



## Presidential hopeful Edwards proposes mandatory preventive care

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See story #1

## THIS DAY IN BRIEF

### DESs may not significantly raise thrombosis risk, study finds

Drug-eluting stents may not significantly increase the risk of mortality or late thrombosis compared with bare-metal versions of the devices, researchers reported this weekend at the European Society of Cardiology conference in Vienna.

See story #2

### New lung cancer staging guidelines could lead to more surgeries, AP reports

New staging guidelines expected to be presented at this week's International Association for the Study of Lung Cancer meeting in Seoul, South Korea, will classify a higher percentage of non-small-cell lung cancers as operable and likely result in more patients undergoing surgery, according to the Associated Press.

See story #3

### Providers, first responders use 'picture boards' to bridge language gap

An increasing number of hospital EDs, health clinics, and paramedic teams are using picture boards to facilitate communication between providers and patients with limited English proficiency.

See story #4

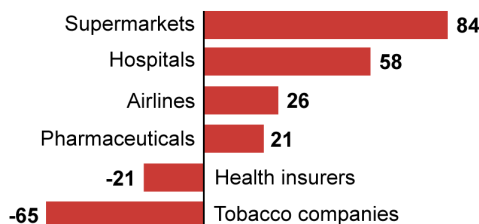
### Technology Insights announces call on coronary CT angiography

Building on its 2006 research, the Advisory Board's Technology Insights program will present a Web-enabled teleconference providing an overview of the benefits and limitations of coronary CT angiography.

See story #5

### Hospitals, drug makers top insurers in service survey

In a recent poll asking respondents to rank industries on how well they serve consumers, hospitals ranked toward the top of the list. Scores were calculated by subtracting the percentage of people who said a particular industry did a "good job" from the percentage who said that industry did a "bad job."



Source: Harris Interactive release, 8/8

## NAMES IN THE NEWS

Cleveland Clinic (Ohio) (#2) ■ Piedmont Hospital (Ga.) (#2)  
Vanderbilt University (Tenn.) (#3)



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Tuesday, September 04, 2007

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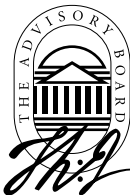
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## ► Today's Headlines

### 1 Presidential hopeful Edwards proposes mandatory preventive care

Former Sen. John Edwards (D-N.C.) this weekend said that if elected president, he would implement a universal coverage plan that would require all U.S. residents to receive preventive care. The latest announcement adds to Edwards' proposal to not only require most employers to offer coverage to their workers or contribute to a government fund but also mandate that individuals secure health plans that cover preventive, chronic, and long-term care, as well as mental health services and dental and vision needs (see related story in the Feb. 6 [Daily Briefing](#)). Speaking at the Cedar County Courthouse in Iowa on Sunday, Edwards said that Americans "can't choose not to go to the doctor for 20 years" in a system that mandates health coverage, adding that patients would "have to go in and be checked." He also noted that women would be required to have regular mammograms to identify potential malignancies at "the first trace of problem." Edwards said his universal coverage plan—which would cost up to \$120 billion annually and would be funded through the elimination of President Bush's tax cuts for the wealthy—is premised on the notion of a "continuum of care, basically from birth to death" (Lorentzen, *AP/The Guardian*, 9/2; *San Jose Mercury News*, 9/3).

### 2 DESs may not significantly raise thrombosis risk, study finds

Drug-eluting stents (DESs) may not significantly increase the risk of mortality or late thrombosis compared with bare-metal versions of the devices, researchers reported this weekend at the European Society of Cardiology conference in Vienna. The latest results from the Swedish Coronary Angiography and Angioplasty Registry (SCAAR) showed that patients who received DESs had a non-significant 1% increased risk of death after four years compared with patients who were implanted with bare-metal stents (BMSs)—a marked decrease from the 18% increased death risk with DESs that the researchers reported after three years of follow up. Similarly, the new analysis of the national registry data—which encompassed 35,266 patients, 13,786 of whom had received paclitaxel- or zotarolimus-eluting stents—found that the increased risk of late thrombosis "was no longer significant" among DES recipients once the latest outcomes information had been incorporated. A cardiologist at **Piedmont Hospital** in Atlanta who is also a spokesperson for the **American College of Cardiology** says the findings are reassuring and may reflect recent improvements in patient selection for DESs and the use of antiplatelet therapy. One of the study authors, meanwhile, notes that patients added to the registry in 2005 most likely benefited from improved stent technology and better surgeon technique, resulting in the placement of shorter stents and the application of more balloon pressure. However, Dr. Steven Nissen of the **Cleveland Clinic** says the latest data show only "modest differences" compared with the already-published SCAAR data, adding that the analysis was observational and that a "large, prospective, randomized trial" is needed to "answer these lingering questions about late events" (*AP/Wall Street Journal*, 9/2; Peck, *MedPage Today*, 9/2).

