Welcome to the November 2013 Edition of the ATS Health Policy Newsletter, the PULSE!

Health Staffs Get Flu Shots to Avoid Penalty

Wall Street Journal, October 31, 2013

Hospitals and health systems are stepping up enforcement of a safety measure that will soon affect their bottom line: vaccinating health-care workers against the influenza virus, or requiring them to wear masks if they refuse. For the first time this year, hospitals are being asked to report health-care personnel vaccination rates to the Centers for Disease Control and Prevention (CDC). And under a Centers for Medicare and Medicaid Services quality-reporting program, those that don't comply face penalties that could reduce their payments starting next fall. The American Hospital Association estimates a hospital with 100 beds or more could forfeit $320,000 in payments. The federal government has set a goal of 90% health-care worker vaccination by 2020; according to the CDC, coverage rose to 72% in the 2012-2013 flu seasons from 66.9% in the previous season. But among workers whose employers required the vaccine, overall coverage was 96.5%. As of August, over 4,000 hospitals have submitted data for January through March, a majority of those that would be required to do so.

OSHA Announces Proposed Rule to Improve Workplace Injury Tracking

U.S. Department of Labor, November 8, 2013

The Occupational Safety and Health Administration (OSHA) has issued a proposed rule to improve the tracking of workplace injuries and illnesses. The proposed rule would amend OSHA's current recordkeeping regulations and would require electronic submission of injury and illness information. Establishments with more than 250 employees are already required to keep injury and illness records, and the proposed rule would required them to electronically submit

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hospital’s helipad. The simulation is part of a Veterans Day observance at the University of Miami/Jackson Memorial Medical Center.

Illinois

South Side ‘Trauma Center Desert’ Subject of State Hearing
ABC Chicago, November 21, 2013

The lack of emergency care on Chicago’s South Side in so-called ‘trauma center deserts’ was the subject of a state hearing Wednesday. The Trauma Center Coalition held a press conference before a state committee hearing about access to emergency care. Chicago has six Level 1 trauma centers for adults - but none are located on the city’s South Side. On Wednesday people testified that the lack of access is particularly stark because the South Side has a higher number of trauma cases. The University of Chicago has a trauma center for pediatric patients, but adults are taken elsewhere. The hospital has previously said it is not pursuing adult trauma care. No one officially testified on behalf University of Chicago at the hearing, but the Illinois Hospital Association did address some of the challenges are hospitals are facing. "The viability of trauma services in Illinois is threatened by insufficient funding to providers, on call physician resources, and the cost of medical liability,” the ILHA commented.

Missouri

New Health Policies Will Expose Many Missourians to Higher Premiums, More Risk
Kaiser Health News, October 22, 2013

Thanks to government subsidies... Continued on the next page....

the information to OSHA every quarter. Additionally, the proposed rule would require establishments with 20 or more employees, in certain industries with high rates of injury and illness, to electronically submit their summaries of work-related injuries and illnesses once a year. OSHA plans to eventually post the data online. The public can submit written comments on the proposed rule through Feb. 6, 2014. OSHA will hold a public meeting on the proposed rule Jan. 9, 2014, in Washington, D.C.

Domestic Violence More Common Among Orthopedic Trauma Patients Than Surgeons Think
MedicalXpress, November 11, 2013

According to the World Health Organization, approximately 30 percent of women in North and South America experience intimate partner violence during their lifetimes. In North America, domestic violence also is the most common cause of non-fatal injuries among women, often resulting in broken bones. However, research from the University of Missouri has found 74 percent of orthopedic trauma surgeons, who treat many victims of domestic violence, substantially underestimate the prevalence of domestic violence injuries among their patients, and only 23 percent had training to recognize such injuries. The study found that ‘most orthopedic surgeons believe identifying injuries caused by domestic violence is an important aspect of providing medical care, and they also believe that receiving education to recognize signs of intimate partner violence could help them to stop violence in some cases.’

Health Improvements in U.S. Slow Even as Costs Rise, Study Finds
Bloomberg, November 12, 2013

The $2.7 trillion U.S. health-care system lags behind other nations in improving its citizens’ health even as spending has doubled, increasing faster than any other industry over the past decade, researchers said. The rise in costs have been driven primarily
by the price of services, drugs and devices rather than higher demand from an aging population, according to a report on U.S. spending trends in the Journal of the American Medical Association. The analysis also found that two-thirds of spending is for people younger than 65 with chronic illness, though most of the focus on cutting costs has been centered on the elderly. Healthcare expenditures have doubled since 1980, accounting for 18 percent of U.S. gross domestic product and leading to financial success for drugmakers, device companies, hospitals, insurers and other providers, the authors said. Patients however, have yet to see the same gains.

