



APRIL 30, 2007

# Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

## War Supplemental Passes Congress with Key Provision for Hospitals

On April 23, House and Senate conferees agreed to a \$124 billion war supplemental package that includes a key provision affecting public and teaching hospitals. The provision is a one-year moratorium that would prevent the Centers for Medicare & Medicaid Services (CMS) from finalizing its proposed upper payment limit (UPL) rule affecting the New York City Health and Hospitals Corporation (HHC) and would prevent CMS from issuing a proposed rule

eliminating Federal financial support for Medicaid graduate medical education (GME)—an administrative proposal the President included in his proposed fiscal year 2008 budget. The inclusion of this moratorium provision will greatly benefit many of GNYHA's member hospitals.

Specifically, the moratorium would forbid CMS—for one year from enactment—from moving forward with either of the regulations, which amount to nearly \$5 billion in

cuts to New York hospitals over the next five years. The UPL rule was estimated to cost HHC \$1.75 billion and the elimination of Federal support for Medicaid GME was estimated to result in \$3 billion in losses to New York teaching hospitals alone. While the

*continued on page 2*

## GNYHA Holds 2007 Annual Meeting

GNYHA held its annual meeting on April 19 at The Pierre Hotel in Manhattan. The speakers featured three distinguished public officials via satellite from Washington, D.C.—Senator Charles Schumer, Congressman Charles Rangel, and Congresswoman Nita Lowey—as well as keynote speaker



GNYHA Board Chair  
Kenneth Davis, M.D.

er Leslie Norwalk, Acting Administrator of the Centers for Medicare & Medicaid Services (CMS), and Steven Spear, D.B.A., M.S., M.S., Senior Lecturer at the Massachusetts Institute of Technology and Senior Fellow at the Institute for Healthcare Improvement.

*continued on insert*

## Medicare Trustees Say Program Looks Healthier

On April 23, the Trustees of the Federal Medicare program issued their annual report. In the report, the Trustees projected that the Medicare Hospital Insurance (HI) Trust Fund, which funds Medicare Part A benefits, is financially healthier than the Trustees projected one year ago. Specifically, the Trustees estimate—barring any changes in Medicare law—that the HI Trust Fund, funded through payroll taxes and Part A premiums, will be solvent until 2019, one year later than the Trustees' 2006 estimate. The improved finances, according to the Trustees, “results from slightly higher projected income and slightly lower projected expenditures than shown in last year's report.”

Despite the improvement, the six Trustees—including three Bush Cabinet Secretaries, the Commissioner of Social Security, and two others appointed by the President—declared that Medicare's financial outlook “remains troubling.” The Trustees cite a projected average annual spending growth rate of 7.2% over the next 10 years, while income will grow by only 4% annually, as the cause of their alarm.

U.S. Department of Health and Human Services Secretary Michael Leavitt said, “The report points to the need to act quickly and efficiently to strengthen and improve Medicare, including enactment of the steps proposed in the President's budget to address Medicare's fiscal health.” These steps include reductions in inflation, or “market basket,”

*continued on page 4*

moratorium was two years in duration in the Senate's original package, some key senators raised jurisdictional concerns and, subsequently, the time frame was cut in half during negotiations with the House.

The measure arrived on the President's desk after passing in the House on April 25 by a vote of 218–208 and passing in the Senate on April 26 by a vote of 51–46. However, as *Skyline News* went to press, the President was expected to veto the measure because it includes a timetable for troop withdrawal.

**GNYHA Advocacy:** GNYHA has aggressively advocated for the inclusion of the moratorium provision and has been working closely with Mayor Michael Bloomberg's Washington office, HHC, Governor Eliot Spitzer's Washington office, and the State association, and has joined with the American Hospital Association, the American Association of Medical Colleges, and the National Association of Public Hospitals in advocating for its

passage. Should this specific measure be vetoed, GNYHA will continue to advocate for its inclusion in the revised war spending bill, as it is expected that such a measure will move quickly because the Administration needs funds to continue operations in Iraq.

