

Progress Notes May 2012

A Monthly Publication of the Nassau-Suffolk Hospital Council, Inc.

Progress Notes publication is a summary of regulatory and legislative news, advocacy messages, and other relevant issues affecting the delivery of hospital and health care on Long Island.

State Legislative Session Nearing End; Critical Health Care Issues Still Active

With about a month to go before the official close of the 2012 legislative session, hospital advocates are closely watching bills pertaining to managed care reform, telemedicine, and observation care, among others. These important legislative issues, as well as Governor Cuomo's continuing focus on not-for-profit executive compensation, mean hospital advocates have a busy few weeks ahead of them. Here is a summary of pressing concerns.

Managed Care Reform – The Healthcare Association of New York State (HANYs), with the support of the Suburban Hospital Alliance of New York State LLC, advanced legislation to remove unnecessary waste and cost from the health care delivery system. Senate bill S.7071 (Hannon) and Assembly bill A.9946 (Morelle) seek to accomplish the following: prevent unilateral coding adjustments by insurers; prevent technical denials for compliant hospitals; change statute so that failure to make a determination represents an approved claim; harmonize the provider external appeal timeframe with the timeframe allowed for consumers; require utilization review agents to substantiate pre-authorizations in writing; and require utilization review agents to take time, date, and severity of treatment into consideration for emergency services.

Telemedicine – A measure that would remove barriers to the provision of telemedicine services in New York State was very recently approved by the Senate and the Assembly.

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LI Nurses Recognized for Excellence

Nassau University Medical Center Nurse and Freeport Resident Takes Top Honor



From left: Patricia Darcy, MS, RN-BC-NE, Chief Nursing Officer and VP of Patient Care Services at Southampton Hospital and Chair of the Nassau-Suffolk Hospital Council Nurse Executives Committee; 2012 Nurse of Excellence Winner Anuli Erike, BSN, RN; Kathy Skarka, MSN, RN, Chief Nursing Officer, Nassau University Medical Center; and Gara Edelstein, MSN, RN, Chair of NSHC Nurse of Excellence Sub-committee and VP of Administration and Chief Nursing Officer at St. Catherine of Siena Medical Center.

Nurse leaders from Long Island's hospitals and nursing education programs gathered Wednesday, May 23, 2012 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 this award, which recognizes outstanding leadership and clinical practice. Deans of area nursing schools also submitted nominations recognizing nursing excellence in education.

Nassau University Medical Center (NUMC) staff nurse Anuli A. Erike BSN, RN, took the top honor as Long Island's "Nurse of Excellence." Erike is a staff nurse on NUMC's Orthopedic/Bariatric Unit and is credited with helping the hospital achieve a Bariatric Center of Excellence designation. Diabetes prevention education geared toward the young adult population at home and abroad is another of her nursing passions. Erike was selected from a field of about 500 nurses at hospitals and teaching institutions from across Long Island.

A nurse for just two years, Erike has made a significant difference in her home community of Freeport, the NUMC patient community, and distant communities in Nigeria, where she self-funded a medical mission to that country to teach hospital patients and visitors about diabetes care and prevention. Closer to home, Erike collaborated with the mayor of Freeport and produced public service health segments for local television about diabetes prevention. She was motivated to take action when she discovered that Freeport's rate of Type 2 diabetes far exceeds state and national averages. With a partner she co-founded the Get AHEAD initiative - **Get Active Healthy Education Awareness Disease** prevention-based nutrition and lifestyle education program for youth.

“Nurses are the true champions of our hospitals and our local communities, too,” said Kevin Dahill, president/CEO of NSHC. “Anuli’s compassion for her patients and her clinical nursing expertise are unmatched.”

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 17th year. The NSHC represents Long Island’s not-for-profit and public hospitals.

For more information about this program and a full listing of nominees, visit www.nshc.org- [Janine Logan, jlogan@nshc.org](mailto:jlogan@nshc.org).