Nearly 1,500 Hospitals Penalized Under Medicare Program Rating Quality

Kaiser Health News, November 14, 2013

More hospitals are receiving penalties than bonuses in the second year of Medicare’s quality incentive program, and the average penalty is steeper than it was last year, government records show. Medicare has raised payment rates to 1,231 hospitals based on two-dozen quality measurements, including surveys of patient satisfaction and—for the first time—death rates. Another 1,451 hospitals are being paid less for each Medicare patient they treat. The bonuses and penalties are one piece of the health care law’s efforts to create financial incentives for doctors and hospitals to provide better care. The incentives are among the law’s few cost-control provisions that have kicked in, but it is too early to tell how effective they will be in making hospitals operate more efficiently. Across the country, hospital executives say they have put renewed focus on excellence in the areas that are judged. Some have clamped down on nighttime noise, one of the questions patients are asked about, by replacing squeaky wheels on food carts and discouraging nurses and workers from chatting on cell phones outside of rooms. Others have scrambled to ensure heart attack patients always get an angioplasty within 90 minutes of arrival because that is part of the scoring. Some private insurers have adopted similar incentives.

Insurers Restricting Choice of Doctors and Hospitals to Keep Costs Down

Washington Post, November 20, 2013

As Americans have begun shopping for health plans on the insurance exchanges, they are discovering that insurers are restricting their choice of doctors and hospitals in order to keep costs low, and that many of the plans exclude top-rated hospitals.
The Obama administration made it a priority to keep down the cost of insurance on the exchanges, the online marketplaces that are central to the Affordable Care Act. But one way that insurers have been able to offer lower rates is by creating networks that are far smaller than what most Americans are accustomed to. The result, some argue, is a two-tiered system of health care: Many of the people who buy health plans on the exchanges have fewer hospitals and doctors to choose from than those with coverage through their employers. For example, a number of the nation’s top hospitals—including the Mayo Clinic in Minnesota, Cedars-Sinai in Los Angeles, and children’s hospitals in Seattle, Houston and St. Louis—are cut out of most plans sold on the exchange. In most cases, the decision was about the cost of care.

**Workplace Injuries Cost Healthcare $13 Billion**

*UL Workplace Health and Safety, November 21, 2013*

Healthcare workers report some of the highest injury rates in the nation, and those injuries come at a price beyond the workers’ wellbeing. In 2011, healthcare worker injuries ended up costing the industry an estimated $13.1 billion and more than two million lost work days, according to a new report published in the American Society of Safety Engineers’ Professional Safety journal. The hospital share of

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**Centers for Medicare and Medicaid Services (CMS) Finalizes Physician Payment Rates**

*Bloomberg, November 25, 2013*

The Centers for Medicare & Medicaid Services have finalized payment rates and policies for 2014. Included is a major proposal to support care outside routine office-based interactions. A press release issued by the CMS stated, “Healthcare is changing, and part of delivery system reform is recognizing this and making sure payment systems account for these changes,” CMS principal deputy administrator Jonathan Blum. “We believe that successful efforts to improve chronic care management for these patients could improve the quality of care while simultaneously decreasing costs, through reductions in hospitalizations, use of postacute-care services, and emergency department visits,” he added. Some of the greatest increases in payment rates for 2014 will go to providers of mental health services, including psychiatrists, clinical psychologists, and clinical social workers, according to the newly finalized numbers.

The CMS final rule sets 2014 payment rates for physicians and nonphysician practitioners who are paid under the Medicare Physician Fee Schedule, and addresses the policies in the proposed rule that was issued in July. Total payments under the fee schedule in 2014 are projected to be about $87 billion. The final rule also includes several provisions regarding physician quality programs and the Physician Value-Based Payment Modifier.

In 2016, the CMS will put the finishing touches on proposals to apply the modifier to groups of physicians with 10 or more eligible professionals, and to apply upward and downward payment adjustments based on performance to groups of physicians with 100 or more eligible professionals. However, only upward adjustments based on performance (not downward adjustments) will be applied to groups of physicians with 10 to 99 eligible professionals.

CMS also is finalizing several related proposals to the Physician Quality Reporting System (PQRS) for 2014, including a new option for individual eligible professionals to report quality measures through qualified clinical data registries. In 2014, quality measures will be aligned across quality reporting programs so that physicians and other eligible professionals can report a measure once to receive credit in all quality reporting programs in which that measure is used. Also, CMS is better aligning PQRS measures with the National Quality Strategy and meaningful use requirements, and transitioning away from process measures in favor of performance and outcome measures. Finally, certain data collected in 2012 for groups reporting certain PQRS measures under the Group Practice Reporting Option will be publicly reported on the CMS Physician Compare Web site in 2014.

