



October 25, 2010

Skyline news

Reporting on New York's Health Care News

GNYHA Urges Disapproval of FMAP Contingency Plan

In an October 12 letter, GNYHA outlined for the Centers for Medicare & Medicaid Services (CMS) the legal deficiencies of New York State's implementation of its Federal Medical Assistance Percentage (FMAP) Contingency Law. GNYHA urged CMS to disapprove New York's three proposed State Medicaid Plan Amendments (SPAs) submitted to implement the law. The SPAs call for across-the-board 1.1% reductions in payments for Medicaid providers for all claims and bills processed effective September 16, 2010, and ending on or before March 31, 2011.

Background On August 3, the State passed an FMAP Contingency Law that required the creation of a contingency fund if the Federal government did not provide at least

\$1.085 billion in enhanced FMAP funding for the State during the remainder of New York's budget year. On August 5, the U.S. Senate passed a bill to provide \$26 billion in fiscal relief to the states, with the House of Representatives following suit shortly thereafter. As a result, New York State will receive \$800 million in increased FMAP funding, as well as \$600 million in additional education-related funding, the latter of which it had not anticipated, for a total of \$1.4 billion in additional relief funding. This amount is \$315 million more than the \$1.085 billion the State said was necessary to avoid the contingency fund. Nevertheless, the State proceeded to publish a notice in the September 15 *New York State Register* announcing that it

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NYS COGME Reviews Funding Programs

The New York State Council on Graduate Medical Education (COGME) held a plenary session October 4 in which members were updated on several New York State physician workforce and GME programs. COGME, an advisory body to the New York State Department of Health (DOH), is charged with making recommendations to ensure an appropriate supply and distribution of practicing physicians, as well as to ensure a strong physician post-graduate training system that supports New York's health care system.

Regarding the Doctors Across New York (DANY) physician practice support and loan repayment programs, COGME staff reported that a Request for Applications (RFA) for these programs is expected to be released shortly. A total of \$6 million in funding will be available for both programs (\$4.3 million for practice support and \$1.7 million for loan repayment). In addition, COGME staff is finalizing an RFA for an ambulatory care training program, which was also authorized as part of the 2008-09 State budget agreement. This program is expected to provide up to \$4.3 million in support to freestanding health centers that serve as teaching centers for residents and medical students. COGME staff also re-

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GNYHA and UHF Launch STOP Sepsis Collaborative

On October 8, GNYHA and the United Hospital Fund (UHF) launched their *STOP* (Strengthening Treatment and Outcomes for Patients) Sepsis Collaborative. This is a groundbreaking regional quality improvement initiative that aims to reduce mortality in patients with severe sepsis and septic shock through the development and implementation of a protocol-based approach to identify and treat sepsis.

Nearly 200 physicians, nurses, and interdisciplinary hospital staff who work in intensive care units (ICUs), emergency departments, and quality improvement departments attended

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GNYHA, HANYS Comment on NYS HIT Operational Plan

Last week GNYHA and the Healthcare Association of New York State (HANYS) submitted comments on the State's overall Health Information Technology (HIT) and Health Information Exchange (HIE) Operational Plan. The New York State Department of Health Office of Health Information Technology Transformation (OHITT) and the New York eHealth Collaborative (NYeC) solicited comments prior to submitting it to the Federal Office of the National Coordinator for Health Information Technology (ONC).

The Plan outlines the future of New York's approach to HIT and presents a roadmap for achieving widespread technology-enabled health care transformation. It describes how, in addition to the

\$400 million the State has already invested, more than \$100 million in State and Federal funding will be used to expand the HIT infrastructure, promote electronic health record (EHR) adoption, and develop statewide HIE services to advance interoperability. Some notable features of the working draft include designating "Qualified HIT Entities" to manage HIT policy implementation and provide HIE services, and establishing "Collaborative Care Communities."

In their joint comment letter, GNYHA and HANYS were particularly pleased with the degree of flexibility the State incorporated into the Plan in recognition of the fact that in such a rapidly evolving technical and regulatory landscape, a nimble and adaptable state infrastructure is critical to

long-term success. Specifically, the goal of flexibility could be well-served by developing statewide shared services under a public utility model and naming Qualified HIT Entities.

GNYHA and HANYS also registered several concerns, primarily that in addition to the shared public utility model for certain services, the regional HIE infrastructure must also embody flexibility and provide value. Additionally, because services will be provided as public utilities, they should be priced accordingly and must not be cost-prohibitive. GNYHA and HANYS also pointed out the need to be cautious in aligning the goals set forth in the Plan with Federal delivery system reforms. The health care delivery system in New York State is already multilayered and complex. In addition to coordinating the many disparate Health IT programs that currently exist in the State, it will be important to avoid redundancy and misalignment in the health policy arena. Finally, the comment letter stressed the value of engaging frontline stakeholders like hospitals in further developing and implementing the Plan.

GNYHA and HANYS will continue to advocate for these goals as the Plan's details are revised. Please contact Zeynep Sumer, zsumer@gnyha.org or (212) 258-5315, with comments or questions. ■

COGME *continued*

viewed the continued funding of the Empire Clinical Research Investigator Program (ECRIP). Awards for the program should be announced before the end of the year.

