Doctor pushes for regional heart care center

Getting cooperation tough in competitive marketplace

By Andrea Tortora atorotara@bizjournals.com

Before any city can provide the best heart care to patients, experts say, it must first develop a true “heart center” with high volumes, systematic care delivery, credible clinical research and advanced technologies.

The idea was recently examined in depth in five medical journal articles, including one written by local physician Dr. Dean Kereiakes.

“Trauma patients got transported to the best hospitals, why not heart patients?” asked Kereiakes, a cardiologist and CEO of the Ohio Heart Center physician and surgeon group.

Kereiakes, in an article he co-wrote with Dr. Eric Topol, department chairman at the Cleveland Clinic, makes the case for a regionalization of care for patients with coronary heart disease. It is an idea that also was explored by the Courier in a Jan. 17 investigation that examined the negative impact the Tri-State’s eight adult open heart centers could have on the quality of patient care.

Kereiakes’ article appeared in the March 25 issue of Circulation, the medical journal of the American Heart Association. Based on several different research studies, it suggests “the current default program of transporting patients ... to the nearest hospital should be obsolete.”

In the Tri-State, Mercy Fairfield, University, Bethesda North, Good Samaritan, Jewish, St. Elizabeth, Deaconess and Christ hospitals each operates a heart center.

What’s needed, experts say, is for a community to agree that certain capabilities must be present for a heart patient to be taken to a particular hospital.

“In a perfect world where everyone could cooperate, you could create this one center of excellence, but it would need to be funded by the organization that decides to create it,” said Leslie Miller, a senior vice president with insurance broker Marsh USA and a former Health Alliance executive.

“It’s all about choices, and I’m not sure if you can get the community to come together to create

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“While the supplements do not affect the taste or nutritional value of the fish, we are modifying the product labels to share this information with our customers.”

Keith Neer, Kroger Co.’s vice president of corporate food technology and regulatory compliance, said the grocer wants to be sure customers understand the fish is artificially colored.

See April 29 story on cincinnati.bizjournals.com.

“A chance of nudging up that price target?”

From an SEC document quoting an investment banker asking a Lehman Bros. analyst to increase his price target for Broadring Inc. stock in January 2001.

Investor’s Edge page 22.

“Don’t do that with my job, tougher,”

Joe Weigel, promotions director for Batesville Casket Co., the Batesville, Ind.-based company.

An increase in the variety of urns and cremation products, attributed the business decline to lower death rates and an increase in cremations.

Batesville Casket’s product revenue in the first quarter of 2003 declined by 3.8 percent from the same period in 2002, to $512 million. The company attributed the business decline to a lower death rate and an increase in cremations.

There were 2.4 million deaths in 2000 — a record-low death rate, according to the U.S. Department of Health & Human Services.

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“The casket side faces challenges to grow.”

CHRIS RUBERG COURTESY BATESVILLE CASKET CO.

A personal send-off

Batesville Casket’s new product lines push individuality.

By Andrea Tortora atorotara@bizjournals.com

A stagnant death rate in the United States is not good news to the funeral products industry.

“Larger lives make our job tougher,” said Joe Weigel, promotions director for Batesville Casket Co., the Batesville, Ind.-based company that is part of Hillenbrand Industries Inc.

To grow revenues, the company is rolling out new product lines wrapped around the trend of personalization.

Individualized funeral products — such as embroidered panels for a casket’s interior — will help Batesville go after consumers in the ethnic, religious and military market segments, Weigel said.

An increase in the variety of urns and cremation products, attributed the business decline to lower death rates and an increase in cremations.

Batesville’s new high-end Marquetry Collection of wood caskets — which have patent- inged inlaid designs like those found on fine furni-iture — will add another high-profit product line.

While the recent acquisition of the patents, copyrights and name of Syracuse-based Mar- sellus Casket Co. give Batesville access to a well-known brand, personalization is where the company hopes to grow its bottom line.

“The casket side faces challenges to grow. The way we believe Batesville can grow is to give cus- tomers exactly what they want,” said Chris Ruberg, vice president of marketing.

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Doctor pushes for regional heart care center
HEART: Not one true center here, physician says

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one single center."

Getting everyone to work together is not an easy task to achieve in a competitive mar-
ket such as Cincinnati, where heart services are also a lucrative part of a hospital's bottom
line. Hospitals can earn as much as 50 per-
cent of their profits from cardiac service lines.

In 2001, Cincinnati's eight adult heart cen-
ters earned a combined $16 million for bypass surgeries and $20 million for angioplasties.

A center of excellence could be a shared

 effort among several hospitals, but there is

no communitywide discussion under way.

Jeff Morneault, vice president of cardiovascu-
lar services at the Health Alliance, and Miller
suggested the Greater Cincinnati Health
Council could facilitate such a discussion, but
council President Lynn Olman said she hasn't
heard a word about talks on the issue.

"Cardiac care is a pretty competitive area,
and I'm not sure if anyone would say there is

a need for only one center," Olman said.

Morneault said studies indicate it makes a

lot of sense to create specialty heart centers.

"But you have to understand how signifi-
cant a change like that would be," Morneault
said. "It involves all the hospitals, cardio-
lologists, the local government, fire departments and life squads changing how they operate
and possibly bypassing one hospital for
another. This is not something to be imple-
mented quickly."

Dozens of studies confirm that hospitals,
physicians and surgeons should perform a
minimum number of procedures each year in
order to excel. While all of Cincinnati's
catheterization labs perform more than the rec-

ommended minimum of 400 procedures a
year, the Tri-State's 18

heart surgeons each

completed an average

despite the recom-
mended 200-proce-
sure threshold. And of Greater Cincinnati's

eight heart hospitals, only four performed

more than the minimum recommended num-
ber of 250 bypass sur-
geries in 2001. Dr. James Willerson, editor of
Circulation,

wrote in an editorial that the question is not
whether the creation of specialized centers
for heart patients would provide an impor-
tant advance, but rather how to create them.

"We do not have enough true heart cen-
ters here," Kereiakes said. "Not even one." In
Cincinnati, many of the attributes of
excellent heart centers are spread among vari-
ous entities. For example, Christ Hospital —
the market leader for cardiovascular services
in Cincinnati — is spending $67 million on a
new four-story heart tower set to open later this
year. The Lindner Center for Cardiovascular
Research, headed by Kereiakes and located
on the Christ Hospital campus, participates in
numerous clinical research trials. But so do
TriHealth's Bethesda North and Good
Samaritan hospitals.

"In large communities, one should be able
to establish specific criteria for centers of
excellence ... at existing hospitals where there
is clearly the necessary experience and com-
mitment," Willerson wrote."Position that is backed up by another
Circulation article written by Dr. Robert Califf
of Duke University Medical Center and Dr. David Faxon of the University of Chicago.

"Consider the consequences of the current
free-market approach," Califf and Faxon
wrote. "The care of patients is not coordi-
nated, and individual centers have little chance
of implementing or measuring performance."