

**QUALITY IMPROVEMENT AND PATIENT SAFETY  
COMMITTEE MINUTES  
January 24, 2018**

**Quality Improvement & Patient Safety Committee**

John Ostuni, Chair, MD, Chair, *Westbury*  
Samuel Gelfand, MD, *via telephone*  
Greg Pinto, MD, *via Web*  
Barry Rabin, MD, *via telephone*

**MSSNY Staff:**

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

**1. Welcome and Roll Call**

**2. Approval of Minutes:**

The minutes of September 17, 2017 were unanimously approved.

Dr. Ostuni had a few comments on the minutes and asked Moe to clarify the bundled payments issue. Moe noted that there was a new voluntary bundle program not mandatory. Moe noted that it doesn't have to be ACO's, it could be done by hospitals working with physicians, but they are on a voluntary basis. It wasn't the mandatory program that was there before. You still have regions doing the joint replacement mandatory program. What they stopped doing on a mandatory basis were the cardiac bundles. CMS views this as being voluntary other than mandatory.

Dr. Ostuni asked if they antibiotic stewardship is still voluntary? It's a voluntary program. Nursing homes sign up. Is there any data on CDI/CDIFF/colitis that has been reported? Pat said she will check into this report back to the committee with this information.

Regarding MOC, Dr. Ostuni shared a letter to Dr. Nora of ABMS written by our President Elect Dr. Tom Madejski. He noted the unintended consequences if somebody's certification should be downsized.

**Report on the Long Term Care Subcommittee**

Long Term Care Subcommittee had a presentation by Dr. Marcus Friedrich on sepsis. He is the Chief Medical Officer in the Quality and Patient Safety Department of the Department of Health. Sepsis has a high mortality diagnosis and resulted in state protocols. Dr. Friedrich stated that going into a hospital a person is four times as likely to die in a poor performing hospital than a high performing hospital. The goal is to bring everybody into some sort of improvement and with their protocols, of course, all age groups (children to adults), there was about a 20% reduction in mortality. He also had a schematic on how they collect the data, how they collate the data and hopefully this data is returned to the hospitals which hopefully make meaningful improvements in care.

**MSSNY-HCA Task Force Summary by Moe Auster**

A meeting was held on October 10, 2017 and members discussed the implementation of the new physician face-to-face requirement for Medicare and Medicaid patients on home care services. Initially, there have not been as many challenges in Medicaid as there has been in Medicare's because the state exempted Medicaid Managed Care and various other managed care programs. It is a relatively narrow group of people who are only enrolled in Medicaid Fee-for-Service. The comments heard from the home care agencies has been that it has worked fairly smooth. MSSNY is doing its due diligence to try and generate additional feedback on that. There was discussion at the last meeting about further steps on the implementation on Medicare home care face-to-face requirement. The Long Term Care Subcommittee presented a resolution at MSSNY's House of Delegates calling for efforts to eliminate or scale back the program. When MSSNY brought that resolution to the AMA. The AMA reaffirmed a previous policy calling for greater education of the physicians and support efforts to reduce the burdens associated with it.

The AMA is continuing to work on this as part of their general regulatory reform efforts that the Trump Administration had requested. We are not clear where that is going to go but it is something that is on the AMA's radar. We also discussed the community-based para-medicine proposal in the Governor's budget that would enable EMTs, in conjunction with collaboration from hospitals and physicians, to provide non-emergency services to home-bound patients. Some concerns were expressed both by MSSNY and other societies about the lack of clear connection to the other physicians and providers who are providing services to these home-bound patients. We are working closely with the American College of Physicians and with the Home Care Association on trying to achieve greater specificity with that proposal. The Nurses Association has concerns with it because essentially the EMTs would be providing services that otherwise could be provided by nurses.

Dr. Ostuni said that another issue that has come up is having a medical director for each home care agency. The reason this has come up because the home care is now getting clinical protocols and having someone with the knowledge on how these protocols work, what is the science behind them is important. We are going to put in a resolution from the Long Care Subcommittee on that and the deadline is February 9, 2018.

