



Daily Briefing

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News for Health Care Executives • Friday, March 21, 2008

SPOTLIGHT

Report examines nurses’ role in hospital quality improvement efforts

A new report from the Center for Studying Health System Change examines nurses’ growing role and influence in hospital quality improvement activities, finding that hospitals face mounting “tensions and trade-offs” in their efforts to balance such initiatives with direct patient care needs, particularly amid workforce shortages.

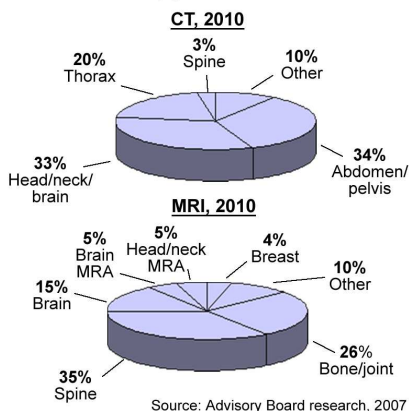
See story #1

RESEARCH HIGHLIGHT

Balancing premium technology and needed capacity

As hospitals face growing competition for volumes and increasing scrutiny from payers, matching new technology investments to market demand is imperative. As “bread and butter” exams are expected to account for more than 80% of all premium imaging studies through the next decade, hospitals must balance premium investments with workhorse scanners. To learn more, please see the Innovations Center’s *Future of Diagnostic Imaging* brief.

Advanced imaging procedures by application



THIS DAY IN BRIEF

Press Ganey report says inpatient satisfaction has increased

While overall satisfaction among hospital inpatients has continued to increase in recent years, patient surveys reveal several opportunities for improvement, according to a report released this week by Press Ganey.

See story #2

Moderate pain persists for most trauma patients one year after injury

Nearly two-thirds of patients experience moderately severe pain one year after sustaining a major traumatic injury, suggesting that additional interventions are needed to decrease chronic pain in that patient population, according to a study in the *March Archives of Surgery*.

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Payers tapping new strategies to curb spending on specialty drugs

In an effort to reduce spending on high-priced specialty drugs, employers, health insurers, and pharmacy benefit managers are tapping new strategies and enforcing formulary requirements to limit use of the products, the *Wall Street Journal* reports.

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FROM THE ADVISORY BOARD

Clinical Strategy Watch: Report explores health system governance practices

A report released last month finds that boards of not-for-profit community health systems generally abide by accepted governance practices but suggests that such groups must step up efforts to improve board culture, composition, practices, and oversight of community benefit standards.

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NAMES IN THE NEWS

Baylor College of Medicine (Texas) (#8) ■ BJC Healthcare (Mo.) (#8) ■ Dana-Farber Cancer Institute (Mass.) (#8)
Palos Community Hospital (Ill.) (#8) ■ Rice University (Texas) (#8) ■ Scripps Memorial Hospital (Calif.) (#3)
University of Iowa (#5) ■ University of Texas Health Science Center at Houston (#8)
University of Texas Medical Branch at Galveston (#8) ■ University of Washington (#3)



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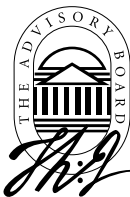
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► Today's Headlines

1 Report examines nurses' role in hospital quality improvement efforts

A new study from the **Center for Studying Health System Change (HSC)** examines nurses' growing role and influence in hospital quality improvement activities, finding that hospitals face mounting "tensions and trade-offs" in their efforts to balance such initiatives with direct patient care needs, particularly amid workforce shortages. Supported by the **Robert Wood Johnson Foundation**, the study not only examines nurses' role in hospital quality initiatives but also the factors enabling—and challenging—nurses' ability to help hospitals optimize resources and improve care quality. For the study, HSC researchers conducted interviews with approximately 30 respondents, including executives—CEOs, CNOs, and directors of quality improvement—from hospitals in Detroit, Memphis, Minneapolis-St. Paul, and Seattle and representatives from national and state accreditation and quality improvement programs. They found that respondents "universally" emphasized nurses' importance in quality improvement efforts and identified key strategies for maximizing nurses' role in those activities. Specifically, respondents cited the need for executive-level support for quality improvement, a hospital culture that makes quality everyone's responsibility, individual ownership of and accountability for quality improvement, physician and nurse champions, and ongoing feedback.