While many within the New York Congressional Delegation have been very supportive throughout this process, GNYHA thanks Congressman Charles Rangel, Senator Charles Schumer, and Congresswoman Nita

Lowey in particular for their outstanding support in protecting New York's public and teaching hospitals. GNYHA also recognizes the assistance provided by the other New York House war supplemental conferees who negotiated on behalf of members—Representatives Jose Serrano and Jim Walsh, as well as Congressmen Maurice Hinchey and Eliot Engel. Without such ardent champions of New York hospitals in Washington, success would not have been possible. ■

## Rapid Response System Collaborative Focuses on Strategies to Reduce Cardiac Arrests in Hospitals and Improve Communication

In order to address the importance of effective communication in reducing cardiac arrests and other critical conditions in hospitals, GNYHA and the United Hospital Fund (UHF) recently trained the participants in their Rapid Response System (RRS) Collaborative on the structured communication technique known as SBAR, or "Situation-Background-Assessment-Recommendation." The SBAR technique has been used by hospitals across the country for RRS interventions and other patient safety improvement efforts.

The training was held in three sessions—a full-day "train the trainer" session on April 12 and two half-day sessions on April 13. The full-day SBAR training included a session taught by Michael Leonard, M.D., an Institute for Healthcare Improvement Fellow, who instructed the group on the value of effective communication. The other portion of the training and the half-day sessions provided participants with opportunities to role-play in situations simulating an actual RRS call and practice the SBAR communication technique. Participants in all sessions are now preparing to provide SBAR training to other hospital staff in an effort to standardize communication on all RRS calls.

**The RRS Collaborative:** The GNYHA/UHF RRS Collaborative, in which a total of 35 hospitals are participating, promotes early identification and quick action by designated teams of clinicians within acute care hospitals who bring critical care expertise to the bedside before patients decline into a critical state. A

crucial factor in ensuring the success of this intervention, and the strength of the teams, is effective and concise communication among all clinicians and particularly between all hospital staff involved in activating calls to the RRS team and the RRS team members who respond to those calls.

Since its beginning in October 2006, the RRS Collaborative has implemented activities to address a number of goals, including activities to reduce cardiac arrests in hospitals by training hospital staff to call the RRS team when patients are at risk and, more generally, to implement an RRS in hospitals where one was not already in place or to enhance the existing RRS process.

**Future Activities:** GNYHA and UHF will continue to support hospitals participating in the RRS Collaborative through ongoing conference calls and educational programs, posting materials to the RRS Collaborative Web site (<http://jeny.ipro.org/rrs>), and providing data analysis and reporting. Additionally, the second full-day educational Learning Session for the RRS Collaborative will be held on May 15, 2007, at the New York Athletic Club in Pelham Manor, New York. Aggregate data results will be shared with participants; specific teams will share their experiences and successes; strategies for sustaining results will be described; and regional experiences with simulation training, including how to incorporate teaching strategies related to the RRS, will be shared. For more information, contact Terri Straub at GNYHA. ■

# SAVE THE DATE!

## GNYHA Annual Reception and Award Ceremony

May 31, 2007 • Nokia Theatre, Times Square • 5:30 p.m.

### Spencer "Spike" Foreman, M.D. to Receive GNYHA's Lifetime Achievement Award

Please mark your calendars for GNYHA's 2007 Annual Reception and Award Ceremony, to be held on May 31 at the Nokia Theatre in Times Square. Invitations have been mailed to all members. If you have not received an invitation, please contact Adriana Ramos at [aramos@gnyha.org](mailto:aramos@gnyha.org).

**Lifetime Achievement Award:** This year, Dr. Spencer "Spike" Foreman will be the recipient of GNYHA's Lifetime Achievement Award. A current GNYHA Board member and former GNYHA Board Chairman, Dr. Foreman has been the President and CEO of Montefiore Medical Center for the past 20 years. At Montefiore, he has been the driving force behind a community-based system of care that has become an industry model. He is also a national health leader and a respected expert in hospital administration and medicine. GNYHA is tremendously proud of Dr. Foreman's many accomplishments and hopes that you will join us in honoring him on May 31. ■

# NYS Begins Managed Care Enrollment of Mentally Ill

The NYS Department of Health (DOH) has begun to implement the mandatory enrollment of Supplemental Security Income (SSI) Medicaid clients diagnosed as seriously and persistently mentally ill (SPMI) or with serious emotional disturbance (SED) into Medicaid managed care. It is estimated that 27,000 SPMI/SED clients in NYC will receive mandatory enrollment notices by the end of the summer directing them to select a plan and enroll within 90 days. Previously, these Medicaid clients were not mandated to enroll in managed care.

