



DECEMBER 11, 2000

Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

BBA Relief Hangs in the Balance

As *Skyline News* went to press, Congressional leaders and President Clinton were continuing negotiations over portions of the Federal fiscal year 2001 budget that have not been enacted. Due to these ongoing discussions, agreement on the bill to provide relief from the Balanced Budget Act's (BBA) Medicare and Medicaid cuts for hospitals, continuing care providers, and Medicare+Choice plans—known as the Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) Benefits Improvement and Protection Act of 2000 (BIPA)—has not yet been reached. On Friday, December 8, 2000, Congress was poised to pass another continuing resolution to keep

the government running through the weekend, giving negotiators more time to reach final agreement. Despite nearly unanimous Congressional support for enacting BIPA before the end of the year, enactment of the bill has repeatedly been frustrated by negotiations on other, unrelated issues. Last week, members of Congress made a number of statements calling for immediate enactment of BIPA. On December 5, Senate Majority Leader Trent Lott (R-MS) stated that the bill would happen "one way or another," and signaled an agreement to separate the bill from more controversial legislation to which it had been attached, including a tax bill. On

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NY Blood Center Calls for Help to Avoid Blood Shortage

The New York Blood Center has notified GNYHA that the New York metropolitan area is facing a critical blood shortage, and is urging health care providers to help with blood drives and encourage their communities to donate blood. While the shortage is nationwide, it is felt more acutely in large cities, particularly in the NYC area. Although the Blood Center has seen blood donations increase by 20% over the last three years, demand for blood has been increasing from tertiary care facilities and import availability has declined. Currently, there is a critical shortage of platelets and O-negative and O-positive blood in particular, but the overall inventory of blood supplies is expected to shrink during the holiday season. The New York Blood Center estimates that the total utilization of blood in the NYC area is 750,000 units. Currently, the Blood Center provides New York metropolitan-area hospitals with over 400,000 units of blood from local volunteer donations plus another 200,000 units imported from European or U.S. sources, with the difference historically being supplied by hospital donor programs and a few small suppliers from other U.S. sources. The Blood Center is concerned, however, that this year's shortage may disrupt hospital services and medical practice. To organize a blood drive, or to assist in urging others to donate blood, please call the New York Blood Center at (800) 933-BLOOD (800-933-2566). ■

Mayor Giuliani and Healthcare Education Project Launch HealthStat Awareness Campaign

The Healthcare Education Project—a joint initiative of GNYHA and 1199/SEIU, New York's Health and Human Service Union—has partnered with Mayor Rudolph Giuliani and the City of New York to launch a \$2 million ad campaign to promote HealthStat, a major citywide initiative to enroll uninsured New Yorkers in public health insurance programs. The campaign slogan, "You Supply the Love, We'll Supply the Health Insurance," is appearing in ads in English and Spanish, in subways, buses, bus shelters, newspapers, and on the radio. The campaign was officially launched

at a press conference at City Hall on November 27, 2000. The campaign also features a toll-free phone line—1-888-NYC-6116—that will pre-screen families for Medicaid and Child Health Plus eligibility and refer them to convenient community locations for enrollment. As soon as Family Health Plus—the program for uninsured adults that was developed and strongly advocated by GNYHA and 1199/SEIU—begins in 2001, the HealthStat initiative will help increase enrollment in that program. "Hundreds of thousands of New Yorkers are eligible for

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BBA Relief Hangs in the Balance *continued from page 1*

December 6, 2000, a number of Republican and Democratic senators participated in a BBA relief forum in which providers from across the country called for the enactment of BIPA as well as a number of other provisions that the White House supports, including Medicaid enhancements. The President has continued to call for improvements in

the bill, including provisions to provide Medicaid coverage for certain legal immigrants, provisions to streamline the Medicaid and SCHIP enrollment processes, improvements in BIPA's teaching hospital provisions, and more accountability for Medicare+Choice plans. It was unclear, as *Skyline News* went to press, whether Congressional leaders would

be willing to accede to the President's requested improvements, although the leaders appeared to be conciliatory following a series of meetings with the President and White House staff. GNYHA continues to work with the New York Congressional Delegation, White House staff, and others to ensure enactment of BBA relief this year. ■

