



Progress Notes

April, 2017

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Revised Amendment Threatens ACA, Again

Contact your federal representatives now. This is the time to stop extremely harmful legislation that puts consumers at greater risk and hospitals in deeper financial distress.

The amendment to the American Health Care Act authored by Rep. Tom MacArthur, a member of the centrist Tuesday Group Republicans, and Freedom Caucus Chairman Rep. Mark Meadows marks another attempt at repealing and replacing the Affordable Care Act (ACA). A total of 216 House votes are needed for passage, and it is unclear how soon or if the House leadership can get to this number.

The MacArthur/Meadows amendment to the GOP version would allow states to apply for waivers to exempt themselves from federal essential health benefit standards and implement a state-specific standard instead. It also reintroduces medical underwriting by allowing insurers to effectively once again use health status as a standard for rating by charging those with pre-existing conditions significantly more when they fail to maintain continuous coverage. Insurers would also be free to charge older Americans a much greater amount than younger enrollees, even beyond the five-times rating contained in the initial American Health Care Act.

What is unchanged from the failed GOP plan presented last month is the provision to move the Medicaid program to a per capita one. For New York State, that translates into an additional \$4.5 billion in costs. This approach ends Medicaid's entitlement status and leaves no flexibility for costs related to enrollment surges or increases in the provision of healthcare.

The Congressional Budget Office (CBO) is not expected to score the cost of the amendment for at least another week or two. Without that objective measure, many legislators are hesitant to pledge their allegiance.

Contact your federal representatives now. This is the time to stop this extremely harmful legislation that puts consumers at greater risk and hospitals in deeper financial distress.

Insurers Calculate 2018 Plan Year Rates Amid Washington Uncertainty

While Congress continues its debate on repeal and replace of the Affordable Care Act (ACA), insurers in New York State must submit their 2018 rate requests to the Department of Financial Services by May 15, 2017. Without assurances that the ACA's cost sharing subsidies would continue and at what funding levels, insurers remain skeptical about their ability to participate in the marketplace. The individual mandate is another indicator of stability and that also remains in jeopardy.

Governor Cuomo's office recently reached out to insurers to gauge their assessment of the situation brewing in Washington, DC and the effect Washington's efforts might have on their rate setting. The rates that insurers present to the state can be approved or modified by the Department of Financial Services. Rates are finalized in the summer.

In mid-May the Trump administration released a final insurance rule meant to stabilize the individual and small group health insurance markets. The final rule shortens the open enrollment period for the federal exchange to November 1, 2017 through December 15, 2017. The final rule includes language requiring verification of eligibility for a Special Enrollment Period and provides consumers with 30 days to provide such documentation. It also lets insurers pay a lower percentage of medical costs, effectively imposing higher out-of-pocket costs on consumers, and it allows insurers to refuse coverage to people who have not paid their premiums.

"We remain concerned that insurance would be too expensive for low-income New Yorkers," said Stacy Villagran, who directs a state-certified Navigator Program, which is overseen by the Nassau-Suffolk Hospital Council. "With higher copays and deductibles, providers could experience more bad debt issues."

Healthcare Voices



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](#).

Six Keys to Improving Progression of Quality Care in Hospitals

By Care Logistics

The path to consistent, quality patient care progression sounds simple enough:

- Set and meet accurate length of stay targets based on appropriate DRGs—begin with an end in mind and proactively manage toward that end.
- Focus unit care teams on clear, appropriate care progression plans for all patients.



But admissions processes often do not capture and disseminate an appropriate target length of stay and DRG in a way that informs expectations for treatment and documentation. Thus caregivers face challenges choosing appropriate goals for managing patient progression so that everyone is working toward that goal. The resulting delays in care prolong length of stay, increase costs, frustrate patients and caregivers, and increase the possibility of preventable harm. Inconsistent care progression can also increase readmissions, as divergence from appropriate and timely care plans increases the risk that the need for treatment will reoccur.

There are several key tools and disciplines unit care teams can adopt that dramatically improve consistent delivery of quality care, with resulting benefits in efficiency and patient satisfaction:

- 1) Standardize Your Patient Progression Plans:** Create and track progression against standardized, patient-appropriate care plans with continuously visible goals and progress. Over time, this helps collaboration for quality care become easier and more reliable and predictable.
- 2) Assess and assign appropriate DRGs and length-of-stay targets.** The refrain is so common we often forget how important it is: Effective discharge begins at admissions. That means having everyone on the care team know, understand and agree as to when each patient should leave the hospital with appropriate treatment. Hospital leaders must commit to the discipline of setting accurate and appropriate length-of-stay targets.
- 3) Have care teams consistently work toward those length-of-stay targets.** The progression of quality patient care

on the unit depends on care teams always seeing and working toward accurate targets for length of stay. Length-of-stay based care progression should become the focus and culture of care teams.

