

Progress Notes

January 2017



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.

ACA Repeal Set in Motion

Details about replacement plan still lacking

Congress passed a budget resolution in mid-January, which established the framework for repealing the Affordable Care Act. The budget resolution includes instructions to four key House and Senate committees, providing target levels for spending in different areas. These committees, who missed the initial deadline of January 27, 2017, continue to work on a bill to repeal parts of the Affordable Care Act.

In order to use the reconciliation process to repeal the ACA – a process that only requires passage by a simple majority in the Senate - items in the bill must be related to taxes or spending and the long-term federal debt in some way. The reconciliation process is a bit complex, and the hospital industry does not expect the details of that to be worked through until the spring. At risk is insurance for more than 2.7 million New Yorkers who obtained insurance through the marketplace and \$4.3 billion in lost revenue during the next 10 years to hospitals on Long Island and throughout the Hudson Valley. This is because there is no indication at this time

that the repeal legislation will also eliminate the planned cuts to hospitals that were negotiated into the ACA in 2010, as one way to help pay for the law.

According to Suburban Hospital Alliance of New York State President/CEO Kevin Dahill, there is no easy or definitive answer about how these actions will impact consumers or providers. "Congressional leaders and the president have talked about their intent to replace the coverage provided by the ACA, but there is no plan on the table at this time that addresses what will happen to people who have ACA coverage now, what the new coverage mechanism would be, or how it will be paid for. We continue to advocate for immediate and meaningful replacement," said Dahill.

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Governor Releases State Spending Plan

On January 17, 2017, Governor Cuomo released his 2017 – 2018 state budget proposal. The \$153.2 spending plan calls for new capital funding, regulatory reform opportunities, and continued operational support.

There is, however, some worrisome language in the proposal concerning Medicaid reductions and funding re-directions. The plan outlines a number of savings proposals to keep health expenditures under the Medicaid global spending cap. The budget also calls for payment reductions based on hospital quality data, on rates of avoidable emergency room visits, and by eliminating the bed hold for nursing homes; the revenue from these penalties would go into the state's general fund instead of being reinvested in healthcare. In addition, the budget extends the Health Care Reform Act (HCRA) for three

years with no modifications to its funding resources or distributions.

The proposal also contains language that gives providers cause for concern. Specifically, the governor is requesting that broad authority be given to the Division of the Budget to hold back or reduce payments if revenue falls short. New York expects \$52 billion from Washington, a third of the state's spending plan. The governor says this flexibility is needed if Washington reduces that amount, which could be a consequence of the repeal of the Affordable Care Act and other reforms.

Finally, the governor's proposal seeks to give the Superintendent of Insurance greater supervisory powers over state-based insurers. This proposal could be in response to the collapse of Health Republic in 2015.

HANYS Travels the State and Holds Budget Briefings

Senior leadership from the Healthcare Association Of New York State (HANYS) briefed members of the Suburban Hospital Alliance of New York State about the specifics of the proposed state budget at two separate meetings held January 27, 2017 – one on Long Island and one in the Hudson Valley. They emphasized that this is not going to be a traditional budget debate, given the uncertain federal and state fiscal environments.

For example, the Medicaid block grants proposed by the federal government re-define the partnership between the state and federal governments, explained Kevin Krawiecki, vice president, fiscal policy, economics, finance, and information, at HANYS.

News Briefs

2017 Pinnacle Awards – HANYS has issued the 2017 Pinnacle Awards for Quality and Patient Safety call for nominations. All HANYS' members are encouraged to submit an application highlighting their achievements in healthcare improvement. A panel of expert judges will review and recommend the winners, which are honored at the HANYS' Annual Membership Conference. All submissions are published in a compendium to help raise awareness about the accomplishments of HANYS' members in the areas of quality and patient safety. The submission deadline is February 24. Visit www.hanys.org/awards/pinnacle to apply.

Community Health Improvement Award – Members are also encouraged to submit nominations for HANYS' Community Health Improvement Award. The award recognizes members' collaborative initiatives to improve the health and well-being of their communities. CHIA also provides hospitals with the opportunity to highlight their innovative programs, and acknowledge the hard work and dedication of staff and community partners. The nomination deadline is February 22. Visit www.hanys.org/community_health/chia to apply.

