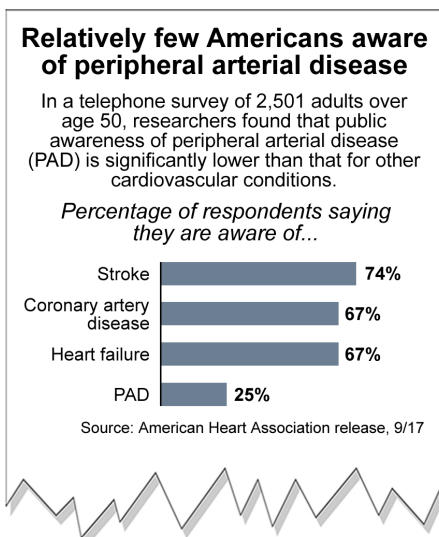


U.S. care quality improving, but some gaps persist, report finds

The National Committee for Quality Assurance's 11th annual State of Health Care Quality report finds that while the quality of care provided to more than 80 million Americans enrolled in 767 public and private health plans improved last year, participating plans' overall care quality gains were less pronounced than they have been in past years, and significant quality gaps remain. According to the analysis of insurers' one-year performance trends, commercial plans recorded gains in 30 of 44 care quality measures and achieved particularly substantial strides in childhood immunization and colorectal cancer screening rates.

See story #1



THIS DAY IN BRIEF

House passes SCHIP expansion bill without veto-proof margin

The House yesterday passed a compromise bill to reauthorize and expand the State Children's Health Insurance Program, but the 265-to-159 approval margin falls short of the two-thirds majority necessary for overriding President Bush's likely veto.

See story #2

Some malpractice insurers requiring online physician personality tests

In light of evidence suggesting a link between physicians' communication skills and their likelihood of being sued, some medical liability insurers are requiring providers to take online personality tests as part of the coverage application process.

See story #3

ASCO offers documentation tools for breast, colorectal cancer survivors

In an effort to promote care coordination and ongoing patient monitoring, the American Society of Clinical Oncology has released a set of tools for documenting the care received by breast and colorectal cancer patients and outlining long-term survivorship plans.

See story #4

GM, union agree to establish independent retiree health care trust

Under a tentative contract announced on the second day of a national strike, General Motors and the United Automobile Workers union have agreed in principle to establish an independent trust to assume more than \$50 billion in retiree health benefit liabilities for active and retired workers and their dependents.

See story #5

NAMES IN THE NEWS

University of California-Los Angeles (#4)



Advisory Board Daily Briefing Contents

Wednesday, September 26, 2007

Today's Headlines

- 1 **NCQA:** U.S. care quality improving, but some gaps persist, report finds
- 2 **House:** Passes SCHIP expansion bill without veto-proof margin
- 3 **Malpractice insurers:** Some requiring online physician personality tests
- 4 **ASCO:** Offers documentation tools for breast, colorectal cancer survivors
- 5 **GM, union:** Agree to establish independent retiree health care trust

From the Advisory Board

- 6 **Financial Leadership Council:** Unveils *Cultivating Self-Pay Discipline* study
- 7 **Physician leadership:** 'Boot camp' opens registration for Calif. session

Regional Round-up

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

Endnotes

- 9 **Et cetera:** Soccer offers greater fitness gains than jogging, study says

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► Today's Headlines

1 U.S. care quality improving, but some gaps persist, report finds

The **National Committee for Quality Assurance's** (NCQA) 11th annual State of Health Care Quality report finds that while the quality of care provided to more than 80 million Americans enrolled in 767 public and private health plans improved last year, participating plans' overall care quality gains were less pronounced than they have been in past years, and significant quality gaps remain. According to the analysis of insurers' one-year performance trends, commercial plans recorded gains in 30 of 44 care quality measures and achieved particularly substantial strides in childhood immunization and colorectal cancer screening rates. However, while Medicaid plans reported improvements in 34 of 43 care quality indicators, Medicare managed care plans "lagged behind" for the second consecutive year—possibly because of an influx of 44 Medicare managed care plans last year that had not previously reported data under the voluntary initiative.

