



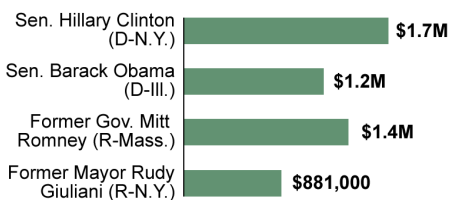
Study sheds light on challenge of retaining newly licensed RNs

A first-of-its kind analysis published in September’s *American Journal of Nursing* finds that while the majority of newly licensed registered nurses were “generally pleased” with their jobs, the 13% who left their positions within the first year of employment most often cited poor management and stressful working conditions as the top reasons for their departure—findings the researchers say could help guide hospital-based efforts to improve retention rates.

See story #1

Democrats lead in early health sector campaign donations

Democratic presidential candidates have raised a total of \$3.9 million from the health care sector—including physicians, drug companies, and hospitals—and Republican contenders have raised \$3.1 million, according to the Center for Responsive Politics. Among the candidates who have garnered the most from health care sources, by dollars raised:



Source: Crane, *MedPage Today*, 8/23

THIS DAY IN BRIEF

No-interest medical loans proliferate as cost-sharing requirements rise

As cost-sharing provisions require patients to shoulder greater responsibility for their medical expenses, some creditors are partnering with physicians and dentists to offer no-interest financing arrangements, and insurers are developing options to enable patients to pay down their financial obligations over time.

See story #2

Survey finds uptick in number of U.S. pay-for-performance programs

The number of pay-for-performance programs nationwide has increased from 39 in 2003 to approximately 148 as of this March, according to a new survey.

See story #3

AFL-CIO launches campaign for universal health care coverage

One day after a U.S. Census Bureau report revealed that 47 million Americans were uninsured last year, the AFL-CIO announced a campaign to achieve universal health coverage by 2009.

See story #4

Cardiovascular Roundtable releases *Outlook for Medical Cardiology* study

The Advisory Board’s Cardiovascular Roundtable is pleased to announce that its new study, *Outlook for Medical Cardiology: Five-Year Technology and Business Assessment*, is now available to be ordered or downloaded on Advisory.com.

See story #5

NAMES IN THE NEWS

Mt. Sinai School of Medicine (N.Y.) (#8) ■ New York University (#1)
University of Buffalo (N.Y.) (#1)



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Thursday, August 30, 2007

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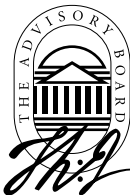
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► Today's Headlines

1 Study sheds light on challenge of retaining newly licensed RNs

A first-of-its kind analysis published in September's *American Journal of Nursing* finds that while the majority of newly licensed registered nurses (RNs) were "generally pleased" with their jobs, the 13% who left their positions within the first year of employment most often cited poor management and stressful working conditions as the top reasons for their departure—findings the researchers say could help guide hospital-based efforts to improve retention rates. For the study, researchers from **New York University** and the **University of Buffalo** analyzed survey data from a random sample of 3,266 RNs in 35 states and the District of Columbia who had passed the licensing exam within the past 18 months and had obtained their license between Aug. 1, 2004, and July 31, 2005. The researchers found that newly licensed RNs reported a mean job satisfaction score of 5.2 out of a possible 7 points, although more than 41% said they would want another position if they were "free to go into any type of job." In addition, nearly one-fourth of respondents said they planned to switch jobs within two years of accepting their first position, and 37% said they planned to seek a new role within one year—statistics the researchers say are "alarming" and indicate that newly licensed RNs are "not finding what they want in the first year of work." The researchers add that RNs whose first professional degree was an associate's degree appeared to be more likely than those with a bachelor's degree to say they intended to leave their current role.

Further highlighting the work conditions that may contribute to nurse turnover, more than half of respondents said they had worked voluntary overtime, and nearly 13% said they had worked mandatory overtime. More than 60%, meanwhile, said they had worked night or evening shifts, while roughly one-fourth said they had sustained at least one needle-stick injury across the last year, and more than 60% reported experiencing on-the-job verbal abuse. One of the study authors says the findings indicate that "the work environment for newly licensed RNs has both positive and negative aspects." Noting that their future research will aim to develop predictive models of newly licensed RNs' turnover rates, the researchers conclude that hospitals should invest in "better orientation and management of newly licensed RNs" in an effort to ensure long-term retention (Kovner et al., *American Journal of Nursing*, September 2007; *American Journal of Nursing* release, 8/29; University of Buffalo release, 8/29).

