



November 22, 2010

Skyline news

Reporting on New York's Health Care News

Cuomo Announces Health Transition Panel

Last week, New York State Governor-elect Andrew Cuomo announced the formation of several transition committees charged with recruiting, reviewing, and recommending candidates for top-level positions in his Administration, including agency commissioners, executive deputy commissioners, deputy commissioners, and counsels.

"I want to thank the men and women who have committed their time to help build our Administration, a true public service that will further our work to improve New York," Cuomo said. "The challenges ahead require talented individuals who believe in State government and are passionate about doing the

work of the people of New York. I am confident that with the transition committees we have assembled, we will bring the best and brightest minds into State service."

GNYHA President Kenneth E. Raske was named to the health transition panel, as was Healthcare Association of New York State (HANYS) President Daniel Sisto. GNYHA member CEOs and senior staff named to the panel include GNYHA Chair Pamela Brier, Maimonides Medical Center; Linda Brady, M.D., Kingsbrook Jewish Medical Center; LaRay Brown, New York City Health and Hospitals Corporation; Michael Dowling, North Shore-Long Island Jewish Health System; James Introne, Archcare; James Kaskie, Kaleida Health; Paul Kronenberg, M.D., Crouse Hospital; Herbert Pardes, M.D., New York-Presbyterian Hospital; Carol

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Paterson Calls Special Session

On November 17, New York Governor David Paterson announced that he will call an "extraordinary session" of the Legislature for Monday, November 29. "There is still unfinished business that must be addressed before the end of the calendar year, which is why I am calling for an extraordinary session of the Legislature," Governor Paterson said. "We have a responsibility as elected officials and as such, I call upon the State Legislature to join with me in completing this work and fulfilling our obligation as public servants."

Among other things, the Governor wants the Legislature to address an estimated current fiscal year budget shortfall of \$315 million. He has called for closing it through across-the-board cuts in spending, similar to the 1.1% cuts instituted in September under the State's FMAP Contingency Law. Those cuts affect all programs classified as "aid to localities," which includes Medicaid. GNYHA strongly opposes the Medicaid cuts already taking place under the FMAP

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GNYHA Reacts to Deficit Reduction Ideas

On November 10, the Co-Chairs of the National Commission on Fiscal Responsibility and Reform released recommendations on balancing the budget—excluding interest payments on the national debt—by 2015. The recommendations included deep reductions to Medicare and Medicaid payments that would be added to the \$155 billion in Medicare and Medicaid cuts the hospital community already faces as a result of the Affordable Care Act (ACA) enacted in March.

The recommendations included:

- Cutting Medicare graduate medical education and indirect medical education by \$54 billion;
- Accelerating the phase-in of Medicare and Medicaid disproportionate share hospital (DSH) cuts, as well as Medicare Advantage and Medicare home health cuts, for combined savings of \$37 billion;
- Cutting Medicare bad debt by \$15 billion;
- Capping the Federal share of Medicaid payments for long term care, for savings of \$89 billion;
- Reducing allowable Medicaid provider taxes for which states may draw down Federal funding, for a savings of \$49 billion;

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Culture Drives Surgical Safety Improvements

At a recent GNYHA Quality and Outcomes Research Committee (QORC) meeting, David L. Feldman, M.D., Vice President of Patient Safety and Vice Chairman of the Department of Surgery at Maimonides Medical Center, provided an overview of the institution's surgical safety program. The program is designed to improve patient outcomes by creating a culture of safety in the operating room (OR).

Hospitals are implementing quality improvement efforts to enhance surgical safety in growing numbers, both to prevent avoidable complications and errors and to improve patient outcomes. In fact, the World Health Organization's (WHO's) Surgical Safety Checklist and The Joint Commission's Universal Protocol were developed as part of this increased focus on OR safety. As GNYHA Collaborative members can attest, however, checklists and protocols are most effective when implemented as part of a broader quality improvement program that includes a culture of safety

and teamwork.

