



Progress Notes

May 2018

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Rescission Package Remains in Play; Opioid Bills Advance

Rescission Threat – The Government Accountability Office (GAO) recently ruled that the Children’s Health Insurance Program (CHIP) funds are discretionary and can be included as part of the White House’s rescission package. Early last month, the Trump administration forwarded a proposed \$15.19 billion rescission package. The White House is acting under a 1974 law that allows the president to propose to Congress rescinding certain budgetary authority (the Impoundment Control Act). Congress then has 45 days to pass the bill or the spending remains in effect. Rescissions are seen as a way to save taxpayer dollars. Under the Impoundment Control Act, rescission proposals apply only to cuts in discretionary programs, not mandatory benefit programs, and it allows rescission legislation to pass via a simple majority in the Senate. The rescission measure includes nearly \$7 billion from the Children’s Health Insurance Program (CHIP) and \$800 million from the Center for Medicare and Medicaid Innovation. The rescission effort stems from concern among fiscal conservatives about recent high spending levels approved by Congress. Under the Impoundment Control Act rules, Congress’ 45 days expires June 22, 2018, and so it must act by then or the spending levels remain in effect.

Opioid-Related Bills – House leaders are targeting the week of June 11, 2018, for a floor vote on opioid-related bills. The House Energy and Commerce Committee has now approved 57 opioid-related bills, and the House Ways and Means Committee has marked up a number of opioid-related bills, as well. The Senate Health, Education, Labor, and Pensions Committee approved its own version of an opioid package, and the Senate Finance and Judiciary Committees released several additional bipartisan measures that are expected to be included in the overall Senate package. The variety of bills are focused on patient education but include money for grants to test alternative pain management protocols and to study and determine treatment access and capacity. One Senate Health, Education, Labor and Pensions Committee bill would reauthorize funding to states to address opioid abuse and provide support to improve the interoperability of state prescription drug monitoring programs.

More significantly, the newly introduced Opioid Workforce Act of 2018 is bipartisan, bicameral legislation that aims to address the nation’s opioid treatment gap by incentivizing the training of physicians who specialize in treating substance use disorders and pain management. It would provide for an additional 1,000 Medicare-supported residency positions during the next five

years in hospitals that have or are in the process of establishing accredited residency programs in substance use disorder medicine, psychiatry, or pain management.

House and Senate leaders are working to pass and reconcile their packages sometime this summer. Suburban counties in New York are experiencing some of the highest rates of opioid abuse and overdose deaths in the state. The situation is placing stress on all treatment venues – inpatient and outpatient – and legislative and regulatory changes are needed now to alleviate this crisis.

With State Budget Done, Work Turns to Advocacy

Hospital advocates visited the capitol on May 1, 2018 where they protested mandatory nurse staffing ratio legislation (A.1532/S.3330). Suburban Hospital Alliance of New York State members were joined by the Healthcare Association of New York State, New York Organization of Nurse Executives and Leaders and other regional hospital associations. The proposed legislation would impose arbitrary staffing ratios. Such ratios have been shown to not improve care in the only other state – California – that has such ratios in place. More importantly, such restrictive laws would prevent experienced local clinicians from making the appropriate staffing decisions to meet the needs of each and every patient, taking into account patient mix and acuity and surge capacity concerns. It is estimated that mandated staffing ratios would cost New York's hospitals and nursing homes close to \$3 billion annually. Research has shown that the combination of higher levels of nurse education, the use of evidence-based criteria, and an appropriate mix of staff of all levels are critical to quality care. Hospital administrators also note that staffing costs to fulfill such workforce mandates would have a detrimental effect on ancillary nursing staff, as hospitals would be forced to downsize.

On May 15, 2018, the Westchester County Legislature considered a resolution that would urge the state government to enact the staffing ratio law, one of several such efforts around the state by the bill's proponents. Hospital leaders were there to testify before a county committee to explain why forced ratios are bad for patients and nurses. The committee has not yet taken a vote on whether to advance the bill.

