Top five outpatient drugs in 2004, ranked by adults’ aggregate expenditures



Source: AHRQ newsletter, 9/17

BRCA genetic tests give rise to cancer ‘previvors’, *N.Y. Times* reports

The advent of tests for BRCA gene mutations—which can increase the risk of developing breast cancer by between 60% and 90%—has left a group of women known as cancer “previvors” grappling with risk reduction strategies that range from drug therapy to preventive mastectomies.

See story #4

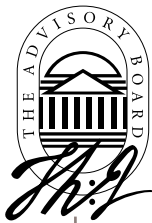
Nursing Executive Center announces fall 2007 teleconferences

The Advisory Board’s Nursing Executive Center is pleased to announce its fall teleconference series, which will focus on the center’s proprietary tools and surveys.

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NAMES IN THE NEWS

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University of California-Los Angeles (#2) ■ Virginia Mason Medical (Wash.) (#1)



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Tuesday, September 18, 2007

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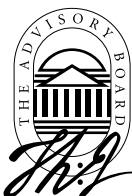
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► Today's Headlines

1 Some hospitals requiring staff to receive annual influenza vaccines

In light of evidence that health care workers often forego recommended influenza vaccines, some hospitals are veering from traditional voluntary programs and making the immunizations mandatory for all staff members, *USA Today* reports. While no at-risk group achieves universal compliance with vaccine recommendations—with just 69% of seniors and 35% of chronic disease patients receiving flu shots annually—the CDC reports that immunization rates among U.S. health care workers average only about 40%. Under most hospitals' policies, workers may receive free vaccines at the facility or sign a “declination statement” indicating their reasons for opting out. Using such voluntary measures, **St. Jude Children's Research Hospital** in Memphis, Tenn., achieved employee flu vaccination rates of 96% last year, up from 45% in 2002. The facility attributes the improvement to a three-pronged approach that began with an educational campaign. The hospital also made the vaccine readily available in different parts of the hospital during all shifts and asked its occupational health staff to document staff members' vaccinations, enabling the department to e-mail supervisors of workers who had not yet been immunized to “put pressure on them individually.”

Taking a more stringent approach, Seattle-based **Virginia Mason Medical Center** three years ago made yearly flu shots mandatory for its 5,000 employees—including those with no direct patient contact—and has seen vaccination rates rise from roughly 55% to nearly 100%. Under the policy—developed by a dedicated “flu team” of physicians, nurses, and administrators—the 2% of hospital staff who refuse the vaccines for medical or religious reasons are required to wear surgical masks when in the hospital. The program also stations “flu kiosks” with educational information, alcohol-based gel, and surgical masks at each hospital entrance; a tailgate party featuring members of the Seattle Seahawks is also slated for Oct. 16 as part of a campaign reinforcing the program. While the plan has met some resistance from the Washington State Nurses Association—which filed an injunction to block it and is pushing for the issue to be subject to collective bargaining stipulations—a spokesperson for the union says the group “absolutely supports flu vaccination” and lauds the hospital administration for its “gutsy” efforts to ensure patient safety (Manning, 9/18).

2 Study finds hospital comparison websites offer conflicting information

As patients undergoing surgery increasingly turn to the Internet to compare hospital quality, the data they find online is often inconsistent or incomplete, according to a new study in the *Archives of Surgery*. Researchers from the **University of California-Los Angeles's** David Geffen School of Medicine examined how six national hospital comparison websites—CMS's Hospital Compare, the **Joint Commission's** Quality Check, the **Leapfrog Group's** Hospital Quality and Safety Survey Results, and three unnamed proprietary websites—rated four Los Angeles hospitals for laparoscopic gall bladder removal, hernia repair, and colon removal. They found that the government and not-for-profit websites were best for “accessibility and data transparency” and that the proprietary websites were best for “appropriateness [in] comparing multiple surgical procedures using a combination of process, structure, and outcomes measures.” The researchers note, however, that none of the websites incorporated data from the previous 12 months and that none of them defined key terms such as “complications.” In addition, the review uncovered significant contradictions among the sites, with two websites ranking one hospital as best for colon removal and another site ranking the same hospital worst for the procedure. The researchers identify accessibility, data quality, and comparison criteria as areas for improvement in hospital-comparison websites; they also say surgeon involvement in website development would help ensure that data are selected and presented in an accurate and appropriate manner (Leonardi et al., *Archives of Surgery*, September 2007; *Science Daily*, 9/18; *Medical News Today*, 9/17; *Reuters/Los Angeles Times*, 9/18).

