



January 7, 2008

Skyline news

Reporting on New York's Health Care News

New York's GME System Is Training Ground for Most NYS Physicians, Report Says Higher Proportion of Older Physicians in NYS than Elsewhere

A new report issued by the Center for Workforce Studies of the Association for American Medical Colleges provides further evidence that New York's graduate medical education (GME) system provides the principal training ground for the State's physicians. According to the *2007 State Physician Workforce Data Book*, New York ranks first in the country in terms of the percentage of active physicians in a state who completed GME in that state. That is, an analysis of where each state's pool of fully trained physicians

received GME training reveals that New York has by far the highest proportion who benefited from their own state's GME system. Three-fourths of New York's fully trained and active physicians received GME from a New York residency program and teaching hospital. In Illinois, the second-ranked state, just over 60% of the fully trained and active physicians were trained in the state.

The report does include one warning sign for policymakers with regard to New York's

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GNYHA Members Taking Proactive Steps to Prevent Infections

This past summer, GNYHA administered a memberwide survey on hospital infection control practices to gain a better understanding of members' activities around surveillance and control of infections. The survey provided GNYHA with data from a large number of hospitals and will serve to inform current and future patient safety programs that GNYHA sponsors.

Although hospitals were asked detailed questions about staffing and general infection

control practices, the survey's focus was on methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (*C. difficile*), which have received much media attention in recent months. The survey showed that GNYHA members have taken proactive measures to identify, isolate, and prevent infections, with the majority of respondents reporting that they are conducting facility-wide surveillance of *C. difficile* as well as facility-wide MRSA surveillance. Many of the

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FINAL WEEK TO REGISTER!

GNYHA/UHF CRITICAL CARE CONFERENCE

WHEN: JANUARY 15-16, 2008

WHERE: NEW YORK ACADEMY OF MEDICINE (NEW YORK, NY)

A Unique Forum for Cooperation and Information Sharing Among Critical Care Leaders

GNYHA, in partnership with the United Hospital Fund (UHF), has organized a special two-day conference entitled, *Critical Care Networks: A Partnership Model to Improve Patient Outcomes*. This conference is part of a series of critical care educational programs developed by the GNYHA/UHF Critical Care Leadership Network (CCLN), a diverse group of critical care leaders.

The CCLN has created a model that brings nationally recognized critical care leaders from the New York region together to collaborate on the unified goal of improving quality and patient outcomes in critical care. This large-scale conference will demonstrate how a diverse group of critical care leaders in a single region have been able to work together to promote the rapid dissemination of knowledge about evidence-based practices and adoption of those practices in hospitals, and to help improve the access to and quality of continuing medical education for all physicians, nurses, and other health care professionals.

Registration costs for the full two-day conference are nominal: \$75 for GNYHA members and \$100 for non-members.

Critical care staff from all GNYHA member hospitals are urged to attend.

REGISTRATION AND INFORMATION:
www.gnyha.org/criticalcarenetworks

Please contact Eden Rollins at erollins@gnyha.org with any questions about registration. ■

Commonwealth Fund Presents Options for Saving \$1.5 Trillion in National Health Care Costs When Combined with Universal Coverage

Strategies Have Significant Implications for Provider Reimbursement

The Commonwealth Fund Commission on High Performance Health Systems recently issued a new report, *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*. The report presents 15 cost-containment options that, combined with implementing universal insurance coverage, would yield net savings to the U.S. health care system of \$1.5 trillion over 10 years. The full set of cost-containment strategies and their estimated 10-year savings are shown in the table at right.

Among the options presented are four that would have a significant effect on provider reimbursement. They were developed largely in response to observations by John Wennberg, M.D., and his colleagues at The Dartmouth Institute. Through the Dartmouth Atlas of Health Care and other publications, these researchers report on wide variability in the utilization of health care services among geographic regions and among hospital systems within those regions. The principal recommendation is one that is also under current consideration by the Medicare Payment Advisory Commission, which is to bundle risk-adjusted payments to hospitals, physicians, and other providers for episodes of illness. At first, these bundled payments would reflect the different utilization patterns among regions.

