



October 29, 2007

Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

Another SCHIP Bill Passes House; Still Fails to Secure Needed Votes

On October 25, the U.S. House of Representatives voted once more to reauthorize the State Children's Health Insurance Program (SCHIP), but the measure again failed to secure enough votes to override another expected Presidential veto. By a vote of 265–142, a revised compromise measure (H.R. 963) passed the House and, at press time, was expected to pass the Senate with a veto-proof margin. All House members of the New York and New Jersey delegations voted in support of the measure with the exception of Representatives Randy Kuhl (R-NY), Tom Reynolds (R-NY), Scott Garrett (R-NJ), Jim Saxton (R-NJ), and Rod-

ney Frelinghuysen (R-NJ).

The measure had been revised following a critical vote on October 18, when the U.S. House of Representatives failed to override the President's veto of October 3. Although House leadership had picked up eight additional votes, the final 273–156 margin had fallen 13 votes short of overriding the Presidential veto. All voting members of the New York delegation had voted in support of the measure with the exception of two Republicans—Representatives Tom Reynolds and Randy Kuhl, who voted against the bill. All but four House Democrats voted for the measure: Representatives Gene Taylor (D-Miss.)

and Jim Marshall (D-Ga.) voted against the bill, and Representatives Julia Carson (D-Ind.) and E. B. Johnson (D-Tex.) did not vote.

The revised compromise measure addressed many concerns moderate Republicans had about income eligibility, access to services for adults and illegal immigrants, and private versus public health insurance. Specifically, the program would cap income eligibility at 300% of the Federal poverty level (including New York), though New Jersey would be grandfathered in with some restrictions. Also, states would be required to phase out childless adults starting next year, and the

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GNYHA and UHF Launch Perinatal Safety Collaborative

More Than 400 Clinicians from 33 Hospitals Attend Initial Training Sessions

On October 16 and 17, more than 400 physicians, nurses, and other clinicians from 33 hospitals attended two "kick-off" training sessions to introduce the GNYHA/United Hospital Fund (UHF) Perinatal Safety Collaborative. The Collaborative aims to enhance patient safety for mothers and neonates and to improve the quality of obstetrical and perinatal care by identifying the best practices for the delivery of care that can be implemented in hospitals. The Collaborative

is developing a comprehensive team approach to the management of the patient in labor, in which patient care is delivered by highly reliable teams working within carefully designed systems that enable effective communication among the team members.

Michael Leonard, M.D. and Michael Fox, national experts in communication, crew resource management, and clinical evaluation in the perinatal setting, provided the training

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More Than 200 Residents Attend "Where to Practice" Open House

On October 21, GNYHA—in cooperation with the NYS Department of Health, Iroquois Healthcare Alliance, and the Healthcare Association of New York State—sponsored the Upstate New York "Where to Practice" Open House in Manhattan, at which hospital recruiters from upstate New York networked with physician residents from downstate who are looking for practice opportunities. See *Special Insert* for full story.

NYS OMH Commissioner Discusses Mental Health Reform at GNYHA Foundation–UHF Symposium

On October 17, Michael Hogan, Ph.D., Commissioner of the New York State Office of Mental Health (OMH), discussed the challenges to achieving mental health reform at the *Eighteenth Annual Symposium on Health Care Services: Research and Practice*, sponsored by the GNYHA Foundation and the United Hospital Fund (UHF). Addressing 200 health services researchers, practitioners, and policymakers, Commissioner Hogan commented on the challenges to achieving mental health reform and coordination of services for this population in New York. Following the Commissioner's remarks, Sherry Glied, Ph.D., the Chair of the Department of Health Policy and Management at the Mailman School of Public Health at Columbia University, discussed how the treatment of mental illness has advanced over the last several decades and how the support system for those with mental illness, despite making strides, needs further reform.

In his remarks, Commissioner Hogan indicated that the principal mental health policy challenges for New York State are how to appropriately reimburse mental health clinics for the care they provide and how to rebalance the system from one that emphasizes inpatient care to one that emphasizes integrated community care. In terms of the integration of services, Commissioner Hogan noted that the State is focusing on strategies to bridge the disconnect between mental health and general health, and in particular on strategies for promoting the detection and treatment of mental disorders in general health settings, the incorporation of mental health treatment capabilities into all chronic illness management settings, and the incorporation of primary care treatment capabilities into all mental health clinical settings.

