# JAMES KANE, M.D. LITTLE ROCK CARDIOLOGY CLINIC LITTLE ROCK, ARKANSAS 72211

### ARKANSAS HEART HOSPITAL



### POD CONCEPT



### NURSING STATION



### CATH LAB



### VASCULAR MRI



### ULTRAFAST CT SCANNER

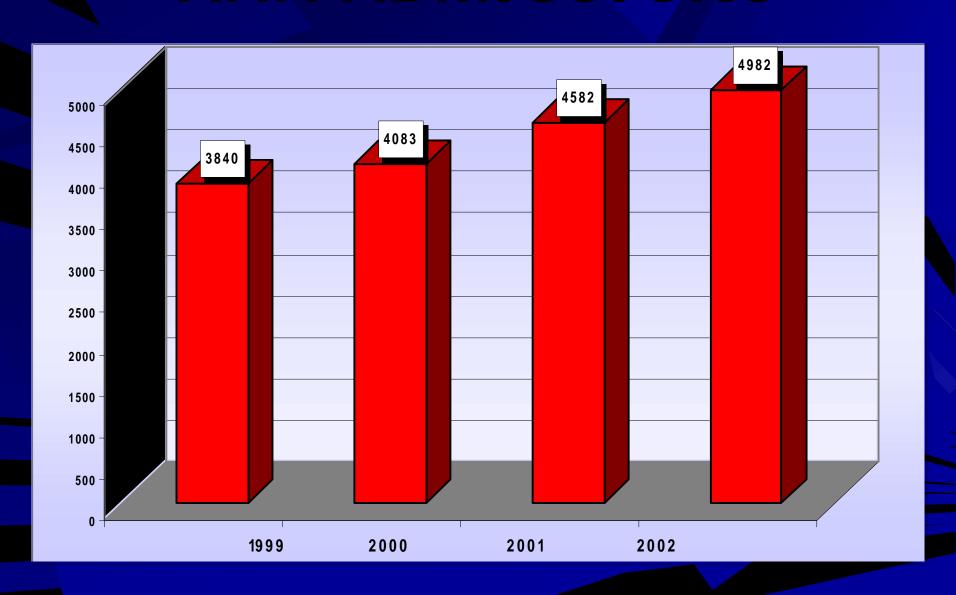


### MOBILITY



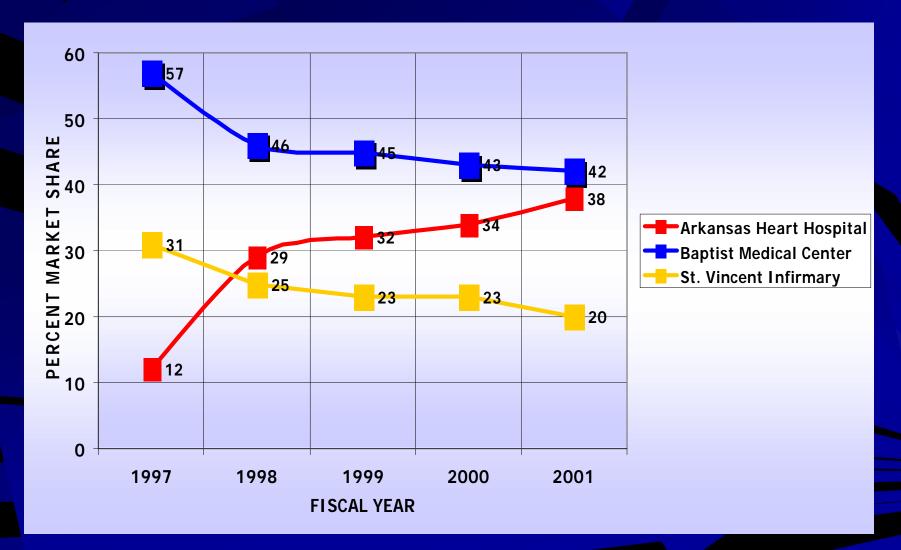


### AHH ADMISSIONS

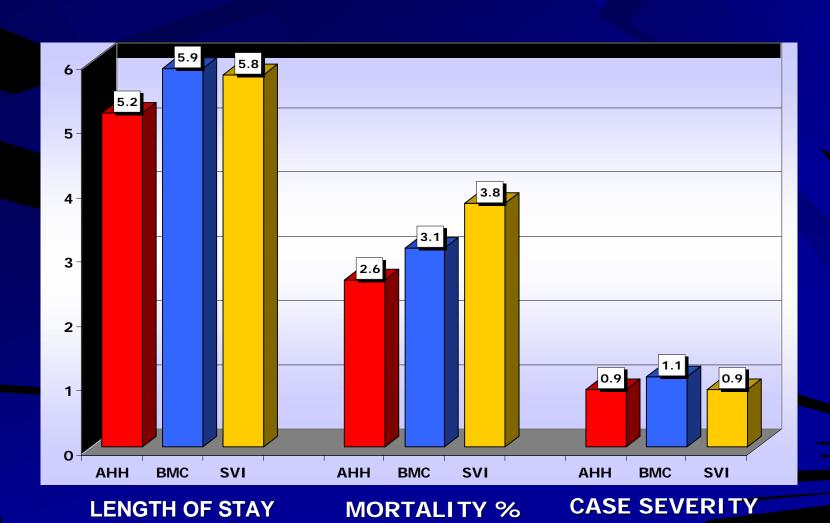


### MARKET SHARE

**MAJOR CARDIAC DRG'S** 

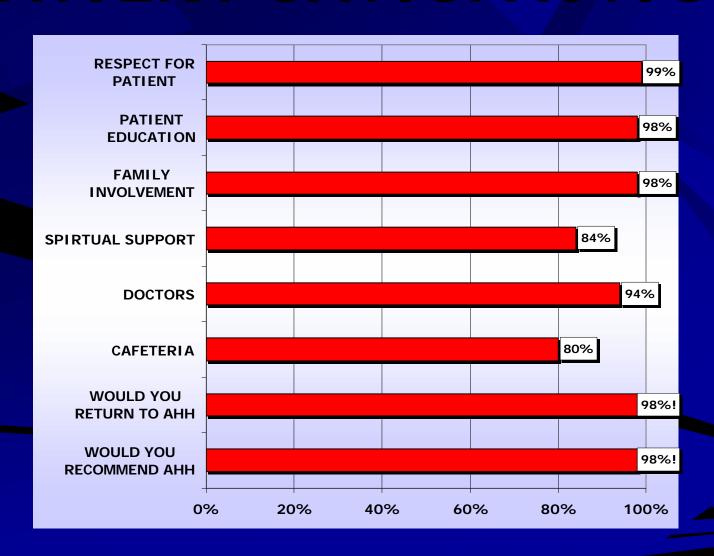


# AHH, BMC, SVI COMPARED ALL MAJOR CARDIAC DRG'S

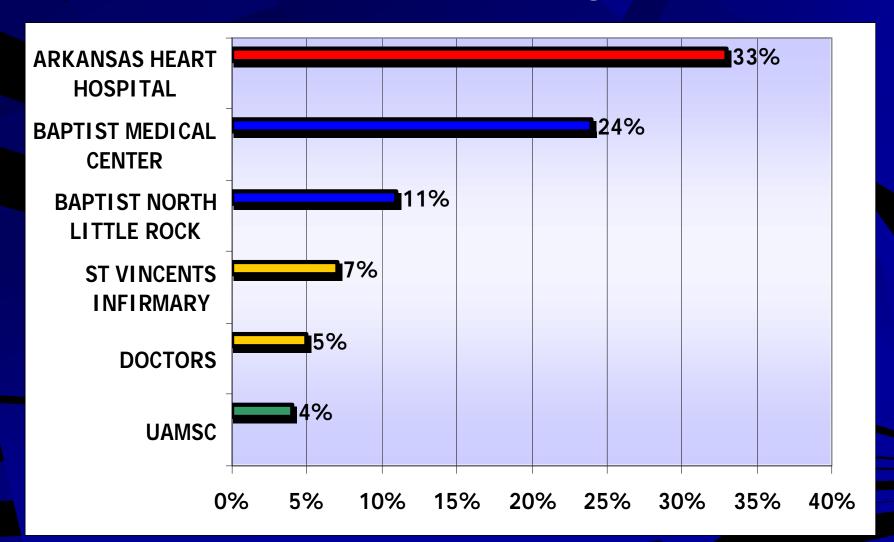


