



# Daily Briefing

“Nation’s news in  
five minutes”

News for Health Care Executives • Monday, February 25, 2008

## SPOTLIGHT

### Americans face greater stroke risks than Europeans, study finds

A study presented at the American Stroke Association’s International Stroke Conference on Friday finds that U.S. adults face significantly higher stroke risks than European adults, attributing the disparity to Americans’ poorer access to care and increased disease risk factors.

See story #1

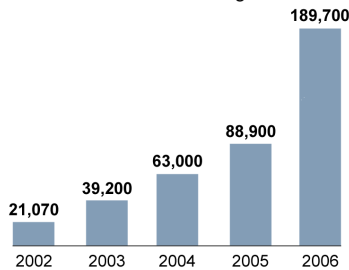
## RESEARCH HIGHLIGHT

### Observation status takes off

Payer intermediaries are increasingly pushing to have certain cases treated under observation status, contributing to a dramatic increase in Medicare discharges for APC 339 (observation services)—which covers chest pain and heart failure patients. This recent upsurge in use of observation status for payment and admission purposes has complicated the picture on hospital volume trends, as observation encounters are not adequately defined to allow for accurate counting. To learn more, please register for the Health Care Advisory Board’s 2007-08 National Member Meetings.

#### Patients cared for without formal admission

APC 339 (observation services)  
Medicare discharges



Source: Innovations Center Futures Database;  
ACTracker, Deutsche Bank

## THIS DAY IN BRIEF

### N.Y. Times examines challenges surrounding use of DNA tests

Despite the growing availability of DNA tests designed to identify genetic predispositions for disease and help patients make informed health care decisions, many Americans are shunning the tests—including those recommended by physicians—fearing discrimination from employers and insurers, the *New York Times* reports.

See story #2

### Most Americans support care quality grading efforts, WSJ poll finds

A new *Wall Street Journal* Online/Harris Interactive poll finds that the majority of Americans support the concept of grading care quality at the nation’s hospitals and medical groups but less than half think such measures should be tied to compensation.

See story #3

### FDA grants Avastin ‘accelerated’ approval for late-stage breast cancer treatment

Going against the recommendation of its own advisory panel, the FDA on Friday granted “accelerated” approval to Genentech’s cancer drug Avastin (bevacizumab) for the treatment of women with HER2-negative metastatic breast cancer.

See story #4

## FROM THE ADVISORY BOARD

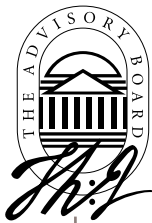
### Cardiovascular Watch: STEMI guidelines seek to aid clinical decision-making

In the second installment of a two part series, the *Cardiovascular Watch* examines important highlights from the ACC/AHA ST-segment elevation myocardial infarction focused update, which reflects major clinical advances in trials reported between 2005 and 2006.

See story #5

## NAMES IN THE NEWS

Children’s Hospital and Regional Medical Center of Seattle (Wash.) (#8) ■ Children’s Mercy East (Mo.) (#8)  
Children’s Mercy Hospital and Clinics (Mo.) (#8) ■ Duke University (N.C.) (#1) ■ Georgetown University (D.C.) (#2)  
Henry Ford Cottage Hospital (Mich.) (#8) ■ Henry Ford Health System (Mich.) (#8) ■ Ohio State University (#9)



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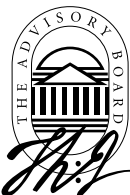
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## ► Today's Headlines

### 1 Americans face greater stroke risks than Europeans, study finds

A study presented at the **American Stroke Association's** International Stroke Conference on Friday finds that U.S. adults face significantly higher stroke risks than European adults, attributing the disparity to Americans' poorer access to care and increased disease risk factors. For the study, researchers from Erasmus Medical Center in the Netherlands analyzed 2004 data on stroke occurrence, socioeconomic status, and major stroke risk factors—including obesity, diabetes, smoking status, and physical activity habits—for 13,667 American adults age 50 and older and 30,120 adults age 50 and older from 11 different European countries. They found that American men were 61% more likely than European men to suffer a stroke, while American women were nearly twice as likely as European women to suffer a stroke, with the greatest gap in stroke risk seen among “relatively poor Americans,” who were substantially more likely to have a stroke than poor Europeans. Additionally, women overall were 25% less likely to have a stroke compared with men—a smaller disparity than in previous years that reflects an increase in certain risk factors, including high blood pressure and smoking, among women, according to the authors. Meanwhile, age-adjusted stroke prevalence varied greatly among countries, with the highest seen in the United States and the lowest recorded in southern Mediterranean countries, such as Spain, Greece, Italy, and Switzerland—areas that tend to have diets rich in vegetables, fruit, and fish and have lower rates of heart disease. Noting the correlation between higher stroke prevalence and lower socioeconomic status as measured by wealth, income, and education—a link that was stronger in the United States than most European countries—the researchers say that the universal health care models offered by European nations likely put a much greater emphasis on preventive care and alleviate care access issues, whereas the U.S. system “focuses more on treatment and may actually be more successful in keeping stroke cases alive” (Steenhuysen, [Reuters](#), 2/22; [HealthDay](#), 2/23).

