



March 8, 2010

Skyline news

Reporting on New York's Health Care News

President Pushes for Health Reform

President Barack Obama has reignited the health reform debate in the last two weeks by voicing his commitment to facilitating the passage of reform legislation by Congress. The President also convened a bipartisan, bicameral, televised health care summit February 25 in an effort to pave the way for reform and to “bridge the gap” between Democratic and Republican proposals. White House Chief of Staff Rahm Emanuel and Health and Human Services

Secretary Kathleen Sebelius invited House and Senate leadership of both parties, as well as the chairs and ranking members of committees of jurisdiction to participate in the daylong session that, despite efforts to find common ground, ended with each side as entrenched as they started.

A few days before the summit, the White House posted an 11-page health care reform proposal outlining changes to the Senate-passed reform bill to facilitate discussion on the “best parts” of the single-chamber-passed bills and areas for improvement. The skeleton bill in that proposal signaled that the White House is not ready to scale back the initiatives the House and Senate have already passed. Last week the President announced that he wants Congress to move as quickly as

possible on a compromise measure amending the Senate bill using a procedure known as reconciliation. Such a procedure would allow a compromise bill to proceed in the Senate with a simple majority, but the contents of the package would be subject to stringent parliamentary rules requiring that each provision either spend or save money. To avoid another vote in the Senate on the broader underlying package, the House is expected to pass the Senate bill, and each chamber will pass the reconciliation measure amending the Senate’s provisions. However, it’s expected that the Senate would need to demonstrate that it has the votes to pass the reconciliation measure before the House will pass the underlying Senate measure that the

continued on page 2

FHCDA Passes NY Senate

The Family Health Care Decisions Act is one step closer to becoming law after the New York State Senate passed the bill on February 24. The bill, which has been considered but never passed for 17 years, closes the gap in State Law that inhibits surrogate decision making. It allows family members or others to act on behalf of loved ones who have lost the capacity to make their own decisions. The bill passed the Assembly in January and is now on its way to the Governor’s desk for signature. Senator Thomas Duane (D-Manhattan) and Assemblyman Richard Gottfried (D-Manhattan) sponsored the legislation. Over the years, GNYHA and hospital representatives have strongly supported this important bill. ■

GNYHA Lays Claim to New Federal Relief

Last week, GNYHA met with many members of the New York State Legislature to express opposition to the damaging cuts and tax increases proposed in the Executive Budget for the fiscal year that starts April 1. GNYHA’s message has been simple: 1) New York’s financially struggling hospitals, nursing homes, and home health care providers have been cut seven times since April 2007 and more cuts

will lead to additional service reductions, layoffs, bankruptcies, and closures; 2) there is more than enough Federal Medicaid relief coming into the State coffers to completely eliminate the estimated \$459 million the State would save with the budget’s health care provider reimbursement rate cuts and tax increases.

One funding source alone—the new \$407 million in Federal relief for New York the Obama Administration announced

continued on page 4

Survey to Help Members Reduce Readmissions

This week, GNYHA plans to survey member hospitals to assess what they are doing to reduce preventable readmissions and identify the areas of discharge management they find challenging. The survey will be distributed electronically to all member hospitals, and it is vital for GNYHA to receive feedback on members' specific challenges and needs by completing the survey.

Hospitals risk significant penalties in the coming years with regard to preventable readmissions. Through its Transitions in Care Workgroup, and in partnership with the United Hospital Fund (UHF) and GNYHA's long term care affiliate the Continuing Care Leadership Coalition, GNYHA has been working to identify the operational issues and patient characteristics that commonly contribute to hospital readmissions. The Workgroup comprises clinical and administrative representatives from acute and long term care organizations, home care providers, and representatives of the New York Chapter of the American College of Physicians. The survey will help inform Workgroup participants, GNYHA, and UHF

as they design a work plan to help member hospitals address the issue of avoidable readmissions, with the primary goals of improving quality of care and patient satisfaction while avoiding financial penalties.

In addition to the transitional care focus, GNYHA's The Health Economics and Outcomes Research Institute (THEORI) is examining the impacts of socioeconomic and community-based risk factors on readmission rates. Studying these characteristics may yield information on why certain patient populations are more susceptible to being readmitted to the hospital. This analysis will be used to recommend enhancements to the risk-adjustment methodologies the Centers for Medicare & Medicaid Services use to determine hospital readmission rates.

However, reducing preventable readmissions rates will ultimately require that hospitals improve their discharge planning processes, improve communication with community-based providers, and develop creative ways of organizing a continuum of medical, behavioral, and social support services beyond hospital discharge. The

GNYHA/UHF Workgroup and survey are two ways to help hospitals achieve those objectives.