- 4) **Make DRG and length-of-stay targets specific to your hospital.** Admissions staff often look up DRGs and set care targets based on national averages that may vary considerably from the observed and expected targets for a specific hospital. Invest the time to adopt DRG guidelines that match the observed and desired case mix and associated length-of-stay targets specific to your hospital.
- 5) **Adopt daily care progression huddles on every unit.** It might be time to rethink your daily unit safety or shift meetings. Effective patient progression huddles gather the full unit care team for each shift to clearly understand patient progression and care goals, as well as escalate any issues outside their control to executive leaders for resolution.
- 6) **Make O/E ratios a critical performance measure.** Once you're setting accurate and appropriate targets, make sure you're continuously measuring observed (actual) versus expected length of stay. When your O/E ratios are below 1, your hospital is optimizing care progression and maximizing reimbursements and margins.

These recommendations aren't exhaustive, but we've seen many hospitals adopt more precise length-of-stay targeting as the foundation for improving care efficiency, outcomes and experience. Progressing the patient's care by focusing the care team on the immediate patient needs while anticipating and preparing for the next steps is the key to delivering the right care, reliably, in a predictably appropriate amount of time.

Solutions to Help Improve Care Progression, Quality and Experience

Care Logistics offers several solutions focused specifically on establishing consistent, reliable progression of quality patient care on your units and across your hospital. Sustain top performance in all areas of care delivery with a range of options, from targeted solutions for unit patient progression to comprehensive solutions for clinical transformation.

- **Care Progression:** Gives hospital unit care teams the ability to quickly and reliably assign correct DRGs and length-of-stay targets, ensuring appropriate care and reimbursements. This package combines training, technical services and software.
- **Care Progression Optimized:** Overcomes the common barriers to unit care progression, empowering coordinators to deliver the best care consistently and efficiently. It combines optimized care progression processes with powerful software that, in a single place, informs and prompts them to take all the right next actions in their patients' care plans.
- **Hospital Operating System - The Complete Transformation Solution:** Establishes a system-wide hub-and-spoke progression model for care delivery that dramatically improves quality, throughput and experience. This complete transformation solution comprises a program for positive culture change, a new centralized care coordination model, and software built to ensure reliable and predictable quality care for every patient.

The results for Care Logistics hospitals are dramatic and sustained:

- Realized an annual financial benefit of \$11.6 million
- Reduced average acute length of by a half day or more
- Reduced ED wait times by 75 percent
- Made substantial gains in safety, quality and patient satisfaction measures
- Increased inpatient and observation admissions by 6.3 percent and outpatient diagnostics services by 19 percent
- Reduced readmissions by 40% or more
- Increased revenue from higher CMI and greater patient and service volumes

The Suburban Hospital Alliance of New York State has developed a strategic relationship with Care Logistics to provide Long Island and Hudson Valley hospitals with access to the company's innovative tools and processes to address their operational and financial needs.

Care Logistics helps hospitals deliver exceptional care to satisfied patients at the lowest costs. The Care Logistics patient progression systems transform hospital operations, powered by positive culture change, flexible and efficient unit and system care models, and logistics software. The results: efficient, predictable, and reliable care that dramatically improves every metric that matters to hospitals – care quality, patient throughput and experience, length of stay and financial performance.

News Briefs

Auxilian Day – Hospital auxilians statewide are recognized on May 3, Auxilian Day in New York. Governor Cuomo proclaimed this date to recognize the vital role that auxilians serve as community wellness ambassadors and to acknowledge the valuable contributions that auxilians make to advance the overall quality of public health in New York State.

#HAVhope Friday – The American Hospital Association has designated Friday, June 9, 2017 as Hospitals Against Violence day - #HAVhope Friday: A National Day of Awareness. The campaign focuses on addressing violence within the hospital walls and in our communities. HAVhope Friday is a national day of awareness to unite hospitals, health systems, nurses, doctors, and other professionals from across the country, as well as the local and national organizations they work with, to focus national attention on ending violence through a digital media campaign. Use #HAVhope to help spread the message. For more information and to sign a pledge on behalf of your hospital go to www.aha.org/preventviolence.

Advocacy Guide for Trustees – Healthcare trustees are integral to advocating on behalf of hospitals and health systems. Advocating for Healthcare - A New York State Trustee Guide, offered by the Healthcare Association of New York State, is a

helpful publication designed to assist trustees in their advocacy efforts. The guide offers an update about the current environment and the advocacy issues facing hospitals.

