Health Reform Stalls in the House; Hospital Industry Remains Vigilant

The inability of the House to garner the 218 votes necessary to pass the American Health Care Act means that the Affordable Care Act (ACA) remains the law of the land for now. However, the ACA remains vulnerable to regulatory and rule changes from the Department of Health and Human Services and appropriations reductions emanating from Congress. In addition, there remains an appetite in Washington, DC to reform Medicaid and to perhaps eventually attempt another overhaul of the ACA.

The House bill ultimately failed because of oppositional factions within the House GOP. Clashing ideologies about the role of government in healthcare led to a fight that became more about politics than policy. Particularly worrisome was the Medicaid amendment that New York Representatives Faso and Collins embraced. This amendment would have only affected New York State by adding an additional $2.3 billion burden on the state’s budget by shifting the counties’ portion of the Medicaid bill to the state.

This is why it remains crucial that the hospital industry continue to emphasize the gains the ACA made in reducing the number of uninsured Americans and the payment and delivery reforms stemming from the Center for Medicare and Medicaid Innovation that are showing reductions in the cost of care. The now defunct House bill would have caused 24 million Americans to lose insurance, according to the Congressional Budget Office. In mid-March, Secretary Tom Price delayed the implementation of several bundled payment models from July 1 to October 1, 2017. The delay is tied to the Trump administration’s review of regulations affecting healthcare providers.

In New York State, 3.7 million New Yorkers obtained coverage through the ACA. Medicaid expansion due to enhanced eligibility criteria and matching federal dollars accounted for 66.6 percent of the insured, while another 18 percent gained coverage through the Essential Plan. Nationwide, about 81 million Americans are currently covered by Medicaid, about 24 percent of the population.

Medicaid reform remains a likely target.
Nursing Staff Ratios Advocacy Day
April 24 in Albany

Join your colleagues from HANYS, the Suburban Hospital Alliance of New York State, the New York Organization of Nurse Executives and Leaders and other regional hospital association partners and add your voice to the message that staffing ratios do not work. Register now.

Federal Briefing in Washington, DC
Reception at U.S. Botanic Garden, May 8-9

The Healthcare Association of New York State will hold a federal briefing on May 8, featuring a bipartisan, bicameral panel of key Capitol Hill staff who will discuss congressional healthcare priorities and ongoing efforts around ACA repeal and replace. On May 9, a discussion with New York Senators Charles Schumer and Kirsten Gillibrand takes place at the Visitors Center in the U.S. Capitol. A reception at the U.S. Botanic Garden follows.

These events are being held in conjunction with the American Hospital Association’s Annual Membership meeting May 7 – 10. Register for HANYS events. Register for AHA Annual Meeting. Separate registration is required.

State Budget Deadline April 1, 2017

The deadline for the state fiscal year 2017 – 2018 budget is April 1, 2017 and negotiations continue. The Senate and Assembly budget versions differ and concur in a variety of areas. However, the hospital industry continues its push that the final budget must include money for capital investment and upgrades, a healthcare regulatory modernization workgroup, and funding for financially struggling and vulnerable hospitals.

Both the Senate and Assembly budgets reject Governor Cuomo’s payment cuts to hospitals for preventable emergency room visits. The Senate version rejects the governor’s and the Assembly’s $10 million reduction to the hospital quality pool.

The governor’s proposal extends the Health Commissioner’s “super powers” regarding the piercing of the global Medicaid spending cap and a subsequent Medicaid Savings plan developed by the state without legislative input. And, more importantly, the legislature and hospital industry are opposed to the “super powers” the governor’s proposal bestows upon the Department of Budget to reduce health and non-healthcare related programs, if revenue from the federal government is less than expected.

A detailed chart provides more in-depth comparison between the proposals, which can be found at www.hanys.org/government_affairs/state/state_budget.
News Briefs

Hospital Trustees Honored – The United Hospital Fund will honor hospital and healthcare trustees from the greater metropolitan area for their service and commitment to their institutions at a tribute event May 1, 2017 in New York City. Seven honorees hail from Suburban Hospital Alliance member hospitals. They are: Michael M. DeLuca, Nassau University Medical Center; William Frazier, Northwell Health Huntington Hospital; Nancy Karch, Northwell Health Northern Westchester Hospital; Walter Frank Ladick Jr., Brookhaven Memorial Hospital Medical Center; Stephen H. Shapoff, Southampton Hospital (honored posthumously); Richard J. Sinni, Northwell Health Phelps Memorial; Edward Travaglianti, Winthrop-University Hospital.

Health Care Jobs in New York Grow – A report released earlier this month by the University at Albany says healthcare employment in New York increased 24 percent between 2000 and 2014. The school’s Center for Health Workforce Studies says employment in home health care more than doubled during this time, while jobs in ambulatory care grew by 30 percent. The center says healthcare accounts for about 12 percent of total employment in the state and continues to grow faster than all other sectors.

Immunization Education – New York State Association for County Health Officials’ new website www.immuNYze.org offers a comprehensive catalog of printable fact sheets, brochures, and tools. These can assist member efforts to educate the community, patients, and staff.

