

# Teaching hospitals may be penalized by Medicare

BY JORDAN RAU  
KAISER HEALTH NEWS

CHICAGO — The puffiness along Carol Ascher's left leg seemed like normal swelling, probably from the high dose of chemotherapy Dr. Karl Bili-moria had injected the previous day. But it could have been a blood clot. He quickly ordered an ultrasound.

"We were just being abundantly cautious," he said.

Such vigilance is a point of pride at Northwestern Memorial Hospital in Chicago. But the hospital's tests have identified so many infections and serious blood clots that the federal government is cutting the institution's Medicare payments for a year, by about \$1.6 million.

Nearly half of the nation's academic medical centers are being punished similarly through one of the federal government's sternest attempts to promote patient safety. Medicare is reducing a year's worth of payments to 758 hospitals, including some of the most prestigious teaching hospitals in the country, with the highest rates of infections and other potentially avoidable complications, including blood clots after surgery, bed sores, hip fractures and sepsis.

The penalties, created by the federal Affordable Care Act, have incited a vehement debate about quality at many academic medical centers often revered for cutting-edge treatments and top specialists. Are these vaunted hospitals really more dangerous than local, unsung hospitals?

Or, as Northwestern and some other academic medical centers argue, are these hospitals being perversely penalized because they are so aggressive in screening patients for problems? At Northwestern, the penchant for ordering lab tests is so prevalent that

physicians often refer to a "culture of culturing" that they credit for helping to keep the death rate there lower than at most hospitals.

"If you don't look for infections, you're never going to find them," said Dr. Gary Noskin, Northwestern's chief medical officer.

Since 2008, Medicare has refused to reimburse hospitals for treating complications they created, but studies have found that the change has not resulted in substantial decreases in harm. Nationwide, infections and other avoidable hospital complications remain a threat to patients, occurring during 12 of every 100 stays, according to a federal estimate. Patients were hurt in some way more than four million times when hospitalized in 2014.

The new Medicare penalties, which reduce payments by 1 percent for a year, were begun in October 2014. Last December, Medicare announced its second round of penalized facilities, which include Stanford Hospital in California, the Cleveland Clinic, and Brigham and Women's Hospital in Boston, which trains residents from Harvard Medical School. Intermountain Medical Center in Utah and Geisinger Medical Center in Pennsylvania, both of which President Obama has singled out for excellence, also are being penalized.

The average penalty is estimated at about \$480,000, but most academic centers will lose more since they have higher revenues. Medicare says the punishments are effective and notes that teaching hospitals as a group are improving more rapidly than other hospitals.

Dr. Kate Goodrich, Medicare's quality director, said in a statement that the "scores and penalties show an improvement among large teach-



Doctors perform the nation's first uterus transplant on a 26-year-old patient at Cleveland Clinic in Cleveland, Ohio, in February. Cleveland Clinic, one of the nation's teaching hospitals, faces penalties from Medicare because of aggressive screening. REUTERS FILE

ing hospitals" since the first year of the fines. In some areas, including catheter-associated infections, the rate of injuries at teaching hospitals decreased faster than at other hospitals, she said.

"It's not only the magnitude of the penalty, but the publicity that comes out of being penalized," said Dr. Kevin Kavanagh, a patient safety advocate from Kentucky.

Even hospitals that are improving can be disciplined because Congress required Medicare to fine a quarter of hospitals each year (excluding some special categories such as those serving veterans). Most teaching hospitals penalized this time, including Northwestern, were also fined the previous year.

Dr. Atul Grover, chief public policy officer at the Association of American Medical Colleges, said the fines hurt hospitals, such as academic centers, that have the sickest patients. Medicare is "punishing hospitals for taking on cases that nobody else wants," he said.

The Centers for Disease Control and Prevention has been collecting infection reports from hospitals for decades to help experts identify problems and measure progress in combating dangerous germs. Kristen Metzger, an infection prevention specialist at Northwestern, said that since Medicare now uses the CDC reports in determining penalties, physicians sometimes get into disputes with

her team about whether a case meets the criteria to be reported.

"Every week at our meetings it almost always turns into an argument" about what Northwestern is calling an infection, and whether the hospital is being too strict, Metzger said.

Federal officials are concerned that not all facilities may be diligently reporting infections. In October, the government informed hospitals that it had heard that some employees were discouraging tests that might identify one of the infections the CDC tracks. The government also said it had been told that in some places, employees unnecessarily tested patients upon admission to document infections they arrived with. While saying there was no evidence of widespread fraud, the government invited whistle-blowers to report misconduct.