2001 MEDPAR DATA

### PATIENT SATISFACTION

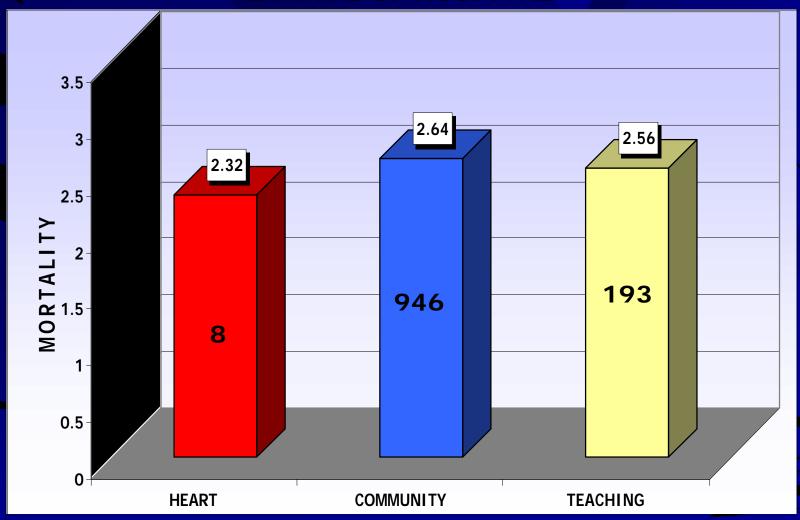


# HOSPITAL PREFERENCE FOR HEART ATTACK



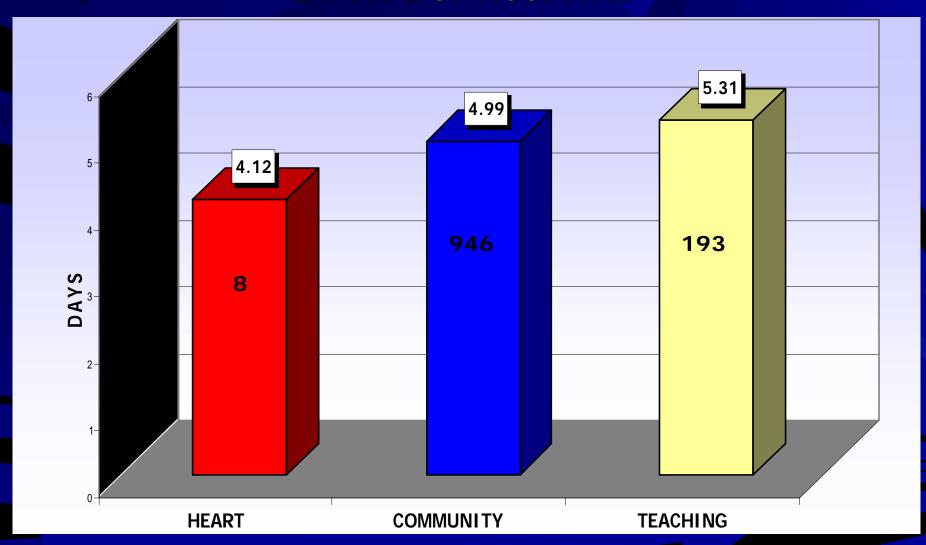
### MORTALITY

BY TYPE OF HOSPITAL

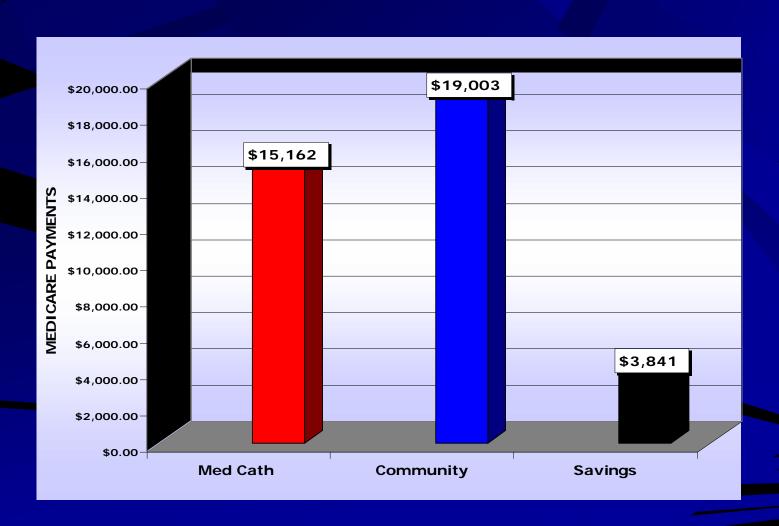


### LENGTH OF STAY

BY TYPE OF HOSPITAL



## COST PER HOSPITALIZATION ALL CARDIAC DRGS



### A NEW JOURNAL

HEART HOSPITAL

O U R N A L

**MEDICINE** • ADMINISTRATION • SURGERY

Volume 1 • Number 1

EDITORIAL

A New Journal and a New Concept:
The Heart Hospital
Weinberg, Editor in Chief