Enrollment will be phased in geographically by county. Clients will receive three reminders within the 90-day enrollment window; if they do not select a plan, they will be automatically assigned to one. Approximately 5,000 enrollment packages will be mailed each month. Once enrolled, SSI SPMI/SED clients will continue to receive their mental health benefits through the Medicaid fee-for-service system even though their health benefits will be the responsibility of capitated Med-

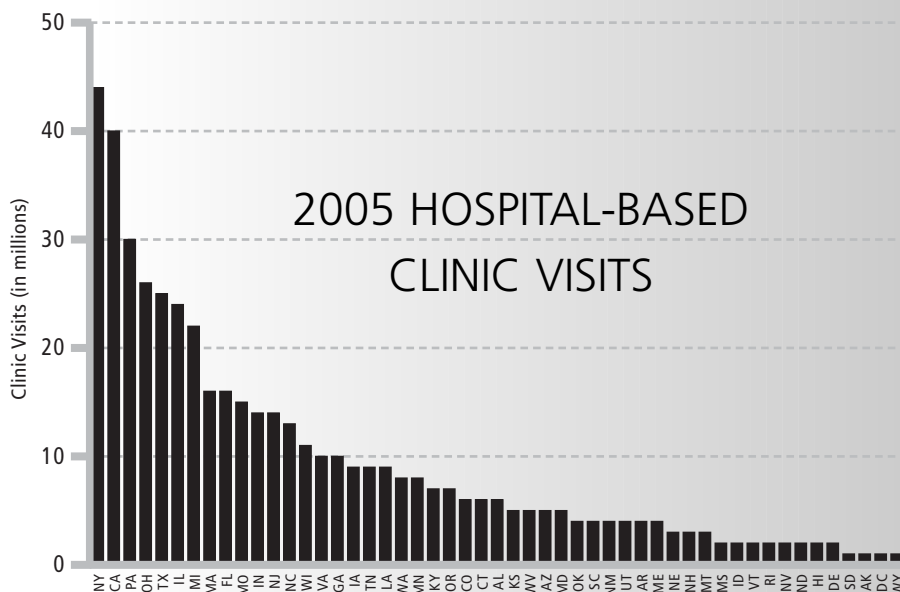
SCHEDULE OF MANDATORY ENROLLMENT NOTICE MAILINGS					
COUNTY	APRIL	MAY	JUNE	JULY	AUGUST
Kings					
Richmond					
Bronx					
New York					
Queens					

icaid managed care plans. GNYHA has urged that, because of the intensive behavioral health and medical needs of this vulnerable population, extra efforts be made to ensure that clients enroll in plans that preserve existing provider relationships and that will facilitate optimal coordination of all benefits. ■

## Did You Know ...?

### New York Provides More Outpatient Services Than Any Other State

New York State, with the third-largest population in the United States, provided more hospital outpatient services in 2005 than any other state, according to the American Hospital Association's *Annual Survey of Hospitals*. As shown at right, New York's clinic volume of 44 million was higher than that of California (40 million) and Texas (25 million), the two states with a larger population than New York's. New York's high clinic volume is quite significant given that the hospitals collectively lost more than \$4 billion providing outpatient care in 2004, the latest year for which data are available. This loss represented a cost margin of -28%. New York hospitals are committed to sustaining outpatient services because of their community service missions. ■



Source: American Hospital Association, *Annual Survey of Hospitals*.

## GNYHA's Mary Medina Named One of "Top 25 Women in Healthcare"

*Modern Healthcare* has named Mary E. Medina, Executive Director of GNYHA's Center for Trustee Initiatives and Recruitment, as one of its "Top 25 Women in Healthcare" for 2007. Ms. Medina was chosen from 160 nominees for her outstanding work recruiting qualified candidates from underrepresented communities to serve on the boards of GNYHA's member institutions. Over the past 15 months, the Center, led by Ms. Medina, has helped place trustees on the boards of three major health systems, four hospitals, and two continuing care facilities. Equally important, public awareness of

the importance of trustee diversity has increased greatly—a goal GNYHA and the Center will continue to pursue.

