



STAT News

Published bi-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. **September 15, 2015**

FEDERAL UPDATE: Congress Returns to Work

Labor Day recess is over and members of Congress are back in Washington, DC. One of the first critical deadlines they face is September 30, 2015 – the day the current federal fiscal year ends and with it the funding to operate the federal government. However, lawmakers could turn to another continuing resolution to fund the government at existing spending levels, if they are unable to reach a bi-partisan spending deal. This would avert a government shutdown. Automatic, across-the-board sequestration spending cuts are set to resume on October 1, 2015, as well. These automatic two-percent Medicare cuts were legislated in 2011 as part of a debt/deficit reduction agreement. That agreement also authorized a bi-partisan congressional “super committee” to find \$1.2 trillion in debt reduction savings by November 23, 2011. If the committee failed or Congress did not approve the committee’s recommendations, then sequester – an automatic cut – would kick in in 2013. That is exactly what happened. The original nine-year, annual sequester cuts to defense, Medicare, and other domestic programs began in 2013, but were partially repealed in fiscal years 2014 and 2015. Other subsequent congressional actions extended the cuts through 2024. Unless Congress acts, sequestration takes full effect October 1, 2015.

STATE UPDATE: Population Health Remains Regional

The New York State Department of Health’s Population Health Improvement Program (PHIP) is underway in 11 regions throughout New York State. This grant-funded initiative is designed to advance population health activities in each of these regions. Funding for the grant program was included in the 2014 – 2015 state budget, which was approved by the state legislature in March. A total of \$13 million statewide was approved for the two-year program to support local regions in their multi-sectoral efforts to transform healthcare delivery to make it more patient-centered and coordinated.

The Long Island region PHIP contractor is the Nassau-Suffolk Hospital Council (NSHC), the membership association for all Long Island hospitals, and the PHIP contractor in the Hudson Valley region is Taconic Health Information Network Community (THINC). Kevin Dahill, president/CEO of the Northern Metropolitan Hospital Association (NorMet), the membership association for hospitals in the Hudson Valley, is a member of the THINC Steering Committee. The NSHC and NorMet are also part of the Suburban Hospital Alliance of New York State.

The core of population health efforts rests with a contingent of diverse multi-stakeholders who agree to work collaboratively toward attainment of the same population health goals for their region. There is clear evidence that factors such as education, race, ethnicity, employment, housing, and geography have as much influence on health as clinical practice does. These are the social determinants of health. Population health manages and coordinates all aspects of healthcare by integrating the involvement of the full range of health and social service providers, however diverse and extensive those might be, for each patient. This collaborative approach has been shown to reduce costs, improve outcomes, and improve the quality of care, especially for chronic diseases.

The PHIPs are regional resources and are assisting state transformative efforts already underway, such as the Medicaid Delivery System Reform Incentive Payment (DSRIP) program. A major focus of the PHIP is data collection and analysis that will drive regional health planning within a population health context. Utilization patterns, chronic disease trends, and health disparities are just some of the data points the PHIPs will monitor and report.

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