



## Progress Notes

November 2018

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### **Gridlock Expected in 116th Congress, but Regulatory and Executive Action Plausible**

With the House of Representatives flipping to Democratic control come 2019 and the Senate remaining under Republican control, the chances of moving any healthcare legislation may be nearly impossible. The Affordable Care Act (ACA) may be safe from repeal, but White House efforts to undermine the law through regulation and executive order will continue. And the president's executive reach may extend beyond just the ACA to influence oversight on a variety of healthcare-related issues. However, lowering drug pricing is one issue that enjoys bi-partisan interest. Legislation may emerge in this area.

In the meantime, during the lame duck session, the current members of Congress will face another funding deadline on December 7, 2018. Funding for all departments, except for Defense, Education, and Health and Human Services, expires this day. It could force another debate about the deficit and maybe a shutdown.

During the remaining weeks of this Congress, members will elect their leadership teams and committee chairs. Final Senate committee assignments will likely not be determined until January 2019.

## **Hospitals to Double Down on Opposition to Mandated Staffing Ratios and Single Payer**

With the state legislature now under Democratic control, the direction of healthcare policy in Albany will shift as well. Most notably, efforts to establish a single-payer health system and a push to pass mandated nurse staffing ratios are of great concern to hospitals represented by the Suburban Hospital Alliance of New York State (SHANYS), as we move into the 2019 legislative session.

### **Single Payer**

SHANYS has joined forces with the Realities of Single Payer, a coalition led by the Health Plan Association. Members of the coalition, which include businesses, chambers of commerce, physicians, and insurers, oppose the New York Health Act, the single-payer bill that has passed the Assembly in the last several legislative sessions. It has never been taken up by the Senate.

Governor Cuomo has indicated that instituting single payer is difficult and expensive to implement at the state level. However, given the political climate and growing public support for a single-payer health system, the governor may look to regulation and executive action to institute some level of healthcare reform. Hospitals vehemently oppose a single-payer system in New York State, pointing to public insurance reimbursements that are already lower than the cost of providing the care. According to the Healthcare Association of New York State (HANYS), Medicaid pays only 74 cents on the dollar.

A RAND Corporation report released in the summer found that the New York Health Act would cost the state an additional \$139 billion – a 156 percent increase over the state’s total projected tax revenue. Further, the plan relies upon the state obtaining waivers from the federal government from Medicare, Medicaid, and the Children’s Health Insurance Program, with the federal government giving the state the funding it would have spent to cover New Yorkers in these programs; that is extremely unlikely to happen. The high cost of such a plan would have significant ramifications for taxpayers and businesses in many suburban regions, and that is a concern facing both Democrats and Republicans.

According to the Realities of Single Payer coalition, 95 percent of New Yorkers have some sort of health coverage, although insurance varies greatly in cost, coverage, and comprehensiveness. The Suburban Alliance’s affiliation with the Realities of Single Payer coalition offers opportunity to work collaboratively toward improved insurer market practices that could improve coverage for patients and remedy administrative/reimbursement issues with hospitals.

### **Mandated Nurse Staffing Ratios**

The New York State Nurses Association has aggressively pushed for passage of a mandated nurse staffing ratio bill for several years. While such a mandate would present hospitals with fiscal concerns, it would also disrupt the move to models of care where clinical teams work together to treat patients. The proposal’s rigid requirements favor registered nurse employment over other health professionals, likely resulting in the downsizing of ancillary support staff who now assist nurses with the more routine nursing care duties.

It would cost New York's hospitals and nursing homes nearly \$3 billion annually to implement this mandate. Prescribed ratios have not been shown to improve care in the only other state – California – that has such ratios in place. More importantly, such restrictive laws would prevent experienced local clinicians from making the appropriate staffing decisions to meet the needs of each and every patient, taking into account patient mix and acuity and surge capacity concerns. Research has shown that the combination of higher levels of nurse education, the use of evidence-based criteria, and an appropriate mix of staff of all levels are critical to quality care. Hospital advocates will be challenged on this issue, but again, the issue's high costs make it a local suburban issue, as hospitals are major employers and economic contributors in their local communities – a fact that transcends partisanship.

Kevin Dahill, president/CEO of the Suburban Hospital Alliance of New York State, said that hospitals are ready to work with the newly-elected Senate Majority Leader, Andrea Stewart-Cousins, and Carl Heastie, the Speaker of the Assembly, as well as the chairs of the Senate and Assembly Health Committees to solve this issue.

