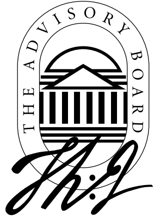


THE ADVISORY BOARD

Daily Briefing

"Nation's news in five minutes"

News for Health Care Executives ● Tuesday, February 19, 2008

SPOTLIGHT

HHS unveils Medicare legislation prompted by funding 'trigger'

In a letter to House and Senate leaders last week, the Bush administration outlined legislation designed to rein in Medicare spending through increased Medicare Part D drug benefit premiums for certain Medicare beneficiaries, caps on non-economic damages in medical malpractice suits, and broader adoption of health IT.

See story #1

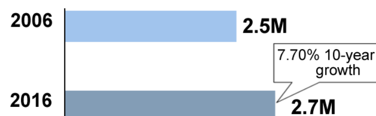
RESEARCH HIGHLIGHT

Psychiatric inpatient volumes stabilizing

Although the demand for inpatient behavioral health care is expected to continue on an upward trajectory, the unusual age-specific utilization curve for psychiatric patients—who are generally younger—means that behavioral health will not be particularly affected by the aging of the population. To learn more about the future of behavioral health, please register for the Health Care Advisory Board's 2007-2008 National Member Meetings.

Projected psychiatric inpatient volumes

National all-payer



Source: HCUP 2005 Database; Innovations Center Futures Database

THIS DAY IN BRIEF

Joint Commission issues alert on preventing MRI accidents, injuries

Although MRI-related injuries are relatively rare, the Joint Commission has released a *Sentinel Event Alert* that informs health care providers of the technology's inherent dangers and aims to prevent future accidents.

See story #2

Hospitals taking steps to prevent errors amid reimbursement changes

Following decisions from CMS and private insurers to restrict payment for care associated with certain preventable medical errors, hospitals are seeking out new strategies for preventing injury and infection.

See story #3

Uninsured more likely to be diagnosed with late-stage cancer, study says

Uninsured patients and those covered by Medicaid are significantly more likely than privately insured patients to be diagnosed with late-stage cancer, with the strongest link between insurance status and cancer seen in those tumor sites conducive to early-stage diagnoses through preventive screenings, according to a study.

See story #4

FROM THE ADVISORY BOARD

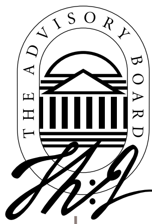
Study on strategic OR management now available

The Clinical Advisory Board study, *The High-Performance OR*, is intended to help create a surgery experience that runs "like clockwork."

See story #6

NAMES IN THE NEWS

Boston University (#9) ▪ **Cleveland Clinic (Ohio)** (#3) ▪ **Empire State (N.Y.)** (#8)
Howard County General (Md.) (#8) ▪ **Johns Hopkins (Md.)** (#8) ▪ **University of Michigan** (#3)
University of Rochester (N.Y.) (#9) ▪ **University of Texas M.D. Anderson Cancer Center** (#5) ▪ **Wellmont Health System (Tenn.)** (#3)



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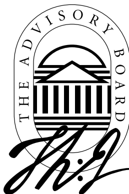

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► Today's Headlines

1 HHS unveils Medicare legislation prompted by funding 'trigger'

In a letter to House and Senate leaders last week, the Bush administration outlined legislation designed to rein in Medicare spending through increased Medicare Part D drug benefit premiums for certain Medicare beneficiaries, caps on non-economic damages in medical malpractice suits, and broader adoption of health IT, *CQ HealthBeat* reports. Federal officials issued the legislation in response to an April 2007 announcement by the Medicare trustees that the program's trust fund likely would be exhausted by 2019 and that general taxpayer revenues would account for more than 45% of program spending by 2013 (see related story in the April 24, 2007, *Daily Briefing*). Under a so-called Medicare funding "trigger" in the 2003 Medicare Modernization Act, upon receiving two consecutive annual notifications that Medicare is projected to draw 45% or more of its funding from general tax revenues in the next seven years, the president is required to send legislation to Congress designed to address the problem. According to **HHS** Secretary Mike Leavitt, the proposal in 2009 would require Medicare enrollees with incomes of more than $82,000, or $164,000 for couples, to pay higher monthly Medicare Part D premiums—a move that is projected to save $900 million in the first year and $3.2 billion across five years. Other proposals—for which HHS has not released savings estimates—would limit non-economic damages in medical malpractice suits to $250,000 and would curb the share of damage awards that a plaintiff's attorney could collect. Additionally, the measure would give the HHS secretary the authority to implement a nationwide electronic medical records system, encourage broader adoption of health IT, and publicize cost and quality information for providers.