Veterans Fact Sheet Required – A new state law took effect December 8, 2016 regarding veterans and health services. Hospitals are required to provide veterans with information about Veterans Health Administration facilities in the state and contact information prior to discharge or transfer. The state Division of Veterans’ Affairs maintains the fact sheet hospitals must use to comply with the law and also developed a separate brochure on veterans’ benefits that the Department of Health recommends hospitals also distribute.

Psychological First Aid Training – The State University of New York at Albany, Center for Public Health Preparedness has announced the release of a guide to help hospitals develop policies and programs for training staff and volunteers in psychological aid. This training offers practical ways to help patients and their loved ones immediately following a disaster or traumatic even by addressing basic physical and psychological needs.

DOH Releases Hospital Sepsis Care Study – DOH released the New York Report on Sepsis Care Improvement Initiative: Hospital Quality Performance, which shows that New York has achieved a consistent reduction in sepsis mortality rates as a result of the groundbreaking Rory's Regulations. [from HANYS Member Update]
New Yorkers Relate Stories about Insurance Loss and Gain – Healthcare Voices is a campaign spearheaded by the Nassau-Suffolk Hospital Council to highlight the stories about New Yorkers’ experiences with the health insurance marketplace, coverage issues, and healthcare access. The Hospital Council is also a state-certified navigator agency and is in a unique position to interact with New Yorkers who are seeking health insurance coverage. The campaign is bringing attention to these otherwise unheard voices through social media, traditional media channels, and through conversations with legislators.

The Affordable Care Act provided 55-year old widow Margaret Catalano with affordable health insurance. Finding the enrollment process uncomplicated, Margaret was able to buy commercial insurance for $207 a month. Her low income qualified her for a subsidy. Read more about Margaret’s story and other stories at Healthcare Voices.

SPOTLIGHT ON: Quality

By Kate Warner, Director of Quality and Education

Sepsis-4 Guidelines Released

In February, the Surviving Sepsis Campaign, jointly sponsored by the European Society of Intensive Medicine (ESICM) and the Society of Critical Care Medicine (SCCM,) released the Fourth Edition of the International Guidelines for the Management of Severe Sepsis and Septic Shock: 2016 (Sepsis-4). The guidelines, later published in the March issues of Critical Care Medicine and Intensive Care Medicine, are the fourth update to the original set first developed in 2004 and later revised in 2008 and 2012.

The guidelines provide further clarity on some of the clinical recommendations that were published by the same groups the beginning of 2016 as part of the new Sepsis-3 definitions. In the 2016 revised definitions, the two societies shifted the baseline for definition of sepsis in a way that made it very similar to the old definition of severe sepsis, the next step in the progression of the condition. The clinical recommendations that accompanied the new definitions included new ways to identify patients with sepsis using an instrument called the qSOFA. The incorporation of SOFA scores has been greatly debated since the release of these definitions and has not been embraced by CMS or the New York State Department of Health. While the new guidelines to recognize the definitions in the 2016 study, they do not incorporate any further recommendations related to the use of SOFA scores.

The panel of 55 international experts ended their two-year process with guidelines that included 93 statements, 32 strong recommendations, 39 weak recommendations (or we suggest statements) and 18 best practices. The recommendations focus heavily on early identification of sepsis (including early recognition of infections and organ dysfunction). Experts suggest that it’s not enough to know the best practices and protocols, and that higher rates of success are linked with hospitals that have a systematic way to identify at-risk patients built into their electronic health records and processes of care.
Several of the recommendations addressed initial resuscitation and antimicrobial therapy, two areas for which a significant amount of research has developed since the 2012 guidelines. Some of these recommendations include “frequent clinician reassessment” in lieu of specific resuscitation targets, administration of antibiotics in the first hour for sepsis and combination therapy for patients with septic shock. The experts also noted that pediatric guidelines will now separate and that they continue to work on a new and updated version.

In previous years, regulatory and accrediting bodies have used these guidelines and recommendations to shape federal and state reporting requirements. More recently, insurers have been using them to inform clinical claim reviews. The Nassau-Suffolk Hospital Council will monitor any regulatory considerations or changes going forward and keep members updated. The new guidelines and supplemental resources are available at survivingsepsis.org/Guidelines.

News from the Long Island Region
A Report on Nassau-Suffolk Hospital Council member hospital achievements and notable activities

Meeting the Triple Aim – Highlighted this month in the HANYS Innovation Spotlight for meeting the Triple Aim were

- **South Nassau Communities Hospital**, for their C. diff protocol to safeguard the health of its patients,
- **and Good Samaritan Hospital Medical Center**, for their new pediatric trauma services, resulting in ACS verification as a Level II Adult and Pediatric Trauma Cent.
- Read about these achievements and more at [www.hanys.org/tripleaim](http://www.hanys.org/tripleaim).

Health and Nutritional Status – Representatives of the National Health and Nutrition Examination Survey (NHANES) will be collecting the health and nutritional status of adults and children in Suffolk County will be collected in the upcoming months. This is a program of the National Center for Health Statistics, which is part of the Centers for Disease Control and Prevention. The program began in 1960s and it is a continuous survey that has a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey examines a nationally representative sample of about 5,000 persons each year. The survey combines interviews and physical examinations.