Shedding light on specific quality gains, the report finds that nearly 98% of myocardial infarction patients across all plans received beta-blockers in 2006, compared with 62% in 1996. Furthermore, improvements in beta-blocker use—coupled with gains in cholesterol management, high blood pressure control, and glycemic control among diabetics—since 2000 have saved the lives of approximately 125,000 patients, according to the NCQA. Despite these advances, the report notes that the "U.S. health care system still has a great deal of room to improve"; for instance, if the entire health care system performed at the level of the best-performing plans, between 35,000 and 75,000 additional deaths could be avoided annually. The NCQA adds that more than 100 million insured Americans are "in the dark" about their health plan performance because their insurers do not publicly report quality information (NCQA [release](#), 9/25; Fox, [Reuters](#), 9/25; Bartolf, [CO HealthBeat](#), 9/25 [subscription required]).

2 House passes SCHIP expansion bill without veto-proof margin

The House yesterday passed a compromise bill to reauthorize and expand the State Children's Health Insurance Program (SCHIP), but the 265-to-159 approval margin falls short of the two-thirds majority necessary for overriding President Bush's likely veto. The compromise measure—which drew support from 45 House Republicans—would boost program spending by \$35 billion across the next five years, funded by an increase in the federal tobacco tax (see related story in the Sept. 24 [Daily Briefing](#)). The Senate is expected to pass the bill with more than a two-thirds majority as soon as Thursday, but any Senate bid to override Bush's threatened veto would be "pointless" if the House did not also have a two-thirds margin, according to the Associated Press. If an SCHIP measure is not enacted before the program's Sept. 30 expiration, 12 states are expected to run out of SCHIP funding next month (Babington, [AP/Boston Globe](#), 9/26 [registration required]; Pear, [New York Times](#), 9/26 [registration required]).

3 Some malpractice insurers requiring online physician personality tests

In light of evidence suggesting a link between physicians' communication skills and their likelihood of being sued, some medical liability insurers are requiring providers to take online personality tests as part of the coverage application process, *American Medical News* reports. Iowa-based **United Medical Liability Insurance**, for example, requires physicians to complete a 15-minute, online communication skills assessment in which they respond to statements regarding their self perception and beliefs about how others view them. Physicians who perform poorly on the tests are then required to undergo free coaching sessions to improve their communication aptitude

before they can receive coverage—a service that is also available to those already insured by the company. The president and CEO of United Medical, which implemented the assessments one year ago, notes that the process is designed to change physicians' behavior rather than their personality and that the evaluations are just one part of the underwriting process.

Michigan-based **American Physicians Assurance Corp.**, meanwhile, has been using similar coverage evaluations since 2003 and requires physicians to complete a three-page written test before extending coverage. A company spokesperson says an internal survey of 1,200 policyholders revealed that superior performance on the test correlates with a lower incidence of malpractice litigation. Some physicians, however, express concern about the tests' accuracy and worry that performing poorly on the evaluations could lead to higher premiums. The president-elect of the **American Academy of Communication in Healthcare** adds that while the tests could help facilitate physician training in patient-provider communication, he is not aware of any personality or communications test that has been definitively linked to physicians' risk of incurring malpractice claims (Sorrel, [American Medical News](#), 10/1).

4 ASCO offers documentation tools for breast, colorectal cancer survivors

In an effort to promote care coordination and ongoing patient monitoring, the **American Society of Clinical Oncology** (ASCO) has released a set of tools for documenting the care received by breast cancer patients and outlining long-term survivorship plans. The latest resources complement documentation templates unveiled earlier this year for colorectal cancer patients and pave the way for the release of similar tools for lung cancer and less common tumor sites. Using the documentation templates—which are available for free [online](#)—oncologists can outline patients' expected treatment plan before initiating chemotherapy; record the cancer site, histology, and stage; explain reasons that the regimen was suspended or modified; summarize the treatment actually provided; and detail ASCO's evidence-based survivorship and surveillance guidelines. ASCO has also developed a separate Breast Cancer Survivorship Plan that can be appended to the treatment and summary template clarifying recommendations for follow-up care such as physical exams, mammograms, breast self-exams, and pelvic exams.

