Quality Improvement & Patient Safety Committee
John Ostuni, Chair, MD, Chair, Westbury
Evelyn Dooley Seidman, MD, Vice-Chair, Westbury
Clare Bradley, Westbury
Samuel Gelfand, MD, via telephone
John Maese, MD, via telephone
Barry Rabin, MD, via telephone
Gregory Threatte, MD, via telephone
Arthur Wise, MD, Westbury

MSSNY Staff:
Moe Auster, Esq., MSSNY Staff, Division of Governmental Affairs
Pat Clancy, MSSNY Staff, Division of Governmental Affairs
John Belmont, MSSNY Staff, Division of Governmental Affairs
Anna Cioffi, MSSNY Staff, Division of Government Affairs

Welcome and Approval of Minutes:
The meeting was convened. The minutes of September 21, 2016 were unanimously approved without modification.

Dr. Ostuni asked a question on Maintenance of Certification (MOC) where MOC should qualify as a clinical improvement activity with MIPS points. Dr. Dooley Seidman responded by saying that they are working on this and it is not a done deal but the MOC will give them points. Dr. Ostuni also asked how will that help them? Dr. Dooley responded by saying that it will give them points to their total MIPS score and that is going to be used to determine their reimbursement.

Dr. Ostuni asked about telemedicine. It was written here that Medicare provides payment in rural locations. Is that all that Medicare pay for in telemedicine pays for now? Moe said that there were some changes made in the Medicare Fee Update but was not sure and will check on that and get back to Dr. Ostuni.

Long Term Care Subcommittee Update
The Long Term Care Subcommittee of the Quality Committee met this morning and there were two presentations. Dr. Paula Lester, FACP, CMD, Associate Director, Winthrop Transition Level of Care Program at Sunharbor Manor, Associate Program Director for the Geriatric Medicine Fellowship Winthrop University Hospital and Professor of Clinical Medicine at Stony Brook University Hospital and she gave us an overview of the status and content of palliative care as it currently exists in nursing homes. There is a State Palliative Care Council that is coming out with a report dealing with education of staff in health care as relates to nursing homes. It was agreed that a member of the Council be invited to the next meeting.

There was discussion about the rules and regulations and payment schedule for palliative care and also about the creation of a resolution. Dr. Ostuni said the only objection about having a resolution is we were afraid that it might end up mandating personnel in regards to palliative care requirements. Dr. Dooley said the committee is thinking where we can get some information.
Dr. Dooly and Al Cardillo gave the second presentation on the MSSNY Home Care Task Force. The task force was established by resolution at the 2016 House of Delegates and was initiated because of some issues that physicians brought to the Long Term Care Subcommittee about the difficulties they had in providing home care services. The third meeting will take place on Friday, January 12th and the group really focused on the face-to-face requirement that is necessary in order to get the home care service approved and reimbursed by Medicare and Medicaid. The current documentation is really excessive and documentation issues constitute the main reason for denial of the services. Often the home care services are provided even though reimbursement is not forthcoming because the third party has declined to approve it.

Dr. Dooley indicated that the second big item on the home care situation is communication of information. It is recommended that certification for home care services happens before the patient leaves the hospital. When that doesn’t happen, there is some difficulty identifying who the physician is in the community who would then certify and complete the documentation for the service. Issues that are not resolved include a medical director for home care and the ability to use physician extenders for implementing some of the documentation, like the nurse practitioner. The task force will develop a report for the House of Delegates.

Dr. Ostuni gave an update on the House of Delegates Physician Safety Conference. This year at the House of Delegates there is going to be an opioid educational program and the Quality Committee is going to co-sponsor this course.

**Patient Safety Conference:**
Ms. Clancy indicated that in June of 2016 the Governor and the legislature agreed and unanimously passed a requirement for all prescribers who hold a DEA license to take a three hour course on pain management, palliative care and addiction. Each person who is licensed and has a DEA license must complete this course by July 1, 2017 and this is not a one-time requirement, it occurs every three years. The statute specifically requires that prescribers need course work in the following:

- State and federal requirements for prescribing controlled substances;
- Pain management;
- Appropriate prescribing;
- Managing acute pain;
- Palliative medicine;
- Prevention, screening and signs of addiction;
- Response to abuse and addiction; and
- End of life care.

In 2015-16, MSSNY began working with Office of Alcohol and Substance Abuse and created a four-hour program on several of those topics. In reviewing what we did last year, we realize that our program was missing the state and federal requirements, the palliative piece and the end of life care. Over the past several months, the planning committee has been brought back together and revised that program down to a three-hour program. This program will be conducted through a series of webinars, as a live seminar for a three-hour period at the House of Delegates and on an online course.

The first hour will be: *Understanding the Current Legal Landscape in New York State for Prescribing Controlled Substances*. This will be conducted by Pat Bruckenthal, who is a nurse practitioner, who also holds a PhD and Trisha Allen who is the Assistant Counsel of OASAS

The second hour will be: *Rational Opioid Prescribing for Chronic Pain Conditions*. This will also include the palliative care and the end of life component and will be presented by Charles Argoff, MD.
He is a neurologist at Albany Medical Center in Albany, New York, and he has been well versed in opioid prescribing. Dr. Bruckenthal will also co-present this program.