### **AGGRESSIVE ANTI-HYPERTENSIVE TREATMENT LIMITS STROKE BLEEDING RISKS, STUDY SAYS**

In a separate study presented at the International Stroke Conference, Australian researchers reported that aggressive drug therapy for hypertensive patients with acute intracerebral hemorrhage “is well tolerated and appears to slow the growth of hematomas.” For the study, researchers from the University of Sydney in Australia randomized 404 Australian, Chinese, and Korean patients with elevated systolic blood pressure of 150 to 220 mm and acute intracerebral hemorrhage as confirmed with a CT scan to undergo intensive anti-hypertensive treatment using a stepped protocol of intravenous therapies designed to reduce systolic blood pressure to 140 mm or a less intensive treatment regimen based on **American Heart Association** guidelines designed to reduce systolic blood pressure to 180 mm Hg. After adjusting for initial hematoma volume and time between bleeding onset and CT scan, researchers found that average hematoma growth and substantial hematoma growth were 22.6% lower and 36% lower, respectively, in the intensive treatment group compared with the guidelines group. Moreover, at 90 days follow-up, there was no evidence that the more aggressive treatment regimen increased the risk of serious adverse events or poor outcomes. The researchers conclude that “drug treatment to lower elevated blood pressure can be given quickly and safely to patients with intracranial hemorrhage” and say the results will be tested in a larger trial later this year. The director of **Duke University Medical Center's** stroke center, meanwhile, says that while the findings must be confirmed in a larger study, emergency physicians “will probably grab on [them]” (AHA [release](#), 2/22; Marchione, [Associated Press](#), 2/22).

## 2 **N.Y. Times examines challenges surrounding use of DNA tests**

Despite the growing availability of DNA tests designed to identify genetic predispositions for disease and help patients make informed health care decisions, many Americans are shunning the tests—including those recommended by physicians—fearing discrimination from employers and insurers, the *New York Times* reports. In an effort to keep their genetic information private and avoid scrutiny, many patients are instead shelling out hundreds of thousands of dollars for DNA tests that insurers would otherwise cover, ordering at-home genetic tests, and working to ensure that genetic information is not included in their medical records. According to the *Times*, hundreds of people last year paid the start-up company DNA Direct for tests ranging in cost from \$175 to \$3,456 in order to ensure no third party could access the results. Citing the Americans with Disabilities Act and other laws governing the privacy of medical records, employers say that such discrimination is already prohibited in the workplace. Insurers, meanwhile, call such consumer concerns about higher premiums or cancelled coverage tied to certain genetic profiles “anecdotal fear[s],” with a spokesperson from **America’s Health Insurance Plans** saying that insurers are “not interested in any way, shape or form in discriminating based on a genetic marker.” Challenging that assertion, however, a **Georgetown University** Health Policy Institute study recently found that in seven of 92 underwriting decisions, insurers evaluating hypothetical applicants said they would deny coverage or charge higher premiums based on genetic tests results. Additionally, employee rights advocates say that current laws do not explicitly prevent employers from trying to “screen out employees they know are more likely to get sick,” although evidence that such genetic discrimination exists is rare, according to the *Times*.

Still, the *Times* reports that “thousands of people accustomed to a health insurance system in which known risks carry financial penalties are drawing their own conclusions about how a genetic predisposition to a disease is likely to be regarded,” potentially challenging the future of personalized medicine. Noting that such discrimination fears are hindering the recruitment of research participants, and thus stalling cures and treatments for certain diseases, health care professionals and geneticists are calling for legislation to address the problem. Last year, the House of Representatives passed the Genetic Information Nondiscrimination Act, which would ban insurers from using genetic information to deny benefits or raise premiums and would prevent employers from collecting genetic information or using it to inform hiring, firing, or compensation decisions; the bill, however, has yet to reach the Senate. The *Times* reports, meanwhile, that in the absence of such legislation, some physicians are warning patients about the potential financial downside of such genetic tests, should they lead to an increase in insurance premiums (Harmon, [Times](#), 2/24 [registration required]).

