



Progress Notes

September 2018

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Legislators Advance Funding Bills, Opioid Legislation

Senate Approves Spending for Several Agencies

Funding Bills – The House and Senate approved an \$845 billion spending bill that avoids a government shutdown come September 30, 2018. The legislation offers stability for some government departments until next September 30th – when the 2019 federal fiscal year ends. The departments include Defense, Education, Labor, and Health and Human Services. A short-term measure, known as a continuing resolution, will keep the remaining agencies funded until December 7, 2018. The package, which includes two appropriations bills, makes up about two-thirds of the annual appropriations total for the fiscal year.

President Trump has indicated he will sign the legislation. In earlier weeks, he had stated he would not sign a bill that did not include funding for the proposed border wall.

Opioid Legislation – Congressional members from both chambers have reached agreement on a comprehensive opioid bill. It includes the elimination of the Institute of Mental Disease (IMD) exclusion that has been a barrier to care. The bill lifts the exclusion not just for treatment of opioid abuse, but for treatment of all forms of addiction. The final bill allows states to receive federal Medicaid matching funds for up to 30 days per year for services provided to adults age 21-64 for substance use disorders in an IMD.

Hospitals pushed for modification of the IMD exclusion, because of its prohibition of federal Medicaid payments to states for services for adult Medicaid beneficiaries between the ages of 21 and 64 who are treated at facilities that have more than 16 beds, and that provide inpatient or residential behavioral treatment. As a result, acute care hospitals, classified under Article 28 of New York State health law often run at or over capacity without an option to refer patients to these specialized centers, classified as Article 31 facilities under state law.

The sweeping legislation includes many provisions designed to expand access to treatment and prevention programs, to stop the flow of illegal drugs across the borders, to improve prescription drug monitoring programs, to establish comprehensive opioid recovery centers and more. The bill now goes to the president for his consideration.

Primary Results and Upcoming November Elections Influence Advocacy Agenda

The results of New York State's primary election, held September 13, re-affirm that all politics is local.

Six of the eight senators who comprised the now disbanded Independent Democratic Conference (IDC) lost to their challengers. The IDC members, up until this spring, caucused with the state's Senate Republicans and shared a balance of power with them. The victorious Democratic challengers lean progressive and, should they win the November elections, Albany's agenda will surely reflect their ideology.

The Republican Senate has long maintained a cautious approach when it comes to hospital and healthcare policy, weighing the regulatory and economic burdens on providers, as well as the financial pressures facing patients and payers when deliberating and implementing healthcare legislation. Led by Senate Health Committee Chair, Senator Kemp Hannon, legislators have worked with hospitals and other providers to ensure fair and reasonable legislation that strikes a balance between the concerns of providers, patients, and payers.

The results of New York's primaries also underscore the growing interest in a single-payer model in New York State. Independent analyses confirm the difficulty in implementing such a system in terms of state/federal waiver needs and a massive increase in the tax burden on employers and employees in order to fund the system. These hurdles are in addition to the lower reimbursement providers would undoubtedly receive, if such a system were in place.

Governor Cuomo also won the Democratic primary election, as did current Lieutenant Governor Kathy Hochul. New York City Public Advocate Letitia James won the Democratic primary for New York State Attorney General.

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

Mental Health Education Law – The Mental Health Education in Schools law went into effect July 1, 2018. Governor Cuomo signed the legislation in 2016. The first-in-the-nation law requires that all elementary, middle and high schools in New York State now include mental health, as part of existing physical health instruction, in their education curriculum.

Payment Neutrality – A recently proposed federal rule would further reduce payments made to off-campus, hospital-based clinics. Known as a “site-neutral” payment, it would reduce reimbursement by about 40 percent to all providers of basic clinical services. Off-campus, provider-based clinics that were billing prior to November 2, 2015, when the regulation went into effect, were “excepted” from the payment reduction rule. The new proposed rule eliminates that exception. The hospital field says it strongly opposes equalizing payment rates between hospital-owned clinics and others because nonprofit hospitals have substantial overhead requirements that physician offices do not and have an obligation to meet the needs of communities, including treating uninsured patients.

Bill Tracker – The Healthcare Association of New York State (HANYS) Federal Legislative Tracker is an interactive tool that lets members easily track New York State Congressional Delegation members’ support for HANYS and Suburban Hospital Alliance legislative priorities. Congressional “Dear Colleague” sign-on letters supported by HANYS and the Suburban Hospital Alliance in the current 115th Congress can also be tracked. The tracker pulls in real-time updates from approved public sources.