The Symposium also included sessions that focused on health literacy and nursing home policy changes in New York, and roundtables that focused on the use of geographic information systems for program

planning and the health risks to older New Yorkers. At lunchtime, participants were

invited to attend a poster session that focused on some of the innovative research and evaluation programs being conducted around the region. ■

GNYHA ADVOCACY ACTIVITIES

Helping Members Help Themselves

“Resident for a Day” Program Continues in Brooklyn and the Bronx

“Resident for a Day” is an ongoing program sponsored by GNYHA and its members to educate NYS legislators about physician training, graduate medical education (GME) in New York’s teaching hospitals, and the importance of GME to their constituents. This article is part of GNYHA’s continuing report on the program.

On October 3, St. Barnabas Hospital in the Bronx hosted a “Resident for a Day” visit with Assemblyman Michael Benjamin (D-Bronx), and on October 5, with State Senators Efrain Gonzales, Jr. and Jeffrey Klein. Jerry Balentine, D.O., Chief Medical Officer; Eric Appelbaum, D.O., Residency Director, Emergency Medicine; and David Rubin, M.D., Residency Director, Pediatrics coordinated a discussion and demonstration of physician residents’ role at the hospital and how the teaching process enhances patient care. Accompanied by physician residents, the legislators visited the emergency department, trauma center, ICU, and radiology department. Physician resident participants included Jordana Alter, D.O., Administrative Resident, Emergency Medicine; Julie Hurtado, M.D.,

Chief Resident, Pediatrics; and Chief Residents Lovleen Hira, D.O. and Shannon McCrann, D.O. St. Barnabas Hospital President and CEO Scott Cooper, M.D. also participated in the discussions.

On October 18, S.U.N.Y. Downstate Medical Center in Brooklyn hosted Assemblyman Karim Camara (D-Brooklyn), who was briefed by the hospital’s senior administrators, including Debra Carey, CEO; George Frangos, Ph.D., Associate Dean for GME; Miriam T. Vincent, M.D., Ph.D., Professor and Chair, Department of Family Practice; Ian Taylor, Dean, S.U.N.Y. Downstate College of Medicine; Michael Harrel, Assistant Vice President, Government and Community Affairs; GNYHA staff; and others. The Assemblyman then met with attending physicians and residents in the urology operating room, family medicine, and the emergency and pediatric departments, and sat in on morning rounds, when attending physicians and residents discuss a challenging patient case from the previous evening. ■



Left to right: At St. Barnabas Hospital, Stacey Barnes, D.O., Chief Resident, Emergency Medicine; Jordana Alter, D.O., Administrative Resident, Emergency Medicine; Julie Hurtado, M.D., Chief Resident, Pediatrics; Michele Bidros, M.D., Chief Resident, Medicine; Assemblyman Michael Benjamin (D-Bronx); David Rubin, M.D., Residency Director, Pediatrics; and Eric Appelbaum, D.O., Residency Director, Emergency Medicine.



Left to right: Senator Efrain Gonzales, Jr.; Jerry Balentine, D.O., Chief Medical Officer, St. Barnabas Hospital; and Senator Jeffrey Klein.

Nearly \$800 Million in HEAL NY and F-SHRP Funding Priorities Announced So Far

Approximately \$789 million in funding provided by the State of New York under the Healthcare Efficiency and Affordability Law for New Yorkers (HEAL NY) and the Federal-State Health Reform Partnership (F-SHRP) program has been awarded or is out to bid for use by health care facilities to date. The total funding available under the two programs is \$2.5 billion, which comprises \$1 billion from the HEAL NY program and \$1.5 billion from F-SHRP. The funding for HEAL NY is scheduled to be made available over the course of four State fiscal years (SFYs), from SFY 2005, which commenced on Apr. 1, 2005, through SFY 2008, which ends Mar. 31, 2009. The funding for the F-SHRP program will be made available in equal increments of \$300 million over the course of five Federal fiscal years (FFYs), from FFY

2007, which commenced on Oct. 1, 2006, through FFY 2011, which ends Sept. 30, 2011.

HEAL NY funding—which is intended for health care facility restructuring and health information technology development—comes through appropriations and bonding authorization, the latter of which specifies capital uses for the funding. The F-

Current HEAL NY and F-SHRP Funding Commitments and Balance

ITEM	AMOUNT (IN MILLIONS)
Total HEAL NY/F-SHRP Funds	\$2,500
Total Committed Funds^a	\$789
• Restructuring	\$630
• Health Information Technology	\$159
Total Uncommitted Funds^b	\$1,679
^a Funds that have been announced as awards or are currently out to bid.	
^b Balance of all remaining funds.	

