

# The Three Minute Read™

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**From the Editor:** The Change Healthcare cyberattack continues to impede cash flow for thousands of providers. Other updates include new patient safety concerns, rural healthcare challenges and a promising blood test for detecting colorectal cancer. Click on each headline to read the full article. During this March Madness offer, TMR subscriptions will be only \$12.00/yr.; just \$1.00 a month for crucial current health policy updates. You can subscribe [here](#).



UnitedHealth Group<sup>SM</sup>

[UnitedHealth could take months to fully recover from hack](#), by Zeba Siddiqui, Reuters, 3/8/24

**TMR Topline** – Since its Change Healthcare unit was breached on 2/21 UnitedHealth has said it is working to restore impacted channels, and that some of its systems are returning to normal. Change processes about 50% of medical claims in the US for around 900,000 physicians, 33,000 pharmacies, 5,500 hospitals and 600 laboratories, touching about 1 in 3 patient records. A post on an online cybercrime forum [claimed the company paid](#) \$22 million to the hackers for regaining access to its locked systems and around 8 terabytes, or 8 million megabytes, of data that was [allegedly stolen](#). Cybersecurity experts indicate that such decryption can take several months depending on the file sizes and systems in question.

[White House urges UnitedHealth CEO to do more in wake of Change attack](#), by Erica Carbajal, Becker's Hospital Review, 3/12/24  
**TMR Topline** – HHS Secretary

CHANGE  
HEALTHCARE

Xavier Becerra and White House Domestic Policy Chief Neera Tanden were among officials who met with UnitedHealth Group CEO Andrew Witty at the White House, urging the company to provide more emergency funding to healthcare providers facing significant financial disruptions from a cyberattack on its subsidiary, Change Healthcare. CMS has made advanced payments available to providers experiencing financial disruptions and urged commercial payers to follow suit. The American Hospital Association called it "*the most significant and consequential incident*" against the nation's healthcare system in history.



[Feds launch investigation into UnitedHealth over Change cyberattack](#), by Lauren Berryman,

Modern Healthcare, 3/13/24

**TMR Topline** – HHS's Office of Civil Rights announced that it is launching an investigation into UnitedHealth Group and its Change Healthcare subsidiary regarding the unprecedented cyberattack that has wreaked havoc throughout the healthcare system. HHS is looking into whether protected health data was compromised and if UnitedHealth has complied with breach notification requirements and federal privacy and security rules. The company said it will cooperate with the investigation. Change provides claims submissions and billing operations relied on by hospitals, health systems, medical groups, nursing homes, pharmacies and other providers.



[Change Healthcare attack costing hospitals \\$2B a week: Report](#), by Andrew Cass, Becker's Hospital Review, 3/14/24

**TMR Topline** – Provider claims to payers have [dropped](#) by more than a third in the wake of the Change Healthcare cyberattack according to Kodiak Solutions. Kodiak monitors patient financial transactions from more than 1,850 hospitals and 250,000 physicians nationwide. It

estimates that the cash flow impact of delayed payments to its reporting hospitals is \$6.3 billion through 3/9.

**TMR's Take:** Why didn't UnitedHealth Group provide a higher level of security for the 50% of US medical claims with protected health information (PHI) flowing through its Change Healthcare clearinghouse? TMR hopes that Congress will conduct a thorough investigation into the cyberattack and, if appropriate, enact legislation to prevent the possibility of a repeat.



### [Inexperienced new clinicians a top 2024 patient safety concern](#)

by Mari Devereaux, Modern Healthcare, 3/12/24

**TMR Topline** – According to nonprofit patient safety organization ECRI, recent medical and nursing school graduates' training issues during the Covid-19 pandemic could lead to major safety challenges for patient care in 2024. These students graduated with a lack of mentors and training programs. ECRI is concerned that ill-prepared clinicians and nurses could contribute to cases of preventable patient harm. As a result, ECRI's current top patient safety concerns are how gaps in training could lead to worse care outcomes like medication errors or patient deterioration. Many recently graduated clinicians have had to deal with the [exodus of teachers and mentors](#), rise in the use of AI and higher patient loads.

*"All those factors are making it dramatically more difficult for these new clinicians to get the necessary experience in a supervised controlled environment,"* said Dr. Marcus Schabacker, ECRI's CEO. *"So, they're often thrown in the midst of it and have to figure it out. That causes pretty significant stress and safety concerns from our perspective."* ECRI's report recommends that facilities collaborate with academic institutions to create more opportunities for both hands-on learning and simulation-based learning for these recent graduates.



### [US agencies launch probe into private equity deals in healthcare](#)

Hospital Management, 3/6/24

**TMR Topline** – The FTC, DOJ, and HHS have released a RFI to gather public input to help guide the agencies in setting enforcement priorities and regulations to ensure access to quality, affordable healthcare services and

address concerns that profit-driven transactions could compromise patient care and healthcare affordability. The agencies seek comments by May 6<sup>th</sup> on various healthcare transactions including services related to dialysis, hospice care, nursing homes, primary care and hospitals.



### [Operating in the Red: Half of Rural Hospitals Lose Money, as Many Cut Services](#)

by Jazmin Orozco Rodriguez, KFF Health News, 3/7/24

**TMR Topline** – [A recently released report](#) from Chartis paints a grim picture of the reality facing rural hospitals: half lost money in the past year, with 418 "vulnerable to closure." People living in rural America are [older, sicker, and poorer](#) than their urban and suburban counterparts, but often live in places where many health care services aren't available. The rapid growth of [rural enrollment in Medicare Advantage plans](#), which do not reimburse hospitals at the same rate as traditional Medicare, has had a particularly profound effect.

**TMR's Take:** These issues are less prevalent in other OECD member nations that have universal healthcare programs that produce better outcomes at lower cost.



### [A simple blood test can detect colorectal cancer early, study finds](#)

by Allison Aubrey, NPR, 3/14/24

**TMR Topline** – The results of a clinical trial published in [The New England Journal of Medicine](#) show that a blood-based screening test detects 83% of people with [colorectal cancer](#). Developed by Guardant Health, the test detects cancer signals in the bloodstream by identifying circulating tumor DNA. If the FDA approves it, the blood test would be another screening tool to detect colorectal cancer at an early stage. [Dr. Barbara Jung](#), president of the American Gastroenterological Association, stated "I do think having a blood draw versus undergoing an invasive test will reach more people. My hope is that with more tools we can reach more people." But even if the blood test is approved, it will not replace colonoscopy. "If the test is positive, the next step will be a colonoscopy," Jung says. That's because a colonoscopy can detect precancerous lesions — called polyps. "And when you find those, you can also remove them, which in turn prevents the cancer from forming," Jung says.