### **PUBLISHER'S LETTER**

How the Concept Will Be Realized

Le Jacq

### ORIGINAL CONTRIBUTION

Specialty Heart Hospital Care: A Comparative Study Dobson, Haught, and Sen

### REVIEWS

Robotic Mitral Valve Surgery: A Technologic and Economic Revolution for Heart Centers Chitwood, Kypson, and Nifong

The Evolution of Mitral Valve Surgery: 1902–2002 Cohn and Soltesz

Current Status of Mitral Valve Repair Gillinov and Cosgrove

Cardiac Resynchronization Therapy for the Management of Chronic Heart Failure

Abraham

Stent Grafts for the Treatment of Abdominal Aortic Aneurysms Endovascular Therapies for Vascular Disease Bacharach and Slovat

Premiere Issue!

Winter 2003

Potential Use of High-Resolution Two-Dimensional Transthoracic Echocardiography for Visualization of the Left Anterior Descending Coronary Artery Pizto and Feizenbaum

Alcohol Septal Ablation for Obstructive Hypertrophic Cardiomyopathy Nielsen, Fernandes, and Spencer

The AbioCor Totally Implantable Replacement Heart Sumuels

### COMMENTARY

Development of Pump-Oxygenator Systems and the Origins of Open-Heart Surgery: A Personal Memoir DeWall

