



## Congress agrees on SCHIP expansion as Bush repeats veto threat

House and Senate leaders on Friday finalized a compromise bill to reauthorize the State Children's Health Insurance Program, drawing fire from President Bush, who called Democrats "irresponsible" for creating "a bill they know will be vetoed," the Associated Press reports. According to a Senate Finance Committee summary of the legislation, the compromise measure would add \$35 billion to the program across the next five years, bringing total spending to \$60 billion and extending coverage to nearly 4 million more children than the 6.6 million children currently enrolled in the program.

See story #1

## THIS DAY IN BRIEF

### CMS limits undocumented immigrants' chemo coverage in New York

CMS has notified New York that chemotherapy treatment is not eligible for federal matching funds under a Medicaid provision that extends benefits to undocumented immigrants for emergency services.

See story #2

### Chicago Tribune examines penalties for workers with unhealthy habits

Despite concerns voiced by privacy advocates, an increasing number of companies are seeking to temper health care costs by penalizing employees for unhealthy lifestyle choices and poor health status, the *Chicago Tribune* reports in an overview of the trend.

See story #3

### 'Physician delivery' services offering house calls, N.Y. Times reports

The *New York Times* yesterday examined the emergence of physician services that offer to make house-calls for low-acuity ailments as patients face barriers to accessing care, including ED overcrowding and regional provider shortages.

See story #4

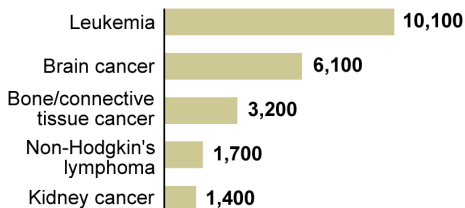
### Nursing Executive Watch: New Jersey coalition cuts pressure ulcers

Citing pressure ulcers' adverse effects on patient care, length of stay, and hospital treatment costs, the New Jersey Hospital Association in late 2005 launched a statewide collaborative among 150 hospitals, nursing homes, and home-health agencies to reduce the condition's incidence.

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### Hospital admissions for pediatric cancer patients leap, study finds

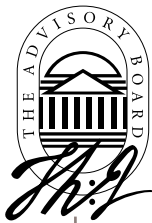
Between 2000 and 2005, the number of U.S. hospital admissions for pediatric cancer patients increased by more than 80% to roughly 100,000 annually, according to the Agency for Healthcare Research and Quality. Among the leading causes of pediatric cancer-related admissions:



Source: HealthDay, 9/20

## NAMES IN THE NEWS

Appalachian State University (N.C.) (#9) ■ Clarian Health (Ind.) (#3)  
Cleveland Clinic (Ohio) (#3) ■ Temple University (Pa.) (#4)



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Monday, September 24, 2007

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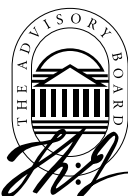
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## ► Today's Headlines

### 1 Congress agrees on SCHIP expansion as Bush repeats veto threat

House and Senate leaders on Friday finalized a compromise bill to reauthorize the State Children's Health Insurance Program (SCHIP), drawing fire from President Bush, who called Democrats "irresponsible" for creating "a bill they know will be vetoed," the Associated Press reports. According to a Senate Finance Committee summary of the legislation, the compromise measure would add \$35 billion to the program across the next five years, bringing total spending to \$60 billion and extending coverage to nearly 4 million more children than the 6.6 million children currently enrolled in the program. In addition, the bill—which would fund the coverage expansion by hiking taxes on cigarettes and other tobacco products—would modify a CMS restriction announced Aug. 17 that requires states that expand coverage to children from families with incomes at or above 250% of the federal poverty line to demonstrate that they already cover at least 95% of eligible children from families below 200% of the federal poverty level (see related story in the Aug. 21 [Daily Briefing](#)). Among other provisions, the measure also would offer funding incentives to strengthen states' enrollment efforts, expand premium assistance programs, require dental coverage for all children enrolled in the program, and rename the program the Children's Health Insurance Program. Voicing his opposition to the bill, Bush—who asserts the measure is too costly and represents a move toward federalized health care—in his weekly radio address this Saturday suggested that "members of Congress are risking health coverage for poor children purely to make a political point." Pennsylvania Gov. Edward Rendell (D), meanwhile, offered the Democratic response, reinforcing that if Bush does not sign the bill, 15 states will exhaust their SCHIP funding by the end of the month. The House is scheduled to vote on the measure tomorrow ([AP/Boston Globe](#), 9/23 [registration required]; Reichard, [CO HealthBeat](#), 9/21 [subscription required]; [Reuters](#), 9/21).