Commenting on the legislation, Sen. Edward Kennedy (D-Mass.) called the proposal "dead on arrival," and Rep. John Dingell (D-Mich.), chairman of the House Energy and Commerce Committee, said the April 2007 Medicare trigger was "little more than a scare tactic to promote cuts to the most successful program of our time." Senate Finance Committee chairman Max Baucus (D-Mont.), however, said that while he would not include Part D means-testing in his own Medicare reform package for this year, "value-based purchasing and health information technology are both smart targets for reforms in Medicare right now." Sen. Judd Gregg (R-N.H.), meanwhile, is expected to introduce the administration's bill early next week (Armstrong, *CQ HealthBeat*, 2/15 [subscription required]; Lueck, *Wall Street Journal*, 2/16 [subscription required]).

2 Joint Commission issues alert on preventing MRI accidents, injuries

Although MRI-related injuries are relatively rare, the **Joint Commission** has released a *Sentinel Event Alert* that informs health care providers of the technology's inherent dangers and aims to prevent future accidents. According to the alert, approximately 10 million MRI scans are conducted each year, and the **FDA** has received almost 400 reports of MRI-related accidents across the past decade, 70% of which were burns. Ten percent of injuries occurred when metal objects became projectiles when pulled into the magnetic field of the scanners, and other injuries stemmed from device malfunction caused by the magnetic field, attendants' failure to monitor patients, and problems in the administration of MRI contact agents. To prevent injury, the Joint Commission recommends that health care organizations restrict access to MRI sites by creating safe zones as outlined by the **American College of Radiology**; perform multiple checks of patients for metal objects, implanted devices, or tattoos; and ensure that technologists have complete patient histories; have specially trained staff accompany patients and visitors into the MRI suite and outline possible risks; educate medical and ancillary staff about the risk of injury; take precautions to prevent patient burns during scanning; and place only fire extinguishers, oxygen tanks, and other equipment that have been

approved for use during MRI in the room. In addition, providers should proactively plan for the management of critically ill patients who require monitoring and drugs while in the MRI suite, provide ear plugs to patients to muffle the equipment's loud noises, and prohibit attempts to run cardio-pulmonary arrest codes or resuscitations in the MRI suite (Joint Commission release, 2/15; Joint Commission alert, 2/14).

3 Hospitals taking steps to prevent errors amid reimbursement changes

Following decisions from **CMS** and private insurers to restrict payment for care associated with certain preventable medical errors, hospitals are seeking out new strategies for preventing injury and infection, the Associated Press reports. Beginning Oct. 1, Medicare will not pay for costs associated with eight preventable hospital errors, including patient falls, objects accidentally retained in the body after surgery, and catheter-associated urinary tract infections. Private insurers such as **Aetna** are following suit, and Pennsylvania Medicaid officials last month also announced that the program will no longer pay for certain preventable conditions. Hospitals across a number of states, meanwhile, have vowed not to bill payers for care associated with serious errors—a policy advocated by the **American Hospital Association**—further fueling the push for safety improvements. In particular, the AP notes that hospitals are working to ensure appropriate urinary catheter use, citing a recent **University of Michigan** report indicating that almost half of hospitals do not keep track of who gets catheters and that less than 10% conduct daily checks to determine patients' need for ongoing catheter use.

In an effort to reduce preventable infections, some hospitals are turning to new sterilization technologies and protocols; **Wellmont Health System** in Kingsport, Tenn., for instance, is currently testing a $180,000 portable device called VaproSure that originated in sterile manufacturing facilities and sterilizes a closed room by emitting vaporized hydrogen peroxide to reach all surfaces. The University of Michigan, meanwhile, has enlisted physician assistants to monitor staff members' compliance with hand-washing protocols. The system has also adopted technology designed to help OR staff account for surgical supplies, including radiofrequency bar-coded sponges and a "smart bucket" that counts used sponges and indicates how many are missing. Amid these efforts, the infectious disease chief at the **Cleveland Clinic** notes that it remains unclear what portion of errors are truly preventable, adding that "we want to chase zero, but we'll probably never get to zero" (Neergaard, AP/*Albany Times Union*, 2/18).