The other three recommendations pertain to the bundled payment concept. First, all payers would gradually phase into the same Medicare risk-adjusted bundled payments within a region. This would be accomplished by private payers providing updates below the national market basket index and by Medicaid providing updates above the national market basket index. Private payers would also

| U.S. Health System Cost-containment Strategies and Estimated 10-year Savings | |
|---|----------------------------------|
| Strategy | 10-Year Savings (\$ in billions) |
| PRODUCING AND USING BETTER INFORMATION | |
| Promoting health information technology | \$88 |
| Center for medical effectiveness and health care decision-making | \$368 |
| Patient shared decision-making | \$9 |
| PROMOTING HEALTH AND DISEASE PREVENTION | |
| Public health: reducing tobacco use | \$191 |
| Public health: reducing obesity | \$293 |
| Positive incentives for health | \$19 |
| ALIGNING INCENTIVES WITH QUALITY AND EFFICIENCY | |
| Hospital pay-for-performance | \$34 |
| Episode-of-care payment | \$229 |
| Strengthening primary care and care coordination | \$194 |
| Limit Federal tax exemptions for premium contributions | \$131 |
| CORRECTING PRICE SIGNALS IN THE HEALTH CARE MARKET | |
| Reset benchmark rates for Medicare Advantage plans | \$50 |
| Competitive bidding | \$104 |
| Negotiated prescription drug prices | \$43 |
| All-payer provider payment methods and rates | \$122 |
| Limit payment updates in high-cost areas | \$158 |
| <small>Source: The Commonwealth Fund, <i>Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending</i> (New York, 2007).</small> | |

contribute a surcharge to a pool that would be used to finance the incremental state and Federal Medicaid payments. Second, all regions would gradually phase into the same Medicare risk-adjusted bundled payments, which would eliminate differences in reimbursement associated with regional differences in service utilization. This would also be accomplished through different updates, with high-cost areas receiving updates below the market basket index and low-cost areas receiving updates above the market basket index.

Finally, pay-for-performance would be incorporated into the bundled payment to motivate providers to achieve and maintain high-quality services. The proposal described in the Commonwealth report is different from the value-based purchasing plan recently issued by the Centers for Medicare & Medicaid Services; however, the financing mechanism for bonuses would be the same—that is, a reduction in the national bundled payment.

The report can be obtained at www.commonwealthfund.org. ■

Resident for a Day

Educating NYS Legislators About the Importance of Physician Training

GNYHA's *Resident for a Day* program continued on December 20 at Brookdale University Hospital and Medical Center, a member of MediSys Health Network, Inc. Assemblymen Darryl Towns (D-Brooklyn), William Boyland, Jr. (D-Brooklyn), and Nick Perry (D-Brooklyn), along with Senator John Sampson (D-Brooklyn), were briefed by David Rosen, President and Chief Executive Officer of MediSys; Ellen Kinsler, Director of Academic Affairs at Brookdale; and other members of the hospital's administration and medical staff on the importance of graduate medical education (GME) to the hospital and to the legislators' constituents.

Assemblymen Towns and Perry attended interdisciplinary team rounds on the general medical floor, and met with and discussed the role of the resident in the medical intensive care unit as well as the emergency room. Both legislators interacted with and observed firsthand talented young physician residents—who provide primary and acute care services to their constituents on a daily basis—at work in a community teaching hospital. Moreover, they were able to see how teaching hospitals, such as Brookdale

University Hospital and Medical Center—which is located in a medically underserved area with a shortage of physicians—provides important training opportunities that will help to address the looming physician shortage while helping to meet the health care needs of his constituents.

With the beginning of a new legislative session and the continued health care poli-

cy discussion on GME in Albany, GNYHA is pleased to offer New York State legislators, through the *Resident for a Day* program, the opportunity to participate in an activity that demonstrates to them what it takes to become a physician and the inextricable link between physician training and patient care. In the process, GNYHA hopes that each legislator will gain a better understanding of the operations of teaching hospitals as they pertain to graduate medical education and the impact on their legislative decisions. It is important that they understand why New York State must continue to support the critical mission of New York's teaching hospitals. ■



Left to right, at Brookdale: Three senior residents; Barbara Berger, M.D., Program Director, Department of Medicine; David Rosen, President and CEO, Medisys Health Network, Inc; Assemblyman Darryl Towns; Richard Foger, Sr. Vice President and Chief Medical Officer; Assemblyman William F. Boyland, Jr.; Senator John Sampson; Ira Reiser, M.D., Chairman, Department of Medicine; Alvin Kahn, M.D., Chairman, Board of Trustees.