### 2 CMS limits undocumented immigrants' chemo coverage in New York

CMS has notified New York that chemotherapy treatment is not eligible for federal matching funds under a Medicaid provision that extends benefits to undocumented immigrants for emergency services, the *New York Times* reports. The month-old decision—which New York officials yesterday said they would challenge—may pave the way for a clash between states and the federal government over the definition of medical emergencies. Under current policy, CMS permits extending Medicaid coverage to undocumented immigrants and other noncitizens for emergency care, stipulating only that routine services and organ transplants are not eligible for federal reimbursement; states are otherwise left to craft their own definitions of emergency care. While some states have deemed any condition for which patients can schedule an appointment rather than present in the ED a non-emergency, other states—including New York—have defined emergencies as "any condition that could become an emergency or lead to death without treatment," a category that includes chemotherapy.

In their letter to CMS, New York officials say that because withholding chemotherapy from undocumented patients would place those patients' health in "serious jeopardy," the need for such treatments qualifies as a medical emergency under the agency's own criteria. The New York state health commissioner adds that "to say [chemotherapy patients] don't qualify [for emergency coverage] is self-defeating in that those situations will eventually become emergencies." While CMS declined to comment on the New York situation or chemotherapy coverage, the director of CMS's Center for Medicaid and State Operations says "longstanding interpretations by the agency have been that emergency Medicaid benefits are to cover emergencies." The *Times* adds that it is unclear how many other states provide chemotherapy to undocumented immigrants, although it notes that other states

have “also been challenged on emergency Medicaid claims” (Kershaw, [Times](#), 9/22 [registration required]).

### 3 **Chicago Tribune examines penalties for workers with unhealthy habits**

Despite concerns voiced by privacy advocates, an increasing number of companies are seeking to temper health care costs by penalizing employees for unhealthy lifestyle choices and poor health status, the *Chicago Tribune* reports in an overview of the trend. While thousands of employers have extended wellness incentives to their workers, companies have traditionally shied away from imposing punitive measures to drive behavioral change. More aggressive policies, however, are “gaining a foothold” as health care costs continue to balloon, according to attorneys and advocacy groups interviewed by the *Tribune*. In a policy slated to take effect in 2009, for example, Indianapolis-based **Clarian Health** will charge its 13,000 employees \$5 per pay period if they use tobacco or fail to meet targeted cholesterol or blood pressure levels, among other criteria; penalties will be capped at \$30 per paycheck. Meanwhile, the **Cleveland Clinic** this month incorporated nicotine testing into pre-employment physicals and has pledged not to hire applicants who test positive for the substance. And Lansing, Mich.-based Weyco Inc.—which attracted national attention two years ago for firing four employees for tobacco use—has further tightened its policies and now fines workers \$50 per paycheck if a spouse covered under the company’s health plan smokes or chews tobacco. The *Tribune* notes that discrimination laws in 30 states and the District of Columbia outlaw the termination of employees for reasons such as tobacco use, although there are “few clear limits” on imposing restrictions related to hiring and employer-sponsored coverage eligibility for non-disabled people (Jones, [Tribune](#), 9/24 [registration required]).

