

GNYHA Submits Comments to CMS on the 75% Rule

Last week, GNYHA submitted its comment letter to the Centers for Medicare & Medicaid Services (CMS) on its proposed 75% rule for inpatient rehabilitation facilities (IRFs). (See related articles in *Skyline News*, Sept. 8, Oct. 6, and Oct. 20.) GNYHA's



Representative Nita Lowey speaking at the October 23 press conference.

principal comment was that CMS should sponsor a formal study of potential access problems and differences in clinical and functional outcomes—both short-term and long-term—among patients with comparable conditions who receive rehabilitation in different post-acute care settings. Based on the findings of the study, CMS should identify the clinical conditions and functional status of patients for whom care in an IRF is medically necessary, and so modify the 75% rule. In addition, CMS should not implement the 75% final rule until the study is complete and the rule can be modified to ensure adequate patient access and outcomes. The final rule is expected to be published in the *Federal Register* in the near future.

Advocacy: GNYHA continues to push for a legislative fix to the rule, as well. On October 21, GNYHA joined several members for an American Hospital Association/American

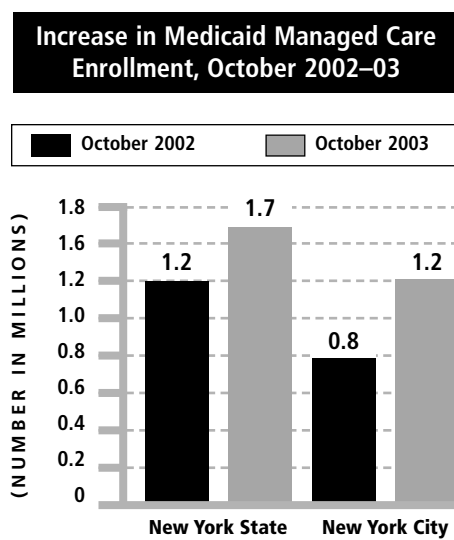
Medical Rehabilitation Providers Association lobby day in Washington, D.C. The purpose of the event was to educate members of the New York Congressional Delegation about the 75% rule and the devastating impact it would have on Medicare beneficiaries and GNYHA members with IRFs. Participants also asked delegation members who had not yet signed the “Dear Colleague” letters spearheaded by Representatives Nita Lowey (D-NY), Frank LoBiondo (R-NJ), and John Tanner (D-RN) in the House, and Senator Ben Nelson (R-NE) in the Senate, to do so. Finally, GNYHA members thanked New York delegation members who had already signed.

On October 23, Representative Lowey held a press conference at Burke Rehabilitation Hospital to raise awareness of the issue and the critical need for changes to be made to the rule in order to protect patient access to medically needed rehabilitation services. GNYHA is grateful to Representative Lowey for her leadership on this issue. ■

Enrollment in Medicaid Managed Care Continues to Increase

Medicaid managed care enrollment in NYS increased by 38% over the period October 2002 to October 2003, from 1.24 million to 1.71 million enrollees. NYC Medicaid managed care enrollment increased even more dramatically, from 830,000 to 1.22 million, representing a 47% increase.

Approximately 50% of the increase in enrollment can be attributed to an increase in the number of Medicaid beneficiaries. Factors contributing to the increase in Medicaid beneficiaries include NYS Department of Health (DOH) efforts to move children enrolled in Child Health Plus to the Medicaid program, if the child meets the Medicaid eli-



gibility criteria, and time-limited programs established after September 11, 2001, to facilitate enrollment in the Medicaid program and the annual Medicaid recertification process.

The increase in enrollment is also a result of the continued phase-in over time of mandatory Medicaid managed care. Implementation of mandatory Medicaid managed care began in NYS in 1997, with NYC starting its phased enrollment in August 1999 and completing the phase-in as of fall 2002.

