



## Hospitalist care yields shorter inpatient stays, study finds

Patients treated at an academic medical center by a hospitalist service—especially those requiring close clinical monitoring and complex discharge planning—experience shorter inpatient length of stay than those cared for by non-hospitalist-led teams, without any adverse impact on mortality or readmission rates, according to a study in the *Archives of Internal Medicine*. For the study, researchers from the Albert Einstein College of Medicine’s Montefiore Medical Center analyzed data on 9,037 patients who were discharged from a 381-bed teaching hospital across a two-year period and assigned to hospitalist- or non-hospitalist-led teams.

See story #1

## THIS DAY IN BRIEF

### Former Sen. Edwards outlines malpractice reform plan

Democratic presidential candidate and former Sen. John Edwards (D-N.C.) yesterday offered a blueprint for reforming the medical malpractice system under which all attorneys would have to prove their cases’ merit before filing the litigation.

See story #2

### Some Democratic reps. urge leadership to stop IPPS ‘behavioral offset’

Thirty-eight House Democrats recently sent a letter to Speaker Nancy Pelosi (D-Calif.) urging her to explore legislative strategies for blocking the implementation of the so-called “behavioral offset” in CMS’s fiscal year 2008 inpatient prospective payment system rule.

See story #3

### Blood banks strive to recruit younger donors amid shortages

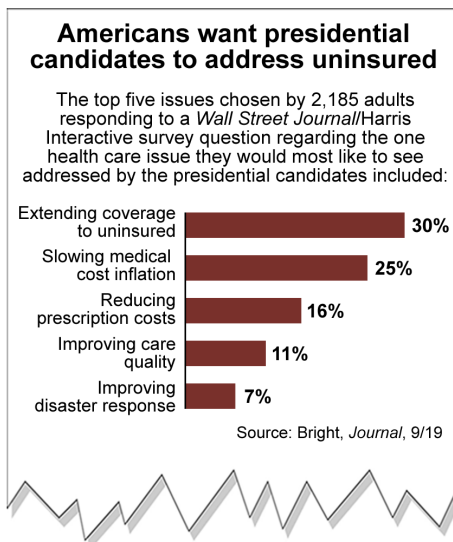
Facing an aging donor population and various eligibility restrictions, U.S. blood banks are devising creative methods of recruiting younger donors and—in some cases—have relaxed certain donor requirements.

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### Health Care Advisory Board announces 2007-2008 National Meeting Series

The Health Care Advisory Board is pleased to announce its 2007-2008 National Membership Meetings—16 sessions scheduled at locations nationwide starting this fall that will center on developing and executing a future service line growth strategy.

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Albert Einstein College of Medicine (N.Y.) (#1)



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Tuesday, September 25, 2007

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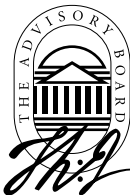
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## ► Today's Headlines

### 1 Hospitalist care yields shorter inpatient stays, study finds

Patients treated at an academic medical center by a hospitalist service—especially those requiring close clinical monitoring and complex discharge planning—experience shorter inpatient length of stay (LOS) than those cared for by non-hospitalist-led teams, without any adverse impact on mortality or readmission rates, according to a study in the *Archives of Internal Medicine*. Noting that previous studies have linked hospitalist care with LOS reductions but have not determined which patient populations are most likely to benefit, researchers from the **Albert Einstein College of Medicine's Montefiore Medical Center** analyzed data on demographics, insurance status, medical history, diagnoses, LOS, readmission rates, and mortality for 9,037 patients who were discharged from a 381-bed teaching hospital across a two-year period and assigned to hospitalist- or non-hospitalist-led teams. The researchers found that those cared for by hospitalists posted a mean LOS of 5.01 days, compared with 5.87 days for those treated by non-hospitalists. The researchers also found that “teaching hospitalist care seems to have a stronger association with LOS” among patients requiring specialized post-discharge services such as home care services or nursing facility care—a dynamic the researchers say likely reflects hospitalists’ aptitude in coordinating care with discharge planners and social workers. In addition, hospitalist care was closely linked to shorter LOS in the highest-acuity patients and specifically in those suffering from stroke, congestive heart failure, pneumonia, sepsis, urinary tract infections, or asthma/chronic obstructive pulmonary disease. The researchers say the findings may stem from hospitalists’ “continuous presence” in the hospital, which facilitates close monitoring of complex patients and enables real-time adjustment in care regimens. According to the researchers, the findings could help “guide the use of hospitalist services, given that small numbers of patients at the highest acuity levels account for disproportionate numbers of total hospital days” (Southern et al., *Archives*, 9/24; Nordqvist, *Medical News Today*, 9/24).