2 No-interest medical loans proliferate as cost-sharing requirements rise

As cost-sharing provisions require patients to shoulder greater responsibility for their medical expenses, some creditors are partnering with physicians and dentists to offer no-interest financing arrangements, and insurers are developing options to enable patients to pay down their financial obligations over time, the *New York Times* reports. The *Times* notes that while medical financing arrangements account for "only a fraction" of the nation's \$900 billion market for consumer revolving credit, such loans have become one of the "fastest-growing parts of consumer credit," pioneered by groups such as Capital One, Citigroup, and General Electric's CareCredit unit. Although no-interest loans offer creditworthy patients the flexibility to pay off medical debt over time, some of the arrangements come with default penalties that can ratchet interest rates up to 20% or more—a level similar to that of most consumer credit cards. For patients who are unable to pay off a no-interest loan within one year, other groups offer longer-term medical financing deals with up to 13% interest payable across several years, although those plans usually have to be negotiated at the "outset of the medical expense," according to the *Times*. Insurers such as **UnitedHealthcare**, meanwhile, have developed credit plans for members with policies that include health savings accounts (HSAs); the

company also may offer a credit card that would provide reduced interest rates for members' medical expenses.

However, since favorable medical financing arrangements tend to be available only to those with strong credit histories, the deals are unlikely to benefit any of the nation's 47 million uninsured residents who are struggling financially, according to the *Times*. The executive director of the advocacy group the Access Project, meanwhile, notes that "people should be very cautious about putting medical bills on credit cards," a practice that the *Times* says could "plunge the unwary into a financial crisis." CareCredit's president, however, says 80% of the medical loans that the company provides are paid on schedule and incur no finance charges. A senior vice president at UnitedHealthcare adds that "there's a place for credit solutions that are integrated with traditional health insurance programs," noting that the "key is to make it voluntary, to make it simple, and to offer favorable credit terms" (Freudenheim, 8/30).

3 Survey finds uptick in number of U.S. pay-for-performance programs

The number of pay-for-performance (P4P) programs nationwide has increased from 39 in 2003 to approximately 148 as of this March, according to a survey released this week by the **Leapfrog Group**, a coalition of health care purchasers, and **Med-Vantage**, a health care informatics company. The P4P and Consumer Incentive Survey—based on survey results from 75 purchasers, government agencies, and health plans—finds that respondents ranked improving clinical outcomes as the top reason for implementing P4P programs, a finding that has remained constant since 2004. The survey also reveals that while 60% of respondents said they have evaluated their P4P programs—with at least half finding that the program had improved providers' clinical performance—roughly one-third of all organizations said they have been able to demonstrate P4P-driven cost savings. Noting that many existing P4P programs rely on **Joint Commission**, **National Quality Forum**, and **NCQA** performance indicators, the survey also finds that more than 70% of P4P programs are working to expand the range of metrics they use to measure performance; advanced P4P programs are also working to assess quality improvement and calculate bonus eligibility based directly on medical chart data. Approximately one-third of respondents, meanwhile, said they have made provider performance information available to the public online, meaning that P4P programs are contributing to "greater availability of publicly reported information that is useful to employers and consumers," according to Leapfrog's CEO. The CEO of Med-Advantage adds that he expects that "P4P will continue to expand in the government sector, particularly Medicaid, with greater focus on clinical IT adoption by physician practices" (Leapfrog release, 8/29).

4 AFL-CIO launches campaign for universal health care coverage

One day after a U.S. Census Bureau report revealed that 47 million Americans were uninsured last year (see related story in the Aug. 29 [Daily Briefing](#)), the AFL-CIO announced a campaign to achieve universal health coverage by 2009. While the labor union is not backing a specific presidential candidate or health care proposal, officials said reform plans should help control rising costs, extend access to preventive care, lower employer expenditures, preserve patients' ability to choose their own physicians, and help retirees deal with lost benefits when financially strapped companies terminate their benefits. The initiative's first "big push" will occur in September, when union members will campaign in support of Congress's efforts to expand the State Children's Health Insurance Program. The union—which has 10 million members and 3 million retirees—will also assemble 1 million grassroots activists to organize for health care reform (AFL-CIO release, 8/29; Howington, *Louisville Courier-Journal*, 8/30; Hall, AFL-CIO Blog, 8/29).

► From the Advisory Board

5 **Cardiovascular Roundtable releases *Outlook for Medical Cardiology* study**

With external quality reporting demands, a tightening reimbursement landscape, and increasingly complex clinical presentations spurring renewed interest in the medical cardiology field, the Advisory Board's Cardiovascular Roundtable is pleased to announce that its new study, *Outlook for Medical Cardiology: Five-Year Technology and Business Assessment*, is now available to be ordered or downloaded on Advisory.com. The study provides a detailed assessment of the current state of and projected course for cardiac medicine, addressing the patient volumes, critical technologies, disease management issues, and financial concerns associated with specific patient populations, including those with acute coronary syndromes, heart failure, atrial fibrillation, and diabetes.

For more information

To access this study online or to order a copy, please visit the Cardiovascular Roundtable's [website](#) on Advisory.com. Members may contact Kevie Carmick at 202-266-6194 or carmickk@advisory.com with any questions.