Detailed enrollment data by health plan and county are available for the Medicaid, Child Health Plus, Family Health Plus, and Medicare programs in the Members Only area of the GNYHA Web site, www.gnyha.org. ■

GNYHA Participates in Indian Point Exercise

On October 29, GNYHA participated in an exercise overseen by the NYS Emergency Management Office (SEMO) that was designed to test preparedness for a possible incident involving the Indian Point nuclear power plant. The exercise involved the disruption of power to the plant

and an external release that was below Federal operating limits. The scenario assumed the evacuation of several Emergency Response Planning Areas, including some of the health care facilities in those areas, as well as the activation of hospital disaster plans, setting up decontamination units, and assessing surge

capacity. GNYHA participated from its desk at the Westchester County Emergency Operations Center, where it coordinated with the activities of the Westchester Medical Center, which is the regional resource center for the area involved, and kept members apprised of the progress of the exercise by e-mailing updates to all chairs of disaster committees and chairs of emergency medicine. ■

GNYHA Conducts SARS Preparedness Briefing

In order to help its members prepare for a possible outbreak of Severe Acute Respiratory Syndrome (SARS) this fall or winter, GNYHA hosted two identical briefings on Oct. 27. The briefings, which were presented by the NYS Department of Health (DOH) and the NYC Department of Health and Mental Hygiene (DOHMH), were designed to identify measures hospitals can take now to prepare for a possible reoccurrence of SARS. In order to underscore hospitals' critical roles in both patient care and disease containment, Mark Loeb, M.D., M.Sc., an epidemiologist from McMaster University in Ontario, reviewed the spread of SARS in Toronto. As was the case in most of the other countries affected by SARS, transmission in Toronto occurred primarily among close contacts of SARS patients or in the health care setting. As a result, hospitals in the Greater Toronto Area suspended non-essential services, limited visitors, and created SARS units. In addition,

four hospitals closed to new admissions for a period of time. Dr. Loeb, who was involved in the area's response, discussed the importance of infection control, use of negative pressure isolation rooms, and communications among hospitals and public health authorities.

Recommendations: Marci Layton, M.D., Assistant Commissioner of the Communicable Disease Bureau of DOHMH, discussed the importance of surveillance for SARS in this region and the infrastructure that DOHMH has in place both to detect SARS and to support providers' efforts to identify and contain it. Joel Ackelsberg, M.D., Medical Director of the Emergency Readiness and Response Unit within DOHMH, reviewed draft SARS preparedness guidelines released on Oct. 16 by the Centers for Disease Control and Prevention. The key goals of the guidelines are the rapid identification and isolation of SARS patients, implementation of effective infection control practices, and development

of enhanced communications among providers and public health officials. For the guidelines, go to www.cdc.gov/ncidod/sars/sarsprep-plan.htm. Finally, Rachel Stricof, an epidemiologist with DOH, discussed surge capacity planning for airborne infectious agents, including the importance of undertaking facility surveys, the establishment of triage and possible "cohorting" plans, and the development of plans for achieving negative pressure should the supply of negative pressure isolation rooms be exhausted.

The recommendations build on procedures that providers developed last winter and spring in anticipation of the possibility of treating SARS patients in this region. As part of that preparation, GNYHA created a page at www.gnyha.org/eprc/general/public_health/sars, on its Web site. GNYHA will continue to help its members prepare for a possible outbreak of SARS through its Emergency Preparedness Coordinating Council, its Infection Control Workgroup, and a roundtable discussion for engineering and facility directors. ■

Medicaid Recommendations

continued from page 1

for all emergency room ambulatory visits rather than a triage fee. For those not subject to mandatory Medicaid managed care—including most very frequent users of the health care system—GNYHA recommends creating medical management pilot projects

and disease management programs. To provide greater management of care for those in need of long term care services, GNYHA recommends greatly increasing enrollment in managed long term care programs. GNYHA strongly opposes reimbursement rate cuts or tightening eligibility for Medicaid, Family Health Plus, or Child Health Plus.

