

# Progress Notes

November 2016



*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.*

## Election Re-cap, Healthcare Reform Efforts

**Federal Level:** The Suburban Hospital Alliance of New York State looks forward to working with the president-elect and new Congress come January, as we all endeavor to shape a healthcare system that is fair, affordable, and works for all. Extending coverage to the uninsured remains a priority for hospitals, as access to insurance is tied to healthcare provision and the subsequent identification and treatment of conditions before they escalate into more expensive and acute health conditions.

We now enter a lame duck session in Congress, and most importantly, a federal funding bill must be passed by December 9, 2016, when the current continuing resolution expires.

Hospitals are also very much entrenched in conversations with federal legislators regarding the hospital outpatient department (HOPD) site-neutral final rules that were published November 1. The final rules do not extend the higher hospital-based outpatient rate to relocated grandfathered sites, but will allow it at grandfathered sites wishing to expand their on-site services. Non-grandfathered hospital outpatient departments will be able to bill Medicare directly in

2017 and be paid for outpatient services at about 50 percent of current outpatient reimbursement levels, rather than having funding directed through physicians as was indicated in the proposed rules.

Outpatient clinics that were already providing services on or before November 2, 2015, when the Bipartisan Budget Act of 2015 became effective, are considered “excepted” and will continue to receive the higher hospital-based rate. The hospital associations are advocating for legislation in the lame-duck session to expand the HOPD exceptions.

**State Level:** The Suburban Hospital Alliance is committed to working with the Assembly and the Senate to continue the progress already made in health

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transformation efforts occurring throughout the state. There was little change in party representation at the local level in the Hudson Valley and on Long Island.

Republicans are likely to remain in control of the New York State Senate. Nurse staffing ratios, medical

## 2017 Marketplace Enrollment Continues

The New York State of Health Insurance Marketplace opened for business on November 1, 2016 for 2017 plan enrollment.

Depending upon the level plan selected, the average premium increases in the Hudson Valley and Long Island regions are well below the national average. Further, increases in premiums are often offset by tax credits for those whose incomes qualify them for such assistance. Monthly premiums for the Essential Plan, an option for very low income adults, remain \$20 a month or at no cost, depending upon an individual's income.

Open enrollment ends January 31, 2017. Enrollment in the small business marketplace, Child Health Plus, Medicaid, and the Essential Plan are available year long, as is enrollment in Qualified Health Plans for individuals with a qualifying life event, like loss of employer-provided coverage. Individuals and small businesses can shop the marketplace through an online portal [www.nystateofhealth.ny.gov](http://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

malpractice reform, and New York's response to any changes in the Affordable Care Act will be the top priority issues for hospitals in the suburban regions.



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. State-trained and certified navigators are available to assist individuals, businesses, and families in understanding insurance options offered and in purchasing insurance. Navigators assist individuals in completing the application for coverage, and determine whether the applicant's income level and family size qualify them for subsidized insurance premiums, Medicaid coverage, the Essential Plan, or Child Health Plus enrollment. Navigators can also help small business owners determine if they are eligible for any tax credits.

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

[www.coverage4healthcare.org](http://www.coverage4healthcare.org) .

# News Briefs

**Community Service Plans** – CSPs are due to the New York State Department of Health by December 30, 2016. The 2016-2018 Community Service Plans should be submitted using Lotus Quickr on the Health Commerce System. The DOH offers [detailed instructions](#) for uploading and submitting plans. Schedule H should be emailed separately to [scheduleh@health.ny.gov](mailto:scheduleh@health.ny.gov).

**Discussions Post-Election** – Health reform was the topic of a “Tele-training” hosted by the Society of American Business Editors and Writers (SABEW) on November 14, 2016. Kevin Dahill, president/CEO of the Suburban Hospital Alliance, was one of the experts fielding questions via the phone from reporters and editors. He was joined by Gary Claxton, director of the Health Care Marketplace Project and co-director of the Program for the Study of Health Reform and Private Insurance at the Henry J. Kaiser Family Foundation; Kevin Lucia, a senior research fellow and project director at the Center on Health Insurance Reforms at Georgetown University’s Health Policy Institute; and Paul Ginsburg, the Leonard D. Schaeffer Chair in Health Policy Studies at the Brookings Institution. Hospital reporter for the Wall Street Journal, Melanie Evans, moderated the call. One reform idea under consideration is Medicaid block grants to states. “Block grants shift more burden to the states, said Dahill. “The states will have to find better ways to manage their programs, perhaps scale back some Medicaid benefits, or shift more risk to health care providers, such as hospitals.”

**More Discussion** – A variety of news media outlets turned to the Suburban Hospital Alliance and its two regional hospital associations for commentary on the election results and health reform efforts. These included the Journal News and the Westchester County Business Journal in the Hudson Valley and the Long Island Press on Long Island, among others. Although the president-elect has not unveiled any specific plan, he has indicated his willingness to retain the coverage for young adults up to age 26 on their parent’s insurance and to not exclude anyone who has a pre-existing condition. These provisions cost money, regardless of the plan in place, and there are no details on funding at this juncture. Healthcare providers agreed to accept enormous cuts in exchange for the promise of fewer uninsured patients. Further, 22 million Americans now have health insurance, and it would be difficult to now take that away. In New York, about 70 percent of the newly insured are covered by Medicaid, due to the Affordable Care Act’s eligibility expansion.