Prior Authorization Policy Ends – The prior authorization policy for medication-assisted treatment (MAT) for opioid use disorders has been ended concerning insurer Anthem. The agreement, reached by Attorney General Eric Schneiderman, includes Empire Blue Cross Blue Shield (BCBS), which insures more than four million New Yorkers. In addition, Empire BCBS will launch an initiative to expand access to MAT for members in its New York service areas. Empire BCBS will conduct provider outreach and education regarding the benefits of MAT and will provide the Attorney General with a list of MAT providers who join its network.

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 Long Islanders' experiences with the health insurance marketplace, coverage issues, and healthcare access. The NSHC 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 aims to bring attention to these otherwise unheard voices through social media, traditional media channels, and through conversations with legislators.

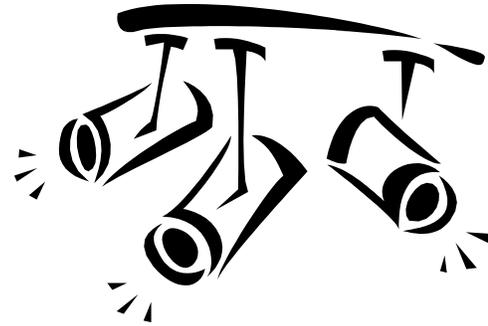


Recently widowed Ruth Zaporta, who is now raising her two school-age children by herself, learned she had breast cancer soon after obtaining affordable coverage through the marketplace. Zaporta says without the coverage, she would never have seen the doctor who diagnosed her. According to Zaporta, the insurance saved her life. Read more about Ruth's story and other stories www.coverage4healthcare.org/healthcare_voices.

SPOTLIGHT ON: *Quality*

By Kate Warner, Director of Quality and Education

HHS Report Finds that Social Risk Factors Effect Performance in Medicare Value-Based Payment Programs



Under Medicare Pay for Performance programs, including the Readmissions Reduction Program, Hospital Acquired Condition Reduction program, Hospital Value-Based Purchasing Program and several others, hospitals are financially penalized for what CMS has determined are negative patient outcomes. Over the past several years, the Nassau-Suffolk Hospital Council has partnered with the Healthcare Association of New York State (HANYs) and the American Hospital Association (AHA) to advocate that CMS risk adjust hospital performance data to account for the impact of social determinants of health on a patient's outcome. Research has consistently shown that social risk factors including income, race and ethnicity greatly impact a patient's utilization of the healthcare system, the complexity of their condition prior to their treatment in the hospital and their recovery post-hospital discharge. Hospitals that serve a disproportionate share of patients and communities with complex medical and social needs are often heavily penalized under pay-for-performance programs for factors that extend beyond their control and outcomes that may not reflect the quality of care they have provided.

CMS has historically rebuffed requests for certain considerations and risk adjustments to patient outcome data to avoid models that could perpetuate health disparities and create two standards of care. In reality,

CMS is restricting the already limited financial resources of hospitals that have no intention of providing sub-standard care to high-risk patients.

On December 21, 2016, HHS sent the first of two reports required under the IMPACT Act to Congress. The report examines the impact of social risk factors on patient outcomes across settings and the case for risk adjustment in quality reporting programs. Investigators found that beneficiaries with social risk factors had worse outcomes regardless of the provider they saw and that dual enrollment status was the most powerful predictor of poor outcomes. However, the report also found that providers that disproportionately served beneficiaries with social risk factors tended to have worse performance on quality measures even after accounting for the beneficiary mix.

Several possible contributing factors were explored but no direct correlations were made. Investigators recommend further research into contributing factors and a three-pronged approach to accounting for social risk in Medicare pay-for-performance programs. Investigators recommend that CMS:

- Measure and report on quality for beneficiaries with social risk factors to determine if healthcare providers are moving the needle on reducing

health disparities and assess the financial impact of payment penalties on safety net providers.

- Set high, fair quality standards for all beneficiaries, but that they assess current reporting requirements and identify measures for which medical complexity and other factors may impact CMS's ability to fairly and accurately assess provider performance.