## News Briefs

**Hospitals' Community Service Plans** – New York hospitals' 2018 Community Service Plan updates are due to the state by Friday, December 28. The Department of Health is asking hospitals and healthcare systems to provide an update on their work in 2018 under the Prevention Agenda, using the DOH Health Commerce System. For your easy access, HANYS has posted DOH's instructions on its [Community Health web page](#).

Updated templates are to be emailed to [prevention@health.ny.gov](mailto:prevention@health.ny.gov) by the December deadline.

A New York State requirement, CSPs are created and implemented by hospitals and healthcare systems to identify health priorities in the communities they serve and map out strategies to improve them. Hospitals share their CSPs with the public and update the Department of Health on their progress. Hospitals must download the reports they submitted 2017, which now have state feedback on community interventions, strategies, and activities, then update their workplan tables before submitting these reports back to the state.

**Health Insurance** – The health insurance marketplace's Open Enrollment Period began November 1, 2018. Consumers have until January 31, 2019, to enroll in health coverage for 2019. However, consumers must enroll by December 15, 2018 for coverage that is effective January 1, 2019.

On Long Island, the Suburban Hospital Alliance regional affiliate, the Nassau-Suffolk Hospital Council, is one of three state-appointed Navigator agencies for the region. The Hospital Council maintains a user-friendly, bilingual website – <http://www.coverage4healthcare.org> - that lists enrollment sites and dates and other helpful information. Assistance is offered on a first come, first serve basis.

In the Hudson Valley, state-certified Navigator agencies are: Community Service Society of New York, Maternal Infant Services Network of Orange, Sullivan and Ulster Counties, and the Westchester County and the Rockland County Departments of Health.

Depending on income levels, families and individuals may be eligible for federal tax credits and/or cost sharing assistance. For 2019, monthly premiums for the Essential Plan, an option for adults with modest incomes, remain \$20 a month or at no cost, depending upon an individual's income.

Although open season for enrollment in the health insurance exchange ends January 31, 2019, enrollment in Child Health Plus, Medicaid, and the Essential Plan are available year long. Individuals can shop the marketplace through an online portal on [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov), by calling the state's customer service number at 855-355-5777, or by meeting with a state-certified navigator.

**Dahill Dose** – Check out the latest posts at [dahilldose.com](http://dahilldose.com). SHANYS President and CEO Kevin Dahill offers informed and insightful commentary about healthcare policy, legislation, and regulation.

## Spotlight on Quality

### CMS to Refresh Hospital Quality Star Ratings in Coming Months

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

CMS has recently announced that it will release Overall Hospital Quality Star Rating Preview Reports in early December via the new Hospital Quality Reporting Next Generation User Interface. The announcement comes after the program delayed July updates due to issues with its revised methodology for calculating ratings.

Upon receiving their July preview reports, several hospitals discovered drastic changes to ratings despite no significant changes to performance outcomes. CMS denied reports that the program's methodology for calculating ratings was so flawed that it needed to be completely redesigned and instead has said that only minor tweaks would be necessary. The agency committed to performing additional analyses of the methodology, soliciting stakeholder feedback and holding a 60-day public comment period to address hospitals' concerns. Stakeholder feedback sessions have been hosted throughout the country but a public comment period has not yet been initiated.

CMS reportedly will release more details about the Star Ratings and the methodology changes when the HSRs are released. Hospitals are encouraged to carefully review their preview reports and share any concerns they have regarding the results with Hospital Council staff.

The agency plans to refresh the Star Ratings on Hospital Compare in February.



News from the  
**Hudson Valley**

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

**Program Excellence** – The Greater Hudson Valley Health System, which includes *Orange Regional Medical Center* and *Catskill Regional Medical Center*, has been awarded the 2018 Gold Award for Achievement of Excellence by Partners in Performance Excellence, which provides organizations across Massachusetts, New York, Connecticut and Rhode Island with assessments and feedback aimed at catalyzing improvement.

**Safe Sleeping Babes** – *HealthAlliance Hospital: Broadway Campus* has, for the third straight year, earned the top-grade, gold-level “Certified Safe Sleep Champion” credential for demonstrating the highest commitment to promoting the safest sleep practices for infants. This certification verifies that HealthAlliance meets or exceeds the American Academy of Pediatrics’ safe sleep guidelines and provides safe sleep training for parents, employees and community members.