Legislative Session and Health Care Issues

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Observation Care - At the initiation of the Suburban Hospital Alliance, Senator Kemp Hannon introduced legislation (S.7031) pertaining to observation care and observation units. Currently, state regulations and federal regulations do not align, which has deterred many hospitals from implementing observation care, even though in some circumstances that may be the most appropriate level of care at which to treat patients. Senator Hannon’s legislation would correct this. State regulations finalized in January require that observation care be provided in a discreet unit, under the direction of the emergency department, with a specific designation of beds for the purpose of providing observation care. This presents problems for many hospitals already providing observation care under Medicare rules, which allow hospitals to utilize beds on existing units that best meet patients’ clinical needs, and would bar others from establishing observation units due to costs and physical plant restraints. The state also limits the time period in which a patient can be treated in an observation unit to 24 hours, although a longer time period is often necessary. Senator Hannon’s bill extends the time period to 48 hours, which is more in line with Medicare reimbursement guidelines. Assembly Health Committee Chairman Richard Gottfried introduced a companion bill in that chamber.

Executive Compensation – Governor Cuomo recently presented more detailed rules regarding executive compensation paid by not-for-profit and for-profit health and human services providers that receive state funds. In January, the Governor’s budget included broad provisions addressing executive compensation and state revenue allocation. However, the final state budget did not include any language related to the issue. Instead, the Governor issued an executive order in January directing state agencies to develop proposals related to executive compensation and revenue allocation. The newly released rules by the Governor will take effect January 1, 2013. The regulations include definitions for covered providers, covered executives, executive compensation, administrative costs, and state funds and state-authorized payments. The regulations outline requirements for providers with regard to compliance, penalties, and a waiver process. State, county, and local government providers are exempt from the rules. The rules were published in the State Register on May 30, 2012 and the comment period will end July 16, 2012. Leaders of the Nassau-Suffolk Hospital Council are working alongside HANYS to gain further clarification on several points of unclear language and questions raised by the proposal. - [Janine Logan, jlogan@nshc.org](mailto:jlogan@nshc.org).

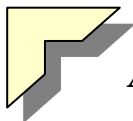
Important legislative issues as well as Governor Cuomo’s continuing focus on not-for-profit executive compensation mean hospital advocates have a busy few weeks ahead of them.

Spending Pressures Intensify in DC

Hospital advocates say they are preparing for tough negotiations with Washington lawmakers who have one objective in mind – reduce spending. Several weeks ago the GOP House Budget Committee forwarded a plan to cut health care and social service programs, although cuts in this plan are smaller than the ones proposed in the broader House budget blueprint passed in March. Adding to the fiscal restraint fervor are the expiring Bush tax cuts and the Social Security payroll tax holiday. Both sunset at year's end. In addition, the nation's doctors once again will face a steep pay cut come January 1, 2013, unless Congress acts. A permanent fix to the Medicare physician payment formula is desperately needed. Both physicians and hospitals agree on this point. However, hospitals are on guard against any efforts to offset the “doc fix” through reimbursement cuts to hospitals. Finally, hospitals are bracing for two-percent across-the-board Medicare “sequestration” cuts that automatically kick in January 2013. These provider cuts and defense budget cuts were set in motion last fall by the failure of the “Super Committee” to reach a deficit reduction agreement. There will be increased pressure to shift “sequestered” cuts from defense to health care.

In mid-May, the Republican-controlled House approved a \$642 billion defense bill that breaks the deficit-cutting deal made with the Obama administration last summer during the debt ceiling/deficit reduction crisis. This authorization bill calls for \$8 billion more in defense spending than was originally agreed upon. The Democrat-controlled Senate is unlikely to go along with any proposals that go beyond the spending levels set forth in last summer's deficit reduction agreement.

In early May, hospital leaders from suburban regions met with members of the congressional delegation in Washington to protest additional Medicare and Medicaid cuts to providers. Advocacy on behalf of the hospitals on Long Island will continue throughout the summer months and into the election season.



