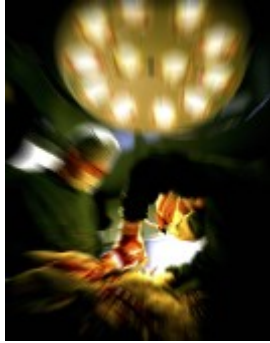


Specialty Heart Hospitals Increase Rate of Surgeries

But the for-profit centers may be offering needed services, study suggests.

By Ed Edelson
HealthDay Reporter



TUESDAY, March 6 (HealthDay News) -- So-called specialty hospitals, which focus on one disease or condition and are often owned by the affiliated physicians, are an emerging trend in U.S. health care.

And a new study finds that in regions where a cardiac-care specialty hospital opens, there is a significant increase in artery-opening procedures such as bypass surgery and angioplasty, even if neighboring general hospitals offer comparable heart care.

But it's not clear that such specialty cardiac centers are performing too many of the procedures just to make money, said study lead author Dr. Brahmajee K. Nallamothu.

"They could be opening up in areas where the physicians or companies understand there's a great need, and so they are appropriately doing more procedures," said Nallamothu, an assistant professor of internal medicine at the University of Michigan.

But, he acknowledged, "the most concerning idea is that there is a financial incentive."

The study is published in the March 7 issue of the *Journal of the American Medical Association*.

Nallamothu and his colleagues looked at data on cardiac procedures in 306 Medicare hospital referral regions (HHRs) -- 13 regions where for-profit specialty hospitals opened between 1995 and 2003; 142 where general hospitals started new cardiac programs; and 151 regions where no new cardiac programs were opened.

Rates of cardiac procedures increased 19.2 percent in those areas where specialty cardiac hospitals opened. This compared with an increase of 6.5 percent in areas where general hospitals started new cardiac programs and 7.4 percent in areas where no new programs were introduced.

The federal government has shown concern about the specialty hospital trend. An 18-month embargo was placed on the opening of new specialty centers in 2003, and it was then extended for a year. Now, the U.S. Centers for Medicare and Medicaid Services is developing a plan to "level the playing field" by changing the payment system to general hospitals so it matches payments made to specialty centers.

"These (specialty) hospitals might be potentially valuable," Nallamothu said. "They might be innovative in the way they treat patients."

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On the other hand, Nallamothe added, critics have raised the possibility that "specialty hospitals are cream-skimming, admitting low-risk patients with just a few days of hospitalization before discharge. The question is how you balance potential over-utilization with potential benefits."

What evidence there is indicates that "specialized hospitals are a mixed bag," said Dr. Peter Cram, assistant professor of internal medicine at the University of Iowa. He led a study that found that "specialty hospitals do appear to be admitting a healthier body of patients overall but deliver a very good quality of care."

It's simply not clear whether the specialty hospitals are doing procedures that might not be necessary, Cram said. "Maybe they are opening in markets where more procedures need to be done," he said. "We are looking at a whole array of analyses."

What Medicare should do is adjust the rate of pay to hospitals based on the complexity of the procedure needed for a given patient, Cram said. "Right now, it appears that hospitals make relatively more money doing (treatment) for less sick patients than for more sick patients," he said.

Specialized for-profit hospitals might well increase in number, and not only for heart care, Cram said. "Medical care is very specialized," he said. "Doctors are specialized, nurses are specialized, why aren't hospitals specialized?"

But there is growing concern that the trend might ignore less well-off Americans, and that may not be true of only for-profit hospitals, Cram said. "Many not-for-profit hospitals might not be interested in the poor and underserved," he said.

More information

To learn more about bypass surgery, visit the [American Heart Association](#).

(SOURCES: Brahmajee K. Nallamothe, M.D., assistant professor of internal medicine, University of Michigan, Ann Arbor; Peter Cram, M.D., assistant professor of internal medicine, University of Iowa, Iowa City; March 7, 2007, *Journal of the American Medical Association*)