Northwestern identifies an unusually high rate of infections around the sites of colon surgeries, about 1 in every 19 operations, according to Medicare's most recent public data. Its rates of blood clots after surgeries are also high. The hospital reports one urinary tract infection for every 260 days that patients in the intensive care unit had catheters in place — a rate that is still higher than at most hospitals even after taking into consideration the fact that teaching hospitals tend to have patients with more infections.

Medicare was scheduled to release updated infection rates this month but announced Wednesday it was delaying that until July; the next year of penalties are currently set to begin in October.

The most reliable way to reduce urinary infections is to avoid using catheters or to take them out as soon as possible, infection experts say. Hospitals such as Brigham

and Women's, which says it loses about \$2.6 million each year it is penalized, have given nurses authority to remove urinary catheters in specific situations without getting physician approval to limit their usage. Rob Bailey, a Northwestern nurse, said that was not possible for particularly ill patients.

One of his patients, comatose and obese, arrived with bed sores that would have been aggravated by movement. "I don't think there's anything we could have done differently," Bailey said.

During the first three months the patient was at Northwestern, the hospital reported three infections in that patient to the CDC.

In some instances, Northwestern officials say, they have room for improvement. The hospital requires nursing supervisors and their teams to "audit" nurses at least 20 times each month by watching them as they insert and maintain catheters.

"Hand hygiene, as easy as it sounds, that takes a lot," Andrea Stone, the nurse manager, said. "People get busy, and it's a teaching hospital, and if you're in a group and the doctor or the attending is talking with the entire team, people might not be as focused."

Dr. Richard Wunderink, medical director of the intensive care unit, said Northwestern's focus on the conditions that determine Medicare penalties has detracted from more prevalent medical challenges, such as how to reduce pneumonias in patients on ventilators, he said.

"There's no penalty right now for pneumonias," Wunderink said. "We are spending time on things that are maybe less important from a patient care perspective but more important from a financial perspective."

## Black colleges seek non-black students

BY TERESA WILTZ  
STATELINE.ORG

WASHINGTON — Faced with stalled state funding, Harry Williams, the president of Delaware State University, a historically black public university, had to get creative: He slashed a quarter of the school's academic programs and began aggressively recruiting students who aren't black.

He's gone as far as China to strike agreements with universities there that will bring Chinese exchange students to Delaware State to study.

"It's a revenue generator for us and a way of marketing the university," Williams said of the school's international recruiting. "We're definitely committed to our heritage and our history. But we had to make sure that we were relevant and have programs that would attract students."

Delaware State isn't the only of the public historically black colleges and universities to reach beyond a tradition of educating primarily African-American students as a way of making ends meet in a time of tight state budgets and changing racial and ethnic demographics.

Other state-supported HBCUs, such as Tennessee State University and North Carolina A&T, are recruiting white, Asian and Latino students, who comprise a growing share of their student bodies.

In all, a quarter of HBCUs have at least a 20 percent non-black student population, according to a 2015 report by the University of Pennsylvania.

"People are surprised non-blacks are going to black colleges," said Marybeth Gasman, author of the study and director of the university's Center for Minority Serving Institutions.

Some alumni worry that increased racial diversity will change the nature and tradition of the schools. But college administrators such as Williams, whose student body is 68 percent black, said they have to do what it takes for the schools to survive.

If Delaware legislators suddenly pulled state funding, which provides more than a quarter of the school's budget, "we could only func-

tion for a couple of months," he said.

Public HBCUs are perennially cash-strapped and have lower graduation rates. They don't have the luxury of large endowments enjoyed by some major state universities like the \$10 billion at the University of Michigan, academic analysts say. Part of their mission is to serve low-income students. And state budget crunches can imperil their future.

In Louisiana, where the state is facing a \$747 million budget shortfall, Southern University System earlier this year warned that it could no longer operate if budget cuts were too deep. (The school later stressed that it would be able to stay open but not without severe cuts to staff and course offerings.) In Illinois, which hasn't had a state budget for 10 months, Chicago State University faces the prospect of closing its doors.

In Maryland, HBCU students and alumni have formed a coalition to sue the state for allegedly continuing to perpetuate "vestiges of segregation" by underfunding traditionally black schools and saddling them with inferior facilities. (Other states, including Mississippi, Tennessee and North Carolina, have faced similar suits.)

