



OCTOBER 15, 2007

Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

President Bush Vetoes SCHIP; Governors Spitzer and Corzine Sue HHS

On Oct. 3, citing concerns about size and scope, President George Bush vetoed the State Children's Health Insurance Program (SCHIP) reauthorization and expansion package (H.R. 976), which largely mirrored the Senate's original package of \$35 billion and was passed by Congress after months of negotiations. Since the Senate has enough votes to override a presidential veto, the pressure is now on the House to garner the nearly two dozen votes it needs to secure a veto-proof margin. Democratic leadership has announced that only 13 more Republicans are needed to change their vote in order to overturn

the measure. Two Republicans in the New York delegation, Reps. Tom Reynolds and Randy Kuhl, voted against the bill; in New Jersey, Republican Reps. Scott Garrett, Rodney Frelinghuysen, and Jim Saxton voted against the measure. A veto override date has been set for Oct. 18, 2007.

In related news, New York State announced on Oct. 1 that it is filing a lawsuit against the U.S. Department of Health and Human Services (HHS) for "violating provisions of the federal SCHIP, which provides affordable health coverage for children in families that cannot afford to buy private health insurance." The lawsuit is in

direct response to the Aug. 17 directive that HHS issued that severely limits states' abilities to expand their children's health insurance programs. The Centers for Medicare & Medicaid Services (CMS) cited violations with the criteria in the directive as the basis for recently denying NYS's waiver expansion application. According to an announcement by the Spitzer Administration, Maryland, Washington, and Illinois will join New York in filing the lawsuit; Arizona, California, Connecticut, New Hamp-

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NYS's GME System Contributes 77% of Primary Care Physicians in State's Underserved Areas

The Center for Health Workforce Studies at the School of Public Health, University at Albany, State University of New York, has released a report that quantifies the contribution of New York State's graduate medical education (GME) programs to the delivery of primary care in underserved areas of the State. According to the report, 77% of the primary care physicians practicing in New York State's health

professional shortage areas (HPSAs) did residency training in the State. This finding demonstrates that the State's GME system is an important feeder for those sections of New York that are most in need of primary care physicians.

As part of this analysis, the Center also focused in-depth on Erie and Bronx counties. In Erie County, more than three-fourths

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GNYHA Board Meets

The GNYHA Board of Governors met on October 11, 2007, and took the following actions:

- was reminded about the "Where to Practice" Open House event on Oct. 21, 2007 (see page 3 for details);
- heard a presentation on GNYHA's quality and patient safety initiatives, member advancements in these areas since participating in the programs, and plans for future initiatives;
- hosted New York Senator Charles Schumer, who updated the board on the health care reform climate in Washington; and
- was briefed by Partnership for Quality Care President Dennis Rivera on the group's national activities related to the State Children's Health Insurance Program reauthorization and partner recruitment plans for the coming months. ■

GNYHA Participates in Rehab Advocacy Day in Washington



Left to right (front): Gilda Ventresca-ECroyd, NYU Medical Center; Rep. Nita Lowey (D-NY), Anastassia Zinke, HANYS; Helen Morik, NewYork-Presbyterian Hospital; Aisling Zaccarelli, GNYHA; and Neil Abitabile, NorMet. Back: Margaret Dunn, Denise Jaferis, and MaryAnn MacCrate, St. Charles Hospital; Peter Flemister, M.D., Harlem Hospital; Mary Beth Walsh, M.D., Burke Rehabilitation Hospital; Chip Eisenman, Sunnyview Rehabilitation Hospital; Susan McLaughlin, St. Francis Hospital.

GNYHA, along with the Healthcare Association of New York State, the Northern Metropolitan Hospital Association, and the Nassau-Suffolk Hospital Council, held a joint “Inpatient Rehabilitation Facility Advocacy Day” on Oct. 3, following a morning program hosted by the American Hospital Association, the American Medical Rehabilitation Providers Association, and the Federation of American Hospitals. Representatives from the following GNYHA member hospitals participated: NYC Health and Hospitals Corporation, NYU Medical Center (representing the Rusk Institute and the Hospital for Joint Diseases), NewYork-Presbyterian Hospital, Burke Rehabilitation Hospital, and St. Charles Hospital.

The purpose of the day was to underscore the importance of including a freeze on the restrictive “Medicare 75% Rehab Rule,” which continues to threaten critical access to

inpatient rehabilitation facilities (IRFs). The ongoing implementation of the rule basically enforces a quota system by currently requiring that 65% of an IRF’s admissions, including private-pay patients, have a primary diagnosis that falls within 13 particular conditions or diagnoses. Without further Congressional action, the compliance threshold will increase to an even more restrictive 75% threshold on July 1, 2008. At that time, comorbidities will no longer be considered for compliance purposes, making the threshold significantly more difficult to achieve.

