THE RINER GROUP INC.
HEALTHCARE • MANAGEMENT CONSULTING

Mediscene Newsletter

The Riner Group
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Volume 31 Issue 3

August 2010

CLINICAL INTEGRATION – REACHING FOR THE GOLD RING

Integration is being discussed at hospital systems and medical practices across the country. However, at this moment there are only a few truly integrated systems across the United States, but clinical integration is in fact practiced to varying degrees in many communities. The number of systems exploring full integration will likely gain momentum from a recently enacted Patient Protection and Affordable Care for America Act, which includes support for pilot integration projects. However, one should not discount the significance and magnitude of issues that arise when talking about clinical integration. Some of the key provisions impacting hospitals and physicians in the recent health reform legislation are shown here.

WHAT & WHEN

2010	*2011 continued*	2013
•Insurance reforms start with provisions reducing limitations on coverage for children •Reductions in hospital marketbasket updates 2010-19 •Multiple initiatives focused on primary care •$400 million for geographic variation FY2011 & 2012 •Patient-Centered Outcomes Research Institute is created •National Health Care Workforce Commission is established **2011** •States required to establish health insurance exchanges •The Center for Medicare and Medicaid Innovation established	•Medicaid Quality Measurement Program established •Unused residency slots can be allocated to primary care and general surgery **2012** •Value-based purchasing program starts, FY13 payments based on FY12 performance •Value-based purchasing demo for critical access hospitals established •Accountable Care Organizations available to hospitals & physicians meeting criteria •Penalties for "excess" readmission will being in hospitals,FY2013	•National, voluntary 5 year bundled payment pilot launches •States required to boost Medicaid payments to primary care providers **2014** •Individual insurance mandate takes hold •Medicaid expansion begins •Cuts to DSH payments begin •Independent Payment Advisory Board begins counseling Congress on reducing health spending •Penalties for hospital-acquired conditions start in FY 2015

Source: American Hospital Association, Commonwealth Fund, Premier, H&HN Research, 2010

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Our impression is that many speak of clinical integration more easily than it will be to attain. It is likely there will be a spectrum of options and models that will apply in any one community.

HEALTHCARE SPENDING – WHERE THE MONEY GOES

NATIONAL HEALTHCARE SPENDING BY SECTOR

Listed as aggregate amounts by type of expenditures ($ in billions)

Industry Sector	2008	2007	Percentage Change
National health expenditures	$2,338.7	$2,239.7	4.4%
Health services and supplies	2,181.3	2,089.7	4.4
Personal healthcare	1,952.3	1,866.4	4.6
Hospital care	718.4	687.6	4.5
Professional services	731.2	697.5	4.8
Physician/clinical services	496.2	472.6	5.0
Other professional services	65.7	62.2	5.6
Dental services	101.2	96.4	5.0
Other personal healthcare	68.1	66.3	2.7
Nursing home and home health	203.1	191.7	5.9
Home healthcare[1]	64.7	59.3	9.1
Nursing home care[1]	138.4	132.4	4.5
Retail outlet sales of medical products	299.6	289.7	3.4
Prescription drugs	234.1	226.8	3.2
Other medical products	65.5	62.9	4.1
Durable medical equipment	26.2	25.5	4.3
Other nondurable medical products	39.0	37.4	4.3
Government administration and net costs of private health insurance	159.6	158.4	0.8
Government pubic health activities	69.4	64.8	7.1
Investment	157.5	150.0	5.0
Research	43.6	42.5	2.6
Structures and equipment	113.9	107.5	6.0

[1]Free-standing facilities only, Additional services of this type are provided in hospital-based facilities and counted as hospital care

Source: CMS, Office of the Actuary, National Health Statistics Group, *Modern Healthcare, 3/15/10*

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WHISTLE BLOWING

The justice department starts about 250 new False Claims Act cases each year involving alleged misappropriation of HHS money. The overwhelming majority of these claims are triggered by whistle blowers, known in legal parlance as "realtors," who file lawsuits under seal to recover funds on the government's behalf. In 2009, whistle-blower lawsuits generated 85% of the $1.6 billion in healthcare dollars the government recovered from settlements and judgments. The realtors collected nearly $164 million for their efforts.

WHISTLE-BLOWERS

Data for fiscal year 2009	
New cases	433
New healthcare cases	280
Total money recovered	$2 billion
Healthcare recoveries	$1.4 billion
Healthcare whistle-blowers' share	$164 million

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Source: U.S. Justice Department *Modern Healthcare, 3/15/10*

THE FORECAST FOR THE "STILL UNINSURED"

The health reform law is expected to reduce the uninsured population in the U.S. by more than half within the decade. But members of certain groups that have historically gone without coverage – undocumented immigrants and young people, are expected to continue making up a sizeable portion of the uninsured that remain.