The state legislative sessions ends June 20, 2018. It is unlikely that any major legislation will be passed before the session concludes.

Go to the Suburban Hospital Alliance's [website](#) for more in-depth detail about the Suburban Hospital Alliance's advocacy agenda.

News Briefs

Learn about the Composite Prototype Center – The Composite Prototyping Center (CPC) is a Long-Island based nonprofit business incubator and training center that helps organizations, particularly hospitals and healthcare institutions, with advanced composition manufacturing needs ranging from workforce training and development, to prototype manufacturing and testing capabilities. CPC also collaborates with local colleges and universities in developing multilevel certificate and degree programs, consisting of advanced composite technologies for post-secondary and undergraduate students. Designated one of four premier composite centers in the country, the center is conveniently located in Plainview, NY. For more information about the advantages of working with CPC, you can visit www.compositepro.org.

Dahill Dose – Check out the latest posts at www.dahilldose.com. Authored by SHANYS President/CEO Kevin Dahill, the blog offers informed and insightful commentary about healthcare policy, legislation, and regulation.

Doctors Across New York (DANY) – The Department of Health released a [Request for Applications](#) Request for Applications for the Doctors Across New York program cycle V. Completed applications will be accepted until June 13 at 4 p.m. The Health

Department will make about 75 awards in this cycle. DANY awards help recruit and retain eligible physicians who are willing to work in medically underserved parts of the state.

Flu Takes a Hike – The influenza virus is now on the downswing. State Health Commissioner Howard Zucker MD stated on May 17, 2018 that unvaccinated healthcare workers are no longer required to wear masks in areas frequented by patients.

Awaiting the Next Prevention Agenda – The Public Health and Health Planning Council will issue its updated 2019 – 2024 Prevention Agenda in December of this year. Planning for the new cycle has been underway for some time and included diverse stakeholder feedback. The five priority areas are very similar to current Prevention Agenda priorities, with some refinement and detail. In this round of the Prevention Agenda, the state is emphasizing healthy aging across the life cycle in each priority area and incorporating a health-across-all-policies approach including upstream, “non-health” interventions and strategies in each priority area. There is an emphasis, on the part of the state, to better understand the community benefit that is reported by hospitals on IRS schedule H. The state is seeking more detail about the dollar amount reported on the community health improvement line on the IRS document. However, categorizing activities to that level of detail will be rather difficult and cumbersome for most hospitals. The state hopes to more easily discern the spending that is associated with Prevention Agenda priorities and is currently developing more guidance about this. The Healthcare Association of New York State has offered a few webinars on the topic. Stay tuned for more information/webinars offered by HANYS and assistance at the local level provided by SHANYS.

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. Bianca Fabian’s employer does not offer insurance. However, she says she knows the importance of having coverage for both routine needs and when life throws you a curveball. That is why she did not hesitate to purchase insurance from the marketplace. Read more about Bianca’s story and other stories at [Healthcare Voices](#), including that of [Ruth Zaporta](#) who was featured in the state’s print and broadcast ads about enrolling in the marketplace. Click on these links to view the digital spot, featuring Ruth, in both English and Spanish:



<https://info.nystateofhealth.ny.gov/4millionreasonsgroup2>

<https://info.nystateofhealth.ny.gov/4millionreasonsspanish1>

<https://info.nystateofhealth.ny.gov/4millionreasonsspanish2>

Spotlight on Quality

CMS Proposes Major Changes to Quality Reporting Requirements

By Kate McCale, Director of Quality and Membership Services, Nassau-Suffolk Hospital Council

On April 24, CMS released the Inpatient Prospective Payment System proposed rule as part of their annual rulemaking process. The proposed rule outlines the organization's intended payment and policy changes for hospitals in the upcoming fiscal year and is the main vector for changes to Medicare quality reporting programs. In this year's rule, CMS proposes to significantly streamline quality reporting requirements as part of its Meaningful Measures Initiative. If finalized, the changes could mean fewer reporting obligations for hospitals nationwide.