GNYHA, its partners in the hospital community, and IRF representatives first met with Congresswoman Nita Lowey (D-NY), who has spearheaded legislation (H.R. 4148) that would freeze the threshold at 60% and would require the development of more appropriate criteria for accessing rehabilitation services. The advocacy day included smaller group meetings with indi-

vidual House representatives, including Representatives Joseph Crowley (D-NY), Tim Bishop (D-NY), and John Hall (D-NY). The group then met with the offices of Senators Charles Schumer (D-NY) and Hillary Clinton (D-NY) and staff from the Senate Finance Committee to urge the inclusion of this bill as the Senate is beginning to develop its Medicare package.

Further, the group urged Senate offices to exclude provisions that are currently in the House Medicare package that would cut the annual inflationary update by 2.3% and would dramatically reduce IRF payments for three conditions (single hip and knee replacements, and hip fractures) to an enhanced nursing home rate. The latter provision would result in cuts totaling nearly \$2 billion, while still requiring that IRFs meet all their costly regulatory requirements, including the provision of three hours of physical and occupational therapy a day, 24-hour rehabilitative nursing care, and close medical supervision by a physician with specialized training.

As Congress is expected to debate rehabilitation issues and other Medicare provisions starting later this month or early next month, GNYHA will continue to aggressively protect access to New York’s rehabilitation providers. ■

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shire, and New Mexico will participate in litigation by filing *amicus* briefs.

Also of note, Senator Jon Corzine (D-NJ) filed a separate lawsuit on Oct. 1 against the Bush Administration on the SCHIP directive on the grounds that the public rule-making process was circumvented by fundamentally and arbitrarily changing the program through a letter rather than through the formal regulation process.

GNYHA will continue to work with its regional and national partners to advocate for the critical reauthorization and expansion of this vital program. ■

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Stephen K. Jones, F.A.C.H.E., has been selected as President and Chief Executive Officer of Robert Wood Johnson University (RWJU) Hospital and Robert Wood Johnson Health System. He has served as Interim President and Chief Executive Officer of the hospital since December 2006. From 1983 until his December 2006 appointment, Mr. Jones was Senior Vice President, Operations at RWJU Hospital. Before joining RWJU, he worked in management at other New Jersey facilities, including Somerset Medical Center and Barnert Memorial Hospital Center. Mr. Jones is past president of the Senior Healthcare Executives Society of New Jersey and of the Assistant Hospital Directors Association of New Jersey, and a Fellow of the American College of Healthcare Executives. • **Steven K. Galson, M.D., M.P.H.**, has been named Acting Surgeon General of the United States, replacing Acting Surgeon General Kenneth Moritsugu, M.D., M.P.H., who had succeeded Richard Carmona. ■

GNYHA/UHF Critical Care Leadership Network Launches Focused Educational Programs

On Oct. 2–5, GNYHA and the United Hospital Fund (UHF) held an intensive educational session for critical care fellows in using hand-held ultrasound devices on patients in the intensive care unit (ICU). This training is part of a larger educational program that the GNYHA/UHF Critical Care Leadership Network (CCLN) has designed to standardize education for ICU staff and physicians-in-training, which will translate to less variation in patient care, better adherence to evidence-based practice guidelines, and, ultimately, better patient outcomes. The programs also strive to capitalize on local critical care expertise and to highlight the New York region as the leader in exceptional critical care medicine.

The ultrasound course was the first in a series of intensive training sessions featuring local expert faculty in specialty critical care topics. Actors played the role of patients to provide hands-on instruction in critical care ultrasonography for first-year pulmonary/critical care fellows.

Hand-held ultrasound devices are becoming an increasingly important tool in the critical care setting because of their transportability, which enables clinicians to use the device and make more accurate diagnoses at



Lewis Eisen, M.D. (left) with a critical care fellow and an actor role-playing as a patient during the GNYHA/UHF educational session on using hand-held ultrasound devices.

the bedside without having to move the patient. Experiences in the clinical setting

have shown that these devices can facilitate early diagnoses, but also have demonstrated the importance of ultrasound training to ensure that the devices are used correctly.

The faculty for the program included Paul Mayo, M.D., Beth Israel Medical Center; Jose Yunen, M.D. and Lewis Eisen, M.D., Montefiore Medical Center; Seth Koenig, M.D., Long Island Jewish/North Shore University Hospital; Amy Malik, M.D., Elmhurst Hospital; and Elvio Ardilles, M.D. and Marilyn Kline, M.D., Bellevue Hospital Center.