### 2 Former Sen. Edwards outlines malpractice reform plan

Democratic presidential candidate and former Sen. John Edwards (D-N.C.) yesterday offered a blueprint for reforming the medical malpractice system under which all attorneys would have to prove their cases’ merit before filing the litigation, the Associated Press reports. Speaking at a forum hosted by the **Kaiser Family Foundation** and organized by **Families USA** and the **Federation of American Hospitals**, Edwards proposed a system similar to the “certificates of merit” laws already adopted by several states, which generally require an independent physician to confirm the validity of a malpractice claim before it can be filed. Under Edwards’ plan, attorneys rather than patients would bear case preparation costs in the event that the lawyer fails to receive certification from two outside experts affirming a claim’s validity. Attorneys who fail to obtain certification three times, meanwhile, would be barred from filing future malpractice cases. However, noting that the “cost associated with [malpractice] cases is well under 1% of our legal system,” Edwards said reducing malpractice litigation is not likely to “significantly affect health care costs” (Lowy, *Associated Press*, 9/24).

#### **EDWARDS DETAILS APPROACH TO REDUCING INCIDENCE OF HIV/AIDS**

Separately, Edwards has unveiled a strategy for combating HIV/AIDS that makes him the first candidate to respond to a “Call to Action” issued last week by more than 120 organizations dedicated to fighting the disease. Edwards specifically proposed expanding Medicaid’s coverage of HIV treatments, as well as providing age-appropriate sex education, supporting needle-exchange programs for drug addicts, and investing \$50 billion in HIV/AIDS treatments worldwide across the next five years (McLaughlin, *Associated Content*, 9/25; Carillo/Stewart, *CNN.com*, 9/24).

### 3 Some Democratic reps. urge leadership to stop IPPS ‘behavioral offset’

Thirty-eight House Democrats recently sent a letter to Speaker Nancy Pelosi (D-Calif.) urging her to explore legislative strategies for blocking the implementation of the so-called “behavioral offset” in CMS’s fiscal year 2008 inpatient prospective payment system (IPPS) rule, *CQ HealthBeat* reports. The stipulation—slated to take effect on Oct. 1—imposes a 1.2% cut to FY 2008 inpatient payments to account for anticipated improvements in coding accuracy driven by the transition to Medicare-Severity DRGs (see related story in the Aug. 2 *Daily Briefing*). In their letter to Pelosi, the representatives say the cuts—scheduled to escalate to 1.8% in FY 2009 and FY 2010—would shave \$20.3 billion from hospitals’ operating and capital payments across the next five years and “restrict the ability of millions of patients to access critical hospital services.” To prevent those reductions, the representatives—including Jason Altmire (D-Pa.) and Peter Welch (D-Vt.)—recommend enacting an amendment included in a current Labor-HHS bill or a similar measure eliminating the cuts. President Bush, however, has threatened to veto the Labor-HHS bill because its spending levels exceed his recommendations (*CQ HealthBeat*, 9/22 [subscription required]; House Democrats’ [letter](#), 9/20).

### 4 Blood banks strive to recruit younger donors amid shortages

Facing an aging donor population and various eligibility restrictions, U.S. blood banks are devising creative methods of recruiting younger donors and—in some cases—have relaxed certain donor requirements, *USA Today* reports. A recent study in the journal *Transfusion* revealed that only 111 million people—roughly 37% of the U.S. population—are eligible to donate blood, 66 million fewer than previously believed (see related story in the Aug. 1 *Daily Briefing*). In an effort to shore up blood supply, blood banks in Washington, Kansas, and Georgia have lowered the minimum donor age from 17 to 16 years. Scottsdale, Ariz.-based **United Blood Services**, meanwhile, is disbanding its previous one-year waiting period for newly tattooed donors and allowing immediate donations if the body art was done at a state-regulated tattoo parlor. Undertaking targeted recruitment campaigns, some blood banks are using networking sites such as MySpace and Facebook to reach out to younger donors, while others are recruiting prospective donors at rock concerts and raffling off iPods to generate interest. A spokesperson from **America’s Blood Centers** says that “you have to fill the voids when every generation ages and starts using the blood vs. being able to donate it,” adding that while the current situation is not dire, it could grow worse in the future (Kurtzman/O’Farrell, *USA Today*, 9/25).

## ► From the Advisory Board

### 5 Health Care Advisory Board announces 2007-2008 National Meeting Series

The Health Care Advisory Board is pleased to announce its 2007-2008 National Membership Meetings—16 sessions scheduled at locations nationwide starting this fall that will center on developing and executing a future service line growth strategy. The first day of the meeting will focus on best practices for identifying the “right” strategic portfolio for short- and long-term success and optimizing service line alignment and organizational design. In particular, the meetings will present research on creating a compelling patient experience by framing hospital services around care episodes and consumer needs. The second day of the series, meanwhile, will showcase Innovations Center work on the future of three strategically vital service lines—cardiovascular care, neurosciences, and orthopedics—and report on competitive outlooks, disruptive technologies, and emerging differentiation strategies.

#### For more information

To learn more about the agenda and register for a meeting, please visit the Health Care Advisory Board [website](#) on Advisory.com. Members may contact Neha Shah at 202-266-5887 or [shahn@advisory.com](mailto:shahn@advisory.com) with questions.