For more information on this initiative and the GNYHA survey, contact Lorraine Ryan, ryan@gnyha.org. ■

GNYHA BOARD MEETS

The GNYHA Board of Governors met March 4, 2010, and took the following actions:

- approved the GNYHA Nominating Committee recommendations for individuals to serve as Board members and officers of the Association for the 2010–11 term. The membership will vote on the nominees at the GNYHA Annual Meeting on April 20.
- heard an update on Federal health reform, including a report on the February 25 White House Health Reform Summit, the likely next steps Congress will take regarding health reform legislation, and a review of items in the current legislation that are of concern to GNYHA members. Those items include ensuring the Medicaid matching rate (FMAP) for New York and New Jersey is fair and adequate; hospital readmission penalties; a proposed Independent Medicare Advisory Commission; a device tax and graduate medical education slots.
- received an update on the U.S. Senate's proposed jobs bills, which have items that pertain to health care, such as an FMAP extension and a clarification for proposed health information technology regulations.
- received an update on the State budget situation, including reports from members who attended HANYS March 3 Advocacy Day.
- learned about and discussed proposals developed by GNYHA to address issues surrounding State hospital readmission penalty plans and disproportionate share concerns for public and voluntary hospitals.

GNYHA's Board has been invited to attend the next Executive Committee meeting on March 18, 2010. ■

Save the Date

Please reserve the following dates for the GNYHA Annual Meeting and the GNYHA Annual Reception and Awards Ceremony

2010 Annual Meeting
Tuesday, April 20, 2010

2010 Annual Reception and Awards Ceremony
Thursday, May 27, 2010

Health Reform *continued*

reconciliation package amends.

With Congress adjourning March 29 for its two-week spring recess, the timeline is compressed for such comprehensive legislative action. GNYHA remains extremely concerned about several problematic provisions in the Senate bill, including the steep and damaging Medicare and Medicaid disproportionate share hospital cuts; the Independent Payment

Advisory Board, which will preempt payment policy decisions from Congress; inequitable treatment of states that have already expanded their Medicaid programs (in terms of Federal matching support); and an overreaching and inappropriate readmissions policy. As *Skyline News* went to press, it was unclear which of these policies will be addressed in the reconciliation measure expected to be scored by the Congressional Budget Office this week. ■

Soda Tax Resurfaces in Budget Debate

As part of his SFY 2010–11 Executive budget, New York Governor David Paterson has once again endorsed a “sugary drink tax,” which would place a penny-per-ounce tax on sweetened water, soda, sports drinks, “energy” drinks, colas, sweetened bottled coffee

or tea, and sweetened fruit or vegetable drinks containing less than 70% natural fruit or vegetable juice. Milk, milk products, milk substitutes, dietary aids, and infant formula are exempt. Governor Paterson first proposed a tax on non-diet drinks in his SFY 2009–10 Executive budget as a means to raise revenue and reduce obesity in New York State, but it did not pass.

The proposal has gained a lot of traction with health and community groups, as well as voters. A Quinnipiac poll released last month found that a majority of New York City voters favor the tax. A recent Kiley & Company poll found that nearly 60% of New Yorkers support the tax as a way to reduce childhood obesity, and fully 78% support it if the revenue raised is used to prevent health care cuts.

“It’s increasingly clear that we need to take decisive action to stop the epidemic of obesity in New York State,” said State Health Commissioner Richard F. Daines, M.D. “And a majority of New Yorkers support a tax on sugary beverages when they know the tax revenue will support health care and obesity prevention initiatives.” Today, Commissioner Daines is scheduled to join a panel of clinicians and advocates in Albany to speak on the soda tax at a symposium sponsored by the New York Academy of Medicine.

Many clinicians and child advocates see the tax as a “win-win” approach to protect New York’s children from the health consequences of obesity and stave off devastating cuts to New York’s strug-

gling health care system. The \$450 million in new revenue generated by the tax would nearly equal the \$459 million in cuts and taxes to hospitals, nursing homes, and home care proposed in the Executive budget. The Alliance for a Healthier New York (AHNY), a

coalition of nearly 60 organizations, including GNYHA, in February launched a comprehensive statewide TV and radio campaign to persuade New Yorkers and Albany lawmakers to support the proposal. The ads feature actual doctors and nutritionists who work with overweight and obese children and concur, “If there’s something we can do to reduce the amount of sugary drinks kids have every day, we should do it.” To access the ads, visit www.healthiernow.org. ■



GNYHA MEMBER BRIEFINGS

OMIG Audit Activity Briefing

Date: Thursday, March 11, 2010

Time: 9:30 a.m.–11:30 a.m.

