

Progress Notes

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Published monthly by the **Suburban Hospital Alliance of New York State LLC**, a consortium of 52 not-for-profit and public hospitals advocating for better health care policy for all those living and working in the nine counties north and east of New York City.

Budget Deal Inflicts Hospital Cuts

Hospital-based outpatient physician services targeted

Congress' passage of a two-year \$80 billion budget deal (10/30/15) raises the nation's debt limit and sets a course for spending targets for the next two years. The deal extends the debt ceiling deadline to 2017. These actions avoid an imminent United States government debt default and operational shutdown. However, the measure inflicts more cuts to hospital providers by way of site-neutral hospital-based outpatient department physician payment cuts and an addition of one more year of the two-percent Medicare sequester cuts to 2025. The Suburban Hospital Alliance and allied hospital associations strongly opposed these provisions.

The Treasury Department anticipates that the United States would default on its debt obligations come

November 3, 2015. As a result, Congress moved quickly on the budget deal and the president is expected to sign it.

These cuts will have a deleterious effect on hospitals, especially when prior payment cuts are factored into the equation. This is the third time that Medicare sequester cuts will be extended.

The hospital industry also takes issue with implementation of new provider cuts in order to avert scheduled reductions for other programs or even increase their funding. The budget deal provides relief from sequestration cuts to defense and some non-defense discretionary spending, as well as relief to certain Medicare beneficiaries who were scheduled to endure a significant increase in their Part B premium next year.

A provision in the bill would equalize reimbursement rates for services provided in physicians' offices and hospital-based clinics, despite the substantially higher cost of overhead and skilled staffing mix in the hospital setting. Specifically, the site-neutral payments for new provider-based hospital outpatient

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departments would affect those established after the date of enactment of the bill. Hospitals with outpatient departments currently providing physician services would continue to be paid the more favorable Outpatient Prospective Payment System (OPPS) rate. Many Medicare beneficiaries rely on hospital-based outpatient

physician departments. Cuts to these programs will surely reduce access, at a time when policymakers are pushing the hospital sector to shift more care to the outpatient setting.

NY Health Insurance Marketplace Opens Nov. 1

The New York State of Health marketplace opens for business on November 1, 2015. This is the third season of open enrollment.

New to the marketplace this year is the Essential Plan. This plan offers affordable insurance options to those whose incomes are above the Medicaid limit, but who still cannot afford the premiums of other marketplace plans. Depending on income, the monthly premium for the Essential Plan is either \$0 or \$20 per month. The Essential Plan covers all major medical needs and is only available through the New York State of Health marketplace.

Enrollment ends January 31, 2016. Enrollment in the small business marketplace, Child Health Plus, Medicaid, and the Essential Plan is available year long. Individuals and small businesses can

shop the marketplace through an online portal – www.nystateofhealth.ny.gov, by calling the state’s customer service number at 855-355-5777, or by meeting with a state-certified navigator.

On Long Island, Suburban Hospital Alliance regional affiliate the Nassau-Suffolk Hospital Council (NSHC) is one of three state-appointed navigator agencies for the region. The Hudson Valley region is serviced by the Community Service Society of New York, Maternal Infant Services Network of Orange, Sullivan, and Ulster counties, and the Westchester County and Rockland County Departments of Health.

The NSHC navigator agency maintains a user-friendly, bilingual website that lists enrollment sites and dates and other helpful information at www.coverage4healthcare.org.

Claims Data Assistance

Managed Care Advisory Group: The Hospital Council has expanded its business relationship with the Managed Care Advisory Group to offer to members its Contract Payment Review (CPR) product. The focus is ensuring that insurers are complying with negotiated reimbursement rates and payment policies. MCAG will analyze claims data to assess where underpayments have occurred, identify reimbursement trends, implement recovery efforts, and make recommendations on contractual changes. Contact Wendy Darwell at wdarwell@nshc.org or 631-963-4152.