The plaintiffs in the \$2.9 billion Maryland lawsuit filed in 2006 also want the state to stop allowing traditionally white majority schools to duplicate academic programs offered at nearby HBCUs that are in high demand. In 2013, a U.S. district judge ruled that the state's actions amounted to segregation and ordered the two parties to work out a remedy. The parties were not able to do so. A new court date has been set for January 2017.

The nation's 51 public HBCUs have seen their enrollment drop as traditionally white schools have increasingly and aggressively sought black students.

Georgia State University, long considered Atlanta's predominantly white commuter school, is rapidly expanding.

The school now has 33,000 students — 41 percent of whom are black. As it expanded, Georgia State started aggressively recruiting black students. A hundred

miles away, Georgia's nearest public HBCU, Fort Valley State, has seen a 33 percent decline in enrollment from 2011 to 2015, according to the school.

Many supporters of HBCUs say this has left traditionally black schools little choice but to aggressively pursue white and other racial or ethnic students.

"If the majority institutions are intentionally recruiting African-American students, they are now your competition," said Johnny Taylor, president and CEO of the Washington, D.C.-based Thurgood Marshall Fund, which represents publicly supported HBCUs. "Frankly, you can try to out-recruit them by recruiting African-American students. Or you can target the students they normally target: white, Hispanic and Asian."

All HBCUs, public and private, represent just 3 percent of the nation's universities. But they graduate nearly 20 percent of the country's black undergraduates, according to UNCF (United Negro College Fund).

Public HBCUs got their start as land-grant institutions founded between 1890 and 1964. For years, the schools focused on extending educational opportunities to African-Americans barred from entering other state colleges and universities because of their race. From the beginning, though, they always welcomed students of other races.

Over the decades, they have educated much of the nation's black middle class and elite, such as Supreme Court Justice Thurgood Marshall and Langston Hughes, the playwright and poet, both of whom graduated from Lincoln University, in rural Pennsylvania.

Today, public HBCUs will take chances on students their schools won't educate: disadvantaged students from underperforming high schools; those who are often unprepared for the rigors of higher education; and those more likely to drop out for financial reasons, said Gasman of the University of Pennsylvania. Consequently, their graduation rates are lower than other schools', from a high of 48 percent at Fort Valley State in 2014, just below the national average for black

students, to a low of 12 percent at Texas Southern University, according to the Journal of Blacks in Higher Education.

And states that tie funding of higher education to performance standards, such as on-time graduation rates, make it harder for HBCUs to get state dollars, Gasman said.

But Taylor of the Thurgood Marshall Fund said that doesn't mean states are conspiring to target HBCUs. "I think there is a desire to pressure the schools to operate better," he said. "And if you need more money, make a compelling case that it will have a better return for taxpayers."

States should play a crucial role in securing the future of public HBCUs by helping them create popular niche programs to attract a wide variety of students, said Jon Greenbaum, chief counsel and deputy director of the Lawyers Committee for Civil Rights under the Law, which is representing the four Maryland HBCUs in the lawsuit.

Michael Lomax, president and CEO of UNCF, points to one example: The pharmacy program at Xavier University, a private, historically black Catholic university in New Orleans. It is one of two schools in the state to offer a doctor of pharmacy program, and has attracted Vietnamese-American students.

Bottom line: HBCUs must pursue students who reflect the nation's changing racial and ethnic makeup to keep their enrollments up.

That's what Bluefield State College in West Virginia is doing.

The HBCU was founded in 1895 to educate blacks in the state, many of whom were the children of West Virginia's coal miners. And for decades, Bluefield State had an overwhelmingly black student body, said Marsha Krottseng, the college's president.

But two things happened: Brown v. Board of Education, the U.S. Supreme Court decision of 1954, which desegregated schools; and the end of the Korean War, which returned white veterans armed with the G.I. Bill. Now, Bluefield State is 84 percent white.

And the school is aggressively seeking to diversify its student body, Krottseng said. The mission: to attract more black students.

## Give blood to celebrate World Red Cross Day

BANGOR — The American Red Cross encourages eligible donors to make an appointment to give blood and help save lives in honor of World Red Cross and Red Crescent Day.

Each year, the local and global effect of the Red Cross mission is celebrated on May 8, the birthday of International Red Cross and Red Crescent Movement founder Henry Dunant.

To make an appointment to give blood, download the free Red Cross Blood Donor App, visit redcrossblood.org or call 800-733-2767.