As part of the 2010–11 State budget agreement, funding was eliminated for the main part of the GME Innovations Pool, the successor program to the GME incentive pool program. If you have any questions on any of these COGME programs, please contact Anu Ashok at GNYHA (aashok@gnyha.org). ■

STOP Sepsis Collaborative *continued*

the daylong introductory learning session. The 57 participating hospitals represent approximately 21,000 acute care beds and more than 1 million discharges, making this a significant opportunity to save lives, improve hospital processes and patient flow, and reduce costs associated with prolonged morbidity-related sepsis.

The Collaborative's Co-Chairs, Scott Weingart, M.D., Director of Emergency Department Critical Care at Elmhurst Hospital Center and Mount Sinai School of Medicine, and Mark Rosen, M.D., Division of Pulmonary, Critical Care, and Sleep Medicine at North Shore University Hospital–Long Island Jewish Medical Center, provided the training at the kick-off session.

Additionally, a panel of ICU and emergency department representatives described approaches to sepsis identification and treatment. The panel included David Chong, M.D., Co-Chair of the GNYHA/UHF Critical Care Leadership Network and Hospital Director, Critical Care Services at NewYork–Presbyterian Hospital, and Alicia Dilavore, B.S.N., M.B.A., Nurse Manager of the Emergency Department at Long Island Jewish Medical Center.

The STOP Sepsis Collaborative will use a comprehensive team approach to assist participating facilities across the Greater New York region to standardize processes and share their experiences to accelerate adoption of improved hospital processes.

Throughout the Collaborative, GNYHA and UHF will support participating hospitals' efforts by facilitating ongoing and regularly scheduled monthly conference calls, assisting with data collection and reporting, and as-needed site visits by GNYHA/UHF staff and the Collaborative's clinical experts. For more information about the Collaborative, contact Zeynep Sumer (zsumer@gnyha.org) or Alissa D'Amelio (adamelio@gnyha.org). ■

INTERACT NY Aims to Prevent Unnecessary Transfers

On October 18, the Continuing Care Leadership Coalition (CCLC), the long term care provider association affiliated with GNYHA, held the first full-day learning session on a quality improvement collaborative program focused on preventing unnecessary hospitalizations and re-hospitalizations for patients receiving long term care services. The GNYHA Foundation received a grant from the New York State Health Workforce Retraining Initiative to implement the program, called Interventions to Reduce Preventable Acute Care Transfers NY (INTERACT NY).

INTERACT is an evidence-based program for long term care providers to use standardized tools to improve communication,



and support advance care planning.

During the next 12

months, 23 long term care providers who volunteered will implement the program. In that time CCLC will host learning sessions on INTERACT tools and implementation strategies. INTERACT NY will include an opportunity for acute care partners to learn about the program and how it will help to improve quality of care across settings and reduce hospital readmissions. To learn more about INTERACT NY activities, please contact Roxanne Tena-Nelson or Kathryn Santos at CCLC. ■

LINK



To learn more about the overall INTERACT program, please visit the Web site at www.interact2.net.

PQC Advocates “Culture of Quality” in Comment Letter

On October 15, the Partnership for Quality Care (PQC), a national labor-management partnership among leading health care stakeholders (of which GNYHA is a founding member), submitted comments to the U.S. Department of Health and Human Services (HHS) on a National Health Care Quality Strategy and Plan. The Patient Protection and Affordable Care Act (ACA) mandated that the HHS Secretary submit this document to Congress by January 1, the first time HHS has ever summarized its national quality goals in a formal document. HHS published a preliminary document outlining the plan and asked for feedback on specific issues.

HHS requested feedback on “aspirational” quality goals for the nation, similar to the Healthy People 2010 public health targets. The PQC suggested that goals include reducing preventable hospital readmissions, hospital-acquired infection rates,

sepsis mortality rates, and serious asthma attacks in children nationally. GNYHA and its members, through a number of different initiatives already in place or planned, are addressing preventable readmissions, sepsis mortality rates, and hospital-acquired infection rates.

The PQC recommended a “manageable mix” of high-impact, high-leverage aspirational goals that resonate with consumers, employers, health care providers, health care

workers, and communities. The ideal goals will be “high impact” through measurable outcome improvement and cost savings, and also “high leverage,” meaning they establish groundwork for systemic changes to additional health care challenges with lower prevalence or lower morbidity.

PQC paid special attention to developing a national medical culture of continuous quality improvement as a specific goal. Since

PQC is a labor-management partnership, the recommendations include the creation of innovative workforce models to achieve health improvements, increase health care affordability, and utilize the expertise of front-line workers directly engaging with patients. GNYHA’s members are leading the way in workforce engagement, as well. Many of the GNYHA/United Hospital Fund quality improvement initiatives empower front-line workers, from encouraging nurses to escalate concerns in the Perinatal Safety and Rapid Response System collaboratives to the Infection Prevention Coach

Program and the *C. difficile* Collaborative, which showed environmental and house-keeping staff the essential role they play in eliminating the harmful bacteria to protect patients and hospital employees alike.