### 4 **‘Physician delivery’ services offering house calls, N.Y. Times reports**

The *New York Times* yesterday examined the emergence of physician services that offer to make house-calls for low-acuity ailments as patients face barriers to accessing care, including ED overcrowding and regional provider shortages. The *Times* notes that these “physician delivery” services are similar to retail health clinics and concierge medical practices in their objective of meeting patients’ demand for “faster, more convenient medical care.” While physician delivery services typically direct patients to hospital EDs for potentially life-threatening conditions and pregnancy-related problems, they are generally equipped to treat ailments ranging from certain infections to sprained ankles and bronchitis. Some services even travel with an ultrasound scanner, an X-ray machine, or a strep throat kit for diagnostic purposes and either provide medications or coordinate delivery with a pharmacy. **Inn-House Doctor**, for example, has 40 physicians on call in eight cities who are available to treat travelers staying in local hotels for fees of \$250 to \$450 per appointment; many providers are in private practice or work in hospitals and take call from the service after hours. However, the *Times* notes that such services are often too expensive to be accessed by the nation’s 47 million uninsured residents. Other analysts, including a **Temple University** professor, say the services may not use a common record-keeping system or address care coordination concerns (Alsever, [Times](#), 9/23 [registration required]).

## ► From the Advisory Board

### **5 Nursing Executive Watch: New Jersey coalition cuts pressure ulcers**

*The following is an excerpt from the Nursing Executive Watch, a monthly publication that provides timely perspectives on the major events that shape nursing and nursing leadership, offering actionable information to assist nurse executives with the management of their institutions, workforce, and patients.*

Citing pressure ulcers' adverse effects on patient care, length of stay, and hospital treatment costs, the New Jersey Hospital Association in late 2005 launched a statewide collaborative among 150 hospitals, nursing homes, and home-health agencies to reduce the condition's incidence. Two years later, relatively low-tech innovations—such as skin assessments and periodic patient repositioning—have helped cut pressure ulcer incidence at participating institutions by more than 70%, with one-third of the organizations eliminating pressure ulcers for a period of three months or more.

#### **For more information**

To learn more about the coalition's strategies and outcomes, please see the Sept. 21 [Nursing Executive Watch](#).

### **6 Marketing and Planning Leadership Council announces 'virtual' meeting series**

Given the membership's strong interest in this year's research agenda, the Advisory Board's Marketing and Planning Leadership Council is pleased to announce that all presentations from its current "Creating the Destination Facility" National Meeting Series will be presented as Web-enabled teleconferences in October and November. The Council's expert faculty will facilitate each session in its entirety, allowing for the dissemination of the latest research to members' teams immediately following the official conclusion of the meeting series. Among the Web conferences:

- "Engines of Profitable Growth: Clinical Technology Horizon Scan"  
Oct. 24 from 3 p.m. to 5 p.m. ET
- "Drivers of Consumer Choice: Findings from the 2007 Consumer Conjoint Survey"  
Oct. 29 from 3 p.m. to 5 p.m. ET
- "Joint Replacement Centers of Excellence: Best Practices and Analytical Tools"  
Nov. 15 from 12 p.m. to 2 p.m. ET
- "Positioning the Destination Facility: Aligning Facility Design with Market Preferences"  
Nov. 26 from 3 p.m. to 5 p.m. ET
- "Cardiac Imaging Centers of Excellence: Best Practices and Analytical Tools"  
Nov. 28 from 3 p.m. to 5 p.m. ET

#### **For more information**

Marketing and Planning Leadership Council members may register for the upcoming Web conferences on the program's [website](#) on Advisory.com. Interested hospital and health system executives may also contact Margot Walser at 202-266-5850 or [walserm@advisory.com](mailto:walserm@advisory.com).

## 7 H\*Works announces research collaborative with Canopy

H\*Works, the Advisory Board's consulting arm, is excited to announce a research collaborative with Canopy, the care management division of **Allscripts**, to study how the combination of technology and process change can elevate performance. H\*Works and Canopy will host a joint breakfast on Oct. 4 at 7:30 a.m. PT in San Diego to unveil this research collaborative to senior hospital executives. For the past six years, H\*Works Consulting has assisted hospitals with improving the return on investment from their case management functions. The H\*Works process applies best practices to reduce inappropriate admissions, facilitate discharge, reduce excess costs per case, and organize case management for maximum effectiveness.

Under the newly announced collaborative, Canopy has embedded H\*Works' best practices into its case management software, offering a technology solution that hardwires process and organizational improvements. In conjunction with this limited research effort—which will extend through the fall—H\*Works is creating a Case Management Cohort and is seeking hospital partners that are interested in both process improvement and technology assistance to drive gains in case management effectiveness.