Newest Innovations at AHA – The American Hospital Association has announced the creation of the AHA Center for Innovation. The Center, “harnesses the best thinking from across the association – as well as leading voices from the health care field and beyond – to provide tools, data, resources and insights to help you innovate as you continue to redefine the ‘H’ and transform care.” To learn about the Center’s agenda for innovation and transformation, visit www.aha.org/Center.

Suburban Hospital Alliance Announces Partnership with Squad Security

The Suburban Hospital Alliance of New York State is pleased to endorse Squad Security, Inc., which can provide security assessment and other services to member hospitals and health systems. All hospitals in the Nassau-Suffolk Hospital Council and Northern Metropolitan Hospital Association, the two regional arms of the Suburban Alliance, are eligible to participate in this engagement.



Suburban Hospital Alliance members frequently conduct drills on how to respond to active shooters, biological threats and many other emergency scenarios. The association also is proud to have excellent collaboration within the two regions on emergency preparedness. However, several members have conveyed their concerns about vulnerabilities that fall outside of both regulatory requirements and traditional emergency preparedness activities,

including patient visitation policies and vulnerabilities in the physical plant. These concerns prompted the Suburban Alliance to identify and vet a consultant to assist hospitals in assessing their current measures and, if desired, provide supplemental security and investigation services.

Squad Security came highly recommended by a Suburban Hospital Alliance member that has utilized the firm's services. Founded in 1992 by former NYPD detective Michael Sapricono, the company has grown to offer a wide range of security and investigative solutions to multinational clients. The firm has an experienced management team with an extensive law enforcement background.

For more information about contracting with Squad Security, please contact Wendy Darwell at (631) 963-4152 or wdarwell@nshc.org.

Spotlight on Quality

CMS Proposes Changes to Medicare Conditions of Participation

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

On September 17, CMS released a proposed rule that if finalized would ease certain regulatory requirements associated with the Conditions of Participation and Conditions of Coverage required by the Medicare program. The proposed rule builds on a series of recent policy changes aimed at reducing the regulatory burden on healthcare providers. Two proposed policy changes in particular could have a profound impact on hospitals and health systems in the region. CMS is proposing to allow systems with more than one hospital to have a single unified Quality Assessment and Performance Improvement Program (QAPI) and single unified Infection Control Program. Current regulations require each hospital to have their own. The agency hopes that allowing hospitals the flexibility to implement unified programs will lead to improved patient safety outcomes and increased efficiencies.

To ensure that the integrity of current QAPI and infection control programs is not compromised, CMS has outlined provisions requiring that systems take into account each individual hospital's program design. Specifically, CMS asks that system's choosing to unify their QAPI plans demonstrate that considerations were made for any unique circumstances and any significant differences in patient populations at each individual hospital. For unified infection control programs, CMS requires the same considerations are made but is also asking that hospitals implement policies to ensure that the needs of each individual hospital are given due consideration and have mechanisms in place to ensure local issues are addressed. Health systems will also be asked to designate an individual at each hospital with expertise in infection prevention and control to be responsible for reporting back to the unified program, implementing and maintaining the program policies at their hospital, and providing education to hospital staff.

The proposed rule also contains language that would allow hospital outpatient departments more flexibility in meeting the hospital medical history and physical examination (H&P) requirements. Currently, physicians are required to complete and document comprehensive H&Ps for each patient no more than 30 days before or 24 hours after admission or registration but prior to a surgery or procedure requiring anesthesia. Language in the proposed rule would allow hospitals to identify outpatient procedures for which a pre-surgery or pre-procedure comprehensive H&Ps could be replaced by a simplified assessment. Hospitals choosing to operationalize the modified requirements would be asked to develop and include a policy in its medical staff bylaws that identifies the outpatient procedures for which a pre-procedure full H&P is not necessary. The policy would have to demonstrate, for each procedure listed, consideration of patient age, diagnoses, the type and number of surgeries and procedures scheduled to be performed, comorbidities and the level of anesthesia required for the surgery or procedure.

The proposed rule is subject to a 60 day comment period that would end on November 19.



College Partnership – Together with Marist College, *Health Quest* is launching the Marist Health Quest School of Medicine on the *Vassar Brothers Medical Center* campus in Poughkeepsie. The partnership intends to, “transform the traditional medical school model, ultimately leading to physicians better prepared for the future.” Visit www.MaristHQmedschool.org to watch a video announcement and to find out more information.