The law's coverage expansions will benefit some more than others. Many uninsured adults without children will likely be part of the 16 million additional people expected to enroll in Medicaid when the program expands in 2014. Also, 24 million others with higher incomes will purchase coverage through the new state health insurance exchanges, many with federal subsidies, according to a March 20 Congressional Budget Office analysis.

MANY COVERED, BUT SOME NOT

The Patient Protection and Affordable Care Act is expected to lead to more than 30 million residents being covered by the end of the decade who would have been uninsured had reform not been enacted. But millions of others will remain without coverage

	2019 COVERAGE STATUS (IN MILLIONS)	
	Without Law	Under law
Medicaid and the Children's Health Insurance Program	35	51
Employer-sponsored coverage	162	159
Non-group and other coverage	30	25
Insurance exchange health plans	n/a	24
Uninsured	54	23

Note: Numbers are rounded

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Source: H.B. 4872, Reconciliation Act of 2010 (Final Health Care Legislation), Congressional Budget Office, March 2010; *American Medical News, 4/26/10*

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TELEMEDICINE EXPANDING NATIONWIDE

Physicians have criticized the federal government for moving too slowly in expanding telemedicine coverage. However, more states recently have started embracing the technology on their own. Three states enacted legislation requiring insurers to cover telemedicine in 2009 alone, the most in one year since Louisiana became the first state to do so in 1995. At least two more, Kansas and Ohio, have pending legislative proposals.

The American Telemedicine Association estimates about 25 states are paying physicians for telemedicine services through Medicaid, and it expects all 50 states to be doing so within the next few years.

STATES ON BOARD

Virginia recently became the 12th state to enact a law requiring that health plans pay for telemedicine services

California – 1996	Maine – 2009
Colorado – 2001	New Hampshire – 2009
Georgia – 2006	Oklahoma – 1997
Hawaii – 1999	Oregon – 2009
Kentucky – 2000	Texas – 1997
Louisiana – 1995	Virginia – 2010

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Source: The American Telemedicine Association, *American Medical News, 4/26/10*

GENERIC PHARMACEUTICALS – A GROWING BUSINESS

Name brand pharmaceutical companies typically invest $800 million or more on the research, development and marketing of a blockbuster drug for a chronic disease. They generally charge a high markup on their medications to recoup those costs.

Generic companies stand in the wings and then prepare to reap the benefits when medications come off patent. Teva Pharmaceuticals is one of those companies. Dozens of popular drugs are about to lose their patent protections, opening the door for generic boom. Teva, which specializes in generics, has grown to be the largest drug manufacturer in terms of U.S. prescriptions dispensed.

TOP PHARMACEUTICAL COMPANIES BY U.S. Prescriptions, 2009

Shaded companies specialize in generics

Company	U.S. Prescriptions dispensed in billions
Teva Pharmaceuticals	629.5
Mylan Labs	343.1
Pfizer	264.6
Novartis*	238.8
Watson	234.7
Merck	123.1
Qualitest Products	99.5
Apotex	97.9
AstraZeneca	93.2
Lupin Pharmaceuticals	92.8

*Includes sales at Sandoz, Novartis' generic division

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Source: *The New York Times, 5/9/10*