GNYHA Wraps Up Round Two of the Gap Program

On December 12, GNYHA held the final in-person session for the 20 nurses participating in the second round of its Gap Program, a GNYHA initiative to address the escalating nursing shortage by filling the gaps that exist between academic nursing programs and clinical practice. The program trains experienced nurses to become clinical adjunct faculty in nursing schools and to act as preceptors to nursing students and new nurse graduates in the hospital.

At the final session, the participating nurses, representing six GNYHA member hospitals, gave presentations on their Collaborative capstone project, an initiative to implement an

expanded and improved clinical rotation for nursing students at their respective hospitals. The nurses were supported by their nurse managers, directors of nursing education, and chief nursing officers, alongside GNYHA staff. In attendance were nursing representatives from Beth Israel Medical Center, Jacobi Medical Center, Long Beach Medical Center, Lenox Hill Hospital, NewYork-Presbyterian Hospital, and Long Island Jewish Medical Center.

The Gap Program has just completed its first year. GNYHA and the nurse graduates of the program will now focus on forging stronger partnerships with area nursing schools and further developing the “Nursing

Student Residency Match,” in which nursing students are matched with participating hospitals for rotations through the units represented by the Gap Program's trained nurse preceptors, in order to expand their clinical experience. GNYHA will also be working with hospitals and schools to more appropriately match students to placements where they may want to practice once they graduate, thereby reducing their orientation time post-graduation. Also in the coming year, GNYHA will be expanding the Gap Program to include additional participating hospitals. For more information, contact Terri Straub or Zeynep Sumer at GNYHA. ■

NYS DOH Announces 2007 ECRIP Award Recipients

The NYS Department of Health (DOH) announced recently that \$6.6 million in awards have been granted to 47 teaching organizations for the 2007 Empire Clinical Research Investigator Program (ECRIP). Projects are funded under ECRIP for either one or two years. The new awards include \$3.4 million for the program year beginning in July 2008

and an additional \$3.2 million for the program year beginning in July 2009.

ECRIP is a component of the graduate medical education (GME) incentive pool program, which is part of the Health Care Reform Act. The incentive pool program rewards teaching hospitals and GME consortia for achieving and making progress toward State GME policy goals. The goal of

ECRIP is to support the training of new clinical research investigators. Each project funded under ECRIP receives \$60,000 to support a portion of the direct project costs. The clinical research investigators funded under the 2007 program are expected to begin their research program in July 2008.

For more information, please contact Tim Johnson at GNYHA. ■

Two New Health Care Members Join Partnership for Quality Care

The Partnership for Quality Care (PQC), a coalition of health care providers and labor unions that are pressing for the reform and improvement of the U.S. health care system, has announced that Health Partners of Minnesota and Group Health Cooperative of Washington State have joined its efforts to secure guaranteed, high-quality, affordable health care for all.

Health Partners is an integrated care delivery system with more than 640,000 members in Minnesota, western Wisconsin, North and South Dakota, and Iowa. The ninth largest employer in Minnesota, it has a staff of approximately 10,000 physicians, with

employees in 70 locations throughout the Greater Minneapolis area. Group Health Cooperative, a nonprofit health care system that provides both medical coverage and medical care, serves more than 550,000 members in Washington and Idaho. It also includes the Group Health Center for Health Studies, where Edward Wagner, M.D. developed the "Chronic Care Model"—a strategy that has been used nationwide to improve the delivery of care to the chronically ill.

PQC includes public, private, religious, teaching, and nonprofit hospitals and integrated health systems as well as more than one million health care workers across the country. PQC members care for more than 46 million patients each year. ■

GNYHA Members Taking Proactive Steps to Prevent Infections *continued from page 1*

respondents are also conducting targeted surveillance of their patient populations who are at highest risk for the infections.

GNYHA will use the aggregate data in two ways. First, members' active efforts to address infections clearly indicate hospitals' commitment to optimal patient care, and the survey data will help GNYHA to respond on behalf of its membership with regard to the public's concern about infections. GNYHA will also use the information obtained from the survey to develop and target its future initiatives.

GNYHA/UHF C. difficile Collaborative: One such initiative is GNYHA's upcoming collaborative, in partnership with the United Hospital Fund (UHF), on eