MINUTES - DRAFT
MEETING OF THE MSSNY
QUALITY IMPROVEMENT AND PATIENT-SAFETY COMMITTEE
September 21, 2016

***Quality Improvement & Patient Safety Committee*:**
John Ostuni, MD, Chair, *Westbury*
Evelyn Dooley Seidman, MD, Vice-Chair, *Westbury*
Clare Bradley, MD, *Westbury*
Samuel Gelfand, MD, *via telephone*
Mustafa Kaakour, MD, *via telephone*
John Maese, MD, *via Webex*
Salim Memon, MD, *via telephone*
Barry Rabin, MD, *via telephone*
Gregory Threatte, MD, *via telephone*
Willie Underwood, MD, *via telephone*
Arthur Wise, MD, *Westbury*

MSSNY Staff:
Liz Dears, Esq., MSSNY Staff, Division of Governmental Affairs
Moe Auster, Esq., MSSNY Staff, Division of Governmental Affairs

Guests:
David Price, MD, Senior VP, ABMS Research & Education Foundation, Executive Director, ABMS presented MOC Update
Courtney Perlino, MPP, Senior Policy Analyst, AMA presented on Telemedicine
Colleen Kewley, NYS DOH NYPORTS Coordinator
Ruth Leslie, NYS DOH Director Hospital and Diagnostic Treatment Center
Kayla Reynolds, Partnership for Patient Program, CMS

Welcome and Approval of Minutes:
The meeting was convened. The minutes of May 18, 2016 were unanimously approved without modification.

Dr. Dooley was asked to summarize the meeting of the LTC Subcommittee held earlier in the day. She noted that the adequacy of mental health services in nursing homes was discussed. They will schedule a presentation at next meeting with a representative from the Office of Mental Hygiene to discuss a number of issues including: the lack of complete information of admissions; need for staff training; difference and lack of understanding of reimbursement; need to identify outside community resources for persons living in nursing homes with mental illness. The Subcommittee will need to come up with some ideas on how to collaborate with the VA system.

Dr. Dooley also discussed the work of the MSSNY-HCA LTC Task Force, created by HOD Resolution, which met earlier this month. The Task Force developed an action plan that will include clarification of the definition of originating site under Medicare and Medicaid for telemedicine purposes to ascertain. Also want to create a work around to the face to face requirements; address the certification issues and imbed the elements necessary for certification in EMRs used by hospitals and community physicians. Also the TF thought that it would be helpful to educate everyone on what is required for face to face certification that we co-author articles on the issue in our News of New York. Additionally the TF would work to secure exemptions for certain patients from the state Medicaid face to face requirements (which mirror those of Medicare). She anticipates that the Task Force will conduct four meetings before the end of the year and will develop a Report for presentation to the 2017 HOD.

Future topics for the subcommittee on LTC will focus on hospice and palliative care.

Dr. David Price, Senior Vice-President, ABMS Research and Education Foundation Executive Director, ABMS, provided an update on MOC. He noted that they have heard from physicians that they need to make MOC more relevant to their practice and reduce the costs associated with it. Ask input from practicing physicians on how to make more relevant. They have a number of special committees looking

at addressing issues that have arisen with MOC. He indicated that there is a MOC directory on which 17 of 24 Boards are participating where CME providers can submit their accredited CME activities to see if they would count for MOC. They have hundreds of CME activities on the directory. Many of the Boards are offering module examination to allow physician to tailor MOC to their practice. Some of the Boards are experimenting with remote proctoring. Some of the Boards are looking into longitudinal assessment. Do assessments really drive retention? Some Boards are also looking to identify where there are knowledge gaps and will provide opportunity to give physician information as to where his/her learning gaps are and to obtain learning in areas of practice. He stated that there is evidence that supports MOC. Research and education foundation is charged with evaluating MOC. How can it work better? The foundation is looking at what works for whom and under what circumstances.

A question was asked whether in the ABMS efforts to modernize, have you considered addressing medical errors in the MOC process? Yes, we have. In the portfolio program there are a number of efforts to address aspects of medical errors. We are also starting learning collaboratives to allow for the sharing of data about what is working.

Dr. Bradley asked whether Dr. Price could comment on MOC and how it will be applicable to MIPS? There is a line that allows practice in MOC will earn the physician MIPS points. ABMS is having discussions with CMS about ways to allow for the use of CME to qualify for MIPS points.

Dr. Ostuni noted that the rhetoric against MOC is dying down and it is helpful to know that the ABMS is continuing to refine its requirements.

Courtney Perlino, MPP, Senior Policy Analyst, AMA, provided an update on Telemedicine. The AMA has been very active on Telemedicine in recent years. 2014 HOD Annual meeting approved foundational report on telemedicine that guides their policy today. Where a physician and patient already have an existing relationship, AMA supports telemedicine. Telemedicine must be a real time consultation except for services that do not require a face to face consultation including radiology and pathology services or in an emergency. In order to protect patients transparency is vital. Patients must always have choice of provider for whom the credentials of the provider must be provided in advance. Must be consistent with state scope of practice laws and follow evidence based guidelines. Telemedicine should not create siloed medical care. Where there is a medical home and treating physician, a copy of the medical record must be provided. The AMA urges policymakers to assure parity of reimbursement and access to telemedicine. The AMA supports waiver for Medicare restrictions for ACOs. The AMA supports state based licensure and supports FSMB compact.

A question was asked as to whether a physician needs to be licensed in the state where the patient resides or where the physician is located. The AMA is not looking for a separate license for telemedicine. No. They must have license where patient resides and the compact would facilitate a physician's licensure in more than one state on a more cost-efficient basis.

A question was asked as to how many states have enacted the compact. Seventeen.

Another question was asked as to whether telemedicine reimbursement is limited to the provision of care to persons living in rural areas or to homebound patients. Medicare provides payment for a narrow list of Part B services rural HPSAs. Covered services and coverage by private carriers vary by state.

Colleen Kewley, NYS DOH NYPORTs Coordinator and Ruth Leslie, NYS DOH Director of Hospital & DTC provided an overview of the NYPORTs adverse event reporting system. NYPORTs was implemented in 1998. June 2005 reduced from 55 to 32 the type of events reported. In 2007, they eliminated the post-op wound infection code to eliminate duplication because the state started a separate reporting requirement. In 2011 adopted national reportable events. Occurrences involving death or serious injury consist of 68% of root cause analysis performed. Death or serious injury have ten sub-codes, the highest volume is a death or serious injury associated with a fall.

Dr. Ostuni asked once an adverse event is reported what happens to assure that it won't happen again. The root cause analysis (RCA) completed by the facility will mostly assure that the event won't happen again. The RCA is reviewed by DOH which may require additional information to assure that it is thorough and credible.

Dr. Wise asked what is done with the data. Is there a level when a hospital is found unacceptable? There is an extensive review of the system to enhance data outputs using common formats to extract de-identified data to share with researchers, the public etc. the reason that data is not publicly available now is that it is very difficult to get it out of the database after it has been submitted to NYPORTS.

Kayla Reynolds, Partnership for Patient Program, delivered a presentation on Medical Errors & Patient Safety. The original partnership for 40% reduction in hospital acquired conditions and a 20% reduction in hospital readmissions. 26 Hospital Engagement Networks (HENS) comprising 70 of all hospitals nationwide. 10 core PfP areas of focus. The current PfP 2.0 has 17 networks with the same number of hospitals participating. HANYS again was one of the 17 networks which received a grant. NY includes sepsis and C.diff. PfP 3.0 is soon to be announced. Its objectives include a 20% reduction in all cause harm and 12% reduction in readmissions. Integration between the QIO and HENs is designed to capitalize on strength of QIO and HENS histories to accelerate the progress in reducing harm. An inpatient safety issue can be referred by the QIO to a HEN thereby address medical error and enhancing patient outcomes. Provided some data results from the NYS HENs which shows reduction in medical error.

Dr. Ostuni is concerned by the use of observation status by hospitals to not count as admission. We are finding much sicker people coming out of the hospital into community and are being actively treated. Largest fudge factor is use of observation. This is something that the QIOs/HENs will be looking at better discharge planning.

House of Delegates Conference which will be held on April 20, 2017. The Committee needs to decide by next meeting. Dr. Ostuni would like the Conference to focus on Telemedicine.

New Business: None

Old Business: None

Next Meeting and Adjournment: The Committee agreed on January 11, 2017 from 1:00 PM to 3:00 PM for the next meeting.   Topics on which to focus are to be decided at a later date. Meeting was adjourned.