SPOTLIGHT ON: *Quality*

By Kate Warner, Director of Quality and Education

The Joint Commission Evaluates Current Hospital Accreditation Requirements

The Joint Commission (TJC) has recently announced plans to review the Elements of Performance (EPs) required for hospital accreditation and to eliminate or combine unnecessary or overlapping elements in an effort to make the accreditation process easier and more efficient. There are currently 250 standards hospitals must meet to become accredited under TJC that focus on quality of care and patient safety. Each of the standards is comprised of several Elements of Performance meaning there are thousands of EPs hospitals must meet to become accredited. A recent member update from the Healthcare Association of New York State (HANYS) states that the first 200 elements will be reviewed sometime this year.

In the same update, members were notified of the top ten standards for which hospitals are most commonly cited during Joint Commission surveys. These elements, in rank order, include:

- IC.02.0201 Reduces the risk of infection associated with medical equipment
- PC.01.03.01 The hospital plans the patient's care
- MM.03.01.01 The hospital safely stores medications
- IC.02.01.01 The hospital implements its infection prevention and control plan
- MM.04.01.01 Medication orders are clear and accurate
- PC.03.01.03 Provides patient care before initiating operative or other high risk procedures
- PC.02.01.11 Resuscitation services are available throughout the hospital
- MS.01.01.01 Medical staff bylaws address self-governance and accountability to the governing body
- LD.04.01.05 Effectively manages its programs, services, sites, or departments.
- MM.05.01.01 A pharmacist reviews the appropriateness of all medication orders

Most common citations were related to staff training, inadequate policies and procedures, missing documentation, processes of care that were not evidence-based and medical device use that was not within the manufacturer's guidelines. HANYS and the Nassau-Suffolk Hospital Council will keep members apprised of the changes as they are announced.

Hospital/Health System's Information Needed

The extended deadline to complete the [2015 HANYS and Allied Associations Physician Recruitment and Retention Survey](#) is

TODAY, Friday, October 30

The results from this survey will highlight the shortage of physicians in under-served parts of the state.

News Briefs

Northshore becomes Northwell – North Shore-LIJ Health System, the state’s largest private employer and health care provider, is changing its name to Northwell Health, and will be the centerpiece of a broad rebranding and marketing campaign that will launch January 2016.

Co-Op Program from Hofstra University – Hofstra’s School of Engineering and Applied Sciences is offering a program available to all hospitals and healthcare facilities. Biomedical engineering and computer science students are available to work co-op positions, full-time for eight months starting in January of 2016. For more info, contact Philip Coniglio, 516-463-5548 or go to <http://bit.ly/1KAAt0t>.

Partnership for NY Patients – The Healthcare Association of New York State (HANYS) and Greater New York Hospital Association (GNYHA) have been awarded a one-year contract from the Centers for Medicare & Medicaid Services (CMS) to continue the New York State Partnership for Patients (NYSPFP) initiative, in which all New York State hospitals are welcome to participate.

Workforce Evolution – This month, HANYS published [Exploring Emergent Healthcare Workforce Titles and Functions](#), a report that shows that as hospitals and health systems across the state prepare for the challenges of a changing healthcare environment, they are developing their own solutions to address key care coordination functions locally by re-deploying staff titles such as care coordinators, case managers, and patient navigators. According to HANYS update, key findings include:

- More than 90% of hospital and health system respondents reported using new and emerging titles. Hospitals use titles such as case manager (68%), patient navigator (56%), care manager (49%), care coordinator (34%), community health worker (33%), and health coach (16%).
- A majority of responding hospitals that reported using these titles said they require either a Bachelor's or Associate's degree for the position. The Bachelor's degree requirement was more prevalent downstate.
- The percentage of registered nurses (RNs) with a Bachelor of Science in Nursing (BSN) degree remained the same as last year, with 57% of RNs holding a BSN. Thirty-one percent hold an Associate's degree.
- Nearly half (47%) of respondents indicated difficulty recruiting experienced nurses, and 52% reported difficulty recruiting nurse managers.
- The following percentage of respondents anticipated growth in outpatient settings for the following professions: RNs (60%), medical assistants (53%), nurse practitioners (NPs) (66%), physician assistants (PAs) (64%), care coordinators (60%), licensed clinical social workers (46%), and nurse managers (44%).
- The following percentage of respondents anticipate growth in inpatient care for the following professions: RNs (50%), NPs (53%), PAs (50%), and care coordinators (44%).