The article about the "Top 25 Women in Healthcare" was the cover story in the April 16, 2007, issue of *Modern Healthcare*.

**GNYHA's Center for Trustee Initiatives and Recruitment:** GNYHA established the Center for Trustee Initiatives and Recruitment as part of its ongoing effort to improve diversity in health care management and governance. Its mission is to promote diversity in trustee representation within member facilities with the goal of enhancing the quality of services

delivered to the diverse populations served by GNYHA's members. The Center conducts a wide range of trustee recruitment, education, and development activities, including networking and outreach to the financial, professional, and business communities to identify volunteers from diverse racial and ethnic groups and connect them with member hospital and continuing care boards. The Center also seeks to collaborate with individuals and organizations committed to promoting and enhancing opportunities for underrepresented racial and ethnic minorities. Contact Mary Medina at GNYHA for more information. ■

updates to hospitals, nursing homes, and other providers; cuts to teaching hospitals for care provided to Medicare beneficiaries enrolled in private plans; increased premiums for relatively affluent Medicare beneficiaries; conditioning provider payments on meeting quality and efficiency measures; and implementing competitive bidding for goods and services.

**Warning:** The Trustees also issued a “Medicare funding warning.” This warning is required when overall Medicare program costs financed by general tax revenues (as opposed to dedicated Medicare payroll taxes and premiums) exceed 45% within the next seven years in two consecutive annual Trustee reports. Last year, the Trustees projected that general revenue Medicare funding would exceed 45% in 2012, and this year they projected that it would exceed 45% in 2013. The issuance of the warning means that the President will be required to propose legislation within 15 days of releasing his 2009 budget (expected to be released in February 2008) that is designed to reduce general revenue funding of Medicare through cuts, increases in dedicated revenues (payroll taxes or premiums), or both. Congress is required to consider the President’s proposals on an expedited basis.

**Democratic Reactions:** Democrats on Capitol Hill reacted coolly to the Trustees’ policy prescriptions and labeled the Medicare funding warning “arbitrary”; however, most agreed that action needs to be taken to ensure the long-term solvency of the Medicare program. Congressman Charles Rangel (D-NY), Chairman of the House Ways and Means Committee, called for bipartisanship “to protect the guaranteed benefits provided by . . . Medicare.” He stated, “We will do what we have to in order to restore long-term financial stability to [the Medicare] program . . . if we focus on solutions, not politics.”

Congressman Pete Stark (D-CA), Chairman of the Ways and Means Health Subcommittee, took exception to the dire tone of the Trustees’ report, and focused on the fact that the Medicare program has faced imminent insolvency many times in the past. “Since creating Medicare, Congress has regularly modified and modernized the program to accom-

modate advances in medicine and to meet the demands of a growing population. I look forward to working with colleagues on both sides of the aisle to ensure Medicare’s viability for future generations.”

Senator Max Baucus (D-MT), Chairman of the Senate Finance Committee, expressed

concern about the fiscal health of Medicare, but also noted, “I am concerned that the ‘Medicare funding warning’ in this report will prompt the President only to propose slashing Medicare spending, rather than to focus on the underlying factors driving costs throughout the system.” ■

## UPCOMING GNYHA MEMBER BRIEFINGS

### Utilizing Volunteers During Disasters

**Date:** Monday, May 7, 2007

**Time:** 2:00 p.m.–4:30 p.m.

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

This meeting will cover efforts in NYS to build upon existing systems for using volunteers that are consistent with the Federal Health Resources and Services Administration Emergency System for the Advanced Registration of Volunteer Health Professionals guidelines. Representatives from the NYS Department of Health will describe the existing NYS system for using volunteers, and representatives from the NYC Department of Health and Mental Hygiene will describe the NYC Medical Reserve Corps, as well as NYS’s and NYC’s efforts to establish a more comprehensive statewide volunteer program. Representatives of Yale–New Haven Health System and North Shore–Long Island Jewish Health System will also discuss their volunteer activities. For more information contact Doris Varlese at varlese@gnyha.org; to register contact Laurie Sangirardi at sangirardi@gnyha.org.