Dr. Feldman said the surgical safety program at Maimonides has as its fundamental underpinning a code of mutual respect. Quoting from the book *Crucial Conversations*, Dr. Feldman stated, "...respect is like air. If you take it away, it is all that people think about."¹ This code, which has been endorsed by Maimonides' medical staff and approved by the hospital's governing body, includes the following elements:

- A requirement that all members of the Maimonides community act respectfully toward one another;
- Recognition that frustrations often cause people to misbehave, and therefore an emphasis on the need to correct systems issues that cause such frustrations; and
- A Respect Hotline.

Building upon this culture, Maimonides has developed a focus on patient safety and teamwork in the OR, which includes a meaningful "time out" that can help reduce the risk of errors, improve overall performance, and enhance the efficiency of OR processes. The Maimonides team worked to

adopt and expand the "time out" required by The Joint Commission's Universal Protocol to include team member introductions, as well as individual dialogues between the attending surgeon and attending anesthesiologist, and the attending surgeon and circulating nurse, prior to the commencement of the procedure. Dr. Feldman noted that Maimonides has also adopted a modified version of the WHO Surgical Safety Checklist "sign out" process, which is followed at the conclusion of each procedure to ensure effective communication to the next care provider as the patient moves from the surgical suite to the post-op phase.

Using Maimonides' positive experience with cultivating a culture of safety and respect in the OR, GNYHA plans to work with Dr. Feldman and others to develop GNYHA's agenda for surgical safety and expand the culture of safety in the OR. For more information about surgical safety issues, please contact Lorraine Ryan (ryan@gnyha.org). ■

1 Patterson K., Grenny J., McMillan R., Switzler A. *Crucial Conversations*. 2002: McGraw-Hill: p. 71.

Cuomo *continued*

Raphael, Visiting Nurse Service of New York; Steven Safyer, M.D., Montefiore Medical Center; and Patricia Wang, HealthFirst. Other health community appointees include George Gresham, President of 1199 SEIU United Healthcare Workers East and Karen Ballard, President of the New York State Nurses Association.

The Governor-elect also unveiled a new Web site where individuals who would like to apply for positions in the Administration may submit their resumes, www.WorksforNY.com. Cuomo's overall transition is chaired by Lieutenant Governor-elect Robert Duffy. Congresswoman Nydia Velazquez (D-Brooklyn), Onondaga County Executive Joanie Mahoney, former New York State Comptroller Carl McCall, and former Chairman of the Municipal Assistance Corp Felix Rohatyn serve as the transition co-chairs. ■

GNYHA Launches HIT Resource Center



To help its members adopt and implement health information technology (HIT), GNYHA has launched a new Web resource center on www.gnyha.org focused on HIT. The section includes a library of Federal HIT laws and regulations, news about HIT in New York State, and briefing materials from GNYHA member events. To access the information, go to: www.gnyha.org/healthinformationtechnology.

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- Strengthening the Independent Payment Advisory Board (IPAB) by giving it more power, extending its life permanently, eliminating the hospital and hospice exclusions from IPAB recommendations, requiring greater savings from IPAB recommendations, and requiring Medicare premium increases and provider reimbursement rate cuts if Congress rejects IPAB recommendations;
- Expanding demonstrations (e.g., Accountable Care Organizations and bundling) and requiring IPAB to recommend more savings if the demos do not achieve estimated savings targets, for a savings of \$38 billion; and
- Setting global spending targets for Federal health care programs starting in 2020 with enforceable reductions to keep expenditures within targets.

GNHYA President Ken Raske immediately responded by sending a letter to each Commissioner on the panel explaining that hospitals across the country are already working to reform their operations to do more with less in the face of reimbursement rate reductions.

“Providers would simply not be able to keep themselves afloat with a whopping \$282 billion in additional reductions,” Mr. Raske wrote.