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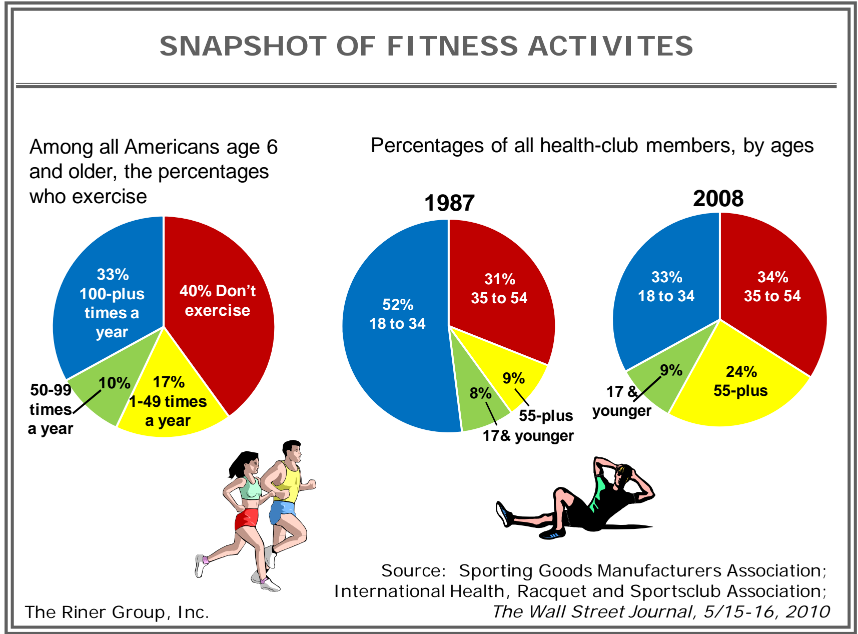
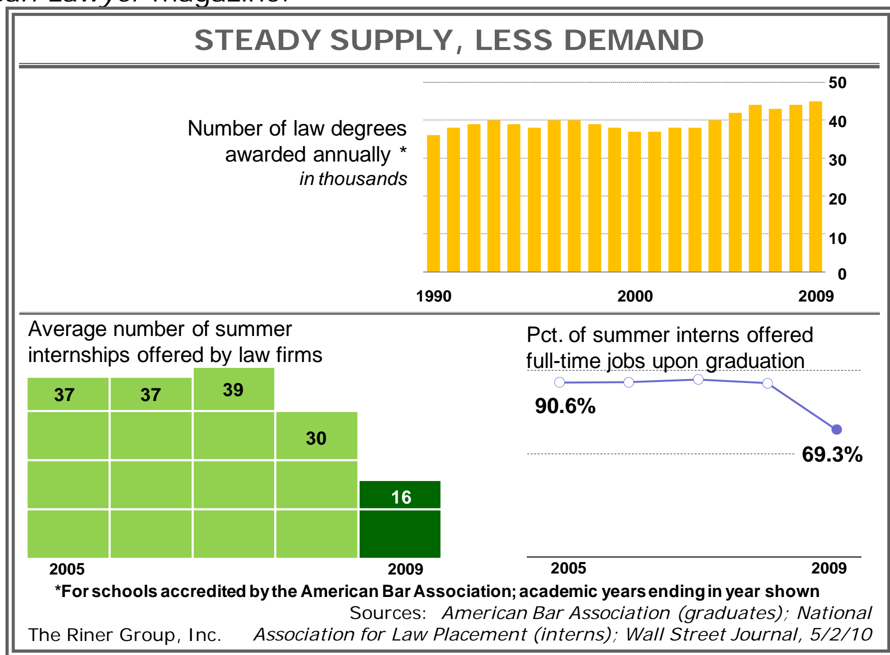
A SNAPSHOT OF FITNESS ACTIVITIES

A recent study entitled "Tracking the Fitness Movement – 2009" from a Sporting Goods Manufacturers Association found that older adults continue to drive the fitness membership roles of health clubs, and purchasing billions of dollars of home exercise equipment.



WHAT GOES AROUND COMES AROUND

Employment prospects dim for law grads. Law school *enrollment* has held steady in recent years, while law firms, judges, the government and other employers have drastically cut hiring in the economic downturn. Large corporate law firms have been hit particularly hard. The nation's 100 highest-grossing firms last year reported an average revenue decline of 3.4%, the first overall drop in more than 20 years, according to the May issue of the *American Lawyer* magazine.



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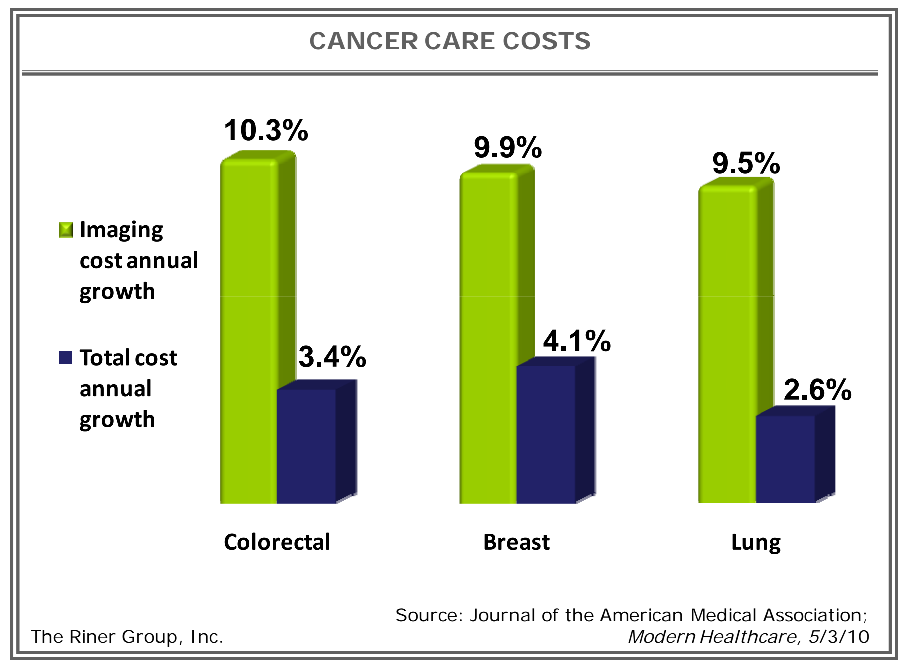
MEDICINE IS IMAGING TODAY

