

Progress Notes

September 2016



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Government Shutdown Averted

On Wednesday, September 28, 2016, members of the House and Senate finally agreed on a funding package, preventing a government shutdown that could have occurred September 30, 2016, the end of the current federal fiscal year. The continuing resolution appropriates funding to keep the government operating until December 9, 2016.

The measure includes \$1.1 billion in funding to fight the Zika virus. Congress and the White House had argued over the amount of Zika funding for months, even failing to come to an agreement before their summer recess, the peak of mosquito season.

Agreement on a funding package had been delayed due to differences about the level of Zika funding and family planning funding. President Obama first requested \$1.9 billion in Zika funding from Congress in February. In May, congressional members agreed on a \$1.1 billion level of Zika funding, but the House version sought to block some funding to Planned Parenthood, which the Democrats opposed. With the stop-gap funding measure in place, legislators will return post-election season to work on a longer term funding bill during the lame-duck session.

State Outlines Health Republic Adjudication Procedure

The procedure for adjudication of claims against now defunct health insurer Health Republic will begin with providers receiving an explanation of benefits identifying the claims that have been approved for payment during the first quarter of 2017. The liquidator anticipates the total amount of allowed claims will not be known until at least mid-2017.

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The Suburban Hospital Alliance has worked with the Healthcare Association of New York State (HANYs) to ensure settlement dollars are appropriated to cover the nearly \$200 million still owed to New York hospitals. In last year's budget, HANYs and regional hospital associations were successful in advocating for the Health Republic Insurance of New York Fund, which will be funded by amounts collected from legal settlements between April 1, 2016 and March 31, 2019. These funds

are intended to be paid out to cover a shortfall after all assets in connection with the Health Republic liquidation have been distributed.

Hospitals in the Suburban Hospital Alliance regions of Long Island and the Hudson Valley were disproportionately affected by the Health Republic demise, as nearly 70 percent of the health insurer's beneficiaries resided in these two regions.

SPOTLIGHT ON: *Quality*



By Kate McCale, Director of Quality and Education

The Joint Commission Announces Changes to ORYX Reporting Requirements for 2017

On September 7, a letter was issued by The Joint Commission notifying all accredited hospitals of updates to the ORYX quality reporting requirements. Over the last several years TJC quality reporting structure has been modified and updated to further align the measures and requirements with those of CMS. In the letter, TJC stated that the changes to the 2017 reporting requirements were made with the same intention.

In 2017, The Joint Commission will retire the measure set reporting model and will only require that hospitals report on a certain number of measures. Going forward, hospitals must report on five chart abstracted measures (ED-1, ED-2, PC-01, VTE-6, IMM-2) and on six of the 13 available electronic clinical quality measures. Those hospitals with more than 300 live births a year will be asked to report on four additional perinatal care measures. Regardless of the measures chosen or required, hospitals are asked to report four quarters of data for the calendar year.

Critical Access Hospitals will be asked to report on a total of six measures that reflect the services they provide and freestanding psychiatric hospitals will be asked to report on four HBIPS measures. For Freestanding Children's Hospitals, Long Term Acute Care Hospitals and Inpatient Rehabilitation Facilities, the performance measure reporting requirements remain suspended.

[Click here](#) to access The Joint Commission's reporting tool.

News Briefs

Quality Improvement Grant Awarded – The Centers for Medicare and Medicaid Services (CMS) awarded the Healthcare Association of New York State and the Greater New York Hospital Association a two-year contract, with a third-year option, to continue their hospital improvement efforts under their joint New York State Partnership for Patients (NYSPFP). NYSPFP began in 2012.

Under the new contract, both organizations will be part of CMS' Hospital Improvement and Innovation Networks (HIIN) and will help hospitals to further reduce unnecessary readmissions and hospital-acquired conditions (HACs). Under the HIIN contract, NYSPFP will also partner with IPRO (New York's Quality Improvement Organization), whose inpatient quality improvement works with hospitals has been incorporated into CMS' PFP initiative.

HOPD Site-Neutral Advocacy – Hospitals continue their opposition to the Centers for Medicare and Medicaid Services' (CMS) 2017 proposed outpatient prospective payment system rule and are urging members of Congress to sign on to a new letter to CMS reiterating concerns about the outpatient site-neutral law. The law eliminates hospital-level payment to hospital-based outpatient departments that began billing for services after the enactment of the 2015 Bipartisan Budget Act on November 2, 2015. The agency seeks to make no facility payments to newer "non-excepted" hospital outpatient departments (those that began billing after November 2, 2015 either due to pending construction or planned expansion) for services they provide to Medicare beneficiaries beginning in 2017. These services could include labs, imaging, and nursing among others; only physician services would be reimbursed under the proposal. The proposal does not allow for flexibility, particularly in regard to relocation and expansion of services of grandfathered sites. Outpatient clinics that were already providing services on November 2, 2015 are considered "excepted" and will continue to receive the hospital-based rate, but according to the proposed rule they will lose their grandfathered status if they relocate and expand. State and federal reform efforts are calling for the expansion of services in community settings and a more coordinated approach to care. The hospital-based outpatient department site-neutral law is a disincentive to do that.

Readmissions Decline – According to recent data released by the Centers for Medicare and Medicaid Service (CMS), Medicare 30-day readmission rates declined in 49 states between 2010 and 2015, resulting in an estimated 565,000 fewer hospital admissions. While readmission rates have fallen, the Medicare hospital readmissions program has also levied \$1.9 billion in penalties. Hospital leaders continue to urge legislators to pass House legislation (H.R. 5273) that seeks an adjustment to account for socioeconomic factors that affect hospital admissions.