The Quality Corner

An update on quality reporting measures

Mary Jane Milano, Director of Quality and Education

Medicare Conditions of Participation: On May 10th, the Centers for Medicare and Medicare Services (CMS) issued a final rule updating the hospital Medicare Conditions for Participation regarding federal health and safety requirements. The final rule eliminates “outdated” hospital management requirements and will:

- require that all eligible candidates, including physician assistants and advanced practice RNs, be reviewed by medical staff for potential appointment to the hospital medical staff and then be granted all of the privileges, rights and responsibilities accorded to appointed medical staff members;
- eliminate a requirement for a single director of outpatient services;
- allow smaller hospitals to outsource some lab tests and radiology tasks;
- allow hospitals in the same system to have their own governing boards.

National Quality Forum: Earlier this year, the National Quality Forum took a bold step in releasing a set of four endorsed “resource use” (cost) measures that included two developed by the National Committee for Quality Assurance and two from Bloomington, Minneapolis-based HMO Health Partners. The measures address the costs of diabetes and cardiovascular care along with total primary care costs and primary care total use of resources. Although for small practices or for individual physicians the measures may not be statistically viable, if a primary care doctor always prescribed brand name drugs or always orders more tests or consultations, this will “show up” with the new measures for total costs and resource use.

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

- St. Joseph Hospital

East End Health Alliance

- Eastern Long Island Hospital

- Peconic Bay Medical Center

- Southampton Hospital

Long Beach Medical Center

John T. Mather Memorial Hospital

Nassau University Medical Center

North Shore-Long Island Jewish Health System

- Franklin Hospital

- Glen Cove Hospital

- Huntington Hospital

- North Shore University Hospital

- Plainview Hospital

- Southside Hospital

- Syosset Hospital

Stony Brook University Hospital

Veterans Affairs Medical Center – Northport

Winthrop-South Nassau University Health System

- South Nassau Communities Hospital

- Winthrop-University Hospital

Palliative Care Quality Measures: The Measure Applications Partnership, a national group of 60 organizations representing diverse stakeholder interests, convened by the National Quality Forum, recently issued a report identifying 28 measure concepts for hospitals and palliative care. These measures focus on patients' and families' needs and preferences and are measured across settings of care and diverse providers. The report identified more than a dozen existing measures ready for immediate application in the Medicare Hospice Quality Measurement Program, as well as measures that can be applied to palliative care settings. A new law that begins in 2014 will require hospice programs to submit quality data to the Centers for Medicare and Medicaid Services.

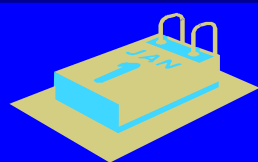
MRT Process Reaches Milestone

New York's path toward cost-effective Medicaid reform reached a milestone this past April 1st when Medicaid spending came in \$14 million below the Medicaid global spending cap for the state fiscal year, according to the Department of Health. Another milestone was reached in May when the Medicaid Redesign Team's (MRT) final report was issued – *A Plan to Transform the Empire State's Medicaid Program: Better Care, Better Health, Lower Costs*. This report outlines the ambitious goals and objectives set forth by the Cuomo administration to transform the state's Medicaid program into one that is more cost-efficient and quality conscious.

In January 2011, Governor Cuomo assembled a statewide group of Medicaid stakeholders, now familiarly known as the Medicaid Redesign Team (MRT), who were charged with examining every aspect of Medicaid on both the payment and delivery sides. Ultimately, the MRT workgroups, providers, and regulators universally concluded that care delivery, management, and reimbursement would function best in a fully-integrated system. Toward that goal, New York's vision of care management for all means enrolling every Medicaid beneficiary in some type of care management organization within three years. Actions in last year's state budget and several in the current state budget move New York in this direction.

Additionally, to fully implement the MRT recommendations, New York will pursue a new Medicaid 1115 waiver. This waiver and the reforms already underway aim to reduce costs, improve outcomes, reduce disparities, replace the fee-for-service model with an integrated care management system, and implement the program changes called for in the Affordable Care Act (ACA).

The plan is the state's multi-year road map to major Medicaid reform and change that will affect providers and patients. NorMet will continue to work with the Governor's office, state agencies, and the Legislature to ensure the views of NorMet regional hospitals are considered throughout the plan's implementation process.