GNYHA will continue to send updates to members about upcoming educational programs. For a complete schedule and to enroll hospital staff for a session, contact Zeynep Sumer at GNYHA. ■

"WHERE TO PRACTICE" OPEN HOUSE SET FOR OCTOBER 21

Open to All Physicians and Physician Residents—No Registration Required

Where: *Sheraton New York Hotel & Towers, Seventh Avenue and 53rd Street, New York, NY*

When: *Oct. 21, 2:00 p.m.–6:00 p.m.*

GNYHA, in cooperation with the NYS Department of Health, the Healthcare Association of New York State, the Iroquois Healthcare Alliance, and NYS legislators, will host the first *Upstate New York "Where to Practice" Open House* on Oct. 21 in Manhattan. At the event, physician residents from downstate teaching hospitals can network with upstate hospital representatives, physician practices, and recruiting organizations to discuss practice opportunities outside NYC. NYS officials will also be on hand to answer questions about physician loan forgiveness programs and J-1 visa waivers.

GNYHA is grateful to Senator Kemp Hannon and Assemblyman Richard Gottfried for their cosponsorship and support.

For more information, including how to exhibit, send an e-mail to openhouse@gnyha.org. ■

SHRPC UPDATE

At its meeting on October 4, the State Hospital Review and Planning Council (SHRPC) approved (in some cases with conditions or contingencies), the following GNYHA member projects: **Stony Brook University Medical Center**, addition of 32 medical/surgical and 4 ICU beds and conversion of 10

ICU beds to 10 cardiac care unit beds; **Gurwin Jewish Geriatric Center**, amendment of previously approved project to upgrade and renovate portions of one resident care building; **Alpine Home Health Care, LLC**, approval to acquire the operating interest of Beth Abraham Health Services' home health agency; **Metropolitan Jewish Home Care, Inc. d/b/a Metropolitan Jewish Hospice**, transfer of ownership of MJG Nursing Home Company, Inc.'s hospice program to Metropolitan Jewish Home Care, Inc.; and **Southampton Hospital**, designated stroke center.

AMBULATORY SURGERY: SHRPC also approved the certification of ambulatory surgery services at the Margaret Sanger Center for a five-year period (a "five year limited life"). The applicant will be required to seek permanent approval from SHRPC in five years and at that time will be required to provide information regarding the source of its patients. SHRPC and the Public Health Council have recently begun adding this contingency to ambulatory surgery projects.

FEEDING ASSISTANT REGULATIONS: At the meeting, SHRPC also approved the proposed rule for Feeding Assistants in New York State Nursing Homes, which will become effective upon publication of a "Notice of Adoption" in the *State Register*. It will allow nursing homes to hire or contract individuals to feed, under the supervision of a nurse, those residents with complicated feeding problems. According to the NYS Department of Health (DOH), feeding assistants are required to complete a 15-hour State-approved training program. The program will not be available until on or about Dec. 10, 2007. For the text of the proposed rule, see the *State Register* for 2007 under July 25, at www.dos.state.ny.us/info.

BED NEED METHODOLOGY IN RHCFS: At the meeting, SHRPC discussed the 709.3 Bed Need Methodology for Residential Health Care Facilities (RHCFS). Mark Kissinger, Deputy Commissioner, NYS Office of Long Term Care, discussed current nursing home rightsizing, Berger Commission recommendations, the 2007 bed need estimates, and the current trends in nursing home demographics, length of stay, payer source, and discharges. Title 10 NYCRR 709.3 Chapter V (16) mandates that DOH evaluate the RHCf bed need methodology by Dec. 31, 2007. DOH has indicated that it is continuing its analysis and is expected to make recommendations by the end of the year. ■

GNYHA Completes Infection Prevention Coach Training Pilot

GNYHA has completed the pilot sessions for the Infection Prevention Coach (IPC) Training Program—a new initiative to help hospitals improve infection prevention practices related to hand hygiene, health care worker immunizations, and environmental cleanliness. GNYHA developed the program with 1199 SEIU United Healthcare Workers East and the 1199 SEIU Training and Upgrading Funds (TUF).

The pilot consisted of a two-day training session for prospective infection prevention coaches on Sept. 27–28, which was repeated on Oct. 4–5. More than 75 hospital personnel—including staff from environmental ser-

vices and food service, nursing assistants, registered nurses, transporters, and managers—participated. The training used innovative strategies to promote teamwork, coaching skills, and knowledge about infection prevention, quality, and patient safety. Through the use of interactive case studies and role-playing, participants developed strategies to improve communication, redesign workflow, and work with employees who resist change. According to the program evaluations, hospital executives and ancillary staff at the participating facilities have been very impressed with the program, particularly the enthusiasm and sense of empowerment staff demon-

strate after completing the training.