Respondents also noted several challenges hospitals face in enhancing nurse participation in quality improvement, including workforce shortages, the ongoing proliferation of disparate quality efforts, the administrative burden associated with data collection and reporting, and the shortcomings of traditional nursing education programs that may not prepare nurses for contemporary hospital demands. Respondents suggested that nursing education programs should modify curricula to emphasize the concepts and skills needed to participate in targeted initiatives and called for additional continuing education programs to help nurses translate their knowledge of problems in bedside care into quality gains. Noting that nursing shortages across the nation likely will make it even more difficult for hospitals to distribute nursing resources among their many competing priorities, the HSC authors caution that "hospitals will need to guard against diminishing nurses' involvement in quality improvement activities where they are likely to have the greatest influence and impact" (HSC [report](#), 3/20; HSC [release](#), 3/20).

2 Press Ganey report says inpatient satisfaction has increased

While overall satisfaction among hospital inpatients has continued to increase in recent years, patient surveys reveal several opportunities for improvement, including processes for responding to concerns and complaints during a patient's stay, according to a report released this week by Press Ganey. For the 2008 Hospital Pulse Report, Press Ganey—which partners with more than 40% of U.S. acute care hospitals to measure patient satisfaction—analyzed nearly 2.8 million patient satisfaction surveys collected in 2007 to assess patients' experience, trends in patient perceptions of care and hospital services, and variations among metropolitan areas, among other categories. While reporting an overall U.S. patient satisfaction score of 84.7 on a 100-point scale as of October 2007, the report points out that satisfaction levels vary depending on a range of factors, including medical specialty, geographic location, hospital size, and patient age. In outlining the top 10 specialties by satisfaction, for example, the report notes that obstetrics/gynecology received the highest satisfaction ratings—with an overall score of 86.4—followed by intensive care, cardiology/coronary, rehabilitation, and pediatrics.

The report also notes that large organizations "continue to face numerous challenges helping the health care team connect with patients," finding that hospitals with 50 or fewer beds recorded an average

patient satisfaction score of 87.5, compared with 83.4 among hospitals with 600 or more beds. In addition, site of admission appeared to play a role, with patients admitted through the ED awarding an average score of 82.5, compared with 85.2 among patients with planned admissions. And given that patient age also was a factor—with those between the ages of 65 and 79 reporting the highest satisfaction and those between the ages of 35 and 49 reporting the lowest—the report suggests that “staff members should be educated on [age-related] differences in the same way that they are educated about cultural diversity.” Noting that CMS’s plan to publish preliminary results of patient satisfaction surveys on its Hospital Compare website later this month will further direct attention to patient satisfaction (see related story in the March 6 [Daily Briefing](#)), Press Ganey’s vice president of public policy asserts that “the key area for hospitals rests not in the publicly reported data itself but in continuous improvement efforts” (Press Ganey [release](#), 3/18; Press Ganey [report](#), 3/18; [UPI](#), 3/19).

3 Moderately severe pain persists for most trauma patients one year after injury

Nearly two-thirds of patients experience moderately severe pain one year after sustaining a major traumatic injury, suggesting that additional interventions are needed to decrease chronic pain in that patient population, according to a study in the March *Archives of Surgery*. For the study, researchers from the **University of Washington** in Seattle tracked 3,047 patients between the ages of 18 and 84 who were admitted to one of 69 hospitals across 14 states for acute trauma and survived to one year. Enrolling patients three months after their injuries and measuring pain at 12 months follow-up using the 10-point Chronic Pain Grade Scale, the researchers found that 62.7% of patients reported that they still experienced injury-related pain, and most experienced pain in more than one body region. The mean severity of injury-related pain reported by patients in the last month was 5.5—a level likely to interfere with daily activities, according to the researchers. Meanwhile, 59.3% of patients reported pain across three or more body areas after their injury, while 37.3% experienced pain limited to a single area; injury-related pain was most commonly reported in the joints and extremities, followed by the back, head, neck, and abdomen. The presence of pain varied with age and was most common in patients between the ages of 35 and 44 and among women and patients who experienced untreated depression before their injury. Additionally, the researchers found that pain measured at three months was predictive of both the presence and the severity of pain at 12 months follow-up.

Noting that post-injury pain can lead to chronic disability, post-traumatic stress disorder, and depression, the researchers cite a need for further “interventions to decrease chronic pain in trauma patients,” possibly including more aggressive treatment of early pain and better management of neuropathic pain during the “acute phase of hospitalization.” In an accompanying editorial, meanwhile, a researcher from **Scripps Memorial Hospital** in California notes that the findings are particularly relevant as “physicians begin to understand pain as an overlooked disability in general,” adding that the study raises the key question of whether “more aggressive pain control early would diminish later disability” (Rivara et al., *Archives of Surgery*, March 2008 [subscription required]; Eastman, *Archives of Surgery*, March 2008; subscription required; *Archives* [release](#), 3/17; Neale, *MedPage Today*, 3/18).