SHRP program is a Federal Medicaid waiver that provides matching funds to the State of New York for the purposes of rightsizing the acute care delivery system, reforming the delivery of long-term care services, and adopting health information technology. The F-SHRP waiver does not limit the specific cost categories for which this funding may be used. For this reason, the New York State Department of Health and the Dormitory Authority of the State of New York, which administer the two programs, are tapping into both sources of funding on an as-needed basis and working within the specific use and time limitations for each funding source. **Current Commitments for HEAL NY and F-SHRP Funding:** The table at left indicates current commitments and remaining funds for the two programs. “Committed funds” are defined as funds that have been announced as awards or are currently out to bid. “Uncommitted funds” make up the balance of all remaining funds. ■

NYS Medicaid Inspector General Speaks at GNYHA Seminar on Quality, Governance, and Compliance

On Oct. 22, GNYHA hosted a seminar, *The Intersection of Quality, Governance, and Compliance*, at which NYS Medicaid Inspector General Jim Sheehan was the keynote speaker. Mr. Sheehan discussed his views on the expanding role of the hospital board in relation to quality measures and related compliance functions. He also stressed the importance of meaningful peer review and responsive regulatory compliance processes.

Following Mr. Sheehan’s remarks, David Hoffman, a former Assistant U.S. Attorney for the Eastern District of Pennsylvania with extensive quality- and compliance-oriented prosecution experience, spoke about effective legal and clinical steps hospitals can take to ensure quality of care through compliance. Like Mr. Sheehan, he mentioned the importance of systemwide, meaningful compliance training and ongoing testing and education.

The afternoon concluded with remarks by Michael Peregrine, a partner with the law firm of McDermott, Will & Emery, who has been instrumental in the development of

national white papers on nonprofit health care governance structures; these documents are part of a joint project between the U.S. Department of Health and Human Services Office of Inspector General and the American Health Lawyers Association. Mr. Peregrine spoke about key governance issues and

emerging trends for consideration by board members, with respect to special duties of care and obedience to mission, as they relate to oversight of the quality of care.

Materials from the seminar have been circulated to GNYHA members and are available to those who have not yet received them. Members who wish to receive a packet should contact Asali Daniel at adaniel@gnyha.org. ■

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bill would strengthen the citizenship requirements to ensure that the program covers only low-income American children. Finally, all states would be required to develop plans and implement best practices to prevent families from deliberately withdrawing children from private insurance for public coverage.

The House had passed the original compromise SCHIP bill (H.R. 976) on Sept. 25, 2007, by a vote of 265–159 (nearly two dozen votes short of the votes needed for a veto override). The Senate had approved the bipartisan measure on Sept. 27 by a veto-proof vote of 67–29. Since the President had vetoed the \$35 billion reauthorization measure in early October, Democratic Congressional leadership

and the advocacy community have made fervent efforts to garner support from House members who voted against the underlying bill in order to override the veto.

Although the program was set to expire on Sept. 30, 2007, a temporary spending measure will continue to provide funding at fiscal year 2007 levels until Nov. 16, 2007. If a compromise is not reached by that time—and one does not look likely—Democratic leadership is strongly considering passing a year-long temporary spending measure that would fund the existing program through the end of the Federal fiscal year, which would thrust SCHIP reauthorization into the middle of the 2008 election season. ■

NYS DOH and Physician Groups Collaborate on “Near-Miss” Reporting

The New York Chapter of the American College of Physicians (NYACP) and the Association of Program Directors in Internal Medicine, New York Special Interest Group (APDIM-NYSIG), in collaboration with the NYS Department of Health (DOH), Center for Patient Safety, recently launched their *Near-Miss Registry Project*. The project aims to prevent adverse occurrences through the use of data collection and analysis of “near-miss” occurrences that take place in hospitals. Initially, the registry project was a voluntary pilot initiative that began in 2004 among five internal medicine residency programs. In July 2007, DOH expanded this voluntary project and invited all of the internal medicine residency programs in NYS to participate.

Background: In an effort to combat preventable medical errors, the 1999 Institute of Medicine (IOM) report, *To Err is Human*, made recommendations for building a safer health system. IOM recommended mandatory reporting for all adverse events and encouraged the development of a voluntary reporting system for “near-misses,” which are defined as events that could have resulted in harm but were identified or prevented from occurring before the patient was actually affected in any way.