### For more information

To learn more about the 2007 Case Management Cohort or to register for the breakfast, please contact Liz Colacicco at [colacice@advisory.com](mailto:colacice@advisory.com) or 202-266-5478. Additional information on H\*Works Consulting and Canopy is also available online at the organizations' websites: [www.hworksconsulting.com](http://www.hworksconsulting.com) and [www.allscripts.com/canopy](http://www.allscripts.com/canopy).

## ► Regional Round-up

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



- **Kentucky: St. Elizabeth Medical Center** in Edgewood has received a \$1.9 million grant from HHS to expand its “Women Take Heart: Cardiovascular Assessment, Risk, and Education” program. The funds will be distributed in increments of \$484,434 annually through 2010 (*Cincinnati Enquirer*, 9/21).
- **Maryland:** A state task force will work to determine the extent to which reimbursement levels are affecting physician supply statewide. The legislatively mandated task force—which includes physicians, lawmakers, and the state insurance commissioner—will also attempt to forecast physician workforce needs through 2015; a preliminary report is expected by the year's end (Salganik, Baltimore *Sun*, 9/21 [registration required]).
- **Minnesota:** HMO enrollment decreased by 8.2% last year to 915,000 individuals statewide as some employers switched to other plan types or became self-insured. Three of the four major HMO providers—**Blue Plus**, **HealthPartners**, and **Medica**—posted enrollment declines. However, **UCare** logged a 3.1% increase that was driven by growth in its Medicare Advantage plans (Phelps, Minneapolis *Star Tribune*, 9/20 [registration required]).
- **New York:** Two free health clinics have opened in Chinatown and Elmhurst to treat first responders, office workers, and city residents who have respiratory, gastrointestinal, and psychological conditions related to the terrorist attacks of Sept. 11, 2001. The clinics—which come in addition to one already operating at **Bellevue Hospital**—are part of a 15-point plan

announced earlier this year by Mayor Michael Bloomberg (R) to address health problems stemming from the attacks, which dispersed toxic dust and smoke across the city (Goldman, [Bloomberg News/Boston Globe](#), 9/21 [registration required]).

- **New York: Schneider Children's Hospital** in New Hyde Park recently began a \$22 million NICU expansion project that will add 24 beds for a total of 68. The project—slated for completion in late 2008—will also create a four-story, glass-enclosed atrium with a winter garden; playground; performance stage; and space for art, pet, and music therapy (Henderson, Long Island [Newsday](#), 9/20).
- **North Carolina:** Furthering its involvement in global health issues, **Duke University Health System** has announced a seven-year partnership with Peking University Health Science Center in Beijing, China. As part of the agreement, Duke last week launched a joint cardiovascular training center in Beijing. The two universities also plan to partner on additional research and clinical care programs and create guidelines for conducting large-scale clinical trials in China, among other initiatives (Simmons, Raleigh [News & Observer](#), 9/19 [registration required]).

## ► Endnotes

### 9 Et cetera

#### Many apples a day: Flavonoid in apples may prevent illness in intense exercisers

A large dose of the flavonoid quercetin, which is found in apples and berries, could help head off illness in athletes and soldiers who exercise intensively, according to a recent article in *New Scientist* magazine. The conclusion emerged from an analysis by researchers from **Appalachian State University**, who administered one gram of quercetin—roughly equivalent to consuming 100 apples—or placebo daily to 40 male cyclists for three weeks. During the study period, the cyclists exercised at maximum intensity for three hours per day across three days and provided blood and saliva samples before and after each exercise session. The researchers found that the incidence of upper respiratory tract infections (URTIs) “differed significantly” between the placebo and quercetin groups in the two weeks following the three-day exercise stint. For example, while nine cyclists in the placebo group developed an URTI, only one participant in the quercetin group came down with the ailment. The study’s lead author says the findings indicate that quercetin could be useful in protecting U.S. soldiers against UTRIs during periods of intense physical exertion, adding that infections are “as much of a problem if not a more serious issue than injuries” in combat.

—McNally, [NutraIngredients.com](#), 9/14; Nieman et al., [Medicines and Science in Sports and Exercise](#), September 2007