4 Uninsured more likely to be diagnosed with late-stage cancer, study says

Uninsured patients and those covered by Medicaid are significantly more likely than privately insured patients to be diagnosed with late-stage cancer, with the strongest link between insurance status and cancer seen in those tumor sites conducive to early-stage diagnoses through preventive screenings, according to a study appearing in the March issue of *The Lancet Oncology*. While previous studies have indicated that insurance status is an important predictor of preventive care, the new research marks the first large-scale nationwide analysis to definitively link insurance status to late-stage cancer diagnoses across 12 of the most common cancer types. For the study, researchers from the **American Cancer Society** (ACS) analyzed data from the National Cancer Data Base—a hospital-based registry that includes information from more than 1,400 hospitals documenting nearly 75% of U.S. cancer cases—and collected information on cancer type, age, socioeconomic status, insurance status at diagnosis, treatment facility, and ethnicity for more than 3.7 million cancer patients diagnosed between 1998 and 2004. The researchers found "consistent associations between insurance status at diagnosis across multiple cancer sites" indicating that uninsured or Medicaid-insured patients were more likely to receive late-stage diagnoses than privately insured patients. Specifically, uninsured

patients were two to three times more likely to be diagnosed in Stage III or Stage IV rather than Stage I; the greatest risk of diagnosis at Stage II cancer as opposed to Stage I was seen in colorectal cancer patients, while the highest risk of being diagnosed with Stages III or IV was seen among breast cancer patients. Noting that colorectal and breast cancer are two of the tumor sites most easily detected through routine screenings, the researchers add that there was a weaker link between insurance status and diagnosis at more advanced stages of pancreatic or ovarian cancer—two cancer sites that characteristically present at later stages and are not easily detected via screening tests.

Meanwhile, the researchers also found that black and Hispanic patients were more likely to be diagnosed with late-stage cancer for several cancer sites compared with white patients, noting that minority patients also were more likely to be uninsured or covered through Medicaid. Acknowledging that several factors other than insurance status—such limited access to care and fear of screenings—also contribute to the quality of care received, the researchers state that "insurance is a crucial factor for receiving appropriate cancer screening and timely access to medical care." Noting that some patients did not enroll in Medicaid until after their cancer diagnosis, the researchers add that lack of health insurance—rather than Medicaid enrollment—could constitute the barrier to timely screening and diagnosis (Halpern et al., *The Lancet Oncology*, 2/18 [subscription required]; ACS release, 2/18; *Medical News Today*, 2/18; Sack, *New York Times*, 2/18 [registration required]).

5 Hospitals tap cancer coaches to guide patients through treatment

Hospitals and advocacy groups are enlisting volunteer and paid coaches to offer cancer patients reliable, objective information as they weigh their treatment options, the Associated Press reports. To prevent patients from relying on advice from untrained sources such as family members or other cancer survivors, the American Cancer Society (ACS) several years ago launched a patient navigator program that currently operates in 87 locations and may soon expand. The National Breast Cancer Coalition, meanwhile, also offers training programs—subsidized by the Avon Foundation and nine pharmaceutical companies—for volunteer coaches, many of them breast cancer survivors. The symposiums—which in December 2007 set an attendance record with participation from more than 240 breast cancer survivors—prepare coaches to interact with patients in hospitals and support groups, staff hotlines, and share resources with other coaches. The AP notes that large treatment facilities such as the **University of Texas's M.D. Anderson Cancer Center**, in particular, are increasingly using the coaches to support patients with lung, prostate, breast, and other cancers (Marchione, AP/*Chicago Tribune*, 2/19 [registration required]).

From the Advisory Board

6 Study on strategic OR management now available

The Clinical Advisory Board study, *The High-Performance OR*, is intended to help create a surgery experience that runs "like clockwork"—one that maximizes revenue per hour and offers a workshop of choice for surgeons.

Given its position as a key driver of revenue, surgery continues to be an area of focus for many hospitals. That said, in recent years many institutions have experienced significant erosion in surgical margins due to a steady increase in procedural costs, flattening revenues, and escalating market competition. To help position hospitals for ongoing success in this key operational area, *The High Performance OR—Elevating Efficiency through Strategic OR Management* serves as a "playbook" to

cement predictable volumes and elevate OR efficiency while upholding clinical excellence in patient care. Areas of focus include:

- Achieving predictability in the OR
- Improving scheduling access
- Maximizing surgeon productivity
- Hardwiring a culture of efficiency

For more information
Clinical Advisory Board members may download or order this study by visiting the program's website on Advisory.com. To learn more about the Clinical Advisory Board, please contact Mollie Reed at reedm@advisory.com.

