



December 13, 2010

Skyline news

Reporting on New York's Health Care News

Congress Staves Off MD Cuts

Last week, Congress approved the “Medicare & Medicaid Extenders Act of 2010” (H.R. 4994), which includes a significant payment adjustment for physicians, among other technical policy changes, and a host of extensions to expiring programs. The Senate passed the year-end Medicare package by unanimous consent on December 8, with the House vote taking place the following day. As of Friday’s *Skyline News* deadline, the bill awaits the President’s signature.

The legislation extends through December 31, 2011, the existing 2.2% Medicare physician payment increase that has been in place since the summer and was recently extended through the end of 2010. Without Congressional intervention, physicians faced a 25% Medicare pay-

ment cut starting January 1, 2011. The bill also includes a technical correction to the Affordable Care Act (ACA) policy regarding how unused residency slots (that have been part of an affiliation agreement) are counted by the Centers for Medicare & Medicaid Services (CMS) for the residency redistribution program—specifically that those “shared slots” would not be redistributed to other hospitals. GNYHA developed this provision with the Association of American Medical Colleges (AAMC), and we are pleased that it was included in the final package. GNYHA is also pleased that the House included the extension through FY 2011 of the Medicare Modernization Act’s Section 508 wage index reclassification program (the previous extension expired

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GNYHA Backs Long Term Care Bill

New York Governor David Paterson has until today to approve or veto a bill that allows an innovative way to pay for nursing home care. S. 7196, which was sponsored by State Senator Jeff Klein (D-Bronx), amends State law to allow people to use their life insurance benefits to pay for nursing home care when they have been in a nursing home for at least three months and there is an expectation that they will remain under skilled nursing care for the rest of their lives. The bill was sponsored by Rep. Joseph Morelle (D-Rochester) in the Assembly.

GNYHA sent the Governor a memo of support for the bill because long term care costs account for a large portion of Medicaid spending, and it will help the State Medicaid program by offering another way to pay for care. In the memo, GNYHA President Kenneth E. Raske said, “This forward-thinking legislation is exactly what our State needs as we look to identify real reforms with the promise of generating long term savings for our Medicaid program.”

When he originally introduced the bill in 2008, Klein estimated the proposal could save the State \$1.1 billion over five years. He also cited statistics that showed 400,000 people in New York had long term care insurance in 2006, while nine million people had life insurance. If the Governor takes no action, the bill becomes law. ■

Deficit Plan Not Adopted in DC

The National Commission on Fiscal Responsibility and Reform’s (deficit reduction commission’s) final recommendations will not be formally forwarded to Congress because they lacked the necessary support from commission members. This is likely not the end of the recommendations in the report, though, as the President and some Congressional leaders have expressed interest in using the ideas.

According to the Executive Order that

created the deficit reduction commission, at least 14 of the 18 members had to agree on the plan to have it formally sent to Congress. At a meeting December 3, only 11 members supported it. The President had asked the commission to create a plan to balance the Federal budget, minus interest payments on the national debt, by 2015, and set a December 1 deadline for the recommendations. The health care-related

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State Convenes Maternal Mortality Expert Review

Committee

The New York State Department of Health (DOH) Division of Family Health convened a meeting last week of the newly formed Maternal Mortality Expert Review Committee. The Committee, which discussed developing a new and comprehensive process for reviewing all maternal deaths that occur in New York, is comprised of providers, representatives from the DOH Offices of Health Systems Management, and Health Insurance Programs, the New York City Department of Health and Mental Hygiene (DOHMH), the New York City Office of the Chief Medical Examiner, as well as GNYHA, the American Congress of Obstetricians and Gynecologists, District II (ACOG), the New York Academy of Medicine (NYAM), the Healthcare Association of New York State (HANYS), and others. Although the actual number of maternal deaths is relatively small, New York State has one of the highest rates of maternal mortality in the country and it has been rising.

According to the World Health Organization, maternal mortality is defined as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by pregnancy” and excludes deaths from accidental or incidental causes. For the last several years, ACOG has, on behalf of DOH, conducted confidential, comprehensive mortality reviews of deaths voluntarily reported by hospitals under the Safe Motherhood Initiative (SMI). ACOG’s reviews were comprehensive and typically identified the root causes and systems issues involved in a death, but because the referrals to ACOG were done on a voluntary basis, the cases reviewed represented only a fraction of the actual number of maternal deaths. The SMI program was discontinued earlier this year due to State funding constraints.

The Division of Family Health presented the outline of a plan for reviewing maternal deaths that would attempt to capture every pregnancy-related death by using a combination of State Vital Statistics data, informa-

tion collected in the Statewide Planning and Research Cooperative System (SPARCS), and the State’s mandatory incident reporting program, the New York Patient Occurrence Reporting and Tracking System (NYPORTS). IPRO, the quality improvement organization in New York State, will be involved in reviewing the NYPORTS cases and will provide its findings to the State.

