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# Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

## GNYHA Launches "Emergency Preparedness Resource Center" on Web Site

**G**NYHA has launched an "Emergency Preparedness Resource Center" (EPRC) on its Web site, located at [www.gnyha.org](http://www.gnyha.org). This comprehensive new area—which is modeled on the activities of GNYHA's Emergency Preparedness Coordinating Council—reflects GNYHA's deep commitment to helping its members and the health care community at large prepare for emergencies and respond to disasters.

The EPRC includes a vast array of materials—PowerPoint presentations, public testimony, fact sheets, guidelines, protocols, and more—produced by GNYHA, its members, and local, State, and Federal public health and emergency management agencies including the NYC Department of Health and Mental Hygiene, the NYS Department of Health, the U.S. Centers for Disease Control and Prevention, and dozens more.

The EPRC has the following categories:

- General Emergency Preparedness
- Emergency Contact Information

- Data Collection and Communications Systems
- Nuclear, Biological, and Chemical (NBC) Events, including information on anthrax, smallpox, plague/botulism/viral hemorrhagic fever, and tularemia
- Security Issues
- Links to Related Web Sites

Much of the EPRC's information was originally introduced at Emergency Pre-

paredness Coordinating Council meetings or briefings held at GNYHA. The Council began its activities in November 2001 and has met almost weekly since then, through full Council meetings, workgroup meetings, and membership briefings on various topics.

The EPRC, which is accessible to both GNYHA members and non-members, will be significantly expanded and updated in the weeks and months to come. ■

## Consumers Union Challenges Empire Conversion Legislation

**O**n August 22, 2002, Consumers Union, four other advocacy organizations, and five individual Empire Blue Cross Blue Shield subscribers brought suit in New York State Supreme Court challenging Empire's ability to convert to for-profit status under the statutory process enact-

ed in January of this year. The lawsuit claims that the conversion statute, which was part of a larger omnibus health care bill, results in an unconstitutional taking of property without appropriate process or compensation. Named as defendants are the State of New York, several State funds, and the State's Director of the Budget and Superintendent of Insurance

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## CMS to Roll Out Nursing Home Quality Initiative on October 23

**T**he Centers for Medicare & Medicaid Services (CMS) has established October 23, 2002, as the date on which the agency's Nursing Home Quality Initiative (NHQI) will be rolled out nationally. The purpose of the initiative is to collect compar-

ative information on nursing home quality, using a set of performance measures based on data reported by facilities through the Minimum Data Set (MDS), and to make this information widely available to the public. It is CMS's intention that this information will

be used both by beneficiaries to make nursing home placement decisions and by nursing facilities to support internal quality improvement efforts. Following the model that CMS piloted in six states (Colorado, Florida, Mary-

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# GNYHA Prepares Emergency Contact Directory

**G**NYHA, in collaboration with its Emergency Preparedness Coordinating Council, has created an emergency contact directory that is designed to facilitate communications among providers and key government agencies during emergencies. The directory will also help members comply with aspects of the new Environment of Care standards adopted by the Joint Commission on Accreditation of Healthcare Organizations, which require accredited organizations to engage in cooperative planning to facilitate the timely sharing of, among other things, emergency contact information about each other.

The first part of the directory contains telephone numbers for numerous local, State, and Federal agencies; private agencies such as the American Red Cross; and other key services. This information appears in the directory as well as on GNYHA's Web site at [www.gnyha.org](http://www.gnyha.org) as part of GNYHA's Web-based Emergency Preparedness Resource Center (see page 1).

The second part of the directory contains extensive emergency contact information for GNYHA member hospitals and many of its long term care members. Included in this section is information regarding members' emergency operations centers, chairs of disaster committees, and other key people to contact in the event of an emergency. The directory also contains information about each member's facility response capabilities such as its trauma-level designation, decontamination capabilities, and number of negative pressure isolation rooms. GNYHA also maintains additional extensive e-mail and facsimile lists for many groups of individuals in its member institutions (for example, emergency medicine chairs and infection control directors), which GNYHA uses for the rapid communication of information, as needed.