Location: GNYHA Conference Center

John Foley, Deputy Medicaid Inspector General for Audit of the New York State Office of the Medicaid Inspector General (OMIG), will speak to GNYHA members about the OMIG’s audit activities. The agenda is expected to cover ongoing OMIG audit activity, anticipated OMIG projects and priorities, and GNYHA member questions. To register, please email Laurie Sangirardi at sangirardi@gnyha.org. If you have a specific issue you wish to see covered, please include it in your email registration. Contact Deborah Brown, brown@gnyha.org, for any questions regarding the briefing. ■

CCLN Educational Program: Postoperative Care of the Cardiac Surgical Patient

Date: Friday, March 12, 2010

Time: 8:00 a.m.–4:00 p.m.

Location: GNYHA Conference Center

This Critical Care Leadership Network program will focus on caring for post-cardiac surgery patients in the intensive care unit. The session will review the current literature in the practice of cardiac intensive care, as well as perioperative management of patients undergoing cardiac surgery, including physiology, pharmacology and cardiac support technologies. Critical care physicians, fellows and residents in particular from GNYHA member hospitals are urged to attend. For registration and more information, contact Laurie Sangirardi, sangirardi@gnyha.org. ■

HIPAA Privacy and Security Workgroup Joint Meeting

Date: Tuesday, March 16, 2010

Time: 3:00 p.m.–5:00 p.m.

Location: GNYHA Conference Center

GNYHA will hold a joint meeting of its Privacy and Security Workgroups to discuss the amendments to the Health Insurance Portability and Accountability Act (HIPAA) made through the Health Information Technology for Economic and Clinical Health (HITECH) Act. Those amendments include increased enforcement and penalty provisions. Patricia M. Wagner of the law firm of Epstein, Becker, and Green will give a presentation that includes an overview of the HITECH Act’s data breach reporting requirements and revisions to business associate agreements. For more information, please contact Maria Woods (mwoods@gnyha.org) or Zeynep Sumer (zsumer@gnyha.org). To register, please contact Laurie Sangirardi (sangirardi@gnyha.org). ■

RRS Collaborative Winds Down

Reducing the number of code-blue calls at participating hospitals was one of the original goals of the GNYHA/United Hospital Fund-sponsored Rapid Response Systems (RRS) Collaborative. Participants met on March 4 to celebrate meeting that goal, and other targets or goals, over the Collaborative's last three years.

In 2009 the Collaborative participants' decrease in the code-blue call rate reached statistical significance, a success many RRS initiatives across the country have not seen—a testament to the tireless efforts of the Collaborative's participants. In addition, the Collaborative results are consistent



Lorraine Farrell, FNP, RPAC (right), Patricia Fernandez, ANP, PNP, both of John T. Mather Memorial Hospital

with a recent journal publication showing that it can take years for a measurable difference in code rates to be realized from an RRS.

Also known as medical emergency teams (METs), RRS are designated teams of clinicians who identify patients at risk, respond to early signs of acute deterioration, and bring critical care expertise to the bedside before patients decline into a critical state. Collaborative Chair Mark Rosen, M.D., of North Shore-LIJ Health System, shared the RRS Collaborative data, along with a review of the literature and best practices, at the wrap-up. The 27 hospitals actively participating in the Collaborative saw other signs of success with RRS, in-



Mark J. Rosen, MD, RRS Collaborative Chair

cluding an increase in the number of calls to the rapid response team, as well as improved staff and patient satisfaction. Lorraine Ryan, GNYHA's Vice President of Legal, Regulatory and Professional Affairs, and David Gould, Senior Vice

President for Program at UHF, opened the event by discussing the RRS Collaborative and focused on how hospitals can sustain their systems moving forward.

Meeting participants responded enthusiastically to the newly created RRS training videos, which GNYHA and UHF developed to help sustain the initiative and to promote family-activated RRS. The video series will be made available to all members, along with an RRS toolkit of resources that facilities can use as they develop an RRS program. For more information, contact Zeynep Sumer (zsumer@gnyha.org), or Kelly Donohue (donohue@gnyha.org). ■

Federal Relief *continued*

February 18—would wipe out nearly all of the proposed provider cuts and tax increases. This, coupled with an extension of the Federal Medicaid relief from the economic stimulus bill that State officials have

projected will provide more than \$1 billion in additional relief in the coming fiscal year, completely obviates the need for more Medicaid cuts and provider tax increases. It is extremely important to eliminate the

budget's proposed provider cuts and taxes, especially since the actual impact is over \$1 billion annually due to the concomitant loss of Federal funds associated with the proposed Medicaid cuts.

Legislature Foresees Bigger Deficit

On March 1, the Governor and State Legislative leaders agreed that revenues for the current fiscal year and next will be \$850 million less than the Division of the Budget projected in early February, creating yet another hole in the State budget. Given this, GNYHA and 1199 SEIU continue to advocate for new revenues that could be dedicated to health care, including the Governor's proposed tax on ingredients in fattening beverages (see story, page 3) and increase in tobacco taxes. ■