Recognizing that many cancer patients “feel lost” after their treatment regimens have ended and are unaware of their ongoing health risks, a cancer survivorship specialist from the **University of California-Los Angeles** and co-author of the ASCO guidelines says that “if everybody has the same marching orders, it will be a lot easier” to ensure care coordination. An official from the **National Coalition for Cancer Survivorship**, however, notes that implementing the documentation tools is “going to require a real shift in [physicians'] thinking about how they spend their time with their patients and what they need to know” (ASCO [release](#), accessed 9/25; Neergaard, [AP/Albany Times Union](#), 9/24).

5 GM, union agree to establish independent retiree health care trust

Under a tentative contract announced on the second day of a national strike, General Motors (GM) and the United Automobile Workers (UAW) union have agreed in principle to establish an independent trust to assume more than \$50 billion in retiree health benefit liabilities for active and retired workers and their dependents, the *Wall Street Journal* reports. While the formation of a trust is subject to court approval and regulatory evaluation, the memorandum of understanding reportedly establishes the principle of a Voluntary Employee Benefit Association (VEBA) and allows the groups to negotiate details later. The union's president says that at the tentative funding level—reportedly 70 cents per dollar of liabilities, or more than \$35 billion—the VEBA would be solvent for its entire

80-year existence; the deal could be ratified in votes beginning as early as this weekend. The *New York Times* notes that while the arrangement would make GM the first automaker to offload all current and future retiree health care liabilities to a VEBA, similar trusts could be implemented at Ford Motor Company and Chrysler (Maynard/Bunkley, *Times*, 9/26 [registration required]; White et al., *Journal*, 9/26 [subscription required]).

► From the Advisory Board

6 Financial Leadership Council unveils *Cultivating Self-Pay Discipline* study

The Financial Leadership Council is pleased to announce the newest addition to its revenue cycle research—*Cultivating Self-Pay Discipline: Blueprint for Improving Bad Debt Performance*. This study serves as a handbook for managing the rapidly expanding self-pay population and reducing the resultant bad debt. The 21 best practices—and 35 accompanying tools—included in this guide canvass the entirety of the revenue cycle, from scheduling and pre-registration through billing and collections. Broad areas of focus include properly managing and classifying self-pay patients, improving point-of-service collections, and refining post-discharge management of uninsured patients.

For more information

Financial Leadership Council members may download or order this brief through the Council's [website](#) on Advisory.com. To learn more about this study, please contact Christopher Kerns at kernsc@advisory.com.

7 Physician leadership 'boot camp' opens registration for Calif. session

The Advisory Board Physician Leadership Academy is pleased to open registration for the second national offering of "The Boot Camp: Leadership Fundamentals for Physicians," which is scheduled for Jan. 25 and Jan. 26 at the Ritz-Carlton in Laguna Niguel, Calif. Designed as a rigorous and highly interactive orientation to the essentials of hospital leadership, the Boot Camp is ideal for any physician who holds or expects to hold a medical staff leadership position. Physician leadership in health systems has never been more crucial—or more challenging—than it is today. Too many physicians find themselves in a position of leadership for which their clinical training has not prepared them to succeed. Drawing on years of Advisory Board research on hospital-physician relations and organizational leadership, the Boot Camp covers the following topics:

- Essentials of hospital finance
- Health care organization design and function
- Effective communication and team management
- Medical staff governance
- Strategic agenda setting

Eighty-eight percent of past Boot Camp participants have given the program a perfect score, agreeing that the experience far exceeded their expectations. One CMO even noted that the Boot Camp was the "best learning experience" he'd had in a decade.

For more information

Physicians may register as individuals or—for a reduced rate—as part of a group. With capacity limited to 125 participants, the Advisory Board Physician Leadership Academy recommends reserving seats as soon as possible. To register for the session or learn more about the agenda, pricing, and accommodations, please visit www.physicianbootcamp.com or call the Boot Camp staff at 888-263-5451.

