



## SPOTLIGHT

### Health plans taking aim at advanced imaging utilization, report says

Concerned about rising costs amid annual double-digit increases in the use of advanced imaging services, private health plans are taking steps to control utilization of the most expensive modalities, according to a study released Thursday by the Center for Studying Health System Change.

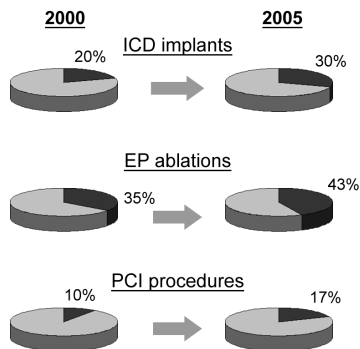
See story #1

## RESEARCH HIGHLIGHT

### Cardiovascular business seeing historical shift in setting

The migration of cardiovascular business to the outpatient setting is already well underway, forcing programs to shift frameworks. In particular, 2005 data indicates that a good portion of EP services have already swung to the outpatient arena. To learn more, please register for the Health Care Advisory Board's 2007-2008 National Member Meetings.

#### Percentage performed outpatient



Source: Innovations Center Futures Database, 2007

## THIS DAY IN BRIEF

### CMS proposes Medicaid regulations to give states more flexibility

CMS on Thursday announced two proposals designed to give states "unprecedented flexibility" in shaping their Medicaid programs by allowing them to more closely align benefit packages with beneficiary needs and adjusting cost-sharing structures to more closely resemble those allowed under the State Children's Health Insurance Program, *CQ HealthBeat* reports.

See story #2

### Off-hours outcomes, obesity make headlines at stroke conference

The *Daily Briefing* today highlights research presented this week at the American Stroke Association's International Stroke Conference, including two studies documenting higher mortality rates among stroke patients admitted during weekend or evening hours and findings indicating that strokes have tripled among middle-aged women in recent years.

See story #3

### FDA plans to overhaul flu vaccine after poor match this season

After making a "rare wrong bet" on the formulation for this year's flu vaccine, FDA advisors yesterday decided to revamp next year's vaccine to protect against three entirely new strains, the Associated Press reports.

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## FROM THE ADVISORY BOARD

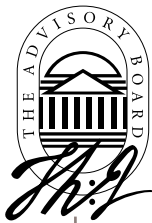
### Survey: Innovative strategies for minimizing hospital-acquired infections

Are you interested in achieving zero avoidable hospital-acquired infections? The Clinical Advisory Board is seeking participation in a short survey about controlling infection at your institution.

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## NAMES IN THE NEWS

Annie Penn Hospital (N.C.) (#7) ■ Cleveland Clinic (Ohio) (#7) ■ Dana-Farber Cancer Institute (Mass.) (#6) ■ Iowa Health System (#7)  
Massachusetts Institute of Technology (#8) ■ Michigan State University (#3) ■ Moses Cone Health System (N.C.) (#7)  
Salem Township Hospital (Ill.) (#7) ■ UCLA (#3) ■ University of Minnesota Medical Center- Fairview (#3) University of Southern California (#3) ■ Washington County Hospital (Ill.) (#7) ■ Women's Hospital of Greensboro (N.C.) (#7)



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Friday, February 22, 2008

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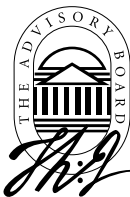
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## ► Today's Headlines

### 1 Health plans taking aim at advanced imaging utilization, report says

Concerned about rising costs amid annual double-digit increases in the use of advanced imaging services, private health plans are taking steps to control utilization of the most expensive modalities such as MRI, CT, and PET scans, as well as nuclear cardiology imaging procedures, according to a study released Thursday by the **Center for Studying Health System Change (HSC)**. The study—based on site visits to 12 nationally representative metropolitan communities in 2007—cites data indicating that the number of CT scans performed annually in the United States increased 13% between 2000 and 2005, rising from 12 CT scans per 100 people to 22 scans per 100 people. In addition to sending costs skyward, such rapid growth has spurred patient safety concerns, according to the HSC researchers, who note that imaging growth has stemmed in part from repeated scanning needed when older equipment produces poor-quality images or providers inaccurately interpret results. Physician ownership of imaging equipment also may be driving overuse, according to the authors. To manage imaging utilization without applying strict controls across all services, health plans have launched a range of targeted strategies aimed at controlling advanced imaging while generating minimal backlash.