News from the Long Island Region . . .

A Report on Nassau-Suffolk Hospital Council member hospital achievements and notable activities



St. Francis Hospital in Roslyn will be expanding its cancer treatment services with NRAD Medical Associates, a private physician practice that filed for bankruptcy in July. The hospital is expected to sign an agreement for just under \$3.3 million to acquire NRAD's radiation equipment and a portion of its other assets, and will be bringing on some of NRAD's remaining staff.

Trooper Recognition – Michael M. DeLuca, MPA, a member of the board of directors of NuHealth/**Nassau University Medical Center** has been awarded the Trooper William H. Barfoot Award from New York State Troopers Police Benevolent Association, for his commitment to the success of the organization and its members, and for making the most impact in the lives of a PBA member or members in the previous year.

NSHC Hosts – The Nassau-Suffolk Hospital Council will host one of the five Market Expert® 2015 Fall User Group meetings, being held throughout the state. The meeting will explore major health care initiatives, new Market Expert applications, and how Market Expert can assist your organization to prepare for the future of health care. Registration deadline is November 2. [Register here.](#)

Leapfrog – In the Hospital Safety Score released by the Leapfrog group this month, congratulations to all our members who received “A”s

- John T. Mather Memorial Hospital
- Mercy Medical Center
- Nassau University Medical Center
- North Shore LIJ - Huntington Hospital
- South Nassau Communities Hospital
- St. Catherine of Siena Medical Center
- St. Charles Hospital

If you have news to share about your hospital's achievements, please send to Kim Whitehead at kwhitehe@nshc.org.

News from the Hudson Valley Region. . .

A Report on the Northern Metropolitan Hospital Association member hospital achievements and notable activities



Passive Parenting – St. Luke's Cornwall Hospital joins the Montefiore Health System, allowing Hudson Valley residents to benefit from access to expanded resources and care.

Commission on Cancer – Dr. Cliff Connery, medical director of thoracic oncology and the Dyson Center for Cancer Care

at **Vassar Brothers Medical Center**, was appointed cancer liaison program state chairman for the New York Chapter of Commission on Cancer.

Construction – **Vassar Brothers Medical Center** has been approved by the NYS DOH to construct a new patient pavilion that will enable caregivers to deliver the best patient care possible. It will include 264 private medical/surgical patient rooms, 30 critical care rooms, an emergency department/trauma center with 66 treatment rooms, and more.

New Tech – Clinicians in the Hudson Valley and the Southern Tier of New York can now share and access patient data statewide through HealthlinkNY, a QE (what is this) funded by the DOH which, with patients' consent, operates the health information exchange for an 11-county region spanning from the Southern Tier through the Catskills.

Leapfrog – In the Hospital Safety Score released by the Leapfrog group this month, congratulations to **Northern Westchester Hospital** who received an "A" rating.

Historic Donation – **Blythedale Children's Hospital** has received an \$8 million donation from the Steven & Alexandra Cohen Foundation to help fund the construction of a 24-bed pediatric long-term care unit. The facility opens in 2016. It is geared for patients who face a lengthy stay and need to be weaned off ventilators, traumatic brain injury patients and medically complex patients, such as premature infants with feeding difficulties, congenital conditions or neurological disorders

If you have news to share about your hospital's achievements, please send to Janine Logan at jlogan@normet.org.