Currently, hospitals have to report on more than 70 measures across four programs (Inpatient Quality Reporting, Hospital-Acquired Condition Reduction, Readmission Reduction and Hospital Value-Based Purchasing). In some cases, hospitals have to report on the same measure more than once using slightly different methodologies to meet the requirements of the various programs. The duplicative reporting requirements unnecessarily create additional work for hospital performance improvement teams for seemingly little benefit to CMS. As such, CMS is proposing to de-duplicate 21 measures from the Hospital Inpatient Quality Reporting program and 10 measures from the Hospital-Acquired Condition Reduction program that already appear in other programs. They are also proposing to eliminate 18 measures altogether from the Inpatient Quality Reporting program.

If the proposed changes are finalized, the reduction and de-duplication of measures will trigger changes to scoring methodologies and may impact penalties and awards assessed under the pay-for-performance programs. Since the measures are also used for public reporting on Hospital Compare, the changes could also have downstream effects on hospital scorecards including the CMS Hospital Star Ratings. The final rule is expected in September, at which time further analysis on the impact of these changes can be completed.



News from the
Hudson Valley

[Click here for Northern Metropolitan Hospital Association member listing](#)

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

- *St. Luke's Cornwall* for establishing a Mobile Mental Health program for ED patients with behavioral health issues,
- and *Phelps Memorial Hospital* in Sleepy Hollow, for streamlining breast cancer treatment to deliver high-quality care quickly and effectively while alleviating the emotional impact on patients' lives.
- Read about this hospital's achievements and more at www.hanys.org/tripleaim.

First in the Nation – *Burke Rehabilitation Hospital* opened the Marsal Caregiver Center on May 30th. While four other hospitals in the Montefiore system offer caregiver centers, the one at Burke is the first in the nation inside a rehab hospital.

Continuing Honors – For the third year in a row, the Wound Care Center at *Northern Dutchess Hospital* in Rhinebeck received honors from Healogics. It was named a Center of Excellence for its high standards of patient care.

New Teaching Hospital – Health Quest's *Vassar Brothers Medical Center* has been approved for general surgery residency for 2019 and is expected in the fall to be approved for some other residencies, including internal medicine, family medicine, obstetrics and gynecology, orthopedics, emergency, and psychiatry.

Excellence Award - *Orange Regional Medical Center* is a recipient of the Healthgrades 2018 Patient Safety Excellence Award™, a designation that recognizes superior performance of hospitals that have prevented the occurrence of serious, potentially avoidable complications for patients during hospital stays.

Ellenville Grant – The Ellenville Wawarsing Rural Health Network partners have secured a three-year, \$600,000 grant through the US Department of Health and Human Services that will allow the RHN partners to implement a Health Improvement Special Project (HISP), which will use evidence-based community outreach and clinical improvement strategies to reduce population cardiovascular risk in Wawarsing.

Top Tier – *Catskill Regional Medical Center's* Grover M. Hermann Hospital in Callicoon, NY has been named one of the Top 20 Critical Access Hospitals in the country for Quality. This is the second year in a row that the Hospital has received this designation from the National Rural Health Association. Grover M. Hermann Hospital scored best among critical access hospitals, as determined by The Chartis Center for Rural Health.

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



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

- *Brookhaven Memorial Hospital Medical Center* in Patchogue, for their reduction of ED 'super-utilizers' through Health Home enrollment,
- and *North Shore University Hospital* in Manhasset, for the expansion and improvement of its orthopedic surgery programs.
- Read more about these hospitals and more at www.hanys.org/tripleaim.

First of its Kind – *Mather Hospital* in Port Jefferson received accreditation from the American Nurses Credentialing Center, for the first Graduate Nurse Transition to Practice residency program in New York State.