6 **Advisory Board Academies to host 'transformational leadership' session**

With gains in quality and efficiency leveling off and staff engagement at an all-time low, health care executives are struggling to answer the question: What can we do to build a cadre of leaders who are capable of reenergizing the workforce and driving the organization toward a new performance standard? To impart strategies for meeting that challenge, the Advisory Board Academies will hold a special session in Washington, D.C., on Oct. 1 to Oct. 2 to share with partner hospitals and select invitees its findings about the impact of leadership on organizational performance across six years of work developing leaders in health systems. The session will provide the Advisory Board Academies' perspective on the type and quality of leadership development efforts required to yield sustained results. The agenda will include sessions dedicated to original research findings, business school-style case studies, and multimedia presentations—all delivered in a highly engaging format rich with case examples. The sessions will also offer opportunities for joint study and networking with peers nationwide. To facilitate attendees' travel schedules, the sessions—limited to senior hospital and health system leaders to ensure high-quality discussion—will begin at 12 p.m. on Oct. 1 and adjourn at 12 p.m. on Oct. 2.

For more information

To register for this special session or to learn more about the Advisory Board Academies in general, please contact Leigh Dance at 202-266-6055 or dancel@advisory.com.

► Regional Round-up

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



- **Florida: USF Health** has opened the \$33 million South Tampa Center for Advanced Healthcare at its **Tampa General Hospital**. The seven-story outpatient center and medical office building features 94 exams rooms and 187 faculty offices, as well as a \$15 million electronic records system. The new facility—designed to replace most outpatient clinics currently located at two Davis Island locations—will also house practice space for USF Health's cardiology,

internal medicine, neurology, neurosurgery, OB/GYN, ophthalmology, orthopedics, otolaryngology, pediatric surgery, and vascular services departments (*Tampa Bay Business Journal*, 8/27).

- **Maine: Maine Medical Center** is looking for a partner for a new medical school program and is currently in negotiations with the **University of Vermont**, **Tufts University** in Massachusetts, and **Dartmouth College** in New Hampshire. The goal of the partnership is to obtain the “benefit of a medical school without the cost,” which Maine Medical’s president says could otherwise be as high as \$80 million. The program would reserve roughly 20 spots for Maine students and would feature a curriculum developed jointly by Maine Medical and the selected institution (Associated Press, 7/27).
- **Maryland:** One year after a task force of hospital administrators, public health officials, and fire department leaders found widespread overcrowding and long wait times in Baltimore’s 11 EDs, new data show that the situation has “not gotten worse” and has “improved slightly” in some cases, the *Baltimore Sun* reports. For example, the average wait time for ambulances to return to service fell by nearly 10% last year to 39 minutes. Meanwhile, the number of hours that hospitals spent on “red alert” status—meaning that they had no cardiac-monitored beds available—increased by 4% in 2006, compared with a 36% increase the year before. Baltimore’s health commissioner says the latest data show some improvement but adds that “there’s more progress to be made” (Desmon, 8/29).
- **North Carolina:** The state General Assembly has passed a law requiring the North Carolina Medical Board to publish information regarding physicians’ felony convictions, hospital sanctions, malpractice payouts, and prior disciplinary actions from other state medical boards. Within several months, the information will be posted online for the 29,000 physicians licensed by the board. Prior to the new law’s approval, the board was prohibited from revealing information about malpractice suits and hospital sanctions (Garloch, *Charlotte Observer*, 8/28).
- **North Carolina:** Dr. Nancy C. Andrews will become the first woman to lead **Duke University’s** School of Medicine on Oct. 1. When she assumes the role, Andrews—a pediatric hematologist-oncologist and dean at **Harvard Medical School**—will be the only woman permanently in charge of one of the nation’s top 10 medical schools, according to the Associated Press. She succeeds Dr. R. Sanders Williams, who has been named Duke’s senior vice chancellor for academic affairs (AP/Raleigh *News & Observer*, 8/28).

► Endnotes

8 Et cetera

Hypnotic relief: Study finds hypnosis speeds recovery, trims care costs

Women who underwent hypnosis before breast cancer surgery needed less anesthesia, spent less time in the OR, and experienced less postoperative pain than women who were not hypnotized—improvements that yielded cost savings for the health care facility, according to a study published in the *Journal of the National Cancer Institute*. For the study, researchers from **Mt. Sinai School of Medicine** in New York randomized 200 women to receive 15 minutes of hypnosis with a psychologist or simply meet with a psychologist before undergoing lumpectomy or biopsy. Women in the hypnosis group were encouraged to visualize a relaxing place—frequently a beach scene—and were given information on how to manage pain, nausea, and fatigue. The researchers found that women in the hypnosis group received significantly less sedative and analgesic treatments overall compared with women in the other cohort. The hypnotized women also spent nearly 11 fewer minutes in surgery—saving the institution an estimated \$773 per patient—and reported less postoperative pain, nausea, fatigue, and emotional upset. The lead researcher notes, however, that he needed to convince patients of the benefits of presurgical hypnosis, adding that he told them that the researchers would not make them “cluck like a chicken or sing like Madonna” during the session. He concludes that while hypnosis is not “magic,” it does confer clinical benefits.

—Reuters/*Los Angeles Times*, 8/29; Gardner, *HealthDay*, 8/28; Phend, *MedPage Today*, 8/28