Discussion at the meeting focused not only on the review process, but also on the serious public health issues among pregnant women with chronic illnesses, and the steps that the provider community can take to integrate standardized evidence-based clinical and process protocols into practice across the State, specifically focused on managing

hypertension, obesity, and embolic events. This approach, which includes implementing evidence-based best practices to improve care and outcomes, is similar to the approach taken by the GNYHA/United Hospital Fund Perinatal Safety Collaborative, as well as other successful perinatal safety programs across the country.

The first Maternal Mortality Expert Review Committee meeting generated great enthusiasm among the participants to continue working on the many challenges of health promotion and disease prevention in women of child-bearing years, as well as to improve the health care delivery process in our hospitals to improve outcomes and prevent morbidity and mortality. ■

GNYHA Hosts Explosive Injuries Conference

On December 8, GNYHA hosted a program presented by the New York City Department of Health and Mental Hygiene (DOHMH) designed to train trauma and critical care clinicians on caring for victims of an explosive event and the unique injuries that result from such events. GNYHA offered the program as part of a series aimed at enhancing regional collaboration and communication and thus preparedness among a broad range of stakeholders. Additional briefings will be offered throughout 2011.

Explosive events present unique injuries that can be especially challenging to triage and treat timely and appropriately. Therefore, the training addressed the types of injuries that could be expected, as well as the presentation, diagnosis, and treatment of those injuries, based on the considerable experience of the Israeli medical system and the United States military. Additionally, speakers addressed pre-hospital system issues that could arise, especially those unique to New York City, and strategies for efficient hospital throughput of explosive

event victims.

Special guests who provided their firsthand experiences and insights included Pinchas Halpern, M.D., Chair of the Department of Emergency Medicine at Tel Aviv Medical Center in Tel Aviv, Israel; Colonel Steven C. Hadley, M.D., Eglin Air Force Base; and Colonel Geoffrey Ling, M.D. A number of speakers from GNYHA members and local agencies shared their experiences and spoke about their hospitals’ planning efforts, including Robert Bristow, M.D., NewYork–Presbyterian Hospital/Columbia Medical Center; Dario Gonzalez, M.D., New York City Fire Department; and Sheldon Teperman, M.D., Jacobi Medical Center.

GNYHA is committed to working with its members, DOHMH, and other key agencies to ensure that the region is prepared to respond to a wide range of potential emergencies, disasters, and events. For more information about GNYHA’s emergency preparedness activities, please contact Susan Waltman (waltman@gnyha.org). ■

HHS Releases Healthy People 2020

The U.S. Department of Health and Human Services (HHS) has released Healthy People 2020, the latest update to the Federal government's effort to set 10-year health improvement goals for the nation. Originally released as Healthy People 1990, the goals are designed to guide the health promotion and disease prevention efforts of Federal, state, and local governments, as well as communities and health care providers. For 2020, there are four overarching health improvement goals, each with individual objectives. They encompass traditional disease prevention goals, but now also include 13 new ones that reflect the broader thinking in the last decade around the necessary components of a national health improvement strategy.

LINK  Read more about Healthy People 2020 at: www.healthypeople.gov.

Among the new goals are those that relate to addressing health disparities and achieving health equity; reducing health care-associated infections; Lesbian, Gay, Bisexual and Transgender health; and emergency preparedness. Healthy People 2020 also includes a special challenge for stakeholders to develop and use health communication strategies and health information technology to improve population health; support decision-making and communication between health care providers and patients; increase Internet and mobile access; and exchange health care information in a manner consistent with Federal meaningful use standards.

GNYHA will provide more detailed information on Healthy People 2020, including how these new national goals align with Federal health care reform provisions, various state and local public health agency health improvement efforts, and the work GNYHA members are already doing to the improve health status and outcomes for patients and the community. ■

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recommendations included:

- severely reducing Medicare graduate medical education payments;
- eliminating Medicare reimbursement for Medicare bad debts;
- increasing Medicare beneficiaries' cost-sharing;
- enrolling Medicare-Medicaid dual eligibles in managed care plans;
- expanding Medicare fraud and abuse efforts; and
- implementing limited medical malpractice reform.

GNYHA opposed the commission's draft proposal because of its deep Medicare cuts. After the draft proposal was released, GNYHA President Kenneth E. Raske sent letters to each commission member to explain how the cuts would impact hospitals.

Unfortunately, the final proposal made some of the proposed cuts larger while improving upon very few recommendations. One notable exception was that the final report did not contain a recommendation to speed up Medicare and Medicaid disproportionate share hospital DSH payment cuts, as in the preliminary report. GNYHA sent members a bulletin (ML-130) that included an analysis of the proposed provider cuts' impact on member institutions. ■

Congress *continued*

on September 30, 2010). The bill is paid for largely through a provision that revises an ACA tax credit policy, which is estimated to save \$19 billion over 10 years.

However, the final Medicare package does not address the "multi-campus issue" that would enable each campus of a hospital system (even if a Medicare provider number is shared among campuses) to be eligible for health information technology incentive payments. This issue affects a number of member institutions and will remain a top legislative priority for GNYHA in the coming months. ■



Upcoming Member Briefings

NYS Gold STAMP Program Briefing

Date: Wednesday, December 15

Time: 9:00 a.m.–3:30 p.m.