3 Some insurers refuse off-label specialty drug coverage amid surging costs

In response to rapid escalation in specialty drug costs, some insurers are limiting coverage of certain therapies to **FDA**-approved indications, potentially compromising care for patients for whom all other treatments have failed, the *Wall Street Journal* reports. While specialty pharmaceuticals are designed to treat just a small number of patients, the high-cost treatments currently represent one of the fastest-growing portions of domestic health spending and accounted for nearly one-fourth of total U.S. pharmaceutical expenditures in 2006, according to the consulting firm **Health Strategies Group**. The *Journal* notes that although insurers are required to pay for FDA-approved treatments regardless of price, the companies have latitude in deciding whether to reimburse for off-label uses, which physicians—and particularly oncologists—often rely on in treating patients with complex conditions. For example, while insurers typically cover the estimated \$4,400-per-month cost of **Genentech**'s Avastin (bevacizumab) in colorectal or lung cancer patients—for whom the treatment is FDA-approved—the treatment may not be covered for brain tumor patients because of the limited evidence validating its efficacy in that tumor site.

Expressing concern that “a lot of patients are being denied potentially effective therapies,” an oncologist from **Duke University Medical Center** says insurer coverage limitations are “totally arbitrary [and] 100% correlated to when the prices went up.” Insurance companies, however, say they must limit use of such drugs to control overall health costs, which continue to rise faster than inflation. While noting that drug manufacturers “have the freedom to price [specialty] medicines almost as high as they like,” the *Journal* adds that the “pushback [against]...some of the hottest new cancer drugs” is starting to impact drug makers' bottom lines. A Morgan Stanley analyst notes, for example, that as insurers decline coverage for off-label indications, “there's elasticity in demand” for the first time in the specialty drug market (Anand, 9/18).

4 BRCA genetic tests give rise to cancer 'previvors', *N.Y. Times* reports

The advent of tests for BRCA gene mutations—which can increase the risk of developing breast cancer by between 60% and 90%—has left a group of women known as cancer “previvors” grappling with risk reduction strategies that range from drug therapy to preventive mastectomies, the *New York Times* reports. While an estimated 250,000 U.S. women carry the BRCA1 mutation, only 30,000 have been tested for it to date. However, the number of women undergoing the tests has doubled across the last two years and is expected to double again in the coming year amid a “sharp increase” in genetic surveillance, according to the *Times*. Weighing their “inborn risk against other life priorities,” some women opt for drug treatment or multi-modal surveillance, while others pursue more invasive measures. A majority of those who test positive, for example, opt to have their ovaries removed—a procedure that halves their risk of developing breast cancer and safeguards against the significantly higher ovarian cancer risks that also accompany the mutation.

Roughly one-third of those who test positive, meanwhile, decide to undergo preventive mastectomies in an effort to pre-empt tumor formation. While the strategy could reduce women's breast cancer risk by up to 90% (see related story in the Feb. 25, 2004, [Daily Briefing](#)), the *Times* notes that many women struggle with the disfiguring impact of the procedure and the fact that—even with reconstruction—they will be unable to breastfeed. Family members also may feel that the procedure is overly aggressive given that cancer may not materialize or could be caught early enough to be successfully treated, the *Times* reports. However, screenings may miss potential malignancies, especially in younger women with denser breasts; early detection also has not been proven to prolong survival among women with BRCA mutations (Harmon, 9/16).

► From the Advisory Board

5 Nursing Executive Center announces fall 2007 teleconferences

The Advisory Board's Nursing Executive Center is pleased to announce its fall teleconference series, which will focus on the center's proprietary tools and surveys. These one-hour teleconferences are designed to offer participants a step-by-step guide for utilizing the center's growing body of interactive resources, including benchmarking surveys, flexible reporting tools, and planning toolkits.