In particular, the report notes that several plans are emphasizing provider collaboration and education; some, for instance, are using claims data to “identify patterns of questionable imaging use” by individual physicians and then providing them with evidence-based guidelines on appropriate imaging developed by professional groups including the **American College of Radiology** and **American College of Cardiology**. Other plans have taken a more aggressive tack, instituting precertification or preauthorization directives for advanced imaging studies, and a handful have started credentialing imaging equipment and radiologists who interpret scans—a process that requires frequent equipment inspections and limits the number of service sites and physicians that qualify for reimbursement. While noting that aggressive oversight attempts have spurred unrest among some physicians—who say the requirements can hinder efficiency, delay care, and pose a substantial administrative burden—a coauthor of the study says that “health plans generally have stood firm because they believe the cost savings and patient safety gains outweigh the negatives.” The authors, meanwhile, acknowledge that Medicare traditionally has shied away from controlling costs through administrative controls but caution that the program “could take a lead from the private sector” in the management of advanced imaging use (HSC [report](#), 2/21; HSC [release](#), 2/21).

### 2 CMS proposes Medicaid regulations to give states more flexibility

**CMS** on Thursday announced two proposals designed to give states “unprecedented flexibility” in shaping their Medicaid programs by allowing them to more closely align benefit packages with beneficiary needs and adjust cost-sharing structures to more closely resemble those allowed under the State Children’s Health Insurance Program (SCHIP), *CQ HealthBeat* reports. According to a CMS release, the proposed rule changes would implement provisions of the Deficit Reduction Act of 2005 and the Tax Relief and Health Care Act of 2006 and reflect the administration’s goal of “aligning Medicaid more closely with private market insurance and giving states more control over their Medicaid benefits packages.” Under the proposals, states would be permitted to offer beneficiaries alternative benefits packages—called “benchmark plans”—that provide health care of equal value to that available to other individuals in the same state. Benchmark programs cited in the proposals include the standard **Blue Cross/Blue Shield** preferred provider

option benefit plan offered to federal employees, state employee coverage, coverage offered by the largest commercial HMO in the state, and coverage approved by the **HHS** secretary.

In addition, states would have the flexibility to provide beneficiaries with more comprehensive care, such as dental coverage. And for individuals who could not afford the premiums for health plans offered by their employers, states would have the option of paying part of a beneficiary's employer-sponsored insurance premium so the employee could maintain private coverage. The proposed measures also would enable states to adjust premiums and cost-sharing rules to reflect those allowed under SCHIP but would limit cost-sharing to no more than 5% of beneficiaries' family incomes and would not change cost-sharing rules for beneficiaries with family incomes below 100% of the federal poverty level; CMS notes that individuals with family incomes between 100% and 150% of the federal poverty level "may see some cost sharing" and that those with incomes above 150% of the poverty line could be charged monthly premiums. While the chairman of the **National Association of State Medicaid Directors** calls the proposals "a step forward," he says the measures do not go far enough toward increasing flexibility in cost-sharing. The rule changes are slated for publication in today's Federal Register and will have a 30-day comment period (Carey, [CQ HealthBeat](#), 2/21 [subscription required]; CMS [release](#), 2/21).

### **3 Off-hours outcomes, obesity make headlines at stroke conference**

The *Daily Briefing* today highlights research presented this week at the **American Stroke Association's** (ASA) International Stroke Conference, including two studies documenting higher mortality rates among stroke patients admitted during weekend or evening hours, findings indicating that strokes have tripled among middle-aged women in recent years, and results from a **University of Minnesota** program that sped the diagnosis and treatment of stroke patients.

#### **STROKE PATIENTS TREATED DURING NIGHTS, WEEKENDS HAVE HIGHER MORTALITY, STUDY FINDS**

Stroke patients admitted to the hospital during weekend and nighttime hours are significantly more likely to die than those treated during regular business hours, according to two new studies. For the first study, researchers from **Michigan State University** analyzed data on 222,514 acute stroke admissions at 857 hospitals participating in the **American Heart Association's** Get with the Guidelines-Stroke quality improvement program between 2003 and 2007. They found that, among the 34,845 patients treated for hemorrhagic strokes, in-hospital mortality was 27.2% for patients treated during weekend and nighttime hours compared with 24.2% for patients who arrived from 7 a.m. to 6 p.m. during weekdays. Among ischemic stroke patients, meanwhile, in-hospital mortality was 5.8% during off hours compared with 5.2% during business hours—a small but statistically significant difference. For the second study, researchers from the **UCLA** Stroke Center analyzed data from more than 2.4 million hospital admissions contained in the Nationwide Inpatient Sample between 1998 and 2004 for which the primary diagnosis was stroke, finding that the mortality rate was 7.9% for weekday admissions compared with 10.1% for weekend admissions; for a subset of ischemic stroke patients, meanwhile, the mortality rates for weekday and weekend presentations were 7.3% and 8.2%, respectively. Noting that the disparities cannot be attributed to differences in patient characteristics, the researchers call on hospitals to "look at their staffing and care practices on weekends and off-hours" (ASA [release](#), 2/20; Peck, [MedPage Today](#), 2/21).