#### SEPARATE STUDY FINDS STEMI PATIENTS MORE LIKELY TO DIE WITH DES

Meanwhile, another study presented at the European Society of Cardiology conference finds that patients receiving DESs following ST-segment elevation myocardial infarction (STEMI) are nearly five times more likely to die six months to two years after device implantation than those receiving BMSs. The results—detailed by a physician at Hospital Bichat-Claude Bernard in Paris—stem from a two-year analysis of 2,300 patients across 14 countries whose outcomes are documented in the Grace registry. The researcher says the findings—which did not show a significantly increased death risk with DESs in the first 180 days after implantation—indicate that STEMI patients are at high risk of late thrombosis, reinforcing the need for surgeons to exercise caution in selecting candidates for DESs. Stent maker **Johnson & Johnson**, however, issued a statement saying the results of the observational

study are “inconsistent with the findings of all of the currently available randomized controlled trials” comparing DESs to BMSs (Hirschler, Reuters, 9/4; Reuters, 9/4; von Schaper, Bloomberg News, 9/4).

### **3 New lung cancer staging guidelines could lead to more surgeries, AP reports**

New staging guidelines expected to be presented at this week’s **International Association for the Study of Lung Cancer** meeting in Seoul, South Korea, and adopted by cancer groups across the next year will classify a higher percentage of non-small-cell lung cancers as operable and likely result in more patients undergoing surgery or other aggressive treatment, the Associated Press reports. Marking the “first big overhaul of a decades-old method” of determining the optimal treatment course, the changes include creating more sub-stages for tumor size, reclassifying tumors that have spread into the lung’s surrounding fluid, reassigning some large tumors to more advanced stages, and acknowledging that cancer’s presence in certain lymph nodes is more problematic than its spread to others. However, while making these revisions to “sort people more precisely” based on tumor characteristics, the new system will preserve the four broad stages used to classify tumors. In light of the new guidelines—which are based on an analysis of 100,000 tumor samples worldwide—a lung cancer specialist at **Vanderbilt University** in Nashville, Tenn., predicts that “there will clearly be shifting of patients from categories not operable to operable” that could affect 10,000 U.S. cases annually (AP/Baltimore *Sun*, 9/1).

### **4 Providers, first responders use ‘picture boards’ to bridge language gap**

An increasing number of hospital EDs, health clinics, and paramedic teams are using picture boards to facilitate communication between providers and patients with limited English proficiency, the Associated Press reports. Initially used in Florida after Hurricane Andrew in 1992, the large, double-sided boards depict various ailments such as burns, breathing trouble, and pain. The boards also include a diagram of body parts that enables patients to point to the affected area and a list of languages written in English and the native tongue that allows providers to identify the type of interpreter needed. The AP notes that the tool—which can also help providers communicate with patients who are hearing impaired or intubated—may gain wider adoption through a new federally funded program designed to help health facilities assess and meet patients’ communication needs. At least nine state hospital associations—including those in New Jersey, New York, Pennsylvania, Kentucky, Missouri, Oklahoma, Rhode Island, Utah, and Washington—have enrolled in that initiative to date. In New Jersey, for instance, the state health department is partnering with the state hospital association to distribute thousands of communication boards to hospitals, rescue squads, and public health clinics—a move the state health department’s head says may help prevent adverse events, miscommunication, and medical errors. The Metropolitan Chicago Healthcare Council, meanwhile, has distributed at least 5,000 boards to nursing homes and hospitals and has integrated the boards’ use into disaster drills. However, while noting that the boards may help initiate communication between patients and caregivers, a former adviser to New York City’s Office of Emergency Management says the boards are not a “silver bullet that solves every single communication problem” (Johnson, AP/Long Island *Newsday*, 9/2).

## ► From the Advisory Board

### 5 Technology Insights announces call on coronary CT angiography

Building on its 2006 research, the Advisory Board's Technology Insights program will present a Web-enabled teleconference providing an overview of the benefits and limitations of coronary CT angiography (CCTA) with existing CT technology and offering an update on next-generation multi-slice scanners' adoption, reimbursement, and outlook on Sept. 12 from 3 p.m. to 4 p.m. ET and Sept. 18 from 1 p.m. to 2 p.m. ET. CCTA continues to be a high-profile clinical application with mounting evidence supporting its implementation in a variety of care settings. Yet despite the pervasive adoption of 64-slice CT scanners, hospitals continue to face roadblocks in building a non-invasive cardiac imaging program. Further complicating the landscape, hospitals must now consider more advanced—and more expensive—post-64-slice technologies such as dual-source and 256-slice scanners.