### DEPARTMENTS

**Heart Hospital Spotlight Series** 

Point of View ECG Clinic

# LITTLE ROCK CARDIOLOGY CLINIC



### ABCBS FIRES CLINIC



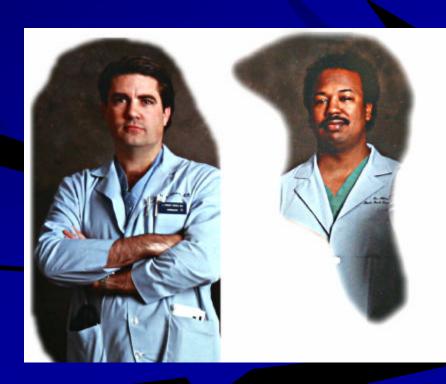
### MEMBERS DEPART



### NEW ABCBS PROVIDERS!

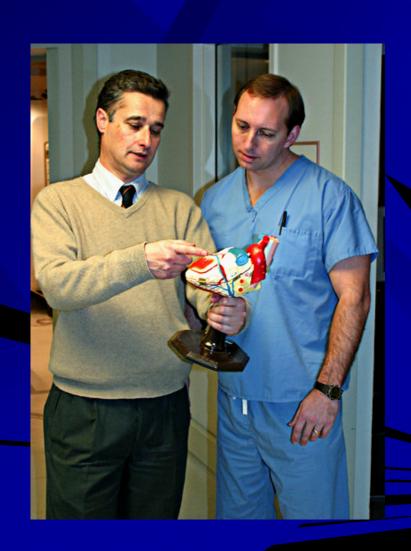






### HAPPY ABCBS PROVIDER





### JOINING LRCC



NO LONGER ON THE ABCBS PANELL

### ARKANSAS HEART HOSPTAL

**TUESDAY FEB. 25, 2003** 



### **ECONOMIC SANCTIONS**

### The Week in Healthcare

Modern Healthcare . July 15, 2002

PHYSICIANS >> Mark Taylor

### Doc investors in for-profit hospitals denied staff privileges

Ohio not-for-profit systems fear loss of market share to specialty hospitals owned by physicians

health systems have restricted staff privlieges for physicians who invest in compering, for-profit specialty hospitals. Last week the board of Mount Carmel Health System prohibited new physicianirrestors in for-profit, limited-service hospitals from obtaining staff privileges at the threehospital Catholic system owned by Novi, Mich-based Trinity Health, its action echoed an earlier move by eight-hospital ChioHealth in Colombus, which voted a week earlier to deny staff privileges to any of its physicians investing in for-profit specialty hospitals. The Mount Carmel board's action was effective immediately. ObioFlealth won't implement the prohibition until Oct. I.

As physician reimbunements drop and the costs of medical malpractice insurance skyrocket, physicians are increasingly becoming entrepreneurial in seeking other sources of revenue. The actions by the two Columbus health system bounds are indicative of the growing backlash from not-for-profit hospitals and health systems fighting to retain market share and avoid the loss of lacestive bosiness lines to limited service specialty hospitals. The not-for-profits argue that investor-owned hospitals are assewinable only to sharsholders and are not obligated by their missions to provide charity care or operate uponofitable prodact lines like burn units and traums centers.

The Columbus boards took the action in response to a recent groundbreaking for a 30bed, for-profit orthopedic specialty hospital slated to open in 2005 in the Columbus suburb of New Albany. The not-for-profit systems worry that physician-investors at the New Albuny Surgical Hospital will "cherry-pick" the

he boards of two Columbus. Ohio, | most profitable cases and refer the costliest and least profitable to them. ObioHealth officials said the new hospital would out into its most lucrative operations, the profits from which are used to subsidize the \$85 million in uncompensited care the system provided last year. Objetfalth estimated it would lose \$28 million per year to the new hospital.

Approximately 28 doctors are investing \$20,000 to \$300,000 apiece in the \$38 million, 95,000-square-foot facility. Nashville-based Surgical Alliance Corp. will own 40% of the

hospital. The for-profit project was conceived after Chieblesith converted its Doctor's North Hospital to an outpatient center, displacing 18 surgeons. Officials from Sergical Alliance Corp. declined to comment on the dispute.

Similar disputes are occurring chewhere. In March Central Maine Medical Center in Lewison informed local cardiologists that they could receive staff privileges at its 16-bed cardiology center if they agreed not to refer patients to a competing cordiac surgery center (April 1, p. 20). Cardiologists there complained that 172bed Central Maine Medical Center was practicing "sconomic credentialing," or dictating where doctors may admit patients, which the American Medical Association and the Ohio State Medical Association oppose. The hospital subsequently softened its position.

Officials at OhioHealth and Mount Carmel. aid they are acting to preserve a fragile community health system.

"Philosophically, we share the view that forprofit, limited service hospitals owned by investing physicians will certainly erode the

### **BAPTIST HEALTH SYSTEM**



# PHYSICIAN DISSATISFACTION

JAMA 289-22, JAN 2003

"RATHER THAN DECLINING INCOME, THREATS TO PHYSICIAN AUTONOMY, INABILITY TO MANAGE THEIR PATIENT INTERACTIONS AND THEIR TIME, AND INABILITY TO PROVIDE HIGH-QUALITY MEDICAL CARE..."

### CONCERNS OF THE GROUP

- Dominance of segments of the market by the ABCBS/BHC partnership
- Exclusion of LRCC doctors from ABCBS provider panels
- **8** Departure of competing payers
- "Economic Credentialing"

### IS IT SERIOUS?!