Mark Your Calendar for NSHC Events in June

- June 5 NSHC Annual meeting
Crest Hollow Country Club
4 – 7 p.m.
- June 8 Revenue Cycle Committee,
12:30 p.m.
- June 12 Nurse Managers Committee,
12:30 p.m.
- June 15 Finance Committee Summer
Event at Neptune's
1 – 5 p.m.
- June 15 Communications Committee
Scholarship Luncheon 1 p.m.
Four Food Studio (Melville)
- June 20 Nurse Executives Committee
Retreat at Southampton
Hospital

*Meetings for NSHC members only and are held at the Hospital Council office in Hauppauge unless otherwise noted. To register/info call: 631-963-4153.

News Briefs . . .

Healthcare and Real Estate 2012 . . . is an educational and networking event taking place in New York City on June 12, 2012. NSHC president/CEO Kevin Dahill is a featured panelist. For more information and to register call 212-873-3484 or info@cre-events.com.

Life Saving Equipment . . . worth \$75,000 was recently purchased by the **Stony Brook University Hospital Auxiliary** for use in Stony Brook's Emergency Department and intensive care units. The hypothermia treatment equipment and mechanical CPR devices will reduce complications for patients suffering cardiac arrests and improve their prospects of survival.

The 2012 Partner for Change . . . from Practice Greenhealth, a national membership organization for health care facilities committed to

environmentally responsible operations, was presented to **North Shore University Hospital**. The award recognizes outstanding environmental achievements, including mercury elimination, waste reduction, and source reduction programs.

National Awards for Advertising Excellence . . . were presented to *Stony Brook Long Island Children's Hospital*. A series of television commercials took Best of Show among 4,000 entries, as well as a gold award. Stony Brook Children's Hospital website, www.stonybrookchildrens.org, also received a gold award. *Healthcare Marketing Report* magazine sponsors the Healthcare Advertising Awards competition, the nation's oldest and largest awards competition for health care advertising.

LI Hospitals Emphasize Commitment to Veterans' Health Care/Employment Needs



The Nassau-Suffolk Hospital Council represented Long Island's hospitals at the All Veteran Jobs and Support Fair held May 22, 2012 at Nassau Community College in Uniondale. Nassau County Executive Ed Mangano spearheaded the initiative. The Hospital Council was one of the event sponsors. Nearly 200 veteran job seekers were in attendance. The fair featured dozens of companies offering job opportunities, as well as employment skills counselors and experts on veteran support services. Many Long Island hospitals exhibited at the fair. The Hospital Council will soon launch its own veterans' awareness initiative, Vet Connect, a web-based resource to health care services, hospitals' job banks, and other community services that assist veterans.

Committee News ...

Communications Committee: On Friday, May 18, 2012, the NSHC Communications Committee held its annual "Meet the Legislative Aide" breakfast meeting. This event brings together the senior public affairs directors from each hospital and legislative aides, representing elected leaders from the federal, state, and county levels., for the purpose of exploring health care-related issues important to both groups. This year's discussion focused on the Affordable Care Act and its implications for legislators' constituents and hospitals' patients. **Dr. Jaime Torres, regional director for Region II (NY, NJ, PR, VI) of the U.S. Department of Health and Human Services**, was the morning's featured guest. Dr. Torres is an expert on the Affordable Care Act. He was joined by **Bilal Malik, congressional aide for Congressman Tim Bishop and John LaValle, legislative aide for State Senator John Flanagan.** **Quality Committee:**

Quality Committee: At its May 9, 2012 meeting, the Quality Committee was updated by Mary Jane Milano on federal and state regulatory developments, as well as the New York State Partnership for Patients activities. The group reviewed information from the quarterly meeting of the Statewide NYPORTS Coordinating Council, and received a report from the committee's Hospital-Nursing Home Workgroup.

ABC's of Health Care Reform and You

Brought to you by the hospitals on Long Island

For news and updates about the [Affordable Care Act](http://www.nshc.org) go to www.nshc.org

Find out about **A**ccess, **B**enefits, **C**osts as they apply to you and your hospital now and in the future. . .

A public information campaign sponsored by the NSHC Communications Committee



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*The collective voice of Long Island's
not-for-profit and public hospitals.*