NYU Winthrop Hospital Nurse Takes Top Honor

Nurse leaders from Long Island's hospitals and nursing education programs gathered Wednesday, May 16, 2018, at the Woodbury Country Club to bestow recognition upon their nurse peers at the Nurse of Excellence Award Ceremony hosted by the Nassau-Suffolk Hospital Council (NSHC). One nurse from each of the Hospital Council's member hospitals was nominated for the award, which recognizes outstanding leadership and clinical practice. Deans of area nursing schools also submitted nominations recognizing nursing excellence in education and clinical practice.



From left: Al Glover, COO NYU Winthrop Hospital; Valerie Terzano RN, Chair of the Nurse Excellence Sub-Committee and Senior Vice President of Nursing/Chief Nursing Officer, NYU Winthrop Hospital; 2018 Nurse of Excellence Lila Hageman-Sheehan RN; Donna Caccavale RN, Vice President, Nursing, NYU Winthrop Hospital; Gara Edelstein RN, Chief Nursing Officer, Good Samaritan Hospital Medical Center/Catholic Health Services of Long Island.

Lila Hageman-Sheehan RN, Nurse Manager, Emergency Department, at NYU Winthrop Hospital, rose above a field of 27 nominees. Those nominees were selected from a field of about 500 nurses at hospitals and teaching institutions from across Long Island.

Hageman-Sheehan brings an unprecedented enthusiasm to her job and to her team. Drawn to emergency medicine because of the difference she could make in people's lives in a short time, she extends her nursing skills beyond the ED to include volunteer work in the community near and far. She is a volunteer for the Nassau County Medical Reserve Corps and has provided medical support for the Special Olympics program and the Long Island Marathon. And for her emergency room colleagues who were treating victims of the Las Vegas shooting last year, she organized an effort among her hospital peers to send nourishment and encouragement to the overwhelmed staff. She also used that tragic event as a teachable moment in Winthrop's ED to review and improve incident response. Hageman-Sheehan is an instructor for the American College of Surgeons program "Stop the Bleed," which teaches laypersons how to administer basic medical care until the arrival of a medical team. She is currently leading the effort at her hospital to establish a Sexual Assault Forensic Examiner (SAFE) program.

The Hospital Council's annual salute to nurses is fashioned after the New York State Legislature's Nurse of Distinction Program that ended in 1995. NSHC is one of the few hospital associations in the state to continue this program voluntarily. It is now in its 23rd year. For more information about this program and a full listing of nominees, visit www.nshc.org.

Walk-Bike Nassau

Free community event emphasizes health and safety on the roads of Nassau County - illustrates county, state, organizational collaboration to improve population health.

[Walk-Bike Nassau](#) is the first event of its kind in the county, and the most recent in a line of initiatives to keep New Yorkers safe, sponsored by the [Governor's Traffic Safety Committee](#). The June 5th educational event happens at the Yes We Can Community Center in Westbury, NY, from noon to 4:30 p.m. and features presentations, workshops, and demonstrations that will teach the rules of the road to pedestrians, cyclists, and motorists of all ages and abilities.

In 2017, Nassau County had the third highest number of pedestrian fatalities in New York State. With more walkers and bikers taking to the streets for exercise, it is more imperative than ever that everyone – motorists, cyclists, walkers – know the rules of the road. [See! Be Seen!](#) is the state's pedestrian/cyclist safety campaign.

The New York Coalition for Transportation Safety – the advocacy group instrumental in passing New York's seat belt safety law in July 1985 – in conjunction with the Nassau County Traffic Safety Board, the Governor's Traffic Safety Committee, and the Long Island Health Collaborative, organized this event together with local advocacy groups to raise awareness about pedestrian and bike safety strategies.