PQC also recommended greater alignment in quality goals, and for HHS to include the harmonization of state, Federal, public, and private quality goals in its national strategy. ■

LINKS



To read more about the PQC, visit <http://www.pqc-usa.org>.

To read more about GNYHA’s quality and patient safety improvement programs, visit www.gnyha.org/quality.

CQFP Meets, Reviews Quality Case Studies

On October 20, GNYHA hosted a half-day learning session for the 15 fellows participating in the current class of the GNYHA/United Hospital Fund Clinical Quality Fellowship Program (CQFP). CQFP is an intensive, 15-month, structured program that seeks to educate and develop the next generation of quality improvement leaders who will advance the movement for patient safety and quality in the region. This class of CQFP fellows has participated in several daylong educational sessions, educational conference calls, dinner meetings, and engaged in discussions with faculty and mentors as they develop and implement individual capstone quality improvement projects in their institutions.

Last week's learning session allowed the fellows to demonstrate their ability to address clinical challenges using the quality improvement methodologies and tools they have learned throughout the CQFP. Before the meeting, the fellows were given a case study and asked to address certain relevant quality improvement and regulatory compliance issues. One case required the fellows to identify improvement methodologies that could be applied to reducing excessive readmission rates in congestive heart failure patients. A second case involved improving glycemic control for a diabetic clinic population, and a third focused on a serious adverse event involving wrong-site surgery. CQFP faculty facilitated analyses of the cases, and the ses-

sion concluded with a debriefing from all three groups and an opportunity for shared learning.

Dr. Eliot Lazar, Senior Vice President and Chief Quality and Patient Safety Officer at New York–Presbyterian Hospital and Chair of the CQFP, concluded the program with an overview and discussion of Federal health reform policy and the role that hospital-based quality and patient safety activity plays in the future of health care delivery in this country.

This second CQFP class started January 20, and is expected to graduate in the spring. ■

FMAP *continued*

would begin, effective the next day, to reduce Medicaid payments to providers and others until it collects \$281 million in “contingency funding.” On September 17, New York submitted its SPAs to CMS.

GNYHA's View To eliminate or at least minimize the reductions, GNYHA has outlined for CMS the procedural and substantive deficiencies of the State's implementation plan. In particular, GNYHA has pointed out that the State has failed to follow a number of Federal legal and regulatory requirements governing how states may make changes in their Medicaid payment methods and standards, which include following a specified public process, publishing a formal public notice, and submitting SPAs. Some of the deficiencies arise because the State is applying its reductions retroactively to services rendered prior to the date of the State's September 15 public notice. However, GNYHA has also argued that the State has yet to follow the proper procedure and therefore cannot proceed with the reductions until those steps have been followed. Finally, GNYHA maintains that the State's Medicaid payments are inadequate to ensure access to care for Medicaid beneficiaries as required by the Medicaid Act. GNYHA is urging CMS to determine that the State's reduction implementation plan and related SPAs are non-approvable and to direct the State to cease its reductions while CMS deliberates on the issue. ■



Upcoming Member Briefings

21st Annual Symposium on Health Care Services in New York: Research and Practice

Date: Wednesday, November 3, 2010

Time: 8:45 a.m.–12:30 p.m.

Location: City University of New York Graduate Center in Manhattan

GNYHA and the United Hospital Fund will host the Symposium in collaboration with major health services and research organizations. The focus will be on what the New York area can learn from the experience in Massachusetts while Federal health reform is implemented. Sherry Glied, Ph.D., the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services, and Sharon Long, Ph.D., Professor of Health Policy and Management at the University of Minnesota, will speak. To register, visit www.uhfnyc.org. ■

NYS and NYC Volunteer Emergency Response Systems Briefing

Date: Tuesday, November 9, 2010

Time: 2:00 p.m.–4:00 p.m.

Location: GNYHA Conference Center

Representatives from the New York State Department of Health (DOH) and New York City Department of Health and Mental Hygiene (DOHMH) will update members on the New York

State and New York City volunteer emergency response systems. DOH and DOHMH speakers will address a variety of topics, including the Federal Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), the State's ServNY program, and the local Medical Reserve Corps (MRCs). For questions about the briefing, please contact Deborah Brown (brown@gnyha.org). To register, please contact Laurie Sangirardi (sangirardi@gnyha.org). ■

Critical Care Controversies Symposium

Date: Friday, November 12, 2010

Time: 9:00 a.m.–4:30 p.m.

(check-in begins at 8:30 a.m.)

Location: GNYHA Conference Center

The second annual GNYHA Critical Care Leadership Network (CCLN) Symposium on Critical Care Controversies examines relevant critical care topics from opposing sides of key issues affecting intensive care units. The conference will bring together critical care experts from the GNYHA membership to address issues that impact the evidence in the practical implementation of clinical guidelines. For more information, contact Zeynep Sumer (zsumer@gnyha.org) or Alissa D'Amelio (adamelio@gnyha.org). To register, contact Laurie Sangirardi (sangirardi@gnyha.org). ■