- Reward and support better outcomes for beneficiaries with social risk factors through positive payment adjustments, targeted financial support for providers and continued research into the costs of achieving positive patient outcomes for patients with social risk factors.

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 was *St. Francis Hospital – The Heart Center*, which developed new initiatives to allow for efficient, safe, and optimal experience of care for orthopedic patients. Read about it at www.hanys.org/tripleaim.

Auxiliary Sets Record – The *Eastern Long Island Hospital Auxiliary* set a new record for fundraising in 2016 contributing over \$400,000 to ELIH. The North Fork Chamber of Commerce presented the ELIH Auxiliary with the 2016-2017 Community Service Award.

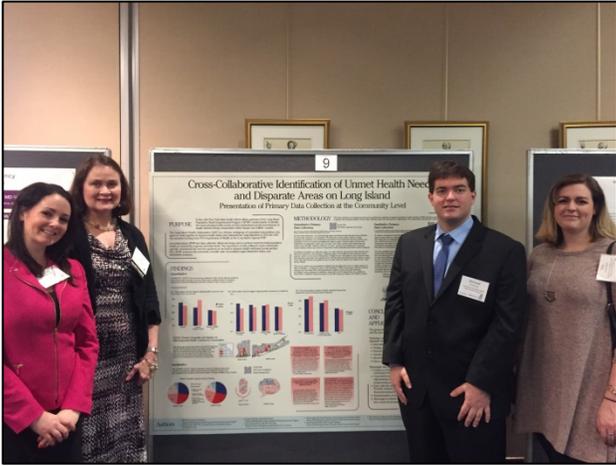
TJC's Awards - *St. Charles Hospital* is the first hospital in Suffolk County to earn Advanced Certification for Total Hip and Total Knee Replacement Programs from The Joint Commission, an independent, nonprofit organization, which is the nation's oldest and largest standards-setting and accrediting body in health care. TJC's review focused on transitions of care from the pre-surgical orthopedic consultation to the intraoperative, hospitalization or ambulatory surgical centers admission, rehabilitation activities and follow up visit with the orthopedic surgeon.

St. Catherine of Siena Medical Center's Palliative Care Department has earned The Joint Commission's Advanced Certification. This designation for palliative care recognizes hospital inpatient programs that optimize the quality of life for patients with serious illness and demonstrate exceptional patient and family-centered care.

Top-Ranked Experience – According to the latest yearly rankings compiled by the U.S. Department of Health and Human Services, *St. Francis Hospital* topped the list of Long Island and select New York City hospitals for patients' overall hospital experience and whether they would recommend the hospital to family members and friends.

Population Health Draws Hundreds to New York City

Long Island PHIP presents research at poster session



From left to right: Sarah Ravenhall, Program Manager, LIPHIP; Janine Logan, Senior Director of Communications and Population Health, Nassau-Suffolk Hospital Council and Director, LIPHIP; Michael Corcoran, Data Analyst LIPHIP; and Kim Whitehead, Communications Coordinator, LIPHIP.

The New York State Health Foundation held its fourth annual Population Health Summit in New York City on December 12, 2016 at the New York Academy of Medicine. Hundreds of public health experts, providers, and health policy leaders were in attendance. The New York Academy of Medicine and NYU School of Medicine also served as presenting sponsors.

A highlight of the event and new to the summit format was a poster session. It showcased several dozen research projects related to chronic disease management, health disparities, public/private partnerships to improve community health, and projects geared toward the intersection of public health and the social determinants of health.

The Long Island Population Health Improvement Program (LIPHIP) team members presented their research and poster abstract titled “Cross-Collaborative Identification of Unmet

Health Needs and Disparate Areas on Long Island: Presentation of Primary Data Collection at the Community Level.” It highlighted the collaborative approach used to collect data about the diverse communities throughout Long Island and the pressing health needs and health barriers in these communities.

The poster featured the primary data collection tools used in conjunction with secondary data sources to obtain rich and robust quantitative and qualitative data. Chronic disease incidence and mental health emerged as areas of high-need. The LIPHIP and the diverse partners of the Long Island Health Collaborative used these results to drive selection of Prevention Agenda priorities for the next three-year cycle. Specifically, the data findings have been used to drive federal and state-required community needs assessments and community level interventions for NSHC member hospitals and local health departments.