(breakfast and lunch provided)

Location: New York–Presbyterian Hospital Staff Annex II, 21 Bloomingdale Road, White Plains, NY

As part of a series of regional conferences being held around New York State, the Northern Metropolitan Hospital Association is hosting a conference to educate providers about the Gold STAMP (Success Through Assessment, Management, and Prevention) Program to reduce pressure ulcers and enhance collaboration in pressure ulcer improvement. GNYHA is a partner of the Gold STAMP program (see story, page 4). For more information and to register for the conference, please e-mail mottavan@normet.org. ■

NYS Electronic CON Briefing

Date: Wednesday, January 19, 2011

Time: 2:00 p.m.–4:00 p.m.

Location: GNYHA Conference Center
New York State Department of Health (DOH) representatives will review and answer questions about the agency's new electronic system for submitting and processing certificate of need (CON) applications. DOH has named the new system "NYSE-CON" and plans to release the first phase of the system December 21. The January 19 briefing is designed to build upon two identical training sessions regarding the new system that DOH offered via WebEx on December 6 and 8. DOH recommends that before attending GNYHA's briefing, providers should 1) view one of these training sessions, which DOH has recorded and will make available on its Web site later in December, and 2) access the NYSE-CON system after it becomes available on December 21 to be generally familiar with navigating the system. DOH's CON page is at <http://www.nyhealth.gov/facilities.cons/>. To register for the briefing, please contact Linda Tam (ltam@gnyha.org). ■

GNYHA, CCLC Host Pressure Ulcer Conference

On November 22, GNYHA and its long term care affiliate, the Continuing Care Leadership Coalition (CCLC), hosted a New York City regional conference to educate providers about the Gold STAMP (Success Through Assessment, Management, and Prevention) Program. This program is designed to reduce pressure ulcers in New York State and to encourage greater collaboration within provider communities to undertake pressure ulcer improvement initiatives. GNYHA and CCLC's Pressure Ulcer Improvement Collaborative, which focused on implementing a tool designed to improve communication between hospitals and nursing homes regarding patients with or at risk for developing pressure ulcers, is part of the Gold STAMP Program and was featured at the conference.

Dr. Richard F. Daines, New York State Commissioner of Health, and GNYHA

President Kenneth E. Raske provided opening remarks and underscored their support for the Gold STAMP Program. Mr. Raske commended the hard work and commitment of those involved in pressure ulcer improvement. Throughout the day, speakers shared the best practices that have evolved from cross-setting pressure ulcer improvement initiatives developed around the State. The Gold STAMP partners also facilitated a group exercise for acute care and long term care providers to work on establishing their own

multidisciplinary teams to improve patient care in their institutions and across the continuum of care.

GNYHA and CCLC will host a second Gold STAMP Conference on Long Island in early February. In addition, the Northern

Metropolitan Hospital Association is hosting a Gold STAMP Program conference in White Plains on Wednesday. To register, please e-mail mottavan@normet.org. Facilities interested in learning more about the GNYHA-CCLC pressure ulcer communication tool or the Gold STAMP Program should



Gold STAMP participants share best practices

contact Zeynep Sumer (sumer@gnyha.org) or Kelly Donohue (donohue@gnyha.org) at GNYHA. ■

NY Bridge Enrollment Open

NY Bridge, the State's Pre-Existing Condition Insurance Plan (PCIP), continues to accept applications. The PCIP was created as part of the Affordable Care Act (ACA) to serve as temporary coverage until January 14, 2011, when the State health benefit exchanges will begin offering coverage.

To qualify for NY Bridge, a person must be a legal U.S. resident, a New York resident, and have one or more pre-existing medical condition. A person cannot have had health coverage for the last six months, though

there is an exemption for newborns. NY Bridge takes advantage of the approximately \$297 million the ACA makes available to New York for the next few years to reduce coverage costs for uninsured in-

an EmblemHealth subsidiary, is the designated not-for-profit contractor to operate the PCIP on behalf of the State.

The plan covers primary and specialty care, inpatient and hospital care, vision

care, prescription drugs, and assistance from professional nurses and caseworkers to help with chronic condi-

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For more information, including an application and a list of qualifying pre-existing conditions, visit <http://www.ghi.com/nybridgeplan/index.html> or call (866) 693-9277.

dividuals with pre-existing conditions by creating temporary high risk pools. GHI,

tion management and overall health maintenance. Coverage premiums have been set at \$421 (downstate) and \$362 (upstate) per month, and there are no deductibles. ■

AROUND

Mr. William Marino, Chairman and CEO of Horizon Blue Cross Blue Shield in New Jersey, has announced plans to retire March 1, 2011. Mr. Marino has spent the last 19 years at Horizon Blue Cross Blue Shield, 17 years as CEO. Horizon's Board of Directors has already selected **Robert A. Marino** to succeed Mr. Marino as CEO, and **Emmanuel Kampouris** to become Chairman of the Board. Mr. Robert A. Marino, who is no relation William, currently serves as Horizon's Executive Vice President and Chief Operating Officer. ■

TOWN

Happy Holidays from
GNYHA

The next issue of *Skyline News* will publish on January 10, 2011. ■