Pharmacy, Local Administration: To achieve

greater efficiencies, GNYHA recommends enacting legislation to expand the State's preferred drug list and pharmaceutical prior authorization programs and procedures. To relieve cost burdens on county governments and NYC, GNYHA proposes that the State Legislature consider ways to relieve local governments of Medicaid program costs, including capping the local share at 2004–05 levels. ■

CCLC RECOMMENDATIONS

The Continuing Care Leadership Coalition's (CCLC's) recommendations to the NYS Senate Task Force on Medicaid Reform focus on three areas: promoting personal responsibility in the financing of long term care (LTC) services, creating a more seamless continuum of services, and making better use of State resources. CCLC strongly opposes any reimbursement rate reductions for nursing homes or home health care services.

PERSONAL RESPONSIBILITY: With less than 10% of LTC costs in NYS funded by private sources, CCLC takes the position that there are not enough incentives in place to encourage residents to assume personal responsibility for meeting future LTC costs. To that end, CCLC recommends amending State law to discourage community spouses with substantial assets from executing spousal refusals (while ensuring protection against spousal impoverishment) while simultaneously encouraging the purchase of private LTC insurance policies through tax credits, tax deductions, and changes to encourage greater participation in the State's Partnership Program for LTC insurance.

SEAMLESS CONTINUUM: CCLC's recommendations focus on

actions for strengthening and expanding managed long term care (MLTC) while promoting the right mix of community-based and inpatient service capacity. To that end, CCLC recommends that the State **1)** issue a request for proposals to enable additional MLTC programs to come online; **2)** significantly expand State resources to accommodate and promote MLTC growth; **3)** review and remove regulatory barriers to MLTC growth; **4)** consolidate State agency offices charged with overseeing all facets of the long term care system into a single entity to reduce system fragmentation; and **5)** conduct an updated evaluation of where excesses and shortfalls exist in service capacity followed by a process to better align capacity and need.

STATE RESOURCES: CCLC strongly recommends that the State increase efficiencies by rejecting a costly and administratively burdensome external utilization review process for home health care in favor of a system based on financial incentives. In addition, CCLC strongly recommends that the Patient Review Instrument used to assess individuals for nursing home placement be replaced by a single assessment, the Minimum Data Set, as a means of setting rates for both Medicaid and Medicare. ■

Dr. David D. Ho Receives Inaugural Rudin Prize

David D. Ho, M.D., who was instrumental in designing the widely used AIDS cocktail of therapeutic drugs, was presented with the inaugural Lewis and Jack Rudin New York Prize for Medical Research on October 30 at a ceremony co-hosted by GNYHA and The New York Academy of Medicine. Dr. Ho is the founding Scientific Director and CEO of the Aaron Diamond AIDS Research Center, and the Irene Diamond Professor at The Rockefeller University. Thomas R. Frieden, M.D., M.P.H., Commissioner of the NYC Department of Health and Mental Hygiene, read a letter from Mayor Michael Bloomberg and commented on Dr. Ho's enormous contribution in bettering



L. to r.: Kenneth E. Raske; David D. Ho, M.D., Eric Rudin, Jack Rudin, Jeremiah A. Barondess, M.D.

the lives of people infected with HIV.

Dr. Ho delivered a lecture entitled, "HIV in 2010: What Will the Science Allow?" He discussed his views of the potential for scientific progress over the next decade that will likely affect the epidemiology, prevention, clinical care, and outcome of HIV/AIDS in this country; the ongoing therapeutic challenges in treating HIV/AIDS, including the development of better drugs and their cost; and the significant challenges that scientists face as they attempt to develop a vaccine to treat HIV.