Upcoming blood donation opportunities:

— Noon-5 p.m. Friday, April 22, Franklin Memorial Hospital, 1 Hospital Drive.

— 1-6 p.m. Friday, April 22, Waldoboro Veterans of Foreign Wars Hall, 50 Mill St.

— 11 a.m.-4 p.m. Friday, April 22, Parkman town office, 771 State Highway 150.

— 1-6 p.m. Friday, April 22, Unity Community Market, 368 Thorndike Road.

— 10 a.m.-3 p.m. Sunday, April 24, Aubuchon Hardware, 138 Main St., Norway.

— Noon-5 p.m. Monday, April 25, American Legion, 21 Hassan Ave., Southwest Harbor.

— 9 a.m.-2 p.m. Wednesday, April 27, The Federal Building, 202 Harlow St., Bangor.

— Noon-5 p.m. Wednesday, April 27, University of Maine at Machias, 9 Obrien Ave.

— 1-6 p.m. Thursday, April 28, American Legion, 335 Limerock St., Rockland.

— 11 a.m.-4 p.m. Thursday, April 28, Katahdin Middle/High School, 800 Station Road, Stacyville.

— 1-6 p.m. Thursday, April 28, Milo Town Hall, 6 Pleasant St.

— 10:30 a.m.-3:30 p.m. Thursday, April 28, Hyde School, 616 High St., Bath.

— Noon-5 p.m. Friday, April 29, Owls Head Community Building, 224 Ash Point Drive.

— 8 a.m.-1 p.m. Friday, April 29, Northern Penobscot Tech Region III Public Safety Wing, 35 West Broadway, Lincoln.

— Noon-5 p.m. Friday, April 29, Mayo Regional Hospital, 897 West Main St., Dover-Foxcroft.

— 9 a.m.-2 p.m. Saturday, April 30, Millinocket Middle

School, 199 State St.

— 10 a.m.-3 p.m. Wednesday, May 4, Ames True Value Hardware Supply, 447 Bath Road, Wiscasset.

— 8:30 a.m.-2:30 p.m. Wednesday, May 4, Sacopee Valley High School, 115 South Hiram Road, Hiram.

— 2-6 p.m. Thursday, May 5, Rangeley High School, 43 Mendolia Road, Rangeley.

— 10 a.m.-3 p.m. Friday, May 6, MaineGeneral Medical Center, 35 Medical Center Parkway, Augusta.

— 10 a.m.-3 p.m. Friday, May 6, MaineGeneral Medical Center, 149 North St., Waterville.

— 2-7 p.m. Friday, May 6, Penquis Valley High School, 35 West Main St., Milo.

— 9 a.m.-2 p.m. Saturday, May 7, Masons Pythagorean Lodge No. 11, 50 Portland St., Fryeburg.

— 8:30 a.m.-1:30 p.m. Saturday, May 7, Washington County VFW, 1108 U.S. Route 1A, Harrington.

— Noon-5 p.m. Monday, May 9, Farrington Elementary School, 249 Eastern Ave., Augusta.

— 7:30 a.m.-12:30 p.m. Monday, May 9, Mattanawcook Academy, 15 Reed Drive, Lincoln.

— Noon-5 p.m. Monday, May 9, Valley High School, 110 Meadow St., Bingham.

— Noon-5 p.m. Tuesday, May 10, Telstar High School, 284 Walkers Mills Road, Route 2, Bethel.

— 9 a.m.-2 p.m. Tuesday, May 10, Katahdin Regional High Education, 1 Dirigo Drive, East Millinocket.

— 11 a.m.-4 p.m. Tuesday, May 10, Shead High School, 89 High St., Eastport.

— 2-6 p.m. Wednesday, May 11, Oxford Hills High School, Route 26, South Paris.

— 11 a.m.-4 p.m. Wednesday, May 11, Hollywood Casino, 500 Main St., Bangor.

— 8 a.m.-1 p.m. Thursday, May 12, Boothbay Region High School, 236 Townsend Ave., Boothbay Harbor.

— 8 a.m.-1 p.m. Thursday, May 12, Medomak Valley High School, 320 Manktown Road, Waldoboro.

— 1-6 p.m. Thursday, May 12, Sebasticook Valley Elks Lodge, 140 Middle St., Pittsfield.

— Noon-5 p.m. Friday, May 13, Buckfield High School, 160 Morrill St., Buckfield.

— 8 a.m.-1 p.m. Friday, May 13, Old Town High School, 240 Stillwater Ave.