### Inpatient PPS Proposed Rule

**Date:** Tuesday, May 8, 2007

**Time:** 2:00 p.m.–5:00 p.m.

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

This briefing, for GNYHA members only, will cover the new Medicare inpatient prospective payment system (PPS) proposed rule for Federal fiscal year 2008. Topics will include the proposed Medicare–Severity Diagnosis–Related Groups, cuts to urban hospitals’ capital reimbursement rates, expanded quality measures, and other significant provisions. The briefing is recommended for finance, government affairs, and quality management executives. To register, contact Sam Frank at (212) 506-5488 or sfrank@gnyha.org.

### Next Generation Cardiac Care: Multi-Department Collaboration with the Laboratory

**Date:** Friday, May 11, 2007

**Time:** 9:00 a.m.–2:00 p.m.

**Location:** GNYHA Conference Center, 555 West 57th Street, 15th Floor; and via live Webcast

This briefing, part of GNYHA Services’ 2007 Clinical Update Series, will focus on the manage-

ment of the Acute Coronary Syndrome patient, including Emergency Department efficiency, the timeline of the myocardial injury, and the collaborative role of the laboratory in achieving quality outcomes improvement. The speakers will be Steven Berkowitz, M.D., Chief Medical Officer, St. David’s Healthcare; James Faix, M.D., Director of Clinical Chemistry and Immunology, Stanford University School of Medicine; and Sandra Sieck, R.N., M.B.A., Healthcare Consultant. For more information, contact Tim Glennon at glennon@gnyha.org or Stuart Cunningham at cunningham@gnyha.org.

### WeRecycle! Inc.

**Date:** Wednesday, May 16, 2007

**Time:** 2:00 p.m.–3:00 p.m.

**Location:** Web demo

WeRecycle! Inc., a recently added GNYHA Services, Inc. contracted supplier, provides universal and electronic waste disposal and recycling services. In this second of two identical sessions, WeRecycle! will provide a comprehensive overview of its facilities, services, and special pricing for all GNYHA and CCLC members. To register and obtain log-in information, contact Barbara Green at green@gnyha.org or Andrea Giotopoulos at agiotopoulos@gnyha.org.

### SunGard Availability Services: Planning and Documentation Seminar

**Date:** Tuesday, May 22, 2007

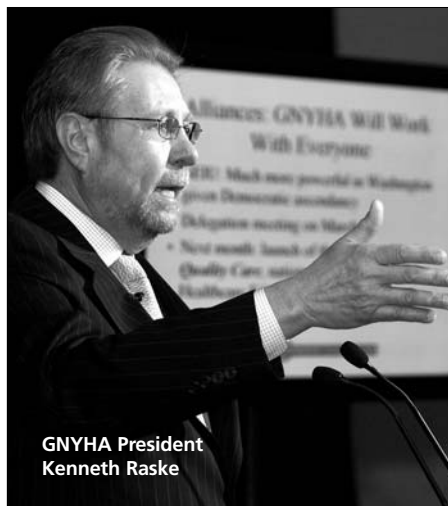
**Time:** 10:00 a.m.–12:00 noon

**Location:** GNYHA Conference Center C, 555 West 57th Street, 15th Floor; and via live Webcast

In this next of a series of seminars offered by SunGard Availability Services, a GNYHA Services, Inc. contracted supplier and leading provider of business continuity and disaster recovery solutions, a SunGard expert will discuss best practices for planning and documentation in the context of an enterprise-wide recovery plan, including detailing relationships among users and operational units, utilizing scenarios to develop integrated recovery plans, testing the plan through situational exercises, and other key topics. To register for this event either on-site or via live Webcast, contact Barbara Green at green@gnyha.org or Andrea Giotopoulos at agiotopoulos@gnyha.org.