Nursing Home Care Award – Schervier Pavilion, a member of the *Westchester Medical Center Health Network*, has received a five-star rating on Nursing Home Compare from the Centers for Medicare & Medicaid Services. Schervier Pavilion is located on the campus of St. Anthony Community Hospital, also a member of the WMCHN.

Birthing Center Recognition – For the fourth consecutive year, *St. Luke’s Cornwall Hospital* has been named a 5-star recipient for Vaginal Delivery by Healthgrades, incorporating the Kaplan Family Birthing Center and the Elaine Kaplan Neonatal Intensive Care Unit.

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 was *Long Island Community Hospital* (formerly Brookhaven Memorial Hospital Medical Center) for their collaborative approach to reducing “super utilizers” in the ED, and reduce both preventable visits and readmissions. Read about this effort and more at www.hanys.org/tripleaim.

Fruit/Vegetable Consumption Needs Improvement – The Long Island Health Collaborative, the population health initiative that is managed by the Nassau-Suffolk Hospital Council, recently completed an analysis of primary and secondary data about fruit and vegetable consumption among adults. In Nassau and Suffolk counties from 2013 – 2015, the percentage of adults consuming less than one fruit and less than one vegetable a day increased. An interesting finding from the national 2015 Behavioral Risk Factor Surveillance System (BRFSS), however, was that Nassau and Suffolk Counties had lower levels of hypertension and diabetes in 2015 compared to New York State and the nation, despite the lower than optimal consumption of fruits and vegetables. Read the full report. This report and other data analyses produced by the Long Island Health Collaborative are used by hospitals, county health departments, community-based organizations, and other social and health services providers to offer programs that best meet the needs of local communities. The Long Island Health Collaborative is the Population Health Improvement Program (PHIP) contractor for the Long Island region.

Maternity Care Awards – *Stony Brook Southampton Hospital's* Kathleen D. Allen Maternity Center has been named a recipient of the 2018 Healthgrades Women's Care Awards. The Hospital is recognized for Superior Performance in Labor and Delivery among the top 10% of hospitals evaluated, and has also been cited as a Five-Star Recipient for Vaginal Delivery and C-Section Delivery for the fourth consecutive year.

More Maternity Awards – *St. Charles Hospital* has been recognized with a 2018 Obstetrics and Gynecology Excellence Award™, a 2018 Labor and Delivery Excellence Award™, and a 2018 Gynecological Surgery Excellence Award™ by Healthgrades. The Port Jefferson hospital is one of only two hospitals in the state of New York to be recognized as a Recipient of Healthgrades' Labor and Delivery Excellence Award™ for 4 Years in a Row (2015-2018) and a Recipient of the Obstetrics and Gynecology Excellence Award as well as the Gynecologic Surgery Excellence Award in 2018. The 2018 awards for Labor and Delivery, and Gynecological Surgery also place St. Charles among the top 10 percent of all hospitals evaluated.

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 – On September 12 Jeff Gold, Senior Vice President and Special Counsel for Insurance and Managed Care at HANYS, provided members of the Fiscal Policy Committee with an assessment of the current insurance market and his predictions for the coming year. Members were also briefed on proposed and final rules governing Medicare payment and policy. State updates on the MLMIC demutualization and community benefit reporting requirements were also provided.

Human Resources Committee – At the September 21 meeting of the Human Resources Committee members were briefed on draft guidance for state-mandated sexual harassment prevention policies and training. Hospital Council staff also discussed legislation passed in 2018 and the workforce advocacy agenda for 2019. Important information on recent litigation of antitrust violations related to anti-poaching practices was also shared.

Upcoming Events

October 24-25 HANYS' 2018 Annual Auxiliary and Volunteer Conference.

Saratoga Hotel and Casino, Saratoga Springs, NY

HANYS is pleased to present its 52nd Annual Conference for Healthcare Auxiliaries and Volunteer Leaders. This year's conference will focus on opioids, emergency preparedness, and other healthcare policy issues. The conference will feature best practice panelists who have won awards for their innovative programs that have made a difference. In addition, we hope to inspire you with two sessions dedicated to helping you as individual leaders—one session will discuss influencing people and the closing session focuses on bringing out the best in yourself.

[Click here](#) for the complete program brochure.

[All registrations for this Conference must be done online.](#) Registration for this event is open to HANYS Members only.

For lodging, call the Saratoga Hotel and Casino at (518) 682-8888 and ask for reservations or [book online](#). Reservations must be made by using this reservation code by **October 3**: 1048, HANYS Auxilian 2018 group.