Imaging procedure costs for Medicare-covered cancer patients are rising faster than the total cost of care, according to a new study in the *Journal of American Medical Association.*



A SNAPSHOT

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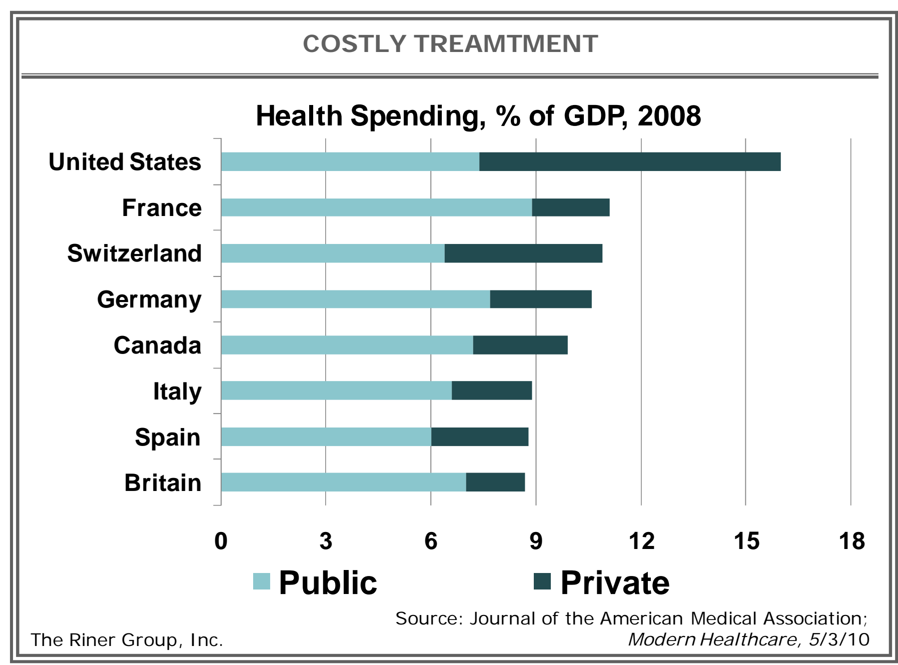

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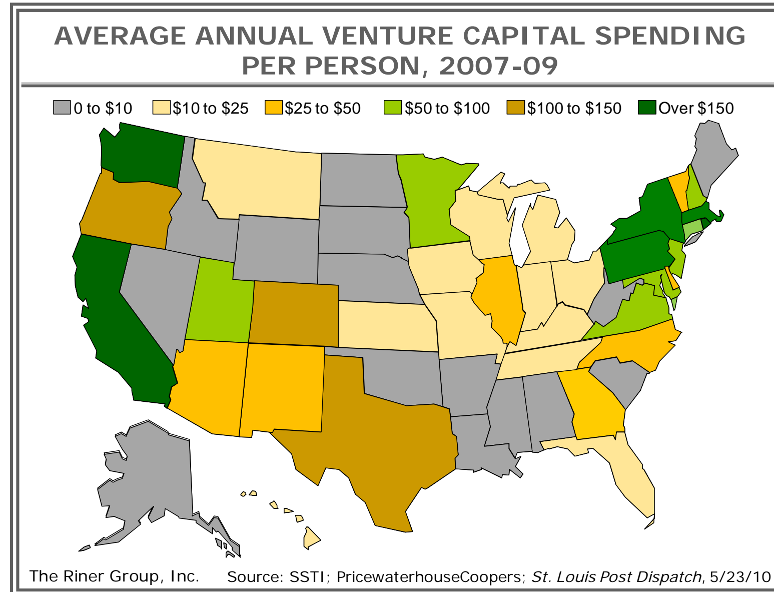
VENTURE CAPITAL VICISSITUDES

The amount of money venture capital firms are investing is quite variable. These monies obviously fuel innovative products and technologies. The graph shows the variation in annual venture capital spending per person 2007-2009. Many states are attempting to position themselves as innovative locations with incubators to enhance investment in healthcare technologies. The recent healthcare reform has many questioning their abilities to grow certain technologies due to taxation issues. Indeed venture capital structures are undergoing changes in an economic environment that has not offered rapid exit strategy for venture capital (e.g. IPOs).