Mr. Raske commented that the recommendations would be particularly painful for inner city (DSH) and teaching hospitals. Not only would they be disproportionately and negatively impacted by the recommendations, but they are also not likely to realize many of the benefits of coverage expansion. The patient populations they treat (i.e., undocumented individuals) were not addressed in reform, and they are located in states that have already undertaken significant Medicaid insurance expansions that in some cases still exceed what the ACA requires.

Established by Executive Order last February, the National Commission on Fiscal Responsibility and Reform was tasked by President Barack Obama to identify policies that would improve the fiscal sustainability of the country, both in the short and long term, including addressing the growth of entitlement spending in coming years. The Commission, chaired by Alan Simpson and Erskine Bowles, has 18 total appointees. At least 14 of the members will need to agree upon recommendations for inclusion in the final report due to the President by December 1, 2010. ■

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Contingency Law and has asked the Federal government to disapprove New York State’s request to implement them. GNYHA will similarly oppose further Medicaid cuts in the November 29 special session. ■



GNHYA BOARD MEETS

The GNYHA Board of Governors met on November 4, 2010, and took the following actions:

- Heard a presentation from Lt. Governor Richard Ravitch on New York State’s long-term fiscal situation and his ideas for improving it. The State, he said, is on an unsustainable course of action and facing budget deficits this year and in future years. Lt. Gov. Ravitch would like to see medical malpractice reform addressed, as it is a major driver in the rate of health care cost growth;
- Discussed plans for addressing cost drivers in Medicaid, as New York State is facing an estimated \$315 million shortfall for the current fiscal year. Ms. Kathleen Shure, GNYHA’s Senior Vice President for Managed Care and Insurance Expansion, explained that the State spends \$25 billion a year on 700,000 people living with multiple chronic conditions. A behavioral health or substance abuse co-morbidity is usually one of the multiple chronic conditions;
- Discussed plans for helping the Executive Branch transition to a new Administration;
- Approved an application for membership for Eastern Long Island Hospital; and
- Approved an application for associate membership for Lighthouse International.

The next meeting of the GNYHA Board is scheduled for December 2, 2010. ■

CMS Proposes Medicaid RAC Rule

Earlier this month, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule for the Medicaid Recovery Audit Contractor (RAC) program. The Affordable Care Act (ACA) requires that each state Medicaid program contract with at least one RAC to identify under- and overpayments to providers, and to recoup overpayments. The ACA said such a contract must be in place by December 31, 2010, though the proposed rule extends that deadline to April 1, 2011.

CMS previously told states that they would have flexibility in designing their own RAC programs, with a few Federal mandates. Those mandates address issues such as provider appeals, credentials for review staff, and reporting requirements. The Federal government is paying 50% of each state’s administrative costs for

operating a Medicaid RAC program.

In New York State, the Office of the Medicaid Inspector General (OMIG) will establish the Medicaid RAC. The OMIG will work with the New York State Department of Health’s Office of Health Insurance Plans to get the program up and running. GNYHA has met with the OMIG to discuss the RAC, and learned that a request for proposals has not been issued. GNYHA will hold member briefings as more information becomes available on the Medicaid RAC. In the meantime, please contact Stewart Presser, (212) 506-5444 or presser@gnyha.org, with any questions. ■

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Read the entire proposed rule at:
<http://www.gpo.gov/fdsys/pkg/FR-2010-11-10/pdf/2010-28390.pdf>.

NYS DOH Prepares to Report *C. diff.* Rates

On November 17, GNYHA participated in a Technical Advisory Workgroup (TAW) meeting held by the New York State Department of Health (DOH) to review procedures for the agency's public reporting of health care-acquired infections (HAIs) for 2011, a process required by State law. The meeting focused on how best to report hospital *Clostridium difficile* (*C. diff.*) rates.

While hospitals have reported their *C. diff.* rates to DOH since 2009, DOH has not yet included this information in its annual HAI reports. DOH's 2008 and 2009 reports provided HAI rates, identified by hospital and region, for only certain surgical-site infections and central line-associated blood stream infections (CLABSIs). The goal of publicly reporting HAI rates is to provide the public with fair, accurate, and reliable HAI data to compare hospital infection rates, as well as to support quality im-

provement and infection control activities in hospitals. DOH will issue its next HAI report by September 1, 2011. New York, California, and Tennessee are the only states that mandate *C. diff.* rate reporting, and New York will be the first state to publish its *C. diff.* rates.