"The plain truth is that people walking or biking on the streets of Nassau County put themselves at risk, but there are some simple rules they can follow to stay safe," said Cynthia Brown, executive director of the New York Coalition for Transportation Safety. "We know walking and biking are great ways to commute, exercise, and to manage chronic health conditions. Safety concerns should not impede these efforts."

[Walk-Bike New York](#) is an annual event, most recently held in Schenectady, New York, in March of this year. The two-day state-wide symposium provided participants, "the tools to work together to create walkable and bikeable communities," according to the event's website. Walk-Bike Nassau follows in its footsteps, thanks in part to funding from a New York State Federal Highway Safety Grant.

Learn more about the event and register today at www.walkbikenassau.com.

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

Committee Updates

Fiscal Policy Committee – At the May 16 meeting, members of the Fiscal Policy Committee were briefed on elements of the FY 2019 Inpatient Prospective Payment System proposed rule including updates to the wage index methodology, price requirements and the transition to using uncompensated care data from the Cost Report Worksheet S-10 to distribute DSH funds. Staff provided state payment updates and discussed efforts on behalf of the DOH to push for community health spending that is directly linked to the state's Prevention Agenda.

Compliance Committee – On May 15, Hospital Council staff briefed members of the Corporate Compliance Committee on Sexual Harassment Provisions in the state budget, the OMIG 2018-2019 work plan and recently released regulatory guidance on self-administration of marijuana, human trafficking, and forensic rape kit storage. Updates were provided on the backlog of appeals pending at the ALJ level and a recent court decision delaying CMS' ability to recoup funds before the appeals process is complete.

Quality Committee – At the May 23 Quality Committee meeting, Hospital Council staff provided an overview of the changes to quality reporting programs proposed in the Inpatient Prospective Payment System proposed rule and a recent recommendation from MedPAC to further streamline quality reporting requirements. Further updates were provided on recently released regulatory guidance and changes to the state stroke designation process. Members discussed recent Joint Commission survey activity.

Long Island Population Health Improvement Program – In a special legislative briefing requested by the New York State Senate Health Committee Chair, Senator Kemp Hannon, on May 24 local legislators were presented with a high-level overview of the accomplishments of the Long Island Health Collaborative through the Population Health Improvement Program grant, which is currently in its fourth year. Through primary and secondary data collection and analyses, the Collaborative is helping its partners navigate the changing healthcare and social service delivery landscape by providing hyper-local data reports and trend analyses. It has forged relationships with partners from hospitals, county health departments, physicians, health providers, community-based social associations, human service organizations, academic institutions, health plans, local government, and the business sector to ensure that the region works as a cohesive unit in deploying population health strategies and interventions. Its focus continues to be the reduction of chronic diseases, as well as an emphasis on behavioral health.

Upcoming Events

June 27 – 29th HANYS' 50th Annual Membership Conference

Celebrating 50 Years Educating Healthcare Leaders
The Saratoga Hilton, Saratoga Springs, NY

HANYS' 50th Annual Membership Conference will take place in a new location in 2018—the historic city of Saratoga Springs, New York. Celebrate a half-century of bringing our members together for education, networking, and celebration of member achievements.

The 2018 Annual Membership Conference will offer an enhanced agenda with breakout sessions covering leadership, quality improvement, operational efficiencies, policy, payment models, and more. Continuing education credits will be available to attendees. Members of all C-level roles are invited to join and reflect on recent events, delve into current healthcare issues and trends, and learn from state and national policy experts about what to expect in the months and years ahead.

Registration

You can [register online](#) now through **June 13th**. For more information, contact learning@hanys.org.

September 14-16 HTNYS' 28th Annual Trustee Conference

From Forecasting the Future to Today's Key Topics

Including a presentation from Jack Uldrich, Global Futurist and Best-selling Author, and several breakout topics, the 2018 Trustee Conference will take place in Saratoga September 14-16.

Online registration opens in early July. Check back at htnys.org or contact [Sue Ellen Wagner](#) for more information.