For more information

To review a list of upcoming teleconferences or to register for a session, members may visit the center's [website](#) on Advisory.com. Interested hospital and health system executives may also contact Rachel Morrison at morrisor@advisory.com or 202-266-6449.

6 OptiLink to present teleconference on best-practice acuity measurement

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. Amid heightened national attention to nursing quality, evidence linking staffing to quality, and regulatory and legislative efforts to address nurse staffing, there has been an industrywide resurgence of interest in staffing workload measurement systems. The upcoming teleconference will review the value and power of acuity systems, compare task-based systems with professional judgment systems, and present statistical results from professional judgment systems. The interactive 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

To learn more about the teleconference or OptiLink in general, please contact Katy Shipley at 202-266-5919 or shipleyk@advisory.com.

► Regional Round-up

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



- **Arizona:** Sierra Vista Regional Health Center, Benson Hospital, and Carondelet Holy Cross Hospital have joined Copper Queen Community Hospital and Southeast Arizona Medical Center as participants in University Medical Center's (UMC) teletrauma program, under which the rural facilities are connected with trauma surgeons at UMC's Level I center through a live video conferencing link and remote monitoring equipment. A program official says that of the 21 patients treated in the first 13 months of the teletrauma program, five would likely have died without access to the service. UMC plans to expand the initiative to other rural hospitals in the next year (Merrill, *Healthcare IT News*, 9/13; Rowley, *Tucson Citizen*, 9/13).

- **Georgia: Piedmont Healthcare** has submitted plans to the state Department of Community Health for an \$11.5 million outpatient surgery center. Under the proposal—which marks the first time Atlanta-based **Piedmont Hospital** has asked to expand surgical services beyond its Peachtree Road campus—Piedmont would construct a 16,000-square-foot ambulatory surgery center roughly two miles away from its current site (Sams, *Atlanta Business Chronicle*, 9/14).
- **Kansas: HCA Midwest Health System** this month introduced a service called Wee Deliver to transport critically ill and premature babies to the Level III NICU at **Overland Park Regional Medical Center**. Under the program, the local ambulance and fire service provides “paramedics and wheels” and the hospital provides neonatal nurses, nurse practitioners, respiratory therapists, and an isolette for patient transportation. The system is also working to expand the service to its **Centerpoint** and **Research** medical centers, both of which also house Level III NICUs (Roberts, *Kansas City Business Journal*, 9/14).
- **Pennsylvania:** As part of Gov. Ed Rendell’s (D) “Prescription for Pennsylvania” plan, a 43-member state panel yesterday met in Harrisburg to discuss efforts to improve diabetes management statewide. The Governor’s Chronic Care Management, Reimbursement, and Cost Reduction Commission includes representatives from health insurers, hospitals, unions, and other groups and will soon expand its discussions to encompass heart disease, asthma, and depression. The commission is expected to deliver a final report detailing its recommendations by Dec. 31 (Fahy, *Pittsburgh Post-Gazette*, 9/17).

► Endnotes

8 Et cetera

Holy guacamole: Nutrients in avocados may help combat oral cancer

Nutrients found in Haas avocados—the most widely available of the 500 avocado varieties—may help to kill or stymie the growth of pre-cancerous cells that lead to oral cancer, according to a study in the journal *Seminars in Cancer Biology*. Recognizing that the consumption of phytonutrient- and phytochemical-rich fruits and vegetables has long been associated with health benefits, researchers from **Ohio State University**’s Comprehensive Cancer Center and College of Pharmacy extracted phytochemicals from Haas avocados and found that the nutrients targeted “multiple signaling pathways” and increased cells’ reactive oxygen levels, causing pre-cancerous cell lines to die without harm to surrounding tissue. Noting that avocados also contain beneficial antioxidants such as vitamin C and vitamin E, the researchers conclude that the “individual and a combination of phytochemicals from the avocado fruit may offer an advantageous dietary strategy in cancer prevention.” They add that the findings could have implications for the prevention of other types of cancer, noting that the “future is ripe” for identifying fruits and vegetables with cancer-fighting properties.

—Ohio State University release, 9/5