4 Payers tapping new strategies to curb spending on specialty drugs

In an effort to reduce spending on high-priced specialty drugs—considered among the biggest drivers of rising health costs—employers, health insurers, and pharmacy benefit managers are tapping new strategies and enforcing formulary requirements to limit the use of the products, the *Wall Street Journal* reports. According to a report released in April by pharmacy benefit manager **Express Scripts**, spending on specialty drugs grew 14% in 2007, down from 21% in 2006 but still several

times the inflation rate; the company's CEO projects that annual U.S. spending on specialty drugs could reach \$99 billion by 2010, nearly double the \$54 billion spent in 2006. The average prescription for specialty drugs—which include biotech and other drugs to treat cancer and diseases such as rheumatoid arthritis—costs more than \$1,500 per month on average, compared with an average of \$90 to \$120 per month for conventional brand-name drugs. Insurers and large employers are pushing for legislative action that would make way for the sale of generic versions of biotech drugs. While the CMO of Express Scripts suggests that such legislation could save “\$71 billion over the course of the decade, starting with \$3.5 billion in the first year,” biotech companies caution that copying biotech drugs is a much more difficult endeavor than making a generic version of a brand-name pill and should involve clinical trials to prove safety and efficacy.

In the absence of legislative fixes, Express Scripts and pharmacy benefits manager **Medco**, meanwhile, are reinforcing rules mandating that beneficiaries attempt treatment with less costly therapies before switching to more expensive alternatives, allowing patients to switch to the more costly formularies only if the less expensive options fail. Additionally, Medco is “cracking down on off-label drug use” by enforcing evidence-based treatment guidelines, precertification requirements, and “transparent accounting of the reason for the prescription,” saying that the heavy-handed oversight has already cut inappropriate use of biologics like human-growth hormone injections among body builders and youths. **Aetna**, meanwhile, is tapping a pay-for-performance model under which a drug's price would be tied to efficacy. Noting that “some people have spectacular results” with biotech drugs while other do not, Aetna Pharmacy Management's national medical director says that the idea—already being piloted in Europe—is to negotiate a price based on whether a patient responds to the therapy (Chase, [Journal](#), 3/20 [subscription required]).

► From the Advisory Board

5 *Clinical Strategy Watch*: Report explores health system governance practices

The following is an excerpt from the Clinical Strategy Watch, a monthly publication that provides actionable information intended to assist senior hospital administrators and clinical leaders in managing hospital-physician relationships, bolstering physician leadership, and implementing breakthrough process improvements.

A report released last month by researchers from the **University of Iowa** finds that boards of not-for-profit community health systems generally abide by accepted governance practices but suggests that such groups must step up efforts to improve board culture, composition, practices, and oversight of community benefit standards.

For more information

For more information on call coverage strategies, please see the March issue of [Clinical Strategy Watch](#).

6 Models for access to urgent and emergent care

With a host of new service models aimed at improving access to timely urgent and emergent care, this study provides an overview of the terrain, with summaries of retail mini-clinics, hybrid urgent-emergent care centers, satellite emergency departments, and independent emergency facilities.

Particular focus is given to the strategic opportunities of the freestanding emergency center, a full-service emergency department coupled with imaging and lab capabilities.

The study finds that the freestanding ED can be an effective tool for improving access to emergency care in fast growing, underserved communities. The efficient service model offers an advantage in order to lure patients away from existing (competitor) hospitals in a given market, and then provides a strong base for future growth opportunities. These and other strategic advantages are outlined and are also complemented with implementation guidelines, including guidance on such critical considerations as market location, service portfolio, space decisions, staffing choices, and promotional activities.

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](#).

7 Achieve \$1,000,000 in unbudgeted revenue this year

National averages for health insurance co-pays and deductibles have skyrocketed over the years. The increasing dollars that insurance companies previously handled are now the patients' responsibility to pay. Hospitals find it difficult to predict what patients owe and how to efficiently collect those dollars. Almost 70% of self-pay accounts—including those \$20-\$100 co-pays—pay nothing when billed. For this reason, collections of cash at point-of-service (POS) are the most effective way to avoid mounting uncollected self-pay dollars in Accounts Receivable.

The Advisory Board Company is proud to offer the H*Works Revenue Cycle Team as the best in the business at optimizing POS collections. On average, H*Works will improve POS collections by more than 250% per client. The H*Works Revenue Cycle Team is poised to implement a customized POS collection strategy that will accurately determine front-end collection opportunity, optimize pre-service collections, and avoid bad debt.