AVERAGE ANNUAL VENTURE CAPITAL SPENDING PER PERSON, 2007-09

The Riner Group, Inc. Source: SSTI; PricewaterhouseCoopers; *St. Louis Post Dispatch*, 5/23/10

DOCTOR'S MEDICARE PANEL DISBANDED

A federal advisory panel that provided physicians a means to tell the federal government about Medicare administrative issues was quietly eliminated by a provision tucked away in the health system reform law enacted earlier this year. The Practicing Physicians Advisory Council, a 15-member board that met quarterly with federal officials to discuss matters pertaining specifically to Medicare fee-for-service, was officially disbanded on March 23rd. A provision in the healthcare reform law repealed the section of the Social Security Act that created the council in 1992. New formats are being put in place to engage CMS after the disbanding of the PCAC.

HOW TO ENGAGE CMS AFTER PPAC

Even though the Practicing Physicians Advisory Council is no more, the Centers for Medicare & Medicaid Services says there are still several ways for physicians to bring thoughts and concerns to the agency:

- The Medicare Provider Feedback Group, which holds an annual town-hall meeting as well as more frequent, smaller sessions to hear physician feedback on fee-for-service and operational issues.
- Public comments on proposed Medicare regulations published in the *Federal Register*
- Physician Open Door Forums, conference calls that are held every six weeks *(http://www.cms.gov/opendoorforums/)*
- Occasional town-hall meetings on Medicare fee-for-service initiatives
- The CMS website for physicians *(http://www.cms.gov/center/physician.asp)*
- CMS regional office physician relations staff
- Medicare contractor resources, including "Ask the Contractor" calls and Provider Outreach & Education Advisory Groups

The Riner Group, Inc. Source: Centers for Medicare & Medicaid Services; *American Medical News*, 5/24/10

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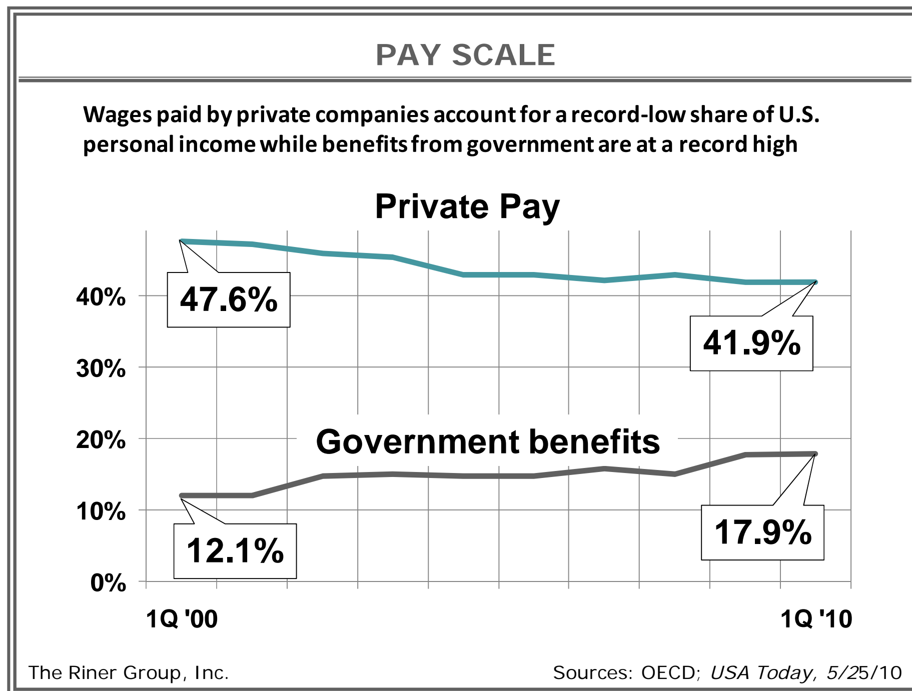
GROWTH AND THE ALLURE OF ENTITLEMENT

Pay checks from private business shrank to their smallest share of personal income in U.S. history during the first quarter of this year. At the same time, government-provided benefits from Social Security, unemployment insurance, food stamps and other programs rose to a record high during the first three months of 2010.

A record low of 41.9% of the nation's personal income came from *private wages and salaries* in the first quarter, down from 44.6% when the recession began in December 2007. Individuals got 17.9% of their income from government programs in the first quarter, up from 14.2% when the recession started. Programs for the elderly, the poor and the unemployed all grew in cost and importance. An additional 9.8% of personal income was paid as wages to government employees.

PAY SCALE



The Riner Group, Inc. Sources: OECD; *USA Today, 5/25/10*

Of note is the fact that government employment is viewed by some as a method of redistributing wealth. In 2009, the federal payroll grew and the number of federal jobs paying over $100,000 a year doubled.

Since the recession began, the private sector cut 8.5 million jobs, (more than 7% of the work force) while local governments cut 141,000 (less than 1%). Moreover, the average federal worker earns over 70% more than the average private sector worker, according to Arthur Brooks in his new book *The Battle*. *USA Today 6/1/10.*

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DID YOU KNOW?