The final rule is on display at the Federal Register and will be published on December 10.
that was an estimated $6.2 billion and at least 926,000 lost work days. Broken down to the individual level, each healthcare employee with a lost-time injury costs just over $73,000. Across the healthcare workforce it’s $862 per employee. Slips, trips and falls, violence and chemical exposure are the most frequent injuries among healthcare workers with nurses experiencing the highest rates. In other words, workplace injuries are a major, costly problem for hospitals and the industry as a whole.

Cutbacks Shut Hospitals Where Medicaid Went Unexpanded

*Bloomberg, November 25, 2013*

At least five public hospitals closed this year and many more are scaling back services, mostly in states where Medicaid wasn’t expanded. Patients in areas with shuttered hospitals must travel as far as 40 miles to get care, causing delays that can result in lethal consequences. Hospitals have dismissed at least 5,000 employees across the country since June, mostly in states that haven’t expanded the joint state-federal Medicaid health program for the poor as anticipated under the U.S. health overhaul known as Obamacare. Hospitals like the Cleveland Clinic in Ohio, Vanderbilt University Medical Center in Tennessee, and Indiana University Health, are among providers seeking cost savings in areas such as cancer treatment, mental health and infant care.

Higher Than Expected Rates of U.S. Alcohol Abuse Disorders

*Medical Xpress, November 27, 2013*

Disorders related to the abuse of alcohol contribute significantly to the burden of disease in the U.S., finds a new study in Alcoholism: Clinical and Experimental Research. Researchers estimated that in 2005, about 53,000 men and 12,000 women died from issues related to alcohol use disorders (AUD). Previous research has shown that heavy drinking is a risk factor for more than 200 diseases or injuries. To quantify the influence of alcohol use on the burden of disease, researchers analyzed information from the National Epidemiologic Survey on Alcohol and Related Conditions and the burden of disease study of the National Institutes of Health and found that AUD was linked to three percent of all deaths in adults 18 and older in the U.S. Alcohol use disorders contributed even more significantly to a measure of disease burden known as years lived with disability (YLD), with 1,785,000 YLD for men and 658,000 YLD for women in 2005.
**Even Mild Blast Injuries Tied to Long-Term Brain Changes in Vets**

*Health Day, December 2, 2013*

Soldiers who suffer mild brain injuries from blasts have long-term changes in their brains, a small new study suggests. Diagnosing mild brain injuries caused by explosions can be challenging using standard CT or MRI scans, the researchers from the St. Louis University School of Medicine said. For their study, they turned to a special type of MRI called diffusion tensor imaging. The technology was used to assess the brains of 10 American veterans of the wars in Iraq and Afghanistan who had been diagnosed with mild traumatic brain injuries and a comparison group of 10 people without brain injuries. The average time since the veterans had suffered their brain injuries was a little more than four years. The researchers found that the veterans and the comparison group had significant differences in the brain’s white matter, which consists mostly of signal-carrying nerve fibers. These differences were linked with attention problems, delayed memory and poorer psychomotor test scores among the veterans. The findings suggest that even mild brain injuries caused by a blast can have long-term effects on the brain.

**Ecstasy Use on Rise Again Among U.S. Teens: Report**

*U.S. News and World Report - December 3, 2013*

The number of U.S. teens who wind up in the emergency room after taking the club drug Ecstasy has more than doubled in recent years, raising concerns that the hallucinogen is back in vogue, federal officials report. Emergency room visits related to MDMA -- known as Ecstasy in pill form and Molly in the newer powder form -- increased 128 percent between 2005 and 2011 among people younger than 21. Visits rose from about roughly 4,500 to more than 10,000 during that time, according to a report released Tuesday by the U.S. Substance Abuse and Mental Health Services Administration. The newest form of MDMA, the powder Molly, appears to be driving the latest surge in Ecstasy use. The study relied on data produced by the Drug Abuse Warning Network, a public health surveillance system that monitors drug-related hospital emergency department visits and drug-related deaths.

**World Health Organization Release Report on Spinal Cord Injuries**

*World Health Organization, December 3, 2013*

A new report by the World Health Organization (WHO) has said as many as 500,000 people suffer a spinal cord injury each year. The report shows that people with spinal cord injuries are two to five times more likely to die prematurely, with worse survival rates in low- and middle-income countries. Males are most at risk of spinal cord injury between the ages of 20-29 years and 70 years and older, while females are most at risk between the ages of 15-19 years and 60 years and older. The report said essential measures for improving the survival, health and participation of people with spinal cord injury include timely, appropriate pre-hospital management: quick recognition of suspected spinal cord injury, rapid evaluation and initiation of injury management, including immobilization of the spine and acute care appropriate to the level and severity of injury, degree of instability and presence of neural compression. It said essential measures to secure the right to education and economic participation include legislation, policy and programs that promote physically accessible homes, schools, workplaces, hospitals, transportation, employment and educational settings.