## 6 Spend Compass to present at upcoming Supply and Pharma Expo

The Advisory Board Company will be a featured presenter at the upcoming 2007 **Health Connect Partners** (HCP) Supply and Pharmacy Expo in Jacksonville, Fla., on Oct. 1 to Oct. 3. Advisory Board National Spokesperson Ford Koles, along with the Spend Compass team, will present some of the organization's recent research on the supply chain front. Across the past several years, the Advisory Board has researched how top performers in spend management have elevated the role of supply chain beyond typical purchasing operations to a more "strategic sourcing" model. The Advisory Board's session, "Reimbursement and Future Trends in Health Care," will take place on Oct. 2 from 3:15 p.m. to 4:45 p.m. ET. The discussion will examine macro-level industry trends that are putting significant pressure on hospitals to reduce overall costs, including consumer-driven health care, retail and outpatient clinics, and policy reform.

The Advisory Board will also be hosting a hospitality suite on Monday, Oct. 1 beginning at 7:30 p.m. in room 437, where Expo attendees are invited to enjoy appetizers, beer, and wine with Ford. The Spend Compass team will also be present to answer any questions related to this research and discuss the more tactical approaches VPs and directors of pharmacy and materials management are taking to get their supply spend under control.

#### For more information

To learn more about Spend Compass or the Advisory Board's presentation and hospitality suite, please contact Mike Murray at 202-266-5769 or [murraym@advisory.com](mailto:murraym@advisory.com).

## ► Regional Round-up

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



- **Alabama: St. Vincent's Birmingham** has shuttered its nine-bed pediatric unit, which treated an average of just two patients monthly, according to hospital officials. The Southside hospital said it will continue to operate all of its 372 licensed beds and care for pediatric patients in units based on their conditions rather than in the designated pediatric unit (DeButts, [Birmingham Business Journal](#), 9/21 [registration required]).
- **Massachusetts:** State regulators have approved a plan that would require insurers to disclose their negotiated rates with individual hospitals for certain procedures, making Massachusetts one of the first states in the nation to publicize such information. The state's new Health Care Quality and Cost Council will spend the next several months determining the treatments and procedures that will be subject to the disclosure requirements. The council hopes to begin posting the reimbursement information for the designated services—as well as corresponding care quality data—online by March (Kowalczyk, [Boston Globe](#), 9/22 [registration required]).

- **Tennessee: Le Bonheur Children’s Medical Center’s** neurology department has invested \$2.9 million in a new magnetoencephalography (MEG) device often used for “pre-surgical mapping” and seizure localization in epilepsy treatment. The hospital underwent several renovations to accommodate the 18,000-pound device and the vault in which it is kept. Le Bonheur is now the only pediatric hospital statewide and one of three pediatric hospitals in the nation to offer the technology (Sells, [Memphis Business Journal](#), 9/21 [registration required]).
- **Pennsylvania:** At a state House Health and Human Services Committee meeting held at **Albert Einstein Medical Center** yesterday, hospital leaders told legislators that 14 facilities have suspended their maternity services across the past decade because of low Medicaid reimbursements and high malpractice costs. Officials said that while they support proposed legislation that would raise Medicaid payments to facilities that treat high volumes of low-income patients, the measure would “hardly solve the problem” of constrained capacity (Burling, [Philadelphia Inquirer](#), 9/24 [registration required]).
- **Pennsylvania:** The **University of Pittsburgh** this week opened its new Center for Vaccine Research, which will initially focus on dengue fever, influenza, and tuberculosis. The research center also houses the university’s Regional Biocontainment Laboratory—one of just 13 such facilities nationwide and only the second to formally open (Hopey, [Pittsburgh Post-Gazette](#), 9/24).
- **Wisconsin: Aurora St. Luke’s Medical Center** is constructing the largest rectangular hyperbaric chamber in the nation, a \$7 million project slated for completion in May 2008. The chamber will enable the hospital to increase its hyperbaric oxygen therapy treatment capacity from eight patients to 24 patients at a time (Sanders, [Business Journal of Milwaukee](#), 9/21 [registration required]).

## ► Endnotes

### 8 Et cetera

#### Preventive peel: Tangerine peels may pack cancer-fighting punch

A compound found in tangerine peels may help eradicate breast, lung, prostate, and ovarian cancers, according to research presented at the British Pharmaceutical Conference in Manchester. The study—conducted by researchers from the Leicester School of Pharmacy—revealed that a compound in tangerine peel called Salvestrol Q40 destroyed a certain type of enzyme commonly found in human cancer cells. While noting that the research is still in its early stages and could take another seven years to reach clinical trials, one of the researchers says the findings indicate that salvestrols “may offer a new mechanism of dietary anti-cancer action.” He adds that the fact that many people no longer eat salvestrol-rich fruit and vegetable skins may be contributing to the increasing prevalence of certain cancers.

—[Reuters](#), 9/13