

Patient Deaths Reveal Shortcomings of Physician-Owned Hospitals in Managing Medical Emergencies

Two deaths of specialty-hospital patients, including one in Texas, have resulted in the release of a report on patient care and safety in the physician-owned hospitals. The evaluation by the Office of Inspector General (OIG) was requested by the United States Senate Finance Committee after the deaths of patients who experienced complications following elective surgery. According to the report, neither hospital had a physician on duty at the time the incidents occurred and both relied on 9-1-1 to provide emergency services by transferring the patients to community hospitals.

The report found that only “about half of all physician-owned hospitals have emergency departments, the majority of which have only one emergency bed.” Findings also revealed that not all of the hospitals had nurses on duty and physicians on call during the review period; only about one-third had physicians on-site at all times; and two-thirds used 9-1-1 as part of their emergency response procedures. The review also found that almost a quarter of all physician-owned hospitals lack basic information in their written policies on managing medical emergencies.

Recommendations from the OIG to increase physician-owned hospitals’ adherence to expected medical and emergency protocols have been submitted to the Centers for Medicare and Medicaid Services (CMS).

Advocates for the hospitals suggest they offer high-quality health care and an alternative to traditional hospitals. Critics suggest that doctors may have a financial incentive to refer a patient to a hospital they own and that they are able to “cherry pick” their cases, leaving the more costly and complex treatments, including indigent and uninsured patients, to community hospitals.

Federal and state officials are considering steps to increase patient safety at the hospitals.

Research Finds Four Habits Can Add 14 Years to Life Expectancy

Four behaviors that can add an average of 14 years to life expectancy have been identified in a study led by England’s Cambridge University. The research, led by the University’s Institute of Public Health, found that those who exercise regularly, ate five portions of fruit and vegetables a day, didn’t smoke, and had moderate alcohol consumption lived an average of 14 years longer than those who adopted none of these behaviors.

Twenty-thousand men and women aged 45-79 took part in the study from 1993 to 1997. Participants were given a score between 0-4, receiving one point for each healthy behavior. Deaths were then recorded in the subject group through 2006.

After factoring in the influence of age, researchers found that, over the course of 11 years, those who had a score of zero (no habits) were four times more likely to die than those with a score of four. They also found that those scoring zero had the same risk of dying as individuals who were 14 years older but scored four on the questionnaire.

Health Quiz

1. According to a federal review, almost one-half of physician-owned hospitals lack emergency departments.
(a) True
(b) False
2. It is reported that the number of physician-owned specialty hospitals has increased by 64% since 2001.
(a) True
(b) False
3. Physician-owned specialty-hospitals are allowed to rely on 9-1-1 services as a substitute for their own emergency services.
(a) True
(b) False
4. Which of the following was not identified in a British study as a habit that will contribute to increasing life expectancy by 14 years?
(a) Eating onions
(b) More sleep
(c) Meditation
(d) All of the above
5. According to a recent study, individuals who suffer a heart attack at public places such as airports and casinos have a greater chance of surviving than they do if it occurs at a hospital.
(a) True
(b) False



Health Insurers Offer Proposal to Guarantee Access to Health Coverage in Individual Market

In what is being defined as a fundamental repositioning, leaders from the nation's leading health insurers have proposed a plan to guarantee access to health care coverage to all Americans seeking coverage in the individual market, including those with preexisting medical conditions. The plan includes new initiatives to give consumers peace of mind about individual coverage and it identifies steps states should take if they are considering a requirement for universal participation.

Under the proposal, states would establish Guarantee Access Plans (GAP) to provide coverage for uninsured individuals with the highest expected medical costs. If an individual is not eligible for coverage through a GAP, health plans would provide coverage on a guarantee issue basis with premiums capped at one-and-one-half times the standard rate.

The proposal also includes a series of operational reforms to give consumers peace of mind when purchasing individual health coverage. These include limiting the use of pre-existing conditions exclusions, restricting rescission actions, and establishing a new third-party review process for pre-existing conditions and rescission decisions.

For those states considering proposals to achieve universal participation, the plan recommends the essential steps that would allow health plans to guarantee coverage to all applicants without regard to any pre-existing medical conditions. Those steps include developing an insurance verification system; enforcing the requirement to purchase and maintain coverage; establishing an automatic enrollment process; providing premium subsidies for moderate- and low-income individuals and families; and identifying secure funding for the coverage initiatives from a broad base of sources.

Health insurers are hoping the proposal will provide a blueprint of ideas for those states exploring health coverage options for their citizens.

Study Says Individuals Suffering Heart Attacks More Likely to Survive at Airports and Casinos than Hospitals

According to a report released by researchers at St. Luke's Mid-America Heart Institute in Kansas City, Missouri and the University of Michigan, of the 750,000 patients who experience cardiac arrest while hospitalized each year, less than 30 percent leave the hospital alive. The study found that survival for hospitalized patients improves dramatically when defibrillation is administered within the expert-recommended two minutes following a cardiac arrest.

The report, released in the *New England Journal of Medicine*, found that individuals who suffer similar cardiac events at airports and casinos are 50 percent more likely to survive. Some believe the higher survival rate in public places can be attributed to the increased access of automated external defibrillators (AEDs) in these facilities and the ability for the defibrillation to occur within the recommended two minute interval.

The research also found that hospital size, unmonitored settings, and occurrences after-hours (weekends and nights) also contributed to the lower survival rate in hospitals. Medical News Today reports that some health care professionals have suggested that existing illnesses may also be a factor in a lower hospital survival rate.

Trivia answers: 1. a (True) 2. a (True) 3. b (False) 4. d (all of the above) 5. a (True)

Birthdays

February

2 – Rep. Susan King
4 – Rep. Yvonne Davis
5 – Rep. David Farabee
9 – Rep. Harvey Hildebran
13 – Sen. Judith Zaffirini
15 – Rep. Elliott Naishtat
17 – Rep. Harold Dutton
18 – Rep. Vicki Truitt
20 – Rep. Jerry Madden
21 – Rep. Robby Cook
21 – Rep. Dan Flynn
22 – Sen. Chris Harris
22 – Rep. Drew Darby
26 – Rep. Fred Brown
26 – Rep. Mike Krusee
27 – Rep. Tommy Merritt
29 – Rep. Phil King