The Rudin family established this annual prize to provide a forum for distinguished members of the medical community to re-

ceive recognition from their colleagues and to share innovative research and strategies for addressing health care concerns. ■

Upcoming GNYHA Briefings

Medicaid Managed Care and Child Health Plus Benefits

Date: Friday, November 14, 2003

Time: 10:00 a.m.–12:00 noon

Location: GNYHA Conference Center, 555 West 57th Street, 15th Floor

DOH staff will provide a detailed overview of the Medicaid, Family Health Plus, and Child Health Plus program benefit packages, including complex coverage issues, such as carved-out services, optional services, family planning services, and patient self-referrals. The briefing will also include an in-depth review of behavioral health service benefits. For more information contact Ellen Lukens, and to register contact Theresa Simon, at GNYHA.

HAZMAT for Health Care—Operations Level Course

MANHATTAN:

Dates: Monday, November 17; Tuesday, November 18, 2003

Time: 9:00 a.m.–5:00 p.m. (each day)

Location: New York Presbyterian Hospital (Weill Cornell), EMS Training Center (Ambulance Deck), 70th Street (east of York Avenue)

LONG ISLAND:

Dates: Wednesday, December 10; Thursday, December 11, 2003

Time: 8:00 a.m.–4:00 p.m. (each day)

Location: North Shore University Hospital at Syosset, Center for Emergency Medical Services, Main Classroom, 1st Floor, 15 Burke Lane, Syosset, NY

This course is being organized by GNYHA and taught by the North Shore-LIJ Health System, which has received Federal grant funding for it. It will include demonstrations on how to decontaminate patients who have been exposed to chemicals, and is appropriate for decontamination team staff. GNYHA will be holding additional sessions of this course on Long Island and in Manhattan, Westchester, and NJ. Member institutions in Westchester and NJ are advised to wait for those courses. For more information contact Doris R. Varlese, and to register contact Meg Figley at GNYHA.

Human Factors in Patient Safety

Date: Friday, November 21, 2003

Time: 9:00 a.m.–12:30 p.m.

Location: Department of Veterans Affairs Medical Center at Northport, 79 Middleville Road, Building 5, Northport, NY

GNYHA will co-host this briefing in coordination with the LI Coalition for Patient Safety and the Department of Veterans Affairs (VA) Medical Center at Northport. Speakers include Wayne M. Osten, Director, Office of Health Systems Management for DOH, and John Gosbee, M.D., M.S., Director of Patient Safety Information Systems at the VA National Center for Patient Safety in Ann Arbor, MI. For more information contact Terri Straub, and to register contact Rosanne Denaro, at GNYHA. ■

GNYHA and Its Members Testify at NYC Council Hearing on the Nursing Shortage

On October 22, GNYHA, the NYC Health and Hospitals Corporation (HHC) and North General Hospital, and SUNY Downstate's School of Nursing participated in a NYC Council Hearing on the nursing shortage. The hearing, convened by Christine Quinn, Chair of the Council's Committee on Health, was called to examine approaches that health care providers, educational institutions, and other stakeholders are using to recruit and retain nurses. The Council is seeking information on innovative approaches that can be supported and replicated in the City of New York.

According to GNYHA's 2002 Survey of Nurse Staffing in Hospitals in the New York City Region, 32% of the participating hospitals reported vacancy rates of 10% or higher for direct care RNs, and more than 60% of hospitals believed that the applicant pool had decreased for experienced direct care RNs and RNs. GNYHA's testimony summarized the survey findings and described some of the

innovative approaches it is undertaking to help its members recruit and retain nurses as a follow-up to GNYHA's 2002 Nursing Summit. GNYHA's efforts have included the establishment of the Youth Career Exploration Program, which provides internships at area hospitals; the Nursing Preceptor Training Program, a pilot program for NYC hospitals that will provide career enhancement opportunities for experienced nurses; and the design of the GNYHA Institute for Nurse Leadership, which would provide nurse managers with the information and skills to enhance the patient care systems they manage and better retain their direct care nursing staff. GNYHA is seeking funding to establish this Institute. Both HHC's and North General Hospital's testimony expressed support for additional and existing programs in collaboration with GNYHA.

GNYHA looks forward to working with the NYC Council as it continues to explore this important issue. ■