Influenza Vaccine Available Through NYC Department of Health

In response to delays in the availability of influenza vaccines, the New York City Department of Health (NYCDOH) has arranged to provide doses of the influenza vaccine to GNYHA members in New York City for the vaccination of high-risk groups (for example, the elderly, health care workers). NYCDOH and GNYHA recently circulated a notice alerting members to the availability of the vaccines. NYCDOH is

distributing the vaccine to members with the understanding that each member will return the equivalent amount of vaccine doses once the member receives its shipment of vaccines from its initial supplier. To date, 48 nursing homes and 11 hospitals have received the doses of the vaccine that were requested. If you would like a copy of the request form, please call Olivia Segree at GNYHA. ■

GNYHA Workgroup Addresses Nursing Shortage

GNYHA's Workgroup on Workforce Issues met on December 7, 2000, to assist GNYHA in its implementation of its Action Plan to address shortages among registered nurses (RNs) and other health workers. Appointed by their respective CEOs, the workgroup members represent senior management from operations, nursing, and human resources at hospitals and continuing care facilities. GNYHA's Action Plan, which was approved by GNYHA's Board of Governors on November 2, 2000, includes initiatives with local school boards to both promote interest in nursing as a career and strengthen the science curriculum in preparation for undergraduate nursing courses. To this end, GNYHA has already met with personnel responsible for health careers and science curriculum, as well as guidance supervisors at the New York City Board of Education.

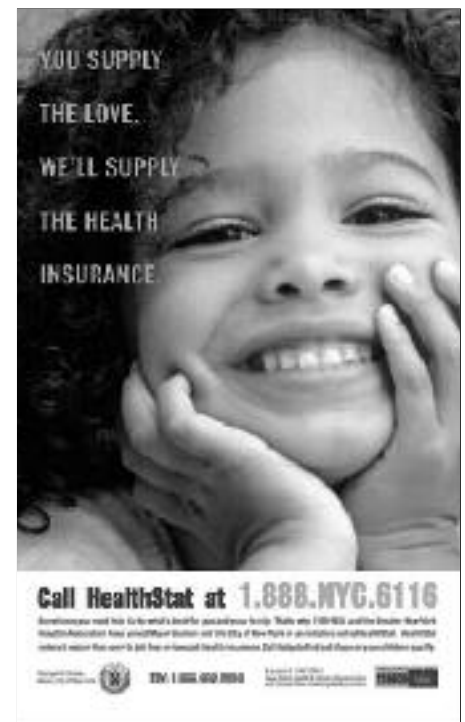
In addition, GNYHA is now represented on the Board of Education's Health Careers Advisory Commission. As part of its Action Plan, GNYHA is also pursuing legislative solutions to the workforce shortage, and will develop innovative approaches to nurse education and practice. GNYHA is also hosting a series of leadership seminars for nurses in spring 2001, with a focus on issues that promote retention of nursing staff.

GNYHA Survey on Nurse Staffing: At the meeting on December 7, the workgroup made recommendations regarding a survey instrument that will be used by GNYHA to collect information on nurse staffing in hospitals. The survey will provide useful information for documenting members' needs and providing support for GNYHA's advocacy on this issue.

The GNYHA Board will be kept apprised of the workgroup's and GNYHA's activities to address workforce shortages. ■

Mayor Giuliani and Healthcare Education Project Launch HealthStat Awareness Campaign *continued from page 1*

health insurance programs like Child Health Plus and Medicaid but are not enrolled," said GNYHA President Kenneth E. Raske. "We are proud to be a partner in this initiative that will increase enrollment in these programs and save lives." In addition to co-sponsoring the ad campaign, GNYHA has distributed thousands of HealthStat posters to hospitals and clinics throughout the city so that patients and visitors can learn about HealthStat's hotline number. If you would like additional copies of the HealthStat posters to display in your institution, please call Olivia Segree at GNYHA. ■



HCFA Releases SNF Consolidated Billing Memo

On November 27, 2000, the U.S. Health Care Financing Administration (HCFA) released a program memorandum, Transmittal B-00-67, regarding consolidated billing in skilled nursing facilities (SNFs) for Medicare fee-for-service beneficiaries.

The Balanced Budget Act of 1997 (BBA) required SNFs to implement consolidated billing for both Part A and Part B services. Concurrent with the implementation of the prospective payment system, SNFs were required to bill Medicare for all Part A services. Due to systems limitations, HCFA delayed the implementation of consolidated billing for Part B services. The Balanced Budget Refinement Act of 1999 (BBRA) excluded specific services and pharmaceuticals from consolidated billing and further delayed the implementation of consolidated billing for Part B services.