Mandatory Prescriber Attestation Education – The Department of Health released instructions for the attestation form for the new mandatory prescriber education signed into law last year by Governor Cuomo. The law requires mandatory education for prescribers in pain management, palliative care, and addiction. The three-hour training must be completed by July 1, 2017 and once every three years thereafter. To track compliance, prescribers and hospitals must attest to completing such training on behalf of residents. Licensed prescribers are responsible for completing the attestation through their individual Health Commerce System account using the Narcotic Education Attestation Tracker (NEAT) application. For residents who prescribe under a hospital's DEA registration number, the facility must make the attestation through the DOH HCS NEAT application. DOH is offering a free online-accredited course through the University of Buffalo. For more information about the requirement contact: DOH's Bureau of Narcotic Enforcement at 866-811-7957.

Spotlight on Quality

Health Home Referral Policies Due May 16th

On February 15th a Dear Administrator Letter was released by the New York State Department of Health reminding **hospitals** of their obligation to refer eligible patients to Health Homes. As you may remember, patients may be eligible for a Health Home referral if:

- They are eligible for Medicaid and
- They have two chronic conditions or one single qualifying condition (HIV/AIDS or a Serious Mental Illness) and
- Significant behavioral, medical, or social risk factors that affect their ability to manage their own care effectively

For further information on patient eligibility, please click [here](#).

In order to be in compliance with federal and state requirements, hospitals must develop policies and procedures for implementing the referral protocol. The procedures must include determining whether or not a patient is already registered with a Health Home, referring a patient that is eligible but has not been registered and obtaining the patient's consent to make the referral.

Hospitals must also submit a written [attestation form](#), signed by the CEO, stating that policies have been developed and implemented by May 16th. The form can be uploaded and sent to the NYSDOH [here](#). After the attestation deadline, the DOH can request a copy of the hospital's policies and procedures to ensure compliance.

Questions can be directed to the DOH using this [portal](#) or directed to the Health Home contacts listed below.

Health Homes on Long Island:

Community Health Care Collaborative

Counties: Columbia, Dutchess, Greene, Orange, Nassau, Putnam, Rockland, Suffolk, Sullivan, Westchester

- **Main Contact:** *Kathleen Clay*, 1-888-980-8410 kclay@hrhcare.org
- **Referral Contact:** 1-888-980-8410 Nyates@hrhcare.org

Northwell Health

Counties: Nassau, Queens, Suffolk

- **Main Contact:** *Anne Ferguson*, 516-876-5450 aferguso@northwell.edu
- **Referral Contact:** *Jeanne Losquadro*, 516-876-5310 jlosquad@northwell.edu
- **Member Referral Number:** 888-680-6501



News from the
Hudson Valley

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

Leapfrog – *Northern Westchester Hospital* was awarded an 'A' rating from the Leapfrog Group in 2016. The Leapfrog Group asks every adult and free-standing pediatric general acute-care hospital in the U.S. to voluntarily complete the Leapfrog Hospital Survey. The Leapfrog Group's standards are updated annually to reflect the latest science and are designed to drive better outcomes for patients. Results are publicly reported by individual bricks-and-mortar hospital. Leapfrog uses the survey data to track and share hospitals' progress on key issues of safety and quality.

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.

Next Level – *MidHudson Regional Hospital* become the Hudson Valley's first and only trauma care program verified "Level II" by the American College of Surgeons. Established by the American College of Surgeons in 1987, the national verification program for hospitals promotes the development of trauma centers that provide the entire spectrum of care for injured patients.

People's Choice – *NewYork-Presbyterian Hudson Valley Hospital* received the 'People's Choice Business of the Year award' from Cold Spring Chamber of Commerce.

NorMet CEO Stresses Healthcare Reform Vigilance

Business and community leaders gathered April 5, 2017 for an educational event hosted by the Westchester County Association and keynoted by Northern Metropolitan Hospital Association president/CEO Kevin Dahill. In the wake of the House GOP's failed healthcare reform bill, the hospital and healthcare industry is still mindful of upcoming efforts to reform healthcare. In addition, the Affordable Care Act – the current law of the law – remains vulnerable to changes through the appropriations process, regulatory process, and judicial challenges.

The failed American Health Care Act (AHCA) included an amendment that would have been especially devastating to New York. The amendment, brought forward by New York Representatives Faso and Collins, would have shifted the counties' portion of the Medicaid tab to the state, resulting in a \$2.3 billion additional burden to the state. The AHCA also sought to curtail Medicaid expansion, limit cost-sharing assistance and premium tax credits, and change Medicaid to a per capita capped program, thereby reducing even more Medicaid funding to the state. Six million New Yorkers are insured through Medicaid and about 70 percent of Medicaid spending is for care of the elderly and disabled.