For more information

To learn more about the H*Works Revenue Cycle Team or other offerings in the H*Works portfolio, please contact Neha Sharma at sharman@advisory.com or 202-266-6463.

► Regional Round-up

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



- **Illinois: Palos Community Hospital** is planning a \$400 million expansion that would add an eight-story building with 192 rooms to the facility. The hospital earlier this week filed a letter of intent with the Illinois Health Facilities Planning Board, saying it would submit more detailed plans in May. The two-phase project calls for the addition of roughly 400,000 square feet of space featuring private rooms and new ICU beds, as well as surgery and recovery areas. In a second phase, the project plans call for converting rooms in the original building for private use and expanding the ED and laboratory services. Upon the expansion's completion, the hospital would have six additional ICU beds but nine fewer general medicine beds (Fitzsimmons, [Chicago Tribune](#), 3/20 [registration required]; Tridgell, [Southtown Star](#), 3/19).

- Massachusetts:** The **Dana-Farber Cancer Institute** has been selected as a national learning lab for hospitals seeking to improve end-of-life care for patients and families and will share its palliative care practices through the Hospital-Based Palliative Care Consortium. The program—funded by the **Agency for Healthcare Research and Quality** and locally by the Massachusetts Hospital Association—has six other sites in Michigan, Pennsylvania, California, and Connecticut (Cooney, [Boston Globe](#), 3/19 [registration required]).
- Missouri:** As part of a class-action settlement agreement announced this week, **BJC Healthcare** will give a 25% “self-pay” discount to all hospital patients without insurance and will partially refund or reduce the payments due from eligible uninsured patients who were treated at a BJC hospital since Jan. 1, 1999, and have paid at least some of their bill. The settlement is the result of one of several lawsuits filed across the nation in 2004 on behalf of uninsured patients claiming they were charged two to three times as much for treatments compared with insured patients. Under the settlement, BJC will offer the discount to uninsured patients who receive nonelective inpatient and outpatient treatments at the hospital until at least 2012; patients who pay within 30 days will receive an additional 5% discount. BJC—which operates 13 hospitals—also will continue its charity care discounts for families earning less than 400% of the federal poverty level and will offer care free of charge to those earning less than 200% of the poverty level. According to the *St. Louis Post-Dispatch*, “BJC, plaintiffs, and their attorneys applauded the settlement” (Feldstein, [St. Louis Post-Dispatch](#), 3/19).
- Texas:** The Department of Defense has awarded a group of Houston institutions a \$33 million grant to research mild traumatic brain injury—a condition that afflicts roughly 1.5 million Americans each year. The grant aims to improve treatment of brain injuries that are afflicting many Iraq War veterans, mostly as a result of blast explosions. A collaborative research organization, Mission Connect will unite scientists from the **University of Texas Health Science Center at Houston**, the **University of Texas Medical Branch at Galveston**, **Baylor College of Medicine**, **Rice University**, and the **Transitional Learning Center** at Galveston (Ackerman, [Houston Chronicle](#), 3/19).

► Endnotes

9 Et cetera

Vegan value: Rheumatoid arthritis patients may reduce cardiovascular risks with strict diet

A diet free of animal products and gluten may help reduce the risk of heart attacks and strokes for people with rheumatoid arthritis (RA), according to a study published in *Arthritis Research and Therapy*. For the study, researchers from Stockholm’s Karolinska Institute tracked 38 volunteers with RA who for one year followed a vegan diet in which protein accounted for 10% of daily calorie intake, carbohydrates for 60% and fat for 30%; foods such as nuts, sunflower seeds, fruits and vegetables, and sesame milk were included in the diet. An additional 28 volunteers were placed on a healthy diet with the same proportion of fats, carbohydrates, and protein, in which saturated fats made up no more than 10% of daily calorie intake and wholegrain products were included as much as possible. The researchers found that cholesterol levels—specifically for low-density lipoprotein (LDL)—decreased among participants on the vegan diet, whereas cholesterol levels among non-vegan dieters “showed no significant variation.” Additionally, the vegan dieters had lower body mass indices (BMIs) at the end of the study period, while the BMIs for volunteers in the control group remained the same. Given prior research suggesting that lowering LDL levels helps prevent artery blockages and cardiovascular disease, researchers say a vegan diet could be especially beneficial for RA patients, for whom heart attacks and strokes are among the leading causes of death. Commenting on the findings, a spokesperson for the Arthritis Research Campaign said that while the data was of interest, “role of diet could be exaggerated,” adding that such a strict diet also could make it difficult for patients to obtain enough of some important nutrients.

—[BBC News](#), 3/18