Pursuant to the BBA and the BBRA,

HCFA announced that it will begin consolidated billing for select Part B services on April 1, 2001. The program memorandum states that Part B physical occupational and speech therapy services remain subject to consolidated billing regulations. For all other Part B services and supplies, SNFs may choose to have suppliers bill Medicare directly. The program memorandum contains instructions that are effective April 1, 2001, including 1) new common Working File (CWF) editing requirements related to consolidated billing for SNF Part A services, and related contractor procedures; 2) clarification for determining the end of a SNF stay; and 3) services that are excluded by SNF consolidated billing.

According to the memorandum, there are no changes in other program requirements such as demand bills, spell-of-illness requirements, Medicare secondary payer requirements, and basic coverage rules. ■

Application for State DPP Available on DOH Web Site

The New York State Council on Graduate Medical Education (COGME) recently placed the application for approval of a residency program as a designated priority program (DPP) on the New York State Department of Health (DOH) Web site, found at www.health.state.ny.us/nysdoh/gme/main.htm. The application is for the period beginning July 2001.

DPP status entitles a hospital conducting the training to enhanced Medicaid fee-for-service rates. In addition, DOH's guidelines for the use of residents as part of a primary care provider team for Medicaid managed care and Child Health Plus stipulate that the residents should be training in a DPP. Finally, teaching hospitals gain credit for receiving funds from the graduate medical education (GME) incentive pool authorized under the Health Care Reform Act based on reductions made in non-DPP programs. DPP-eligible pro-

grams are general internal medicine, general pediatrics, family practice, obstetrics & gynecology, internal medicine/pediatrics (combined), and osteopathic general or family practice.

COGME sent a notice regarding the availability of the application to residency program directors of all DPP-eligible programs regardless of DPP status. Applications must be received by DOH by January 18, 2001, in order to be considered. DOH has also scheduled a question-and-answer session regarding the application, which will be held at its New York City office at 5 Penn Plaza, Room 307, on December 21, 2000, from 10:00 a.m. to 12:00 noon. Anyone wishing to attend the session should register by contacting COGME at (518) 473-3513 or gme@health.state.ny.us. ■

GNYPHA to Provide Training in Root Cause Analysis

As part of its ongoing commitment to assist its members with their quality improvement and medical error reduction efforts, GNYHA has announced that it is offering to provide its members with individualized training in conducting a root cause analysis of adverse occurrences. Currently, both the New York State Department of Health (DOH) and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) require facilities to conduct a root cause analysis of specified adverse occurrences in order to understand and identify the causes of the events and avoid their recurrence.

Root cause analysis is a process for identifying the basic or causal factors that underlie variations in performance, including the occurrence or possible occurrence of a sentinel event. The premise is that organizations can improve their operations and the care they provide through a process of probing and addressing the roots of problems that occur. The process of root cause analysis focuses primarily on systems and processes, not individual performance, and is designed to identify ways to prevent the recurrence of a problem or sentinel event.

Training Goals: GNYHA has undertaken its training initiative to ensure compliance with DOH and JCAHO requirements, improve the quality of care being delivered, and reduce the potential for future medical errors. The goals of the training

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AROUND

Allen I. Hyman, M.D., Advisor to the CEO and Consultant in Development at New York-Presbyterian Hospital, has been appointed by U.S. Health and Human Services (HHS) Secretary Donna Shalala to serve a four-year term on the Council on Graduate Medical Education (COGME). COGME provides an ongoing assessment of trends in the physician workforce, reviews issues related to the training of physicians and financing of graduate medical education, and advises and makes recommendations to Congress and HHS on these subjects.