GNYHA is mailing copies of the printed directory to Chief Executive Officers at its member facilities, and is sending PDF versions via e-mail to other key personnel within its member facilities. ■

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## Governor Signs Legislation to Study Infection Control in Endoscopy Procedures

**O**n August 20, 2002, Governor George Pataki signed legislation requiring the New York State Department of Health (DOH) to conduct a study of the infection control methods used in flexible endoscopy procedures. In its earlier format, this legislation required DOH to create regulations regarding the sterilization procedures for endoscopy instruments. The legislation stemmed from concerns that patients undergoing procedures using endoscopy instruments were at risk of cross-contamination, particularly of Creutzfeldt-Jakob disease (the human form of mad cow disease), or hepatitis C. The American Society for Gastrointestinal Endoscopy (ASGE) reports that the rate of transmission of infectious organisms during gastrointestinal endoscopy is extremely rare, occurring in

one in 1.8 million cases. The ASGE also reports that the U.S. Centers for Disease Control and Prevention has concluded that current infection control standards are appropriate and that the World Health Organization has concluded that the tissues that come into contact with gastrointestinal endoscopes pose no risk of transmission of Creutzfeldt-Jakob disease. The legislation, as signed by the Governor, directs DOH to consult with various organizations and professionals including health care professionals and academic experts to determine the appropriate techniques to minimize the risk of infection. The findings may include recommendations for legislation or regulation. The legislation does not require a deadline for the report to be submitted to the Governor and the Legislature. ■

## Consumers Union

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as well as Empire and the 14 members of its Board of Directors.

The plaintiffs' complaint focuses on the allegation that the conversion proceeds are being used to fund workforce recruitment and retention adjustments for hospitals, nursing homes, and other providers, which are included in the same larger omnibus health care bill passed in January. The plaintiffs then argue that the application of the funds for this purpose would be an unconstitutional taking of the proceeds. The statute, however, makes it clear that the majority of the proceeds are to be deposited in the State's Tobacco Control and Insurance Initiatives Pool (TCIIP) established by the Health Care Reform Act of 2000, which funds programs such as Family Health Plus and a number of health initiatives. In the view of the plaintiffs, the only proper application of the proceeds would be to provide for premium supports for Empire subscribers and/or for mechanisms for increasing the accessibility of high-quality health care. In making this argument, the plaintiffs recount the history of Empire, which includes time periods during which Empire received tax breaks as well as the right to pay hospitals significantly lower rates for services provided to Empire subscribers, thus creating an asset that must be applied for the public's benefit. On the issue of the proper application of the proceeds, even if the plaintiffs are correct that the proceeds will be used to fund workforce recruitment and retention rate adjustments, application of the funds for this purpose would actually further the plaintiffs' stated goal of ensuring access to quality health care, given current national concerns about the relationship between workforce shortages on the one hand and quality and access on the other. The complaint also brings into question the process for conversion set forth in the statute and alleges that Empire's Board of Directors has breached its fiduciary obligations by abandoning Empire's original restructuring plan and for embracing the new statutory process for conversion and the application of future conversion proceeds.

GNYHA will evaluate the litigation and will take steps, as needed, to ensure protection of its members' interests. ■

# GNYHA Comments on National Quality Forum Hospital Performance Measures

On August 20, 2002, GNYHA, a member of the National Quality Forum (NQF), submitted its ballot and comments on the NQF's Hospital Care National Performance Measures. Once the measures are finalized, NQF quality assessment (QA) organizations (for example, the Centers for Medicare & Medicaid Services and the Joint Commission on Accreditation of Healthcare Organizations) will implement them and provide reports to the public. The measures include 31 process indicators and six risk-adjusted outcome measures, of which most are risk-adjusted mortality rates.

In developing its response, GNYHA consulted extensively with its Quality Steering Committee and drew upon seven years of research on risk-adjusted mortality rates by The Health Economics and Outcomes Research Institute (THEORI), one of its divisions. GNYHA's general observation was that many of the measures were not adequately specified and could result in misleading information for patients, purchasers, and others. GNYHA then provided specific recommendations for improving the process measures and general recommendations for the risk-adjusted measures, including the following:

- The NQF should form a technical subcommittee to develop a set of best practices in risk adjustment and to ensure data and analytical integrity.
- NQF QA organizations should develop their own risk-adjustment models rather than applying the parameters of extant models.
- NQF QA organizations should include in any reports provided to the public a discussion of how well the risk-adjustment models explain outcome variation.