#### **STUDY LINKS OBESITY TO THREE-FOLD INCREASE IN STROKES AMONG MIDDLE-AGED WOMEN**

The rising obesity rate among women ages 35 to 54 has contributed to a roughly three-fold increase in the number of strokes within that population across the last decade, according to a study conducted by researchers from the **University of Southern California**. Noting previous evidence that middle-aged women are more than twice as likely as middle-aged men to have strokes, the researchers found that

1.79% of middle-aged women participating in the 1999-2004 National Health and Nutrition Surveys (NHANES) study reported having a stroke compared with 0.63% of women participating in the 1988-1994 survey. Additionally, while the researchers found no significant differences in the presence of conventional cardiovascular risk factors—including blood pressure, total cholesterol, smoking, heart disease, and LDL cholesterol—between the two survey cohorts, women participating in the 1999-2004 NHANES survey had an average body mass index (BMI) of nearly 29, compared with 27 for women in the earlier cohort. Women in the 1999-2004 NHANES survey also had an average waist circumference nearly 4 centimeters larger than the average among women in the earlier survey and had higher average glycated hemoglobin levels, an indicator of poor blood sugar control. Commenting on the findings, the study's lead author notes that "abdominal obesity is a known predictor of stroke in women and may be a key factor in the midlife stroke surge" seen in that population ([ASA release](#), 2/20).

#### **U OF MINN. STUDY CREDITS STROKE RESPONDER PROGRAM WITH MORTALITY REDUCTIONS**

Using a "stroke responder team," physicians at the University of Minnesota sped the diagnosis and treatment of stroke patients and boosted the percentage of patients receiving the clot-busting drug tissue plasminogen activator (tPA) from 7% in 2001 to 17% in 2006—one of the highest rates in the country, according to a study released Wednesday. Moreover, since establishing the stroke team in 2005, the **University of Minnesota Medical Center-Fairview** has experienced a drop in stroke patient mortality rates; in 2006, the hospital posted a rate of 9%, compared with rates ranging from 13% to 33% during the previous five years. As part of the intervention, the hospital trained paramedics to call en route upon suspecting a stroke and created a team of stroke specialists accessible around the clock (Lerner, [Minneapolis Star Tribune](#), 2/20 [registration required]).

## **4 FDA plans to overhaul flu vaccine after poor match this season**

After making a "rare wrong bet" on the formulation for this year's flu vaccine, **FDA** advisors yesterday decided to revamp next year's vaccine to protect against three entirely new strains, the Associated Press reports. The AP notes that typically the agency swaps out no more than one or two strains in reformulating the vaccine from year to year to keep pace with the rapidly evolving influenza virus. Although 16 of the last 19 vaccines have been good matches for their respective flu seasons, this year's formulation is estimated to cover just 40% of the strains now spreading throughout the United States, according to the **CDC**. As of last week, 44 states had reported widespread flu activity, up from 31 the week before, and officials say it is too early to predict whether this season will be more deadly than most. Looking ahead, next year's vaccine will protect against a strain called Brisbane/10, which originated in Australia late last winter—too late for inclusion in this year's vaccine—and has been responsible for a substantial portion of recent U.S. flu cases. The vaccine also will protect against two additional strains called Brisbane/59 and Type B/Florida. Drug makers, meanwhile, say the vaccine overhaul represents a challenge, given that there are "some unknowns related to [the three new strains] and how they're going to grow." According to the *Wall Street Journal*, manufacturers are already facing delays in starting production for the 2008-09 flu season, raising the possibility of late vaccine shipments (Neergaard, [AP/Washington Post](#), 2/21 [registration required]; Stobbe, [AP](#), 2/15; Corbett Dooren, [Journal](#), 2/22 [subscription required]).

## ► From the Advisory Board

### 5 Survey: Innovative strategies for minimizing hospital-acquired infections

Are you interested in achieving zero avoidable hospital-acquired infections? If so, you are in the company of many. In preparation for the 2008 National Meeting Series, the Clinical Advisory Board is launching new research in reducing avoidable hospital-acquired infections. Please participate by taking this short survey about the current state of infection control at your institution. The survey should take only about 10 minutes to complete. All institutional identifiers will be kept completely confidential and survey results will be available upon request.

The survey may be accessed by clicking [here](#).

#### **For more information**

Should you have questions about the Clinical Advisory Board please contact Sruti Nataraja at [natarajs@advisory.com](mailto:natarajs@advisory.com).

### 6 Fellowship graduate tackles advanced role at Dana Farber

The Advisory Board would like to congratulate a recent Academy Fellowship graduate from the **Dana-Farber Cancer Institute**. Recognized as a leader within the Department of Nursing and Patient Care Services at Dana-Farber, Robyn Souza, RN, MPH, was selected as a high-potential leader from her organization and asked to join The Academy Fellowship. Since graduating from the fellowship, Souza has recently been promoted to join the Department of Clinical Business Development as a business and operations manager.