SHRPC Approves Member Projects, Revises Non-Medicare DRGs

At its December 7, 2000, meeting, the State Hospital Review and Planning Council (SHRPC) gave contingent approval to the following GNYHA member projects: **Lenox Hill Hospital**, certification of a fifth cardiac catheterization laboratory; **New York City Health and Hospitals Corporation—Coney Island Hospital**, modernization project including the construction of a nursing unit, renovation of existing nursing units, and construction of a building to house ambulatory care clinics; **New York City Health and Hospitals Corporation—Harlem Hospital Center**, major renovation project; **North Shore-Long Island Jewish Health System—Long Island Jewish Medical Center**, replacement of heating and cooling energy plant; **North Shore-Long Island Jewish Health System—Southside Hospital**, expansion of operating room capacity; **St. Luke's-Roosevelt Hospital Center**, relocation of 25 pediatric beds from the Roosevelt Division to the St. Luke's Division; **Benedictine Hospital**, addition of 10 adolescent psychiatric beds, construction of an outpatient cancer center, and certification of a linear accelerator; **Hebrew Home for the Aged at Riverdale**, addition of two floors to a proposed new building (amendment a previously approved Certificate of Need appli-

cation); **Winthrop-University Hospital**, certification of a three-station chronic renal dialysis extension clinic; **Mount Sinai NYU Health—The Mount Sinai Hospital**, addition of a fourth cardiac catheterization laboratory and requisite renovations; **New York Methodist Hospital**, expansion of neonatal intensive care unit from 8 to 18 beds; and **Beth Abraham Health Services**, expansion of capacity long-term home health care program.

SHRPC approved the addition of 25 medical/surgical beds at **Flushing Hospital Medical Center**.

SHRPC also approved emergency adoption of a revision to New York's diagnosis related group (DRG) classification system for non-Medicare discharges. The DRG system affects payments to hospitals for patients covered by Medicaid, workers' compensation, and no-fault insurance plans. The revision incorporates changes made to the Medicare DRG system, as well as additional changes intended to better reflect modern patterns of clinical practice and resource utilization. The new system will take effect January 1, 2001. Looking forward, the New York State Department of Health has agreed to meet with GNYHA and staff from the Healthcare Association of New York State to address their questions about the DRG system. ■

GNYHA to Provide Training in Root Cause Analysis

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are to teach staff how to conduct and document team-based root cause analysis, identify and evaluate the causation of adverse events, and in turn identify and evaluate various approaches to performance and systems improvement. In order to provide institution-specific training to its members, GNYHA staff trained in conducting a root cause analysis will first meet with each interested member and identify the specific needs of the facility. GNYHA will then design a curriculum tailored to the member's needs and requests. The actual training will be

provided by GNYHA staff in conjunction with a consultant expert in conducting root cause analyses. For this purpose, GNYHA is working with Monica Santoro, who is a health care risk management consultant with extensive experience in analyzing adverse events, identifying their causes, and developing systems changes to prevent their recurrence. After the training, GNYHA will continue to serve as an ongoing resource to its members in the area of root cause analysis and the related aspect of incident reporting under the State's reporting system. ■

IN MEMORIAM

Donald S. Broas, former President of the Hospital for Special Surgery (HSS), died on November 22, 2000, at the age of 60. Mr. Broas spent more than 14 years at HSS and led its major modernization program. He also served as President, Excelcare Health System, Inc.; Executive Vice President, Interfaith Medical Center; and Chief Executive Officer, Health Care Development International, Inc. Mr. Broas also served as a member of the GNYHA Board of Governors. GNYHA mourns his passing and extends its deepest condolences to his family, friends, and colleagues. ■

Upcoming Briefings

Primedia WorkPlace Learning

Date: Thursday, December 14, 2000

Time: 9 a.m.—12 noon

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

At this seminar, GNYHA Ventures, Inc. will introduce Primedia WorkPlace Learning, an industry leader in health care education and training programs. Through Primedia's state-of-the-art satellite network, subscribers receive hundreds of hours of original programming each month and have access to thousands of archived programs. The network provides the applicable programs to fulfill Federal and State mandated training and continuing education requirements for a wide range of health care staff, including physicians, administrators, nurses, and other allied health professionals. This special presentation will explain how Primedia WorkPlace Learning can complement your existing training programs through a turn-key, high-quality, low-cost approach. Primedia's satellite network can give health care organizations a comprehensive and economical option for achieving staff training objectives on an ongoing basis. Primedia's programs, through its Health & Sciences Television Network (HSTN), Joint Commission Satellite Network (JCSN), and Long Term Care Network (LTCN), are currently broadcast to over 1.2 million health care workers annually. In addition to satellite television, Primedia deploys its programming through multi-media technologies, including videotape, print, videoconferencing, CD-ROM, and the Internet. If you have any questions about this briefing or about Primedia WorkPlace Learning, please contact Bill Bierster at (212) 258-5379. ■