GNYHA will continue to provide updates on the progress of the NQF and the Hospital Quality of Care Measures, and will attend the annual meeting of the NQF on October 1 and 2, 2002. ■

## Upcoming GNYHA Briefings

### **NYS Mandatory Generic Prescription Drug Program**

**Date:** Friday, September 6, 2002

**Time:** 10:00 a.m.–11:30 a.m.

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

At this executive briefing, representatives of the New York State Department of Health (DOH) and the DOH Commissioner's Medicaid Pharmacy and Therapeutics Committee will describe a new mandatory generic prescription drug program that will become effective on October 1, 2002, for the Medicaid program. The new program, its applicability, and the process to exempt individual patients for particular prescriptions will be among the topics covered. The briefing seeks to inform GNYHA member institution staff responsible for ambulatory care, emergency departments, residency programs, and other areas in which prescriptions may be written for Medicaid patients about the new requirements. For more information contact Patricia Wang, and to register contact Barbara Marino, at GNYHA.

### **Legal Issues in Information Technology**

**Date:** Wednesday, September 18, 2002

**Time:** 9:00 a.m.–11:30 a.m.

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

This briefing will address the legal issues associated with licensing, outsourcing, and intellectual property in information technology. The program will feature presentations by attorneys

from the law firm of Brown Raysman Millstein Felder & Steiner LLP. These presentations will be followed by a panel discussion of representatives from GNYHA member facilities including Mount Sinai NYU Health, Continuum Health Partners, Maimonides Medical Center, and New York-Presbyterian Hospital. While the briefing is designed for all personnel involved with information technology, please note that Brown Raysman will provide 3.0 Continuing Legal Education credits for this program. For more information contact Susan Stuard, and to register contact Barbara Marino, at GNYHA.

### **Beyond Risk Management—Enhancing Patient Safety and Minimizing the Risk of Medical Malpractice Claims**

Program 1: Preventing and Managing Risks Associated with Neurologically Impaired Newborn Cases

**Date:** Tuesday, September 24, 2002

**Time:** 9:00 a.m.–12:30 p.m.

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

GNYHA is sponsoring a briefing series to proactively assist senior management, clinical staff, and other members of the health care team to improve quality and patient safety and to prevent and manage medical liability exposure. The briefings will be tailored to specific clinical settings (for example, obstetrics, surgery, emergency medicine, and pediatrics) and will include a general program on communication and risk management from the perspective of a plaintiff's attorney. The first briefing will focus on reducing the potential for neurologically

impaired newborn cases to the extent possible as well as minimizing hospital exposure when such cases do occur. The program will feature a malpractice defense attorney, a communications expert, and an obstetrician who handles high-risk maternity cases. GNYHA has requested 3.5 Continuing Medical Education credits for the program. For more information contact Terri Straub, and to register contact Cynthia Benchemmar, at GNYHA.

### **Responding to Chemical and Nerve Gas Events**

**Date:** Monday, September 30, 2002

**Time:** 9:30 a.m.–12:30 p.m.

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

This briefing is intended to help GNYHA members understand the types of potential chemical events that may occur in the future, and their possible impact on a hospital. The program will provide an overview of the clinical diagnosis of and treatment for each type of chemical release, in addition to the role of the hospital in decontaminating and treating victims, while at the same time protecting the staff and other patients from contamination. A scenario for a hospital drill for chemical events will be used to stimulate discussion and assist participants in identifying when to activate the Incident Command System, notifying outside authorities, and communicating with the public and the media during such events. For more information contact Terri Straub, and to register contact Cynthia Benchemmar, at GNYHA. ■

# National Institutes of Health Announces Funding Opportunities

The National Institutes of Health (NIH) has announced a number of grant opportunities, available at various NIH agencies. These funding opportunities have been released as Program Announcements (PAs), which are NIH grant programs that run for approximately three years after NIH announces them, at which point they expire unless reissued. During the program period, NIH accepts applications three times a year—October 1, February 1, and June 1.