Several states, including New York and New Jersey, have mandatory reporting requirements for certain types of medical errors and other adverse occurrences. The New York Patient Occurrence Reporting and Tracking System is the mandatory reporting

system for NYS. Near-miss events, which are believed to occur much more often than medical errors, are not required to be reported and, therefore, related data cannot be captured and analyzed. The IOM report posited that near-misses could be powerful indicators of systemic weakness and encouraged the development of a process for reporting them.

Goals and Methodology: The goals of the *Near-Miss Registry Project* are to identify and analyze the causes and patterns of near-miss events and to identify the positive “barriers” that help to protect patients from experiencing a medical error by preventing the error from reaching them. Achieving these goals will help health care providers anticipate errors, redesign systems, improve quality, and prevent patient harm. Aggregate data derived from the reports submitted will be analyzed by the Near-Miss Advisory Committee. The “lessons learned” from these near-miss occurrences will be identified and provided to all institutions across NYS.

The project utilizes an Internet-based tracking instrument, through which internal medicine residents across the State can anonymously report de-identified patient data on near-miss occurrences. DOH has received approval for the data collected under the project to be protected from discoverability by a research waiver exception under NYS Public Health Law Section 206 (1)(j).

Participation: Hospitals interested in participating in the *Near-Miss Registry Project* can request a presentation at their institution by contacting Mary Donnelly, Quality Improvement Coordinator, at mdonnelly@nyacp.org. The presentation will include an outline of the project’s goals and objectives along with instruction on the use of the Web-based reporting tool. For more information regarding the *Near-Miss Registry Project*, contact Lorraine Ryan at GNYHA or Mary Donnelly at NYACP. ■

GNYHA and UHF will be contacting all the hospitals in the Collaborative to identify additional educational needs and to address the challenges of implementing elements of the initial training. For more information about the Collaborative, contact Lorraine Ryan or Terri Straub, both at GNYHA. ■

Upcoming Briefings for GNYHA Members

Stark Law Regulatory Changes and Enforcement Trends

Date: Wednesday, November 14, 2007

Time: 2:00 p.m.–5:00 p.m.

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

This briefing will cover recent changes to the physician self-referral law—or “Stark law”—regulations, and enforcement trends relating to the Stark law and other fraud and abuse control areas. The briefing will feature attorneys from the United States Attorney’s Office for the Eastern District of New York and the Office of the New York State Attorney General, Civil Enforcement Unit, along with health care attorneys from the firm of King & Spalding LLP. Though the participating government attorneys are focused on New York State developments, there will be a discussion of national activities as well. For more information, contact Deborah Brown (brown@gnyha.org), and to register, contact Asali Daniel (adaniel@gnyha.org), at GNYHA.

Preventing the Spread of Influenza in the Health Care Environment

Date: Thursday, November 15, 2007

Time: 9:00 a.m.–1:00 p.m.

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

As worldwide concern about the possibility of an influenza pandemic continues to grow, health care organizations must be prepared. This briefing, part of GNYHA Services’ 2007 *Clinical Update Series*, will focus on screening strategies, infection prevention and control, and personal protective equipment requirements and compliance. The featured speaker will be Suzanne Pear, R.N., Ph.D., C.I.C., Associate Director for Infection Prevention Practices, Scientific Affairs and Clinical Education, Kimberly-Clark Health Care. For more information, contact Tim Glennon (glennon@gnyha.org), and to register, contact Stuart Cunningham (cunningham@gnyha.org), at GNYHA Services. ■

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at the kick-off sessions. Those who attended offered very positive feedback about the content of the program.

The Perinatal Safety Collaborative is one of several GNYHA/UHF-sponsored patient safety and quality collaboratives. The overarching goals of all these efforts are to identify best practices and standardize protocols; educate staff about these practices and protocols; promote teamwork and communication skills training; empower frontline staff to initiate early interventions and reduce variation in

practice; and work with senior leadership to ensure that changes made are sustainable.

Throughout the Collaborative, GNYHA and UHF will work with participating hospitals to assist them and ensure that improvements are sustained. This support will include ongoing and regularly scheduled conference calls; data collection and data reporting requirements; ongoing data monitoring and reporting to senior leadership; and ad hoc site visits by GNYHA/UHF staff and perinatal expert clinicians to monitor progress.