## Business Meeting and Election of Gary Horan as Board Chair: Kenneth L. Davis, M.D., GNYHA Chair, presided. The membership approved the following slate of individuals to serve on the Board of Governors and as officers for the Association year 2007–08: Chair, Gary S. Horan, Trinitas Hospital; Chair-Elect, James Foy, St. John’s Riverside Hospital; Vice Chair, Linda Brady, M.D., Kingsbrook Jewish Medical Center; Vice Chair, Alan Aviles, NYC Health and Hospitals Corporation; Vice Chair, Long Term Care, Audrey Weiner, D.S.W., The Jewish Home and Hospital Lifecare System; Secretary, Pamela S. Brier, Maimonides Medical Center; Treasurer, James Harden, Catholic Health Services of Long Island; Immediate Past Chair, Kenneth L. Davis, M.D., The Mount Sinai Hospital; Past Chair, Michael Dowling, North Shore–Long Island Jewish Health System; Past Chair, Herbert Pardes, M.D., NewYork-Presbyterian Hospital; Past Chair, Stanley Brezenoff, Continuum Health Partners, Inc.; Past Chair, Gladys George, Lenox Hill Hospital; Past Chair, Mark J. Mundy, New York Methodist Hospital; Past Chair, John R. Gunn, Memorial Hospital for Cancer and Allied Diseases; Past Chair, David P. Rosen, Jamaica Hospital Medical Center; Past Chair, Spencer Foreman, M.D., Montefiore Medical Center. The membership elected the following individuals to serve on the Board in the Class of 2010: Eli S. Feldman, Metropolitan Jewish Health System; Anthony C. Ferreri, Staten Island University Hospital; Michael Israel, Westchester Medical Center; Paul Kronenberg, M.D., Crouse Hospital; Samuel Lehrfeld, The Brooklyn Hospital Center; Daniel Reingold, The Hebrew Home For the Aged at Riverdale.

**President’s Address:** Following a review by GNYHA Senior Vice President David Rich of the 2007 Federal election results, political environment, health care policy backdrop, and GNYHA’s 2007 advocacy agenda, GNYHA President Kenneth Raske addressed the members. Mr. Raske discussed the past, present, and future of health care financing; health care reform goals; and the tremendous value of New York’s health care system. He began by reviewing the “regulatory” and “free-market” eras in health care, noting that both



GNYHA President  
Kenneth Raske



GNYHA Ventures  
President Lee Perlman



CMS Acting  
Administrator  
Leslie Norwalk

eras created financial hardships for hospitals. Mr. Raske then outlined GNYHA’s plan to provide a “roadmap” to the Executive branch for health care reform through shared responsibility on the part of the government, providers, HMOs, and pharmaceutical and device manufacturers, and through its *Cover New York* proposal, which would make private insurance more affordable and would require everyone to have coverage. Mr. Raske also emphasized the need to address bad debt and charity care, medical malpractice/liability

insurance, better management of high-cost Medicaid beneficiaries, high drug costs, and the bloated reserve levels of private payers, which could be used to help finance health coverage for the uninsured. Finally, Mr. Raske described the superior performance of New York’s health care system, including graduate medical education (GME), Medicaid, health care spending (New York ranks twenty-fifth nationally, near the median), the uninsured rate (lower than in other states), and such measures as age-adjusted deaths, cancer, stroke, and trauma.

**GNYHA Ventures Update:** GNYHA Ventures President Lee Perlman discussed the advocacy role of GNYHA Ventures, which works with suppliers to get the best pricing for non-profit providers and with the government to educate policymakers about the value of group purchasing organizations (GPOs). He noted that Ventures’ purchasing activity will generate more than \$85 million in gross revenues in 2007 to help provide the financial underpinning for the Association’s myriad member services. With its acute care group purchasing program as the driver, he said that GNYHA essentially reinvented the national GPO model by providing unique contracting flexibility terms. The program now has 317 hospitals working together, with particularly significant recent growth in NY and NJ. Mr. Perlman also discussed GNYHA Ventures’ work on technological innovations, clinical preference items, promoting safety in pharmacy, formulary management, and the group purchasing resource pool, and reported on the growth of Ventures’ businesses—Innovatix, Nexera, Cosmetrex, and Bellwether. He then described the GNYHA Ventures Compliance Program and its Code of Conduct and Conflict of Interest Policy, and concluded that the success of the Ventures businesses reflects GNYHA members’ support.