PAs generally have no fixed pool of money. For most of the programs, applicants can request funding from amounts of \$50,000 to over \$500,000, but must follow the instructions to use the correct application, which differs according to the amount of funds requested. A copy of the PAs listed

below may be obtained from the *NIH Guide for Grants and Contracts*, which is updated weekly at [www.nih.gov/grants/guide](http://www.nih.gov/grants/guide). Use the PA number in each listing below as a reference to find the program in which you are interested:

- Services and Intervention Research with Homeless Persons Having Alcohol, Drug Abuse, or Mental Disorders: PA-02-150 (expires August 15, 2005)
- Dissemination and Implementation Research in Mental Health: PA-02-131 (expires July 2005)
- Increasing Quality of Life in Mobility Disorders: PA-02-111 (expires May 31, 2005)
- Women's Health in Sports and Exercise: PA-02-115 (expires May 1, 2005)
- Community-partnered Interventions to Reduce Health Disparities: PA-02-134

(expires June 14, 2005)

- Research on Clinical Decision Making: PA-02-118 (expires June 14, 2005)
- Social and Cultural Dimensions of Health: PA-02-043 (expires December 21, 2004)
- The Identification and Prevention of Middle Childhood Precursors of Risky Sexual Behavior: PA-02-101 (expires February 1, 2005)
- Treatment of Alcohol Abuse/Dependence with Psychiatric Comorbidity: PA-02-067 (expires February 20, 2005)
- Research on Ethical Issues in Human Studies: PA-02-103 (expires April 2005)
- Translational Research for the Prevention and Control of Diabetes: PA-02-153 (expires October 1, 2005)

If you have any questions, please contact Gary Sokolow at GNYHA. ■

## Nursing Home Quality Initiative continued from page 1

land, Ohio, Rhode Island, and Washington) beginning in April 2002, the agency is expected to disseminate nursing home quality information to the public, primarily via the CMS "Nursing Home Compare" Web site ([www.medicare.gov/nhcompare/home.asp](http://www.medicare.gov/nhcompare/home.asp)) and through a series of full-page advertisements in major newspapers that will rank the performance of the 50 largest facilities in a given area on a sample of the selected quality measures. GNYHA has been actively engaged in efforts to ensure that the measures selected for this initiative are both appropriate and adequately risk-adjusted, and that the public communications around the initiative properly convey information about both the value and the limitations of the selected measures. GNYHA will continue to urge ongoing evaluation of, and improvement to, the measures through the National Quality Forum's consensus development process. It will also work—as a member of the Steering Committee to IPRO (the Quality Improvement Organization selected to assist CMS with the implementation of the initiative in New York)—to ensure that information regarding the initiative is delivered appropriately for

use by both consumers and providers. Providers will have several opportunities to learn more about the details of the NHQI through a series of upcoming regional meetings to be cosponsored by CMS, the NYS Department of Health, IPRO, GNYHA, and other stakeholder organizations. Regional meetings for the New York metropolitan area will take place on October 1 (LaGuardia Marriott, NYC), October 2 (Tarrytown Marriott, Westchester), and October 3 (Hofstra University Student Center, Long Island).

CMS will also host a two-hour broadcast on the initiative via satellite and the Internet on September 20, 2002, at 1:00 p.m. The broadcast will be presented by key CMS officials and will cover background on the initiative, an overview of the measures, the role of the Quality Improvement Organization and State Survey Agency, and information concerning next steps prior to the national rollout. Members wishing to view the live Webcast can register in advance by going to <http://cms.internetstreaming.com>. ■

## Medicare Establishes New Payment System for Long Term Care Hospitals

On August 30, 2002, the Centers for Medicare & Medicaid Services (CMS) published its final rule in the *Federal Register* creating a prospective payment system (PPS) for long term care hospitals. There are fewer than 300 such hospitals nationwide, including a small number in the metropolitan New York area, and they provide comprehensive rehabilitation, respiratory therapy, cancer treatment, head trauma treatment, and pain management to patients who stay an average of three weeks. The new PPS will be phased in over five years starting in cost-reporting periods beginning on or

after October 1, 2002. As mandated in the Balanced Budget Refinement Act of 1999, payments will be based on the national average cost per discharge modified by the relative weight of the diagnosis-related group (DRG) to which the patient is assigned. The long term care DRGs are the same as the inpatient PPS DRGs, although the relative weights are different. The new PPS also provides a wage index adjustment and outlier payments. In a controversial break with historical rate-setting practices, the wage index adjustment will be phased in over five years, which has a negative impact on hospitals in high-wage areas, including NYC. ■