## 3 **Most Americans support care quality grading efforts, WSJ poll finds**

A new *Wall Street Journal* Online/Harris Interactive poll finds that the majority of Americans support the concept of grading care quality at the nation’s hospitals and medical groups but less than half think such measures should be tied to compensation. Researchers conducted the online poll—which represents a nationwide cross section of 2,015 adults—from Feb. 6-8, finding that 60% of Americans believe there are “fair and reliable ways to measure and compare the quality of care” provided by hospitals and medical groups, up from 49% in 2006. Asked to rate the fairness of different methods health plans could use to compare providers, 76% of respondents said comparing patient satisfaction surveys would be fair, while 68% supported using medical tests measuring how well physicians are managing patients with chronic medical conditions. Additionally, 66% of participants said that assessments by medical boards would be a fair measure of comparison, while 65% voiced support for ratings issued by third-party organizations such as the **Joint Commission** and just 38% thought judging doctors based on their medication prescribing habits—namely the use of generic or

brand name drugs—would be fair. The poll also indicates that 44% of participants say they would be “very likely” to refer to health plan data rating physician trust, communication, and medical knowledge in selecting a provider, while 47% would be “somewhat likely” to consider that information. Participants were less sure, however, whether health plans should financially reward hospitals and medical groups for better performance on care quality metrics, with just 38% of participants favoring that compensation model, down from 44% in 2003 (Bright, [Journal](#), 2/23 [subscription required]).

## 4 FDA grants Avastin ‘accelerated’ approval for late-stage breast cancer treatment

Going against the recommendation of its own advisory panel, the **FDA** on Friday granted “accelerated” approval to **Genentech’s** cancer drug Avastin (bevacizumab) for the treatment of women with HER2-negative metastatic breast cancer, the *New York Times* reports. The drug—already approved for treating lung and colorectal cancer—received accelerated approval for the treatment of terminal breast cancer based on a Phase III study indicating that Avastin used in combination with the chemotherapy drug paclitaxel extended progression-free survival by an average of 5.5 months; however, the study did not demonstrate gains in overall survival. Under the decision, Genentech may market the drug to breast cancer patients but must submit the results of two pending trials in order to receive full approval. The FDA’s decision comes just two months after an advisory panel voted 5-to-4 not to recommend Avastin’s approval for breast cancer, citing insufficient data; Genentech officials say they worked “closely” with the FDA in the ensuing weeks to address concerns (see related story in the February 14 [Daily Briefing](#)). While Genentech lauded the FDA for giving women with metastatic breast cancer “another option,” some patient advocacy groups voiced concerns about the drug’s safety and cost—which can run nearly \$85,000 for an 11-month course—emphasizing that the study did not address survival or quality-of-life concerns. FDA officials, however, say the accelerated approval reflects the agency’s desire “to have the regulatory flexibility to approve effective drugs where there isn’t overall survival,” noting that delayed disease progression “may be a direct clinical benefit in itself.” Bloomberg News, meanwhile, reports that Avastin is currently being tested for treatment of 20 different types of tumors in approximately 300 clinical trials (Pollack, [Times](#), 2/22 [registration required]; Gardner, [HealthDay](#), 2/22; Colliver, [San Francisco Chronicle](#), 2/23; [Bloomberg News](#), 2/23).

### STUDY TO TEST AVASTIN, LUCENTIS FOR TREATMENT OF WET AGE-RELATED MACULAR DEGENERATION

In related news, the *Wall Street Journal* reports that the **NIH** is starting a “long anticipated” head-to-head trial comparing Avastin and another Genentech drug, Lucentis (ranibizumab injection), to determine their effectiveness in treating wet age-related macular degeneration (AMD), the leading cause of blindness in elderly Americans. Lucentis is currently approved to treat AMD, but some physicians have been treating the condition using small doses of Avastin off-label “at a fraction” of Lucentis’s cost. The study—funded by the **National Eye Institute**—will assign 1,200 patients to receive monthly Avastin or Lucentis eye injections across an initial one year period; during a second year, researchers will divide patients into additional groups treated with either drug on a varying schedule. Researchers expect to release results in 2011 (Corbett Dooren, [Wall Street Journal](#), 2/22 [subscription required]).

## ► From the Advisory Board

### **5 Cardiovascular Watch: STEMI guidelines aim to aid clinical decision-making**

*The following is an excerpt from the Cardiovascular Watch, a monthly publication that gives timely perspectives on major events that shape the cardiac service line. The publication provides actionable information to assist leaders in the medical community with the management of their services, workforce, and patients.*

In the second installment of a two part series, the *Cardiovascular Watch* examines important highlights from the ACC/AHA ST-segment elevation myocardial infarction (STEMI) focused update, which reflects major clinical advances in trials reported between 2005 and 2006. The revised guidelines continue to endorse shorter time to reperfusion at high-volume centers to improve survival rates, recommend restricting rescue PCI to select patient populations, discuss the most appropriate use of non-steroidal anti-inflammatory drugs and intravenous beta blockers, and outline goals for secondary prevention and recovery.