### **Resolution to the 2018 House of Delegates**

There are two resolutions that Dr. Ostuni has proposed. The first resolution is as follows:

*Whereas, observation status is defined as outpatient service that a physician orders to allow for testing and medical evaluation of the patient's condition;*

*Whereas, observation status usually takes place in the emergency room after an acute event as defined by patient;*

*Whereas, observation status impacts our elderly population as it does not count toward the three-day rule for skilled nursing care essentially depriving the patients of a Medicare benefit; and*

***Resolved, That, in the judgement of the attending physician, the emergency physician and the social worker, that skilled nursing care is the most appropriate care for the patient that observation status will serve as the substitute three-day hospitalization for medical eligibility for skilled care.***

The second resolution is building on a resolution we had passed by the House about two years ago and as follows:

*Whereas, as long term care services are received by over 12 million Americans today, with projections pushing the number to over 27 million in the next 40 years;*

*Whereas, the long term services can quickly exhaust private resources and, as a result, two-thirds of long term care is paid out of our Medicaid program;*

*Whereas, past and current discussions on our healthcare system are silent on long term care.*

***Resolved, that Medicare which now covers 100% of the first 20-days of skilled nursing facility be increased to cover the first 90-days after which, if long term care is still required, funding from a new long term care trust fund, funded by a broad-based tax.***

This committee proposed a trust fund for long term care which was passed by the House of Delegates to years ago. The history behind this is that President Obama did have a long term care committee. They pretty much found the same findings as we did but they didn't make a funding request, and there was a subsequent report recommending a trust fund. No one is talking about long term care. Obamacare doesn't cover it, Trump doesn't cover it and nothing covers it.

Dr. Ostuni brought up MACRA and MIPS. There is some more flexibility that's provided to physicians practices for complying with MACRA, but it is not the simple file one measure on clinical improvement activity that there was at the House of Delegates in 2017. Dr. Ostuni found the MEDPAC report on MIPS very confusing. Moe responded saying there was recognition from some folks in MEDPAC that what is being proposed in the MIPS program doesn't necessarily improve quality or reduce costs. This is basically reporting quality for the sake of reporting quality. MEDPAC doesn't have the force of law. A couple of years ago they tried to cut payments for

office-based medications covered under Part B and it ultimately was defeated due to a pretty wide grassroots effort. CMS never did anything with it. There is no force of law behind it and given the effort that Congress has taken the last couple of years to enact MACRA and the MIPS program, it is hard to imagine that Congress would completely undo it.

### **Federal Healthcare Funding Update**

MSSNY works with a lot of the other healthcare players in New York State (HANYYS, Greater New York, New York 1199, Health Plan Association, and the Business Council). The three-week continuing resolution that initially closed the government contains six-years of CHIP funding. However, we are still waiting on other types of funding streams for community health centers, for disproportionate share hospital funding for some of the financially distressed hospitals. The other part of it is continuing authorizations for subsidies for the various health insurance programs, most specifically, the Essential Plan which provides coverage for 700,000 New Yorkers. If that program were to go away, that would mean that these patients could have to get coverage with high deductibles. As part of the proposed budget in New York State, the governor has proposed to keep this program running by taxing health insurance companies.

Dr. Ostuni asked what is happening with block grants. Moe said that that issue is still out there among the things that could come up later in the year. That was part of the ACA repeal efforts that were discussed last summer where the Senate did not get enough votes to allow that action to go forward.

Dr. Ostuni said there is much said about the repeal of the individual mandate. How much money is that in New York State? Moe responded that he doesn't know how you quantify it. Dr. Ostuni wanted to know how many people were paying the penalty before now. Moe doesn't know the exact number of people who actually paid the penalty, but indicated uninsured numbers had gone down to about 6%. New York State now has 4.3 million people who are enrolled in Medicaid managed care. There is the working poor who make between 100%-138% of the poverty level and another 700,000 people who are enrolled in the Essential Plan that make between 138%-200% and all individuals can get the plans for either no cost or very low cost. There are only about 300,000 or so who are getting insurance coverage through the exchange through regular commercial insurance, and there is some subsidy to it. Dr. Ostuni asked how much was the total enrollment in New York State in the exchange? Moe thinks that over 2 million, but it depends upon which type of plan.

### **Old Business:**

There will be other CME programs at the 2018 House of Delegates. Next year we will have to work early to pick our topics.

### **Next Meeting and Adjournment:**

The committee will meet again on April 11, 2018 from 1:00 PM to 3:00 PM. Meeting was adjourned.