- **Nearly 1/3 of Registered Nurses Surveyed Recently** said they would not be working in their current job a year from now, and close to half say they plan to alter their career path in the next one to three years in a way that would either take them out of the nursing field entirely or reduce their contribution to direct patient care by working fewer hours or choosing a less demanding role. Driving part of the decision to potentially change career paths or jobs is the fact that nearly half of those surveyed say their job is impacting their health. These are among key findings from the *2010 Survey of Registered Nurses: Job Satisfaction and Career Plans* conducted by AMN Healthcare, the nation's leading provider of comprehensive healthcare staffing and management services. The survey collected data from 1,399 respondents and was conducted during a period of economic recession.

- **Retail Clinics** – A recent study found that while people preferred traditional, office-based care, they would opt to see a nurse practitioner at a retail clinic if they could save at least $31.42 and would wait one day or more for an appointment if they would save at least $82.12 Source: "Physician Office vs. Retail Clinic: Patient Preferences in Care Seeking for Minor Illnesses," *Annals of Family Medicine,* Vol 8, Is 2, March/April 2010.

- **Metric Mania** – A slew of newly proposed quality measures have providers clamoring for clarification and talking about the burdens of additional reporting requirements placed on their organizations. CMS included the new measures in its Reporting Hospital Quality Data for Annual Payment Update program and its proposed changes to the inpatient prospective payment system, published April 19, 2010. If the rule is finalized, hospitals will be required, in January 2011, to begin reporting on 10 additional measures to receive the full marketbasket update for 2012.

  While many embrace the idea of reporting and being measured, many are finding that numerous agencies requesting reporting measures have little understanding of the costs as well as the complexities of acquiring these data.

  CMS is also reporting 34 more measures that providers would need to begin reporting in 2011, but would not be used in determining annual payment until 2013. Most of the data on those quality measures would come from registries.

MORE TO REPORT

CMS proposed that hospitals begin to report on 10 new quality measures in 2011 in order to receive full reimbursement in 2012.
Eight are hospital-acquired conditions and two are patient-safety indicators

Hospital-acquired conditions

- Air embolisms
- Blood incompatibility
- Catheter-associated urinary tract infections
- Falls and trauma
- Incidences of foreign objects retained after surgery
- Manifestations of poor glycemic control
- Stage III and Stage IV pressure ulcers
- Vascular catheter-associated infections

Patient-safety indicators

- Postoperative pulmonary embolism, or deep vein thrombosis
- Postoperative respiratory failure

The Riner Group, Inc. Sources: CMS: *Modern Healthcare,* 4/26/10

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DID YOU KNOW?

- **The Other Shoe Drops** – While physicians are often looking to hospitals to make up reimbursement shortfalls by selling their practice to the hospital for perceived increases in cost reimbursement, hospitals are facing Medicare reimbursement cuts for the coming fiscal year. CMS has suggested a net 0.1% cut in reimbursement in its fiscal 2011 proposed rule for hospital inpatient rates. The proposed $142 million cut is the result of CMS applying an adjustment of a negative 2.9% to recoup excess spending that it says took place in 2008 and 2009 because of changes in hospital coding practices; an increase of 2.4% tied to inflation; and an additional 0.4% from other factors that would affect spending. Coupled with a 0.25% mandated marketbasket cut that was included in the recently passed health reform law, average payments in fiscal 2011 will actually decrease by 0.35% compared with FY 2010 payments, according to the American Hospital Association. We do not see any sector of healthcare that is anticipating a significant increase in Medicare reimbursement for their services. For those selling practices to hospitals to access higher revenue streams – it may only be a matter of time before significant reimbursement cuts impact hospitals as well.

- **Fines –** The Congressional Budget Office (CBO) predicts that about 4 million people will be required to pay a fine for not buying health insurance, accounting for roughly $4 billion per year in fees that will funnel through the Internal Revenue Service. The new healthcare reform law requires most residents to carry some level of insurance by 2016 or else pay a fine of up to $695 or a percentage of household income. The CBO and the Joint Committee on Taxation estimate that about 21 million residents under 65 years of age will be uninsured in 2016, but that a large majority of them would not be subject to the fine. According to the CBO, the lion's share of payers will come from households making more than 400% of the federal poverty level.

- **Indian Health Service** – Through the Indian Health Service, the U.S. government provides medical care to 47% of the nation's 3.3 million American Indians and Alaska Natives. 1.9 million American Indians and Alaska Natives from 564 federally recognized tribes receive physician, behavioral and preventive healthcare services at IHS facilities in 35 states. Across 12 administrative districts, the system includes 29 hospitals, 63 health centers, 28 health stations and 34 Indian health projects serving the urban population. All members have recognized American Indian and Alaska Native tribes and their descendents are eligible to receive care from their IHS-operated facilities. As American citizens, they also may use whichever public, private and state administered health programs fit their needs.