**Educating Hospital Trustees** – A new webinar series is being offered by the Healthcare Trustees of New York State. The three 30-minute webinars can be played during a board meeting and/or accessed at a board member’s convenience. Topics covered include: Fiduciary Fitness; Recruitment; and Quality. Access the site and webinars at [HTNYS.org/education](http://HTNYS.org/education).

**Safe Patient Handling** – This law requires hospitals, nursing homes, and other healthcare facilities to have a safe patient handling program in place by January 1, 2017. The law was enacted in 2014. Last year, facilities had to establish a safe patient handling committee. The law also includes a requirement that the Department of Financial Services establish requirements for healthcare facilities to obtain reduced Workers’ Compensation insurance rates for implementing and maintaining safe patient handling programs.

### **Governor Signs Healthcare-Related Bills**

- A provision that allows pharmacies to electronically transfer prescriptions to other pharmacies at the request of the patient. The law takes effect February 27, 2017.
- A bill that establishes a new category of licensure and clear standards of practice for pathologists’ assistants. The law takes effect November 28, 2017.
- Legislation that allows hospital outpatient clinics and diagnostic and treatment centers to provide house calls in certain circumstances. The law takes effect May 15, 2017.

## **DOH Key Staff Listen to Member Concerns**

Representatives from the New York State Department of Health’s Primary Care and Health Systems Management Office, led by Deputy Commissioner Dan Sheppard, held listening sessions on Long Island (November 21) and in the Hudson Valley (December 1). The sessions were coordinated by the Healthcare Association of New York State (HANYS) and were designed to allow hospital senior leaders to speak frankly with department of health representatives about their concerns and needs.



Behavioral health issues related to inpatient and outpatient treatment capacity and discharge bottlenecks, as well as developing a better feedback loop concerning findings of state reviews and site visits, were voiced.

Health department reps mentioned that the first NYPORTS (New York Patient Occurrence and Tracking System) annual report will be offered next year.

*“Listening session” in action*

## News from the Long Island Region

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



**Standing Accreditation** – Precision CyberKnife of New York, a program of *Mather Hospital* at North Shore Hematology Oncology Associates (NSHOA) in East Setauket, has earned a three-year accreditation from the American College of Radiology (ACR). The Radiation Oncology Practice Accreditation Program provides third-party, impartial peer review and evaluation of patient care, with evaluation of staff, equipment, treatment planning and records, patient safety and quality control activities.

**“A” Rating** – *St. Francis Hospital* received its ninth ‘A’ in the Leapfrog Group’s national safety score that rates hospitals on the quality of their care. St. Francis was the only hospital on Long Island to get an “A” and has earned an “A” nine out of 10 times since the safety score’s debut in 2012.

**Award Mission** – Southside Hospital received the American Heart Association’s, Mission: Lifeline Receiving Quality Achievement Award, for its rapid treatment of patients who have suffered a severe heart attack.

## Chronic Diseases, Mental Health Issues Plague Long Islanders

### *Novel bi-county study reveals concerns expressed by health and social service providers*

Official findings released from the Long Island Health Collaborative’s (LIHC) bi-county Qualitative Needs Assessment reveal chronic disease and mental health as top concerns. The findings are a result of two summits that the LIHC held in February 2016 for community-serving professionals. A total of 119 community-based social, health, and human service organizations were represented at the summits, which used facilitated discussions to capture key themes.

The data collected by court stenographers was transcribed, run through ATLAS.ti qualitative analysis

software, categorized, and key-word coded. In the analysis, participants mentioned obesity, which is at the root of many chronic diseases, more than any other exacerbating factor. Diabetes and cancer were considered the most prevalent chronic conditions. According to the World Health Organization, obesity plays a significant role in the onset and management of various chronic conditions.

Participants also spoke about treatment and access barriers faced by community members. The report showed that lack of understanding and awareness of healthcare system navigation is a significant barrier in

both counties, with transportation noted as an additional barrier in Suffolk County. Barriers are expressed through social determinants of health – those factors that impact one’s ability to maintain health – such as poverty, education level, housing, transportation, access to affordable healthy foods, among others. Leading public health researchers have concluded that social determinants of health play an even greater role in health outcomes than some clinical interventions. This is why policy and program changes at the broad-based

population health level are now embraced by providers, payers, and regulators, and why coordinated care that spans multiple clinical and social support sectors holds the promise to improve overall health outcomes and reduce overall health spending.

The full Qualitative Needs Assessment reports are posted on the [LIHC website](#), along with other primary and secondary data sources and reports that are driving the selection of health priorities and population health activities on Long Island.

*If you have news to share about your hospital’s achievements, please send to Janine Logan at [jlogan@nshc.org](mailto:jlogan@nshc.org)*

## News from the Hudson Valley Region

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



**Safety Grades** – *Vassar Brothers Medical Center* was one of 844 hospitals to receive an “A” in the fall Leapfrog Hospital Safety Grades, ranking among the safest hospitals in the United States.