Insurance Enrollment Stats – The Nassau-Suffolk Hospital Council’s Navigator Agency reports that in 2016 the enrollment in the Essential Plan was 17 percent. New York State Department of Health reports that there was a 75 percent increase in Essential Plan enrollment statewide in 2016 compared to 2015. Hospital Council enrollment agency data show that enrollment in the Essential Plan increased 143 percent on Long Island in 2016 compared to 2015.
$2,000 Scholarship – The Nassau-Suffolk Hospital Council announces a $2,000 scholarship for college juniors/seniors or post graduate students who are studying Journalism, Marketing/Communication, or Healthcare Administration. *(The scholarship is not for clinical-based study.)* The Ann Marie Brown Memorial Scholarship honors the late Ann Marie Brown, who served as vice president for government and public relations for the Hospital Council from 1983 to 1993. The scholarship is administered by the Hospital Council’s Communications Committee. Filing deadline is May 12, 2017. Recipient is expected to attend the award luncheon on June 8, 2017. For more information and an application go to [www.nshc.org](http://www.nshc.org) and click on programs.

**Platinum Level** – The American Psychiatric Association has awarded the Nassau University Medical Center (NUMC) psychiatry residency program the PLATINUM Level of its 100% Club. Achieving the Platinum level of the APA’s 100% club represents 100% resident participation for six years in a row.

**Keeping Standards High** – *St. Charles Hospital* has achieved its third consecutive three-year accreditation in Rehabilitation and its first specialty accreditation in Brain Injury Rehabilitation from CARF International. CARF accreditation represents the highest level of accreditation that can be given to an organization and shows St. Charles Rehabilitation’s substantial conformance to the CARF standards.

**PRFCT Hospital** – Perfect Earth Project has named *Southampton Hospital* a PRFCT Place, the first healthcare facility to earn the designation from the East Hampton-based nonprofit. The PRFCT Places program honors public spaces that are committed to maintaining their gardens and lawns without toxic, synthetic pesticides and fertilizers.

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

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**News from the Hudson Valley Region**

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

**Community Recognition** – Steve Kelley, CEO of Ellenville Regional Hospital, was awarded a Community Leadership Award from the Ulster County Chamber of Commerce, based on the hospital's innovation and leadership in helping to reduce the prevalence of heroin and opioid abuse in the region.

**Verified Center** – The trauma center at St. Luke’s Cornwall Hospital has been verified as a Level III Trauma Center through 2019 by the Verification Review Committee (VRC), an ad hoc committee of the Committee on Trauma (COT) of the American College of Surgeons (ACS). This achievement recognizes the trauma center's dedication to providing optimal care for injured patients.
Re-Recognized – Northern Westchester Hospital has achieved Magnet® recognition for the second time. The American Nurses Credentialing Center’s Magnet Recognition Program® distinguishes organizations that meet rigorous standards for nursing excellence.

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

**NSHC Events & Meeting Reports**

**Human Resources Committee** – The Human Resources Committee met on March 17th and was briefed by NSHC staff on the new Paid Family Leave program, and other state regulatory changes with regard to discussion of wages, payroll card regulations, education requirements for opioid prescribers and perfusionist licensure requirements. Federal updates related to National Labor Review Board Issues and FLSA amended overtime regulations were also provided.

**Fiscal Policy Committee** – At its March 8th meeting, the committee was briefed by NSHC staff on the proposed ACA replacement plan including a review of the two house bills and a comparison of the existing and proposed programs. HANYS staff discussed differences between block grants and per capita caps and provided updates on pending rate approvals and audits. The committee also discussed the progress of the Health Republic plan's bankruptcy proceedings, and received an update on the wage index audit project. This committee is exploring the opportunity for regional analysis of Quality Resource Use Report data.

**Long Island Health Collaborative** – The full Collaborative met on March 15 at Marcum LLC in Melville. After workgroup projects and updates, two speakers presented. David Nemiroff, who leads the Long Island FQHC, Inc. presented a PowerPoint on Policy, Practice and Integration of Physical and Behavioral Health. Pamela Reichert-Anderson and Dawn Kempa, presented on Breastfeeding Resiliency, Engagement, and Empowerment Coalition (BFREE). Their mission is to establish a breastfeeding-friendly care continuum through pregnancy, the postpartum period, and infancy to reduce racial, ethnic and community disparities in breastfeeding prevalence. Nancy Copperman, Northwell/NQP and Sofia Gondal, SCC, reported on respective community-facing PPS programs. The Long Island Health Collaborative also reported on its continuing work in the area of primary and secondary collection and analyses, network forums and related opportunities, and a planned social determinant asset mapping project with the region’s libraries. This work is funded by the NYSDOH Population Health Improvement Program grant.

**LIPHIP Steering Committee** – The Steering Committee for the Long Island Population Health Improvement Program met on March 22. Members discussed policies surrounding industry partners and their role within the Collaborative.
### 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