The LIPHIP was one of two regional PHIPs to participate in the poster session. The New York City PHIP presented research and results of its “Take Care” initiative.

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



New System CEO – *Health Quest Systems, Inc.* has appointed its President, Robert Friedberg, to the role of CEO. Friedberg is the successor to Luke McGuinness, who retired at the end of 2016. Friedberg has more than 30 years of healthcare management experience. He joined Health Quest in January 2014, first serving as the President of *Vassar Brothers Medical Center* and Executive Vice President of Health Quest and then President of the health system.

Coronary Excellence – *Orange Regional Medical Center* has been recognized by Healthgrades as one of America's 100 Best Hospitals™ for Coronary Intervention. ORMC has also received the Coronary Intervention Excellence Award, placing the hospital within the Top 5% in the Nation for the procedure and a five-star rating in this category, as well.

Quality Recognition – *Orange Regional Medical Center* also received national recognition from The Joint Commission, for its contributions to electronic clinical quality measure (eCQM) adoption. The recognition appears in The Joint Commission's Annual Report, "America's Hospitals: Improving Quality and Safety," as part of its Pioneers in Quality™ program.

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 Hospital Council's coordinator of emergency preparedness activities, Linda Wenzel, presented to the group on January 20 regarding the human resources implications of a catastrophic event. In her report, Ms. Darwell highlighted the likely changes to labor policy in Washington with the new Administration, and provided updates on several clinical licensure changes at the state level.

Fiscal Policy Committee – The January 11 meeting of the NSHC Fiscal Policy Committee included a briefing on plans to repeal the Affordable Care Act and political dynamics in Washington by HANYS senior vice president Susan Van Meter. NSHC's Wendy Darwell updated the group on changes to hospital outpatient department (HOPD) payments and developments on the settlement of long-outstanding Medicare RAC audit appeals. Ms. Darwell also reported on the New York State Health Foundation study on hospital price transparency.

Nurse Executives Committee – The January 18 meeting featured a member presentation on one hospital's approach to improving mortality and bundle compliance for sepsis. Ms. Darwell also gave a presentation forecasting federal policy changes, and Kate McCale, director of quality and membership services, led a discussion on behavioral health resource issues.

Revenue Cycle Committee – Ms. Darwell briefed the committee on ACA repeal efforts, changes to the Medicare payment bundling demonstration projects, the resumption of RAC and two-midnight rule audits of Medicare claims. The

committee also discussed the dissolution of the Health Republic.

Long Island Health Collaborative – The Collaborative met on January 12, to announce a new target of engaging schools and libraries in 2017, as well as review the Year 3 Workplan goals and the new direction of various workgroup projects. The LIPHIP/LIHC sponsored Cultural Competency and Health Literacy Master Training program has seen two _____ facilitators complete internal trainings, while newly developed evaluation tools will be distributed to measure program efficacy. The LIHC website also now hosts a Population Health Dashboard, highlighting both Prevention Agenda items and measures from the SPARCS and Vital Statistics databases, comparing geographic areas and years of outcomes.

Save the Date, March 1, 2017

Advocacy Day in Albany

The proposed state budget includes several critical member priorities, but also contains problematic Medicaid cuts and redistributions. To achieve our goals, our voices will need to be heard amid many competing interests. In addition, our collective advocacy will be critical to ensure that policymakers understand how decisions in Washington and Albany interrelate with federal Affordable Care Act repeal and replace discussions.

We need you to come to Albany on **March 1** and bring your organization's team of key staff and trustees to participate in Advocacy Day.

Who Should Attend? A team of executives, key staff, and trustees from your organization. The registration deadline for this program is **February 27, 2017**.

HANYS has secured a room block in the Renaissance Albany Hotel to accommodate members' travel needs. We encourage you to make your reservations now:

144 State Street
Albany, New York 12207

Please call (518) 992-2500 or click here to make your reservation.
\$189 per night
*Use code: HALHALA

Group block expires on February 13

**For more information and to register online,
visit www.hanys.org/advocacy_day/2017**

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