News from the Long Island Region

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



Awarded-Winning Relief – The Joint Commission recognized *Huntington Hospital's* palliative care service for the second year in a row.

Behavioral Health – *John T. Mather Memorial Hospital* has been awarded a \$25,000 Community Impact Grant from New York Life for adolescent behavioral health initiatives. They will use the grant to promote long-term recovery for adolescents with psychiatric illness through a Collaborative Problem Solving model

Get with the Guidelines – The cardiology and neurology departments of *Nassau University Medical Center* were recognized for quality healthcare achievements by the American Heart Association and the American Stroke Association, and were awarded the “Get with the Guidelines” Performance Achievement Award.

#ReadyFeet Winner – The working group of the local Population Health Improvement Program - the *Long Island Health Collaborative* - awarded the first prize for participation in their Are You Ready, Feet?TM online activity portal. New Hyde Park resident and nurse Claire Scherder was randomly selected, and awarded a Fit Bit Flex and a basket of giveaways.



From left: Are You Ready, Feet?TM winner Claire Scherder, LIHC Program Manager Sarah Ravenhall

Meeting the Triple Aim – *Northwell Health* met the New York State Triple Aim, with its “Aiming for Zero” program, an initiative focused on eliminating catheter-associated urinary tract infections across the health system’s 15 acute care and children’s hospitals throughout the New York area.

Life Saving Donation - Mercy Medical Center and St. Francis Hospital donated 50 life-saving automated external defibrillators (AEDS) that will be located at parks, pools, beaches, and senior centers in the Hempstead town area, placing defibrillators at locations where a life could be saved in the event of cardiac arrest.

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

News from the Hudson Valley Region

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



System Acquisition – Sharon Hospital, a 78-bed facility in Sharon, Conn., that transitioned to for-profit status in 2002 will join *Health Quest's* Hudson Valley healthcare system.

Expansion Plans – HealthAlliance of the Hudson Valley's will consolidate its two hospitals and create a "medical village" on its Broadway campus, including a 110,000-square-foot expansion featuring a new four-story tower, over the course of five years.

AHA Presentation – *Ellenville Regional Hospital* was selected by the American Hospital Association to present two projects at their 24th annual Health Forum and Leadership Summit in San Diego, CA in July 2016. The first project is the New York State Medicaid Accelerated eXchange (MAX) Project, is a 12-month initiative which places a focus on the Emergency Department (ED) providers and staff on managing care for ED Super Utilizers. The second is the Swing Bed Outcomes Improvement Project, developed to help quantify Sub-Acute Rehab (Swing Bed) patient's functional outcomes from admission to discharge.

Health Tech Conference Explores Innovation

The Westchester County Association's health technology conference – Health Tech '16: Fueling Innovation in Westchester – drew hundreds to the September 28, 2016 event held at the Double Tree Hilton Hotel in Tarrytown. Presenters spoke about a range of technological advancements, as well as how providers must adopt these emerging technologies and a risk-like mindset in order to remain competitive and bring about helpful change.

Suburban Hospital Alliance CEO Kevin Dahill moderated a panel of regional healthcare leaders from the hospital and technology fields. Northwell Health CEO Michael Dowling participated in the panel and also presented the conference's keynote address.

"Healthcare and life sciences is a \$15 billion industry and a major economic engine in Westchester County," said Westchester County Association CEO and president William Moody. "We have become a major hub for healthcare, health technology and biotech innovation, and that is creating opportunities for everyone who does business in Westchester."

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

NSHC Events & Meeting Reports

Finance Committee – The committee received a briefing at its September 14 meeting about the finance provisions of the final 2017 inpatient payment rule, which prompted an extensive discussion about CMS’ intent to utilize the S-10 schedule of the Institutional Cost Reports to determine the allocation of Medicare Disproportionate Share Hospital (DSH) distributions. Ms. Darwell also provided the latest updates on the hospital outpatient department (HOPD) site-neutral payment rules and the associations’ advocacy efforts.

Human Resources Committee – In a special session on September 16, the Human Resources Committee met jointly with the Long Island-STEM Regional Industry Council, a local collaboration of healthcare employers, schools and colleges working together to encourage students to pursue careers in the field. The future of the nursing workforce was the main focus of the meeting. This was the first meeting chaired by Lori Spina, vice president of human resources for Good Samaritan Hospital Medical Center.

Long Island Health Collaborative – The Collaborative met on September 14, updates were given by representatives of the island’s two Performing Providers Systems, and each of the LIHC’s active workgroups. Communications coordinator Kim Whitehead gave an overview of the Collaborative’s social media efforts since April 2016, and program manager Sarah Ravenhall announced the Collaborative’s upcoming community-based organization events in October, one each in Nassau and Suffolk counties, as well as a walking event in the first week of October for a behavioral health awareness campaign.

LIPHIP Steering Committee – On September 28, the PHIP staff presented to the Steering Committee on the work of individual working groups, the upcoming events, the data collection and initiatives being completed with the Suffolk Care Collaborative PPS, the impending third year of the PHIP grant, and the PHIP staff’s intention to apply for a second NYSDOH population health grant, entitled Linking Interventions For Total Population Health, or LIFT Population Health.

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