C. diff. infection (CDI) has emerged as a leading cause of HAI deaths. CDIs have also dramatically increased in recent years, with 500,000 cases in the United States annually and approximately 15,000 deaths each year, according to the U.S. Centers for Disease Control & Prevention (CDC). The CDC estimates that the corresponding cost of hospital care for CDIs in the United States was \$580 million in 2008. The U.S. Department of Health and Human Services has put forward the goal of reducing the national *C. diff.* rate by 30% by 2013.

DOH created its TAW to help develop methods of data collection, reporting, and analysis that ensure fair and accurate comparisons

among hospitals. The TAW is made up of experts in the areas of the prevention, identification, and control of HAIs. This group plays the critical role of advising DOH in the selection of reporting indicators, the evaluation of system modifications, the evaluation of potential risk factors, methods of risk adjustment, and presentation of hospital-identified data. The TAW will reconvene in April 2011. ■

CCLN Hosts 2nd Symposium on Critical Care Controversies

On November 12, GNYHA's Critical Care Leadership Network (CCLN) hosted its second annual Symposium on Critical Care Controversies during which critical care experts from the Greater New York region examined the evidence behind controversial practice recommendations and clinical guidelines in a lively debate-style format.

Twenty-five experts deliberated on 13 topic statements, including, "A single exam is adequate for brain death determination," "Blanket consent is adequate for common ICU procedures," and "An integrated approach is better than a con-

sultative approach to palliative care in the ICU." The sides the presenters took did not necessarily represent their personal viewpoints. The debate format spurred discussion on key issues affecting ICUs while

providing education on both sides of each topic. Approximately 170 critical care physicians, nurses, fellows, and other clinical staff attended the daylong Symposium and participated in spirited discussions following each debate.

The Symposium's lead faculty included Vladimir Kvetan, M.D., Montefiore Medical Center, as well as CCLN Steering Committee Co-Chairs David Chong, M.D., New York-Presbyterian Healthcare System, and Mark Rosen, M.D., North Shore-Long Island Jewish Health System.

The speakers' presentations and audio narration will be available for future

access on the GNYHA Web site at www.gnyha.org/CCLN. For more information on the CCLN and its related activities, contact Zeynep Sumer, zsumer@gnyha.org, or Alissa D'Amelio, adamelio@gnyha.org. ■

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See a video of Drs. David Chong and Mark Rosen discussing the Symposium at www.gnyha.org/skyline.



Upcoming Member Briefings

Cost Report Changes: Uncompensated Care and Device Cost Centers

Date: Tuesday, November 30, 2010

Time: 9:30 a.m.–12:30 p.m.

Location: GNYHA Conference Center

This briefing will provide an in-depth review of two important changes to the Medicare cost report for 2010: 1) the Schedule S-10, which policy makers will use to distribute Medicare disproportionate share hospital (DSH) funding under health reform, as well as for HIT incentive funds, and 2) the new medical device supply cost centers. John Gahan from NYS DOH will also provide an update on the Medicaid disproportionate cap audits and Bad Debt and Charity Care Pool distributions. To register, please contact Theresa Simon at simon@gnyha.org.

Smoke-Free Hospital Campus Implementation

Date: Monday, December 13, 2010

Time: 10:00 a.m.–12:30 p.m.

Location: GNYHA Conference Center

This briefing will focus on the best-practice approaches to implement a smoke-free hospital campus. GNYHA members will share their experiences, and representatives from the New York State Department of Health, Office of Alcoholism and Substance Abuse Services, and the New York City Department of Health and Mental Hygiene will share resources and expertise. To register, please contact Evelyn Guthwin at eguthwin@gnyha.org.