The third hour will be: “Patients with Opioid Use Disorder; Identification, Treatment and Management of Co-occurring Pain.” This will be presented by Jeffrey Seltzer, MD, MSSNY& CPH Medical Director and Charles Morgan, MD, who is the Medical Director at OASAS.

Dr. Dooley asked if there is a fee for attending these programs? Pat responded by saying that the board of trustees will make that decision next week. There will probably be a distinction between a member and non-member fee if there is a fee that is applied to membership.

**Moe Update:**
Dr. Ostuni discussed the MOC. The committee has had two presentations. One was brought on by a New York Times article which really brought the conflict in the medical community as far as MOC into the public realm and featured the American Board of Medical Specialties. We had another presentation that showed that there is real progress in the MOC program. We had another presentation that showed that there is real progress in the MOC program. At the AMA meeting in Orlando, there were two resolutions that showed the distrust of the MOC program. The resolution requested that MOC not be a mandated requirement for licensure, credentialing, hospital privileging, reimbursement, network participation or employment. The Pennsylvania Medical Society brought this issue in a totally different direction questioning the role of the American Board of Internal Medicine. The $56 million foundation has been used to fund research. The AMA resolved that there be a forensic audit by the American Board of Internal Medicine. The resolution was sent to the AMA Board of Trustees for further study.

**Repeal of ACA and NY State Impact**
Dr. Ostuni said that we have spent a couple of years now looking at different programs from the Medicaid Redesign plan, FIDA and MIPS. We now have a change in the environment with the new administration and it appears that these included big changes planned in Medicaid. Moe provided a perspective and indicated that no other state has availed themselves of the various health insurance expansion opportunities as much as New York has.

According to the New York State of Health the total enrollment through the exchange is up to 3.5 million - a significant portion of that is Medicaid. Since the ACA expanded the enrollment up to 138% of the federal poverty level, 2.3 of that 3.5 were Medicaid. Six hundred and fifty thousand are in the essential plan which is the plan that covers those who make too much for Medicaid, but people are below 200% of the federal poverty level. The federal government actually provides over 90% of the funding for New York State for that program. There are also 217,000 who are enrolled in private plans through the exchange and those get subsidized who make between 200% and 400% of the federal poverty level. CHIP enrolled about 285,000.

Mr. Auster reported that the Governor issued a press release indicating the significant financial damage to New York if Congress were to go through with a measure that would repeal the funding streams under the ACA. What is being discussed right now is repealing the funding streams not the entire ACA because that’s what they can do in reconciliation. The Governor has estimated that New York State could lose $3.7 billion from the state budget plus another $600 million that goes to the counties for property tax relief purposes associated with Medicaid expansion. It is a multiple step process in the United States Congress. The Senate has moved forward with a resolution to allow itself to bring up, by majority vote, elimination of funding streams under the ACA. That does not mean that they definitely are going to pass that. The provision provides that they have to take up that vote by January 27, 2017. Right now there are 52 Republicans and 48 Democrats in the United States Senate. MSSNY sent a letter to our congressional asking Congress not to repeal the ACA until a replacement has been found. This is a message that a lot of health care organizations, physician organizations, hospital organizations, patient
organizations had advocated across the country and there seems to be some momentum in that perspective.

Dr. Ostuni commented that, if they changed Medicaid to block grants, that would have nothing to do with repealing anything. That would just say that this is how much money New York State will have to spend. Moe indicated that is one thing that could be included within the replacement plan. For a state like New York, it could result in less people enrolled in the Medicaid program and by taking a block grant approach is that it could result in is either cuts or decreases each year.

Dr. Ostuni said that what it would do is take the onus of changing the health care system from the federal government to the state. Moe responded by saying the reason why Congress is focused on the repeal and not the replacement early on is a process standpoint. It is easier to do in terms of the money streams and that can be done by a simple majority vote. Dramatic programmatic changes require 60 votes in the Senate. Dr. Ostuni asked that in the 26 states that accepted Obama care, they expanded Medicaid and accepted federal government funding. There could be a lot of issues from the 26 governors if we go to block grants They may even support it.

**Topics for Next Meeting:**
Dr. Ostuni talked about setting up the agenda for the next meeting. He indicated the committee should focus about telemedicine in the private sector. Moe responded that there are some insurance companies which have really done aggressively reaching out to physicians about telemedicine. Excellus has started a program and Moe will reach out to them. Pat will call someone from the DOH as to what they think are some of the prime models. Also, the impact of repeal of ACA and block grants be kept on the agenda along with MACRA.

**New Business:** None

**Old Business:** None

**Next Meeting and Adjournment:** The Committee will meet again on May 10, 2017 from 1:00 PM to 3:00 PM for the next meeting. Meeting was adjourned.