► Regional Round-up

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



- **Louisiana: Louisiana State University** (LSU) yesterday opened an interim, 10-bed psychiatric hospital in Audubon Park that could eventually expand to 33 beds, provided that the university is able to hire more staff. The facility will not accept ambulance traffic but will admit psychiatric patients once they have been triaged and evaluated in area EDs, according to an LSU official (Moran, New Orleans [Times-Picayune](#), 9/25 [registration required]).
- **Massachusetts:** A Newton Democrat who is chairwoman of the state House Committee on Mental Health and Substance Abuse has submitted a bill that would require the Department of Public Health and Department of Mental Health to enact regulations ensuring that frontline ED providers are trained to handle mentally ill patients. The rules would also address protocols for working with the family to calm the patient down rather than using restraints, according to the *Boston Globe*. In related legislation, a Waltham Democrat who is chairman of the Joint Committee on Public Health has filed a separate bill that would grant the Department of Mental Health—as opposed to the Department of Public Health—authority to license ED-based psychiatric beds (Simpson, [Globe](#), 9/25 [registration required]).
- **Maryland: Greater Baltimore Medical Center** (GBMC) has received a \$3 million gift from a New Market resident who has served on several GBMC boards. The donation will be used to launch five new urology research trials at several satellite offices (Schultz, [Baltimore Business Journal](#), 9/24 [registration required]).
- **North Carolina: Duke University's** medical school has received a \$35 million donation—the largest in its history—from billionaire businessman David Murdock to finance a research initiative at the North Carolina Research Campus in Kannapolis. The M.U.R.D.O.C.K project, meaning Measurement to Understand Reclassification of Disease of Cabarrus and Kannapolis, will track thousands of Kannapolis residents and use genetic data to assess participants' risk of cancer, cardiovascular disease, obesity, diabetes, hepatitis C, osteoarthritis, and mental illness. The initiative will also work to develop personalized treatments based on participants' genetic information. Murdock has pledged to donate as much as \$1 billion to the program ([AP/Houston Chronicle](#), 9/24; Vollmer, Raleigh [News & Observer](#), 9/25).
- **New York:** The Foundation of New York State Nurses and the **St. Luke's Hospital** School of Nursing Alumnae Center for Public Education have reached their goal of raising \$1 million for an endowment to fund nursing student and faculty recruitment efforts. With the support of the endowment fund, the foundation has already hired a director of public education to expand public health education programs and raise awareness of the state's nursing shortage. The groups also plan to use the funds to create scholarships for nurses who are pursuing advanced degrees in order to become nursing instructors (Crowley, [AP/Albany Times Union](#), 9/25).

► Endnotes

9 Et cetera

Settling the score: Soccer offers greater fitness gains than jogging, study says

Sedentary adults who take up soccer may experience more substantial health improvements than those who pick jogging as their athletic activity of choice, according to a study presented at the 2007 British Association of Sport and Exercise Sciences Annual Conference. To compare the two activities, researchers at the University of Copenhagen randomly assigned 37 sedentary males ages 20 to 40 to three groups charged with playing soccer three hours per week, jogging three hours per week, or getting no exercise. After 12 weeks, X-ray imaging revealed that the soccer group had lost an average 7.3 pounds of fat, compared with 4 pounds among the joggers. In addition, participants in the soccer group had gained 3.7 pounds of muscle, improved their sprint times, and logged a significant reduction in LDL cholesterol; joggers had not experienced measurable gains in any of those categories. Both groups, meanwhile, demonstrated improved insulin sensitivity, balance, and heart rates. The lead author notes that the “intense physical moves” in soccer—such as rapidly starting and stopping, sprinting, and kicking—utilize more muscle fibers and work the heart harder than jogging. However, an exercise researcher at **Pennington Biomedical Research Center** in Louisiana questions the results’ validity, saying that the study compared “apples and oranges” by not matching exercise intensity between the two groups. He further advises sedentary adults to proceed with caution when taking up a new activity, adding that “middle-aged, sedentary men who suddenly take up a sport like soccer are every orthopedist’s dream.”

—Cromley, *Los Angeles Times*, 9/17