#### **For more information**

To read more about the STEMI guidelines update, please see the February issue of the [Cardiovascular Watch](#). To download the complete February 2008 issue of the *Cardiovascular Watch*, please click [here](#).

### **6 Innovative models for hospital-physician alignment**

Given the inherent shortcomings of legacy alignment models such as gainsharing and management contracts, hospital executives continue to seek innovative ideas for working cooperatively with physicians, particularly given the broader market context of enhanced hospital-specialist competition. In response, the Health Care Advisory Board has published a research study titled *Overcoming Ruinous Competition: Overcoming Ruinous Competition: Emerging Models for Hospital-Physician Alignment*. This publication presents 24 models for aligning physician and hospital interests in order to both mitigate competitive risks and enhance physician support of critical hospital goals in such areas as volume growth, patient access, cost-containment, and quality improvement. The study concludes that across the various possible approaches, the key to securing lasting physician loyalties is to redefine partnership incentives—rewarding physicians for long-term performance of the hospital enterprise, instilling a sense of “ownership” among specialists by sharing (as appropriate) various clinical program management responsibilities, and integrating more closely with key physician groups around operational and strategic goals.

#### **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 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 health 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](mailto:fleckenc@advisory.com).

## ► Regional Round-up

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



- **Missouri: Children's Mercy Hospital and Clinics** has received \$43 million from the Hall Family Foundation to support the first phase of an \$800 million expansion project that will roughly double the size of Children's Mercy's main Hospital Hill campus by 2020 and add a new **Children's Mercy East** campus in Independence. The gift is the largest in both the hospital's and the foundation's histories. Using the funding, the Hospital Hill campus will add 216 inpatient beds and hundreds of thousands of square feet of space for outpatient clinics, labs, and physician offices, as well as expand its ED and create two new cardiac catheterization laboratories (Karash, [Kansas City Star](#), 2/21).
- **Michigan: Henry Ford Cottage Hospital** has launched a \$10 million expansion project that will add 20 private patient rooms in a new medical and surgical unit and allow the 153-bed Grosse Pointe Farms hospital to expand its services. The hospital—now fully owned by **Henry Ford Health System**—will offer patients concierge-style guest services in the new unit, including bathrobes, slippers, a daily newspaper, and an amenities kit (Anstett, [Detroit Free Press](#), 2/22).
- **Oregon:** One of the state's largest malpractice insurers is offering discounts ranging from \$375 to \$2,250 annually to physicians who use computerized personal health records and e-mail in communicating with patients. Approximately 2,600 physicians insured by **Northwest Physicians Insurance** will receive patient safety discounts for using iHealth, an online service that provides Web sites for physician practices, a secure e-mail system, personal health records for patients, and safety messages updating patients about developments such as medication recalls ([Portland Business Journal](#), 2/12 [registration required]).

- **Kentucky:** The state House Health and Welfare Committee late last week approved a bill that would create a comprehensive trauma system by expanding trauma care coordination beyond Louisville, Lexington, and Campbellsville to include local hospitals statewide. Although the bill does not include funding, it authorizes the creation of a director position, an advisory commission, and a state trauma registry. The bill will now go to the state House, which passed a similar measure last year that ultimately died in the Senate (Yetter, [Courier-Journal](#), 2/22).
- **Washington: Children’s Hospital and Regional Medical Center of Seattle** is seeking to purchase a neighboring condominium complex for \$93 million in an effort to nearly triple the size of its 900,000-square-foot campus across the next 20 years to meet anticipated demand. The purchase—which hospital officials say would be less disruptive to the community than other expansion options—is contingent upon approval from the state Legislature and the city council (Pryne, [Seattle Times](#), 2/22; Engleman, [Puget Sound Business Journal](#), 2/21 [registration required]).

## ► Endnotes

### 9 Et cetera

#### Anger management: Controlling temper may speed wound recovery, study finds

Anger-related stress can significantly slow the body’s healing process, according to a study from researchers at **Ohio State University**. For eight days, scientists monitored nearly 100 participants who had been given a blister on one of their arms and surveyed the subjects about their ability to manage their temper and whether they typically expressed anger externally or kept it to themselves. After adjusting for factors such as sleep, alcohol consumption, and physical activity, the researchers found that regardless of how participants expressed their anger, “hotheads” were more than four times as likely to take more than four days to heal compared with their more level-headed counterparts. Commenting on the findings, the lead study author notes that participants with poor anger control produced higher levels of cortisol, a stress hormone that is associated with delayed healing, which in turn could increase the risk for infection. A professor from Imperial College in London, meanwhile, notes that the “body prioritizes and sorts one thing out at a time,” meaning that anger is just one more thing to work through before the body can focus on healing.

—[BBC News](#), 2/20