- **CDC: Central Line Infections** – A CDC study of blood infection cases from central-line catheters in 17 states found an 18% decrease in cases nationwide in the first half of 2009, compared with the past three years. This is believed to represent a broader implementation of CDC guidelines and improved practices at the local level, according to the CDC. Among the states, Vermont had the least number of infection cases, while Maryland had the most. Future reports will include all states and will be published every six months, according to the CDC.

- **Guidelines** – It is always challenging to put guidelines into practice. Researchers have new evidence to suggest that new clinical practice guidelines "diffuse into widespread community use only slowly and then incompletely," compromising the return on investment of clinical trials and weakening the basis of clinical care. The study also found that providing face-to-face reviews of current research led to improvement in prescribing trends for certain disease processes.

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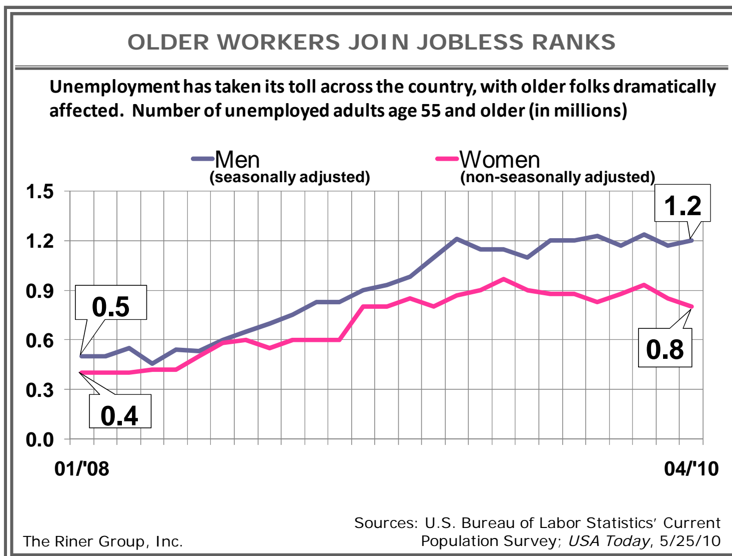
- **Entrepreneurial Spirit** – While the government plays a larger role in many of the activities of the business world, older Americans continue to possibly be the entrepreneurial spark. Individuals 55 to 64 represented the second largest jump in entrepreneurial activity by age (just beyond 35-44 year olds) from 2008-2009, according to an Index of Entrepreneurial Activity released last week by entrepreneur-focused group Ewing Marion Kauffman Foundation.

  While many physicians are looking to escape the self-employed route, the number of self-employed Americans rose to 8.9 million in December 2009, up from 8.7 million in the year earlier, according to the Bureau of Labor Statistics data provided by outplacement firm Challenger Gray & Christmas. Self-employment among those 55 to 64 hit nearly 2 million, a 5% rise from the prior year. Self-employment for those 65 and older hit 939,000 – a 29% increase.



SELF-EMPLOYMENT BY AGE

Adults age 55 and older have embraced entrepreneurship

Age	Dec '08	Dec. '09	Change	% chg.
16-19	49,000	30,000	-19,000	-38.8%
20-24	256,000	298,000	42,000	16.4%
25-34	1.3 million	1.4 million	14,000	1.0%
35-44	2.0 million	2.0 million	-70,000	-3.5%
45-54	2.4 million	2.4 million	-60,000	-2.5%
55-64	1.9 million	2.0 million	93,000	4.9%
65+	726,000	939,000	213,000	29.3%
Total	8.7 million	8.9 million	214,000	2.5%

The Riner Group, Inc. Source: U.S. Bureau of Labor Statistics; *USA Today*, 5/25/10

- **Independent Cardiologists** – A recent survey by MedAxiom of more than 150 cardiology practices reveals that 60% have either already fully integrated or are considering integration with a hospital; only 28% said they are not currently considering consolidation and will never consider it. It should be noted that most of the practices that belong to MedAxiom are large practices, heavily dependent on ancillary services to sustain them. Our work would suggest that a potpourri of practice models will continue to exist and that many of the practices who have been acquired or are considering being acquired by hospitals will evolve to different practice motifs. Indeed, much of our work across the country is focused on assisting in this process.

