

Three Minute Read™

Insights from the Healing American Healthcare Coalition™

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From the Editor: The WHO's announcement of the world's first-malaria vaccine is a game changer. United Airlines, Houston Methodist, Northwell Health and others prove that vaccine mandates work. The upcoding vs. accuracy and spinal fusions vs. decompressions debates are thought provoking. To access each article, just click on the headline.



[In major decision, WHO recommends broad rollout of world's first malaria vaccine](#), by Helen Branswell, STAT, 10/6/21

TMR Topline™ - The World Health Organization (WHO) announced Wednesday that it would recommend a broad rollout of a much-needed malaria vaccine. WHO Director-General Tedros Adhanom Ghebreyesus stated: "As some of you may know, I started my career as a malaria researcher, and I longed for the day that we would have an effective vaccine against this ancient and terrible disease. Today is that day, an historic day." Malaria killed roughly 400,000 people in 2019, including about 279,000 children under the age of five. The GSK vaccine, known as RTS,S was 30 years in development, is the first for a human parasite and is given in four doses. Clinical trials of RTS,S suggested where used, the vaccine reduces the risk of contracting malaria by 40% and the risk of being admitted to hospital for severe malaria by 30%. During trials in Ghana, Kenya, and Malawi, the first three shots of the vaccine were given at monthly intervals starting at either 5 or 6 months of age, with the last given 18 months or so after the first. The pilot program confirmed that the

vaccine can be effectively delivered through child health clinics and that community demand for the vaccine is strong. More than 800,000 children have received it.

TMR's Take – The search for a malaria vaccine began over 130 years ago after the parasite causing the disease was identified. Although its effectiveness is merely moderate, it will make a difference in sub-Saharan Africa.



[Vaccine mandates stoked fears of labor shortages. But hospitals say they're](#)

[working.](#), by Meryl Kornfield and Annabelle Timsit, The Washington Post, 10/16/21

TMR Topline™ - As one of the first American health systems to require workers to be vaccinated, Houston Methodist saw a backlash last summer when it suspended 178 employees who refused to comply. CEO Marc Boom has no regrets: 98 percent of staff have been vaccinated, and they and patients are safer as a result, noting "I can unequivocally say it was the best decision we ever made." According to the AHA, about 41% of hospitals have some sort of vaccine mandate. California-based Kaiser Permanente, with 216,000 employees and 23,000 physicians, reported that more than 92% have been vaccinated as of 9/30, with 6% seeking exemptions and 2% non-compliers on unpaid administrative leave. At Novant Health in 4 southeastern states, more than 99% of its 35,000 employees have complied. CommonSpirit Health, with 137 hospitals in 21 states, said "most" employees are vaccinated ahead of an 11/1 deadline.



[Northwell CEO: Vaccination mandates work](#), by Molly Gamble, Becker's Hospital Review, 10/8/21

TMR Topline™ - After shedding about 2 percent of its workforce, Northwell Health with 23 hospitals is 100% vaccinated against Covid-19. CEO Michael Dowling said, "Mandates work," noting that "My

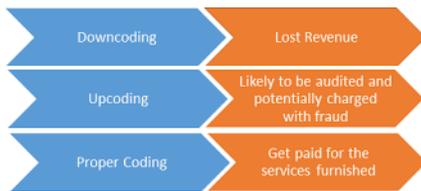
HR staff did a terrific job," meeting with each unvaccinated employee to answer questions or address their concerns. Dowling's advice: "Your core job is to protect patient care. Then everything else that has to be done is to accommodate that goal. Roll it out over time, in an organized way, and be ready to accept the criticism, controversy and demonstrations. But know you did the right thing."



[United Airlines: 99.5% of workers are vaccinated or exempt for deadline](#), Associated Press, 9/30/2021

TMR Topline™ - United Airlines says only about 300 employees face dismissal for refusing to get vaccinated against Covid-19, noting that about 99% of its workers either got vaccinated or applied for a medical or religious exemption.

TMR's Take – The carrot didn't work, but the stick is – employer mandates are working. Here in New Jersey, 11 hospital system, RWJBarnabas Health reports that 99.7% of its 35,000 employees have been vaccinated or granted an approved exemption or deferral.



[Upcoding continues to inflate reimbursement, industry over-seers say](#), by

Alex Kacik, Modern Healthcare, 10/6/21

TMR Topline™ - According to the Massachusetts Health Policy Commission's Market Oversight and Transparency Committee [report](#), hospitals coded about 2 in 5 patients at severity levels 3 and 4 in 2020, up from about 1 in 4 patients in 2013. There hasn't been a corresponding increase in the prevalence of chronic disease, age or life expectancy that would explain that increase. A February [report](#) from the HHS' Office of the Inspector General shows a similar trend among Medicare beneficiaries: inpatient stays billed at the highest severity codes increased nearly 20% from 2014 to 2019 while the average length of stay decreased. The Massachusetts Hospital Association said that the expansion of electronic health records and the implementation of ICD-10 has allowed healthcare providers to "more accurately and granularly capture patient acuity and previously under-reported conditions."

TMR's Take – Is it coding accurately or is it "upcoding?" That debate has raged since the early '80s implementation of DRGs as a method of paying for inpatient care. If a condition is supported by documentation in the medical record, it's coding accurately, not fraud.



[Spines 'R' Us: The evidence and business behind spinal fusions](#), by Lisa Gillespie, Modern Healthcare, 10/5/21

TMR Topline™ - In most orthopedic departments, spinal fusions are one of the most common and costly procedures, ranging from \$60,000 to \$110,000. While the procedure can be successful for patients who suffer traumatic injuries or have congenital disorders, it is also potentially one of the most overused. Surgeons often recommend it for other conditions despite unclear evidence that it's the best choice for the patient. It's risky surgery: a Lown Institute study of seven low-value procedures found that spinal fusions were affiliated with the most hospital-acquired conditions, adverse patient safety indicators and unplanned hospital admissions after outpatient procedures. A British Medical Journal review of randomized controlled clinical trials on several elective orthopedic surgeries found little evidence to support spinal fusions on patients with degenerative disk disease. It also found little evidence to justify surgery over nonoperative treatments for five other orthopedic procedures. A New England Journal of Medicine study of spinal surgeries in Norway found that patients who underwent less costly decompressions experienced pain relief equivalent to patients who had spinal fusion surgery. Despite the available evidence, spinal fusions have proliferated over time. Lumbar spine fusions increased by 142% between 1998 and 2008, according to a study by the Spine Research Foundation. By 2015, more than 40% of spinal fusions performed in the U.S. were for indications with less evidence of clinical appropriateness. The article also discussed the role of medical device manufacturers on surgeons' choice of implants over bone grafts.

TMR's Take – Spinal fusion surgery is costly and not always best for the patient. A [2015 study](#) at Seattle's Virginia Mason Medical Center found that only about a third of patients seeking a second opinion actually needed the surgery. Insurers should insist that patients seeking spinal fusion surgery have a second opinion before approving the procedure.