**Keynote Address:** Acting CMS Administrator Leslie Norwalk discussed the various health care aspects of President Bush’s proposed budget for next year, noting specifically that it is expected to cover \$454 billion in Medicare and Medicaid expenses, or 20% of the total budget. She focused on CMS efforts involving SCHIP reauthorization, the Medicare Trust

*continued on reverse*

Fund, improving hospital readmission rates, value-based purchasing, health information technology, medical coding, assessing the impact of services, the inpatient prospective payment system, and Medicare severity diagnosis-related groups.

**Capitol Hill Speakers:** Senator Charles Schumer, member of the powerful U.S. Senate Finance Committee, noted the importance of GNYHA and its members to New York and the country. He said that the new Democratic majority in Congress will be far more sympathetic to health care, hospitals—particularly NY hospitals—and teaching hospitals than has been the case in recent years, and he noted that President Bush’s proposed budget was devastating and disproportionately aimed at NY hospitals, which are already in a “precarious position.” He spoke about the President’s proposals to limit intergovernmental transfers, representing a \$350 million loss for health care, and to eliminate Medicaid GME by cutting millions of dollars to teaching hospitals, which he described as “the future” of NY and the whole country. He also observed that residents and interns who train in NY leave the State and provide services throughout the nation. Senator Schumer said that Congress had been working hard to prevent health care cuts and assured the membership that if the hospital provision of the Iraq War supplemental spending bill doesn’t go through, lawmakers will find another way to protect hospitals. He also discussed the need to reauthorize SCHIP and freeze the “75% rule” for inpatient rehabilitation facilities at its current level of 60%. He concluded by describing GNYHA’s role as “probably the most effective health care group in Washington” and expressed optimism about creating a better budget with the help of GNYHA and its members.

Congressman Charles Rangel, Chair of the House Ways and Means Committee and Dean of the New York Congressional



Delegation, emphasized the crucial role of health care in the economy. He said he was pleased that the hospitals have come together to work with him and determine how to devise an effective strategy for protecting crucial health care funding. He also noted the importance of the health care provision affecting public and teaching hospitals in the Iraq War supplemental spending bill and promised to work closely with the New York hospital community.

Congresswoman Nita Lowey, member of the Health and Human Services Appropriations Subcommittee, said that there are few issues of higher priority than ensuring the health of children and families, and that the role of providers and advocates is crucial to this mission. She said that the health care system faces unprecedented challenges that could threaten the long-term stability of an already fragile system and noted the need to stop funding cuts and damaging CMS regulations proposed at the Federal level. She also expressed her commitment to protect hospi-

tals through the Iraq War supplemental spending bill. She noted that NY has the best hospitals in the world and discussed her efforts to spearhead a GME trust fund to make sure that the best teaching hospitals and doctors stay in the New York area. She reinforced her belief that provider reimbursement needs to keep pace with inflation and the costs of providing care, and said she’s fought to get a fair market basket update for all hospitals. She also pointed out that NY sends more money to Washington than it receives in return, and said a fair Medicaid matching formula is long overdue. She concluded by noting that a combination of approaches will help providers meet the challenges they face so NY can remain a model in providing quality, compassionate, affordable care to all patients.

**Health Care Quality:** Dr. Steven Spear discussed the ways in which health care providers can eliminate the gap between intention and outcome that is often caused by overwhelming costs, intricate processes, and the volume of care needed. Focusing on challenges such as reducing infection rates, increasing discharge rates, and reducing medical errors generally, he described case studies from hospitals and industry to demonstrate how complex systems can be managed to perform optimally. Key to managing these systems, he said, is learning how to recognize and act on the interdependencies among the various components of a complex system, rather than treating each component in isolation, as well as eliminating ambiguity in process design and training staff to resolve problems rather than “work around” them. He also emphasized the support of senior leadership in achieving those goals and ultimately providing better care to more people with greater efficiency, better results, and lower costs. ■



GNYHA President Kenneth Raske at the podium during the satellite presentations by Congressman Charles Rangel, Senator Charles Schumer, and Congresswoman Nita Lowey.