- **Numerous Test Results Prompt Attention to How to Manage the Flow** – New recommendations in the Joint Commission Journal on quality and patient safety may highlight what physicians practices and hospitals can do to reduce the risks of missing tests. Policies will need to be developed to track test result flow. Of note is the fact that according to recent data, the percentage of ED visits at which blood tests were ordered nearly doubled from 1996 to 2006. The percentage of ED visits at which ultrasound studies, MRIs or CT Scans were ordered tripled from 1996 to 2006. Doctors failed to inform patients of abnormal test results about 7% of the time, according to a study in the September 28, 2009 issue of the *Archives of Internal Medicine.*

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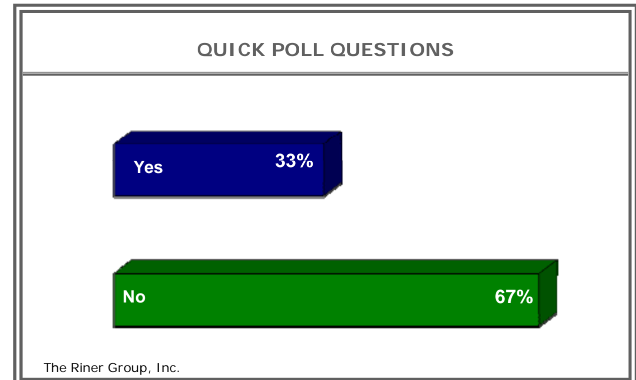
OUR QUICK POLL RESULTS

The following question was posted on the Riner Group Website for the months April – June 2010.

" Do you feel the United States has substandard healthcare services in comparison with other countries?"



Perspective: This question has obviously been significantly debated in our current environment as we look at numerous permutations of health reform. Interestingly, comparative rankings that most critics site in terms of ranking of US healthcare prowess come from the UN's World Health Organization (WHO). The ranking most often quoted in overall performance, where the US is rated #37, however is adjusted to reflect how well WHO officials believe that a country could have done in relation to its resources. Many feel this scale is heavily subjective. Of note is the fact that WHO does rank the US #1 of 191 countries for "responsiveness for the needs and choices of the individual patient."

A recent editorial in the January 8, 2010 Wall Street Journal highlights issues that many in healthcare are aware of, but it's probably reasonable to point out.

Despite the fact that we do have problems with our health insurance, malpractice and access for some individuals in this country, data assembled and published recently in the Bulletin of the American College of Surgeons, as well as other sources, indicates that cardiac deaths in the US have fallen by two-thirds over the last 50 years.

Polio has been virtually eradicated. Childhood leukemia has a very high cure rate.

Eight of the top ten medical advances in the past 20 years were developed or had roots in the US.

Nobel prizes in medicine and physiology have been awarded to more Americans than to researchers in all other countries combined.

Eight of the top selling drugs in the world were developed by US companies.

The US has some of the highest breast, colon, and prostate cancer survival rates in the world.

Our country ranks first or second in the world in kidney transplants, liver transplants, heart transplants, total knee replacements, coronary artery bypass and percutaneous coronary interventions.

We have the shortest waiting times for non-emergency surgery in the world; England has one of the longest; and in Canada, a country of 35 million citizens, one million patients now wait for surgery and another million wait to see specialists.

It is undoubtedly true that our system, as currently structured, is wasteful of resources. We need *systems of care* and *greater teamwork* in our approach to the delivery of healthcare. We also need insurance reform, malpractice relief, and rationalization of some of the applications of our technology. However, as is pointed out frequently, the majority of our healthcare goes to a long list of advantages that American citizens have now come to expect – the easiest access, the shortest waiting time, the widest choices of physicians and hospitals, and constant availability of healthcare to elderly Americans.

It will be a continuous challenge for all healthcare professionals to see how we apply the resources that are allocated to healthcare in order to provide the level of services we have come to expect as a nation. Indeed many feel that healthcare is an economic good, providing job growth and life saving services to the nation. Perhaps there is a rhetorical comment that needs to be considered:

Maybe it's not that America spends too much on healthcare, but that other nations aren't spending enough as their populations age.

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SPEAKING ENGAGEMENTS

Dr. Riner and his colleagues frequently speak at events across the United States. The topics offer interesting perspectives on healthcare issues for you to share with your colleagues as you strategize for the future of your practice or healthcare organizations.

Contact us at 800-965-8485 to discuss a speaking engagements with us on a topic pertinent to your organization.

THE DOCTOR RINER SHOW

Dr. Ronald Riner, CEO of The Riner Group, has started a new TV series entitled *"The Doctor Riner Show."* The show focuses on all things health related. A recent episode is now airing on PB95 in Naples, Florida. Dr. Riner interviews guests with backgrounds and interests in healthcare. The recent episode on PBS95 is entitled "Aging in Place," featuring Dr. Eric Rackow President and CEO of SeniorBridge in New York City.

OUR FOCUS

With over 30 years of business experience in healthcare, we have worked with physician practices, hospitals, health systems, academic medical centers and healthcare businesses throughout the United States with a focus on strategy, new business development and performance improvement. We specialize in integrating the business and clinical aspects of healthcare delivery.

Our PRIORITY ... excellence in the business and the science of medicine.
Our SPIRIT ... superb patient care.