"We will have to wait and see what Congress decides to do about healthcare reform in the coming months," said Dahill. "This debate will take place amidst the administration's desire to reform the tax code, while pressing for its ambitious infrastructure plan and proposed budget."



Westchester County Association President Bill Mooney (left) with Kevin Dahill, President and CEO of the Northern Metropolitan Hospital Association at a healthcare policy event for regional business leaders.

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



News from
Long Island

[Click here for Nassau-Suffolk Hospital Council member listing](#)

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

- *Good Samaritan Hospital Medical Center* for their Geriatric Fracture Program, focusing on the care of seniors who have sustained a fragility fracture,
- and *St. Francis Hospital*, for their new initiatives to allow for efficient, safe, and optimal experience of care for

- orthopedic patients.
- Read about this achievements and more at www.hanys.org/tripleaim.

Leapfrog Released – Both *Eastern Long Island Hospital*, and *St. Francis Hospital* were awarded an 'A' rating from the Leapfrog Group in 2016. The Leapfrog Group asks every adult and free-standing pediatric general acute-care hospital in the U.S. to voluntarily complete the Leapfrog Hospital Survey. The Leapfrog Group's standards are updated annually to reflect the latest science and are designed to drive better outcomes for patients. Results are publicly reported by individual bricks-and-mortar hospital. Leapfrog uses the survey data to track and share hospitals' progress on key issues of safety and quality.

HIMSS Recognition – *Catholic Health Services* has been recognized by Healthcare Information and Management Systems Society (HIMSS) Analytics for achieving Stage 6 on the HIMSS Analytics Outpatient EMR Adoption Modelsm. In addition, CHS previously earned a place in the top 12% of U.S. hospitals using an electronic medical record.

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.

\$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 and click on programs.

Mall Walker Wins Prize – Centereach resident Jim Brooks was the winner of the drawing for the Long Island Health Collaborative's walking campaign, [Are You Ready Feet?™](#). The campaign is an initiative sponsored by the Collaborative and its many partners to get people moving and reduce the rate of obesity among Long Islanders. Brooks has been a participant of the Smith Haven Mall Walkers Club, a program run by Stony Brook Medicine, for many years. Stony Brook University Hospital is a founding member of the Long Island Health Collaborative. Brooks won a FitBit Flex and a basket full of health-minded prizes, all donated by members of the Collaborative.

Population Health – The Long Island Health Collaborative, the hub of population health activities for the Long Island region, unveiled a user-friendly [Population Health Dashboard](#) on its website www.lihealthcollab.org. The dashboard displays primary data collected and analyzed by the Collaborative, along with comparisons of data sets housed by the New York State Department of Health. Data points examined include obesity rates, hospitalizations, and barriers to care, among others. The dashboard, which is updated quarterly, is a window into this region's healthcare landscape. All Long Islanders are encouraged to complete the [online survey](#) used to collect primary data on regional health opinions. The Collaborative functions as the main workgroup of the Long Island Population Health Improvement Program, a NYS Department of Health grant which is overseen by the Nassau-Suffolk Hospital Council.



LIPHP Program Manager Sarah Ravenhall, with prize winner Jim Brooks

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 their April 5th meeting, Fiscal Policy Committee members heard from Jeff Gold, Vice President of Managed Care and Special Council at HANYS on predictions for insurance market dynamics in New York State. Ms. Darwell provided the committee with an update on attempts to repeal the ACA and on the federal budget. Ms. Darwell and Mr. Krawiecki also discussed state budget outcomes.

Revenue Cycle Committee: At the April 7th meeting of the Revenue Cycle Committee, members were provided updates on attempts to repeal the ACA, progress in the Health Republic bankruptcy proceedings and a variety of billing and payer issues. NSHC staff and member partners discussed commercial denials for sepsis-related claims and the upcoming Medicare ID conversion process. Members were reminded that the RACS were approved to begin auditing and that CMS had issued additional guidance on completion of the MOON via an FAQ document.

Nurse Executive Committee: At the April 19th meeting of the Nurse Executive Committee, Melissa Bauer, Senior Healthcare Informatics Analyst at DataGen demonstrated the functionality and resources offered by the new Quality Leadership Dashboard. Ms. Darwell provided an update on the activities of the Hospital Council's Behavioral Health Workgroup and the advocacy issues identified by the group. Ms. McCale provided an overview of the new Sepsis-4 Guidelines and recent changes to regulatory requirements related to veterans care and mandatory Health Home referrals.

Upcoming Events

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.

Facing the Future: Shaping Healthcare Together

HANYS 49th Annual Membership Conference

June 21 – 23 at The Sagamore in Bolton Landing.

[Registration now available.](#)