By learning about the critical role that each person can play in decreasing hospital infections, coaches are encouraged to lead, support, mentor, and inform other members of the health care team about ways to improve hand hygiene, increase the number of employees who get a flu shot, and the importance of a clean environment. Hospital administrative staff are encouraged to continue to mentor the coaches, including engaging them in opportunities to educate other staff and provide ongoing monitoring of hospital infection rates. The IPC Program has been designed to allow for hospital forums, special projects, follow-up training, and education. GNYHA, 1199 SEIU, and the 1199 SEIU TUF are confident that this program has given the coaches the skills they need to improve the quality of care at hospitals and that this will translate to decreased infection rates. Because coaches move throughout the hospital, they can serve as advocates for the patient to ensure that all staff provide the best care possible.

Each participating hospital was required to submit baseline data on hand-washing compliance, employee immunization rates, and hospital cleanliness. In January 2008, those data will be collected again by each hospital, analyzed, and shared at a conference where participating institutions will present their achievements.

For additional information, contact Terri Straub or Julie Mathew, both at GNYHA. ■

Upcoming Briefings for GNYHA Members

The Intersection of Quality, Governance, and Compliance

Date: Monday, October 22, 2007 • **Time:** 1:00 p.m.–4:30 p.m.

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

This briefing, hosted by GNYHA, will feature NYS Medicaid Inspector General Jim Sheehan; David Hoffman of David Hoffman and Associates; and Michael Peregrine of McDermott Will & Emery LLP. As government agencies and boards of directors pay increasing attention to health care quality and associated regulatory compliance, providers are seeking to integrate quality into their compliance programs, which is especially good practice in the NY region given Mr. Sheehan's interest in quality and governance as important aspects of providers' mandatory compliance programs. For more information, contact Deborah Brown (brown@gnyha.org); to register, contact Asali Daniel (adaniel@gnyha.org), at GNYHA.

Implementing Best Practices to Save More Lives

Date: Tuesday, October 23, 2007 • **Time:** 8:30 a.m.–4:30 p.m.

Location: Adams Mark Hotel, 120 Church Street, Buffalo, NY

The United Network for Organ Sharing is sponsoring this program, which is geared toward critical care nurses and hospital administrators in NYS and Vermont and is intended to identify best practices in order to increase organ donation. NYS Commissioner of Health Richard Daines, M.D., recently sent a letter to hospital administrators encouraging them to send staff to the program, and the NYS Department of Health, through a grant to the New York Alliance for Donation, is paying for the cost of registration for conference attendees. For more information, contact the New York Organ Donor Network at (646) 291-4444. To register online (by Oct. 18, 2007), visit www.regonline.com/reg9collab. ■

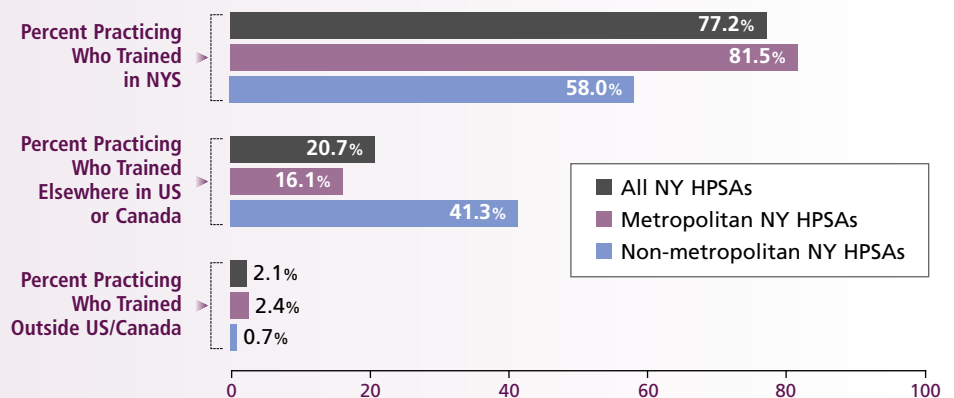
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of the primary care physicians practicing in HPSAs had completed GME in New York State. In the Bronx HPSAs, more than 80% of the primary care physicians had completed GME training in New York State.

The preparation of the report, *The Contribution of New York Graduate Medical Education to Primary Care in HPSAs*, was supported by GNYHA to help inform the policy discussions regarding the important role of New York State's GME system. ■

Contribution of GME, by Region, to Primary Care in Underserved Areas of NYS, 2006



Note: HPSA = health professional shortage area.

Source: Center for Health Workforce Studies, *The Contribution of New York Graduate Medical Education to Primary Care in HPSAs* (School of Public Health, University at Albany, State University of New York, 2007).