In her new role, Souza will be involved in developing a number of new clinical services, including the expansion of the Dana-Farber/Brigham and Women's Cancer Center's (DF/BWCC) oncology services to communities around the state. A nurse and ambulatory operations manager by training, Souza says she became interested in exploring new career opportunities while participating in The Academy Fellowship at the Advisory Board Company.

The Academy Fellowship is a two-year program that combines in-class learning and the completion of a project practicum of strategic organizational importance to accelerate the readiness of high-potential leaders to assume the senior-most positions in America's leading hospitals.

#### **For more information**

If your hospital or health system is endeavoring to substantially accelerate the development of high-potential talent and meaningfully increase the leadership capital available to the organization, please contact Claire Zipf at 202-266-5802 or [zipfc@advisory.com](mailto:zipfc@advisory.com).

## ► Regional Round-up

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



- **Illinois:** Nashville-based **Washington County Hospital** and **Salem Township Hospital** are creating a \$3 million communitywide medical

information exchange that will allow physicians, hospitals, and medical providers to electronically share patient information. The small, rural hospitals will implement the technology with the help of a \$1.6 million **HHS** grant received by the Illinois Critical Access Hospital Network to establish electronic medical record (EMR) and picture archiving systems at Washington County and an EMR system at Salem Township (Feldstein, [St. Louis Post-Dispatch](#), 2/20).

- **Iowa:** Gov. Chet Culver (D) has proposed four measures designed to increase access to care while lowering insurance costs, in part by requiring insurers to approve individual plans for people who have qualified for group insurance, even if they have a preexisting medical condition. Other measures would require insurance companies to cover the children of policyholders up to age 25, cap long-term care premium increases at 12% annually, and create a group to develop plans for making state medical record-keeping electronic. The Iowa Hospital Association and **Iowa Health System** have received a \$17 million grant to assist with the transition (Beaumont, [Des Moines Register](#), 2/18).
- **North Carolina:** **Moses Cone Health System** has announced that Reidsville-based **Annie Penn Hospital** will shutter its birthing center July 1 and reroute deliveries to the **Women's Hospital of Greensboro**. Noting that the hospital is down to two obstetricians, Annie Penn's president says the hospital can no longer provide around-the-clock obstetrics coverage; however, the hospital will continue to provide prenatal care ([Business Journal of the Greater Triad Area](#), 2/20 [registration required]).
- **Ohio:** Web search company Google is partnering with the **Cleveland Clinic** as part of a pilot project to test Google's new personal health record (PHR) system. The project will involve 1,500 to 10,000 clinic patients who volunteered to have their PHRs electronically transferred so that they can be retrieved through Google's system, which is not yet open to the general public. The Google product includes a portal entry page and subpages that provide personalized profiles listing medications, conditions, and allergies; guidance and suggestions about treatments, diet and exercise, and drug interactions; appointment and prescription refill reminders; and local provider directories (see related story in the Aug. 14, 2007, [Daily Briefing](#)) (Liedtke, [Associated Press](#), 2/21).
- **Oregon:** The Oregon Association of Hospitals and Health Systems (OAHHS) this week passed a resolution stating that hospitals will not seek payment for costs associated with serious adverse events if a hospital investigation determines the event was preventable and within the hospital's control. The list of adverse events includes surgery performed on the wrong patient or body part, retention of a foreign object in a patient after surgery, patient death or serious injury associated with medication errors, and the development of stage three or four pressure ulcers. According to the OAHHS Board of Trustees chair, the guidelines "further build on the accountability and transparency of health care leaders" (OAHHS [release](#), 2/18; [AHA News Now](#), 2/21).

## ► Endnotes

### 8 Et cetera

#### Gecko gauze: Waterproof adhesive bandage mimics lizard's sticky feet

Researchers at the **Massachusetts Institute of Technology** (MIT) have created a waterproof adhesive bandage for use in surgeries and wound repair by mimicking the sticky surface of a gecko's feet, Reuters reports. Writing in the journal *Proceedings of the National Academy of Sciences*, the scientists say they were “inspired by the gecko to create a patterned interface” and used computer technology to create miniature “hills and valleys” on the surface of the bandage, which is made of a biorubber material. Unlike other gecko-inspired bandages that can be used only in dry environments, the new bandage has a thin layer of sugar-based glue that makes it suitable for use in wet internal environments such as the heart or bladder. Based on tests using pig intestines, the researchers say the glue is twice as strong as adhesives without a pattern. Additionally, the bandage is biodegradable, so it can be left inside the body to dissolve over time. The researchers add that the bandage could be used to prevent leaks in gastric bypass surgery or in other minimally invasive procedures that make stitching difficult because they are performed through small incisions.

—Steenhuysen, [Reuters](#), 2/18; [BBC News](#), 2/18