**Patient-Centric** – *Catskill Regional Medical Center* received a 2016 National Research Corporation (NRC) Excellence Award, placing them among a select group of national healthcare innovators leading the way on the path to patient-centered care

**Performance Award** – Partners in Performance (PiP) Excellence awarded *Orange Regional Medical Center* with the 2015 Silver Award for Performance Excellence on November 3. ORMC was recognized for leadership, workforce engagement, and favorable clinical and customer experience outcomes.

**Meeting the Triple Aim** – *St. Luke’s Cornwall Hospital* received recognition from the Healthcare Association of New York State, as together with several community-based organizations, the hospital improved the education provided to asthma patients in an effort to reduce unnecessary emergency department and inpatient visits. Read more details at [HANYs.org/tripleaim](http://HANYs.org/tripleaim).

**Awareness Week** – On October 6, *Ellenville Regional Hospital* received an award from the Mid-Hudson Employment Alliance, the NYS ACCES/VR, and the Dutchess County Regional Chamber of Commerce during National Disability Awareness, in recognition for its work with clients of ARC of Ulster Green.

**Top Quartile of Quality** – *Ellenville Regional Hospital* was also recognized by iVantage Health Analytics and the National Organization of State Office of Rural Health (NOSORH) for overall excellence in quality, reflecting top quartile performance among all rural acute care hospitals in the nation

**Aux Donation** – The *Putnam Hospital Center Auxiliary* recently delivered a \$50,000 check to Putnam Hospital Center Foundation Executive Director Priscilla Weaver, for the purchase of a state-of-the-art mammography unit. The contribution is the first installment of a \$150,000 pledge the Auxiliary has made toward the purchase of a digital breast tomosynthesis unit, also known as 3D mammography, for the hospital.

**Healthy Births** – *HealthAlliance Hospital* has been accepted into the American College of Nurse-Midwives’ “Reducing Primary Cesareans Project,” to improve the health of mothers and babies by reducing the incidence of first C-sections in low-risk women who have never given birth. The project is part of the Healthy Birth Initiative, which promotes practices that support healthy births based on a pregnant woman’s own physiology. It encourages a consistent approach to birth practices, and focuses on reducing practices that are not evidence-based.

*If you have news to share about your hospital’s achievements, please send to Janine Logan at [jlogan@normet.org](mailto:jlogan@normet.org).*

## NSHC Events & Meeting Reports

**Communications Committee** – On September 20, the Communications Committee convened and initiated a campaign called, Be in the “No,” which began forming this November. The campaign includes: the compilation of a list of available addiction/opioid resources from Long Island’s hospitals distributed to hospital employees, community members, media, and hosted on the Council’s site - a forum where hospital representatives showcase these services as the campaign’s launch event to the media. At the September meeting, the committee received state, federal, and local population health updates, as well as instruction on use of the 2016 – 2018 Community Service Plan templates, produced by the LIPHIP staff in conjunction with the Long Island Health Collaborative.

**Long Island Health Collaborative** – The Collaborative met on November 9, recapping the two Building Bridges: Data, Networking, and Communications events, as well as the Cultural Competency Health Literacy Train the Trainer program held in conjunction with the region’s two PPSs. The combined Complete Streets / Nutrition workgroup gave a presentation on the intersection of current grant programs within the Collaborative, calling on relevant partners to participate. Kim Whitehead gave a breakdown of [www.lihealthcollab.org](http://www.lihealthcollab.org)’s website performance since its launch in April 2016. Attendees also received updates on projects from the Academic Partners, Behavioral Health, and Data workgroups. And Collaborative members received a list of 2017 meeting dates.

**LIPHIP Steering Committee** – The Steering Committee convened via WebEx on November 30. PHIP staff will be attending the New York State Health Foundation’s upcoming Population Health Summit in December, where they will present their accepted poster on the topic of “Cross-Collaborative Identification of Unmet Health Needs and Disparate Areas on Long Island: Presentation of Primary Data Collection at the Community Level.” Michael Hoffman, coordinator of the Long Island regional Planning Consortium, gave a presentation on the development of the “Long Island Partnership.” And PHIP staff gave updates on DSRIP partnerships, website performance, and an overview of current and future data projects and acquisitions.

### 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 – The Heart Center
- 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
- Peconic Bay Medical Center
- Plainview Hospital
- Southside Hospital
- Syosset Hospital

Stony Brook University Hospital  
 Southampton Hospital  
 South Nassau Communities Hospital  
 Veterans Affairs Medical Center  
 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

The New York Presbyterian Hospitals

- Lawrence Hospital Center
- Hudson Valley Hospital
- Westchester Division

Northern Dutchess Hospital  
 Northern Westchester Hospital  
 Orange Regional Medical Center  
 Phelps Memorial Hospital Center  
 Putnam Hospital Center  
 St. Joseph’s Medical Center/St. Vincent’s Hospital  
 St. Luke’s Cornwall 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
- MidHudson Regional Hospital

White Plains Hospital