#### For more information

Technology Insights members may register for the teleconference on the program's [website](#) on Advisory.com. To learn more about Technology Insights, please contact Sarah Schultz at 202-266-6898.

### 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](mailto:dancel@advisory.com).

## ► Regional Round-up

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



- **California: Kaiser Permanente** last week broke ground on a 20,000-square-foot cancer center in South San Francisco that will provide radiation treatment to an estimated 100 patients daily when it opens at the end of next year. The center will also offer stereotactic radiosurgery to brain tumor patients (*Allday, San Francisco Chronicle*, 8/31).

- **Illinois:** Gov. Rod Blagojevich (D) last week said he would extend State Children’s Health Insurance Program coverage to eligible young adults with serious ailments until age 21. The All Kids Bridge program would enroll 19-year-olds with serious illnesses or pre-existing conditions who would otherwise have been dropped from Illinois’s All Kids program. While the governor says he plans to enact the initiative without legislative approval, a lawmaker who serves on the committee that reviews the governor’s administrative actions says it is difficult to judge the legality of that move without knowing more about the plan’s provisions. The director of the Illinois Division of Insurance, meanwhile, says the plan would cost up to \$20 million in its first year and enroll roughly 3,500 people (Garcia, *Chicago Tribune*, 8/31).
- **Louisiana: Tulane University Hospital and Clinic** has opened a pediatric ED with 10 beds, seven treatment rooms, and an X-ray room. The ED is designed to “put children at ease” with wall murals featuring New Orleans scenes. The facility is also converting a kitchen into a playroom for patients and their siblings. While the pediatric ED—one of two currently operating in the region—opened on July 16, it has “only just begun its push to market [itself] to patients,” according to the New Orleans *Times-Picayune* (Moran, 8/31).
- **New York:** Through a partnership with **Whitney M. Young Jr. Health Services**, the Albany School District plans to open school-based health centers at Schuyler Achievement Academy, Giffen Memorial Elementary School, and Sheridan Preparatory Academy. Parents must register their children to receive care under the program, which will initially direct students to a school nurse, who can then opt to refer them to the health centers. The centers—overseen by a physician, family nurse practitioners, and a registered nurse—will bill insured students’ health plans but provide free care to uninsured children. Providers will also seek to enroll uninsured patients in the State Children’s Health Insurance Program (O’Brien, *Albany Times Union*, 8/31).
- **Ohio:** The **Northeastern Ohio Universities’ College of Pharmacy**—the first pharmacy school in northeast Ohio—last week held a ceremony to welcome 73 students to its inaugural class. The pharmacy college, located in Rootstown, is a collaboration among the **University of Akron, Kent State University, Youngstown State University, and Cleveland State University**; students who complete prerequisites at the partner institutions receive preferential admission. The school’s dean says the new program will help alleviate the looming pharmacist shortage, which is expected to reach 14,000 statewide by 2020 (Powell, *Akron Beacon Journal*, 8/30).
- **Texas:** The **University of Texas Health Science Center** has received a \$5 million gift from Valero Energy Corp. to support transplantation research and create a distinguished chair for a transplant surgeon. The gift—among the largest in the institution’s history—will also support oral health programs for low-income patients, an M.D./Ph.D. dual degree program, and medical humanities and ethics education (Foy, *San Antonio Express News*, 8/29).

## ► Endnotes

### 8 Et cetera

**Gamers' disease: Online 'pandemic' could hold clues to real-world infection spread**  
The Corrupted Blood outbreak, a pandemic-like calamity on the popular Internet game World of Warcraft, could help public health researchers simulate actual diseases' trajectories, according to a paper in the journal *Lancet Infectious Diseases*. Corrupted Blood was intended as a challenge to advanced players of the game—in which participants worldwide “log on, interact, and develop their characters in a fantasy setting”—but the condition soon spread beyond its “virtual containment area” and infected populated cities. The researchers said the disease’s transmission, determined through proximity to an infected party, bore an “uncanny” resemblance to real-world outbreak scenarios. For example, expediting the disease’s spread, animals and pets in the virtual environment became carriers, and players frequently broke quarantine regulations. Travel also emerged as an important driver of transmission because although there are no airports in World of Warcraft’s medieval environs, characters can “teleport” from battle areas into crowded town squares—an occurrence that sometimes led to dozens of additional Corrupted Blood infections. One of the article’s authors says the Corrupted Blood scenario indicates that researchers could “tailor infections in the virtual world to see what would happen in the real world,” opening a “new framework for scientific experimentation.”

—Childs, ABC News, 8/21; Fox, Reuters, 8/20