NSHC Events & Meeting Reports

Communications Committee –The group met September 30, 2015 and welcomed Stuart Vincent, director of public relations, from John T. Mather Memorial Hospital as the new chair. Discussed at the meeting were plans for upcoming educational programs, including a workshop that will delve deeper into the mechanics of social media and its applicability to hospital marketing. The committee members also discussed supporting the efforts of population health through an awareness campaign coordinated by the NSHC Communications Committee in consultation with the work being done in this area by the Long Island Population Health Improvement Program's (LIPHIP) Public Education and Community Outreach subgroup.

Long Island Population Health Improvement Program (LIPHIP) –The members of LIPHIP's main workgroup, the Long Island Health Collaborative, met September 30, 2015. The LIPHIP is now fully staffed with the addition of a data analyst. He discussed his projection for data analysis needs for the LIPHIP. The group also heard from data subcontractor Gloria Kupferman, vice president of data and healthcare analytics. Data Gen. A revitalized and re-designed website for the LIPHIP is also in the works. A major feature of this website will be an interactive walking portal that will allow individuals to enter their minutes walked, track their progress, and compete for prizes. The walking portal will become another data collection point, particularly to measure the change in physical activity among the population.

Fiscal Policy Committee – At its October 14 meeting, the committee received briefings on changes to the "two midnights" rule and its enforcement and the Nassau-Suffolk wage index project. The group also discussed the implications of the shutdown of insurer Health Republic, which had offered a low-priced product on the health insurance exchange.

Nurse Executives Committee – Ms. Warner led a discussion of potential models for a post-graduate nurse residency or fellowship program in specialty areas of care, and Ms. Darwell initiated a discussion on recent Conditions of Participation survey findings. New York State Partnership for Patients regional coordinator Sharon Kennish briefed the group on the kick-off of the new quality initiative.

Revenue Cycle Committee – Ms. Darwell updated the committee on New York's transition to Medicaid managed care for behavioral health patients, the out-of-network billing law, and the two-midnights rule. She also explained how hospitals can participate in the Veterans Choice program, a Veterans Affairs (VA) initiative that allows veterans, under certain circumstances, to seek VA-paid care at non-VA facilities.

NSHC Member Hospitals

Brookhaven Memorial Hospital Medical Center
 Catholic Health Services of Long Island

- Good Samaritan Hospital Medical Center
- Mercy Medical Center
- St. Catherine of Siena Medical Center
- St. Charles Hospital
- St. Francis Hospital
- St. Joseph Hospital

Eastern Long Island Hospital
 John T. Mather Memorial Hospital
 Nassau University Medical Center
 Northwell Health

- Franklin Hospital
- Glen Cove Hospital
- Huntington Hospital
- North Shore University Hospital
- Plainview Hospital
- Southside Hospital
- Syosset Hospital

Peconic Bay Medical Center
 Southampton Hospital
 Stony Brook University Hospital
 Veterans Affairs Medical Center – Northport
 South Nassau Communities Hospital
 Winthrop-University Hospital

NorMet Member Hospitals

Blythedale Children's Hospital
 Bon Secours Charity Health System

- Bon Secours Community Hospital
- Good Samaritan Hospital
- St. Anthony Community Hospital

Burke Rehabilitation Hospital
 Catskill Regional Medical Center
 Ellenville Regional Hospital
 HealthAlliance Hospital

- Broadway Campus
- Mary's Avenue Campus

Helen Hayes Hospital
 Keller Army Community Hospital
 Montefiore Health System

- Mt. Vernon Hospital
- New Rochelle Hospital
- St. Luke's Cornwall Hospital

The New York Presbyterian Hospitals

- Lawrence Hospital Center
- Hudson Valley Hospital
- Westchester Division

Northern Westchester Hospital
 Orange Regional Medical Center
 Phelps Memorial Hospital Center
 Putnam Hospital Center
 St. Joseph's Medical Center/St. Vincent's Hospital
 St. Vincent's Westchester (Division of St. Joseph's Medical Center)
 Vassar Brothers Medical Center
 VA Hudson Valley Health Care System
 Westchester Medical Center Health Network

- Westchester Medical Center