7 Infection control solutions: Elevating clinical quality

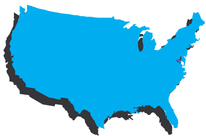
The Advisory Board's Quality Compass offers cohort members the ability to receive real-time intelligence regarding infections—by unit, physician, and condition; improve antibiotic regimens for patients with infections; and identify the root cause of infections to control outbreaks and reduce overall infection rates. Our unique vantage point in the heath care industry allows the Advisory Board to combine innovative technologies with a world-renowned library of best practices that elevate organizational performance and patient care.

In addition, members are paired with an Advisory Board Dedicated Advisor, who is focused on each individual site to help maximize opportunity identification and realization and assist members in tracking their performance relative to benchmarks across key performance indicators. Other cohort services include teleconferences, case studies, and an annual summit meeting.

For more information
To learn more about Quality Compass or to speak to an Advisory Board representative about how Quality Compass can help your institution hit its infection control goals, please contact Chelsea Fleckenstine at 202-266-5710 or fleckenc@advisory.com.

Regional Round-up

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



- **California:** The state public health director last week announced that California will require all hospitals to report certain severe community-acquired *Staphylococcus aureus* infections to local health authorities. The new requirement—intended to shed light on infection trends—is limited to cases that result in an ICU stay or death and takes effect immediately (Russell, *San Francisco Chronicle*, 2/15 [registration required]).

- **Maryland:** Columbia-based **Howard County General Hospital**—a **Johns Hopkins Medicine**-owned facility—has received $3.5 million from the Horizon Foundation for a renovation and expansion project. The grant marks the largest-ever award given to a single institution by the foundation, which was founded in a merger between Howard County General and Johns Hopkins Medicine. The $105 million project will include the construction

of a new four-story pavilion and the renovation of 122,970 square feet, slated for completion in late 2009 and 2011, respectively (Carson, Baltimore *Sun*, 2/15 [registration required]).

- **Massachusetts:** A new state report indicates that one-third of infants in the state were delivered by caesarean section during 2006—a rate that exceeds the national average and marks a steep increase from the 20% caesarean rate recorded by the state in 1997. The state secretary of health and human services said she is "alarmed" by the figures and plans to create a panel to investigate the trend (Smith, *Boston Globe*, 2/14 [registration required]).

- **New York:** The state Board of Regents last week approved **Empire State College**'s plan to launch a bachelor of science in nursing program that would enroll at least 40 students this fall. Gov. Eliot Spitzer (D) is expected to grant final program approval soon, and the school has already hired a nursing program director and three faculty members. The program—which is expected to enroll 232 students within five years—would include 60 to 68 upper-division courses, all offered online, as well as an in-person capstone course (Cooper, *Business Review* (Albany), 2/14 [registration required]).

Endnotes

9 Et cetera

Century club: Chronically ill patients have 'decent shot' at reaching 100, study says

Despite widespread assumptions that living beyond age 100 is largely limited to adults without chronic illnesses, a study published in the *Archives of Internal Medicine* suggests that individuals with age-related ailments such as heart disease, hypertension, or diabetes account for a substantial portion of adults reaching the century mark. For the study, **Boston University** researchers conducted phone interviews and health assessments with more than 500 women and 200 men who were at least 100 years old. They found that one-third of participants had developed an age-related disease before turning 85; moreover, that group of so-called "survivors" functioned nearly as well as their disease-free counterparts. Overall, nearly three-fourths of male study participants could bathe and dress themselves compared with one-third of females, although the researchers note that men had to be in "exceptional condition to reach 100" whereas women may have been "better physically and socially adept at living with chronic and often disabling conditions." An editorialist from the **University of Rochester**, meanwhile, says the findings could indicate that physicians are increasingly willing to aggressively treat elderly patients' health problems. Noting that elderly patients are becoming "the bread and butter of the clinical practice of internal medicine," he adds that the study underscores the mounting need for physicians trained to treat geriatric populations.

—AP/*Wall Street Journal*, 2/11 [subscription required]