**Fall Ratings** – The Leapfrog Group released their fall 2018 Hospital Safety Score and HealthAlliance of the Hudson Valley - Mary’s Ave. Campus, has received an ‘A’ grade. Based on voluntarily reported data, the Leapfrog ratings display a commitment to keeping patients safe from preventable harm and medical errors.

**National Report** - Healthgrades and U.S. News & World Report recognized *Catskill Regional Medical Center* with a 5-star rating for Appendectomy outcomes, according to its [2019 Report to the Nation](#).

*If you have news to share about your hospital’s achievements, please send to Janine Logan at [jlogan@normet.org](mailto: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,

- *Catholic Health Services of Long Island* for the use of a telepsychiatry pilot program to reduce the average turnaround time for ED patients' psychiatric consultations,
- and *Cohen Children's Medical Center* for their BEE Mindful™ program, to address the needs of pediatric patients with neurobehavioral disorders.
- Read about these efforts and others at [www.hanys.org/tripleaim](http://www.hanys.org/tripleaim).

**Fall Ratings** – The Leapfrog Group released their fall 2018 Hospital Safety Score in which three NSHC member hospital received "A" grades: *Mather Hospital*, *St. Charles Hospital*, and *St. Francis Hospital*. Based on voluntarily reported data, the Leapfrog ratings display a commitment to keeping patients safe from preventable harm and medical errors.

**Catholics Top-Performing** – Healthgrades and U.S. News & World Report recognized *Good Samaritan Hospital Medical Center* and *St. Charles Hospital* as top-performing in its [2019 Report to the Nation](#).

- Good Samaritan Hospital was named one of America's 100 Best Hospitals for Coronary Intervention and is a five-star award recipient for Coronary Bypass Surgery in 2019 and Coronary Intervention Procedures for 3 consecutive years (2017-2019).
- St. Charles Hospital was ranked in the top 10 percent in the nation for Bariatric Surgery for 2 consecutive years (2018-2019) and received five-star awards for 3 years in a row for Overall Bariatric Surgery (2017-2019) and Total Knee Replacement (2017-2019).
- *Catholic Home Care*, a member of Catholic Health Services, has been named a 2018 HomeCare Elite™ agency, a recognition given to the top-performing U.S. home health agencies.

**Report Looks at Obesity/Weight Concerns** – 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 weight and obesity among adults](#). Between 2011 and 2015, the Long Island region had an overall lower average percentage of those who are overweight, but had an overall higher average of those who are obese when compared to state and national data. 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.

*If you have news to share about your hospital's achievements, please send to Janine Logan at [jlogan@nshc.org](mailto:jlogan@nshc.org)*

Committee Updates

**Fiscal Policy Committee** – At the November 17 meeting of the NSHC Fiscal Policy Committee, members were provided an analysis of federal and state election results and an overview of the anticipated impact of the results on the Hospital Council’s advocacy agenda in 2019. Hospital Council staff provided updates on a series of recent regulatory changes including the expansion of the site-neutral payment program and interpretive guidance on CMS price transparency initiatives. Updates on the status of the DSRIP program and CMS S-10 audits were also provided.

**Compliance Committee** – The Compliance Committee convened for its final meeting of the year on November 13. Members were briefed on recent regulatory changes made through the Medicare payment rules and discussed strategies for meeting CMS price transparency requirements. Hospital Council staff provided an update on the recent executive compensation ruling and Medicare audit issues.

**Quality Committee** – On November 14, staff from South Nassau Communities Hospital provided members of the Quality Committee with an overview of the organization’s Antibiotic Stewardship Program which was recently recognized as a Center of Excellence by the Infectious Disease Society of America. Hospital Council staff also provided updates on changes to federal and state quality reporting requirements and provided resources related to Joint Commission and DNV survey preparation.

**Long Island Population Health Improvement Program Steering Committee** – The members of the LIPHIP Steering committee convened to review the 2018 work of the Long Island Health Collaborative and the PHIP staff, as well as hear planned updates for developments in 2019. Janine Logan reported on a letter sent to the Office of Civil Rights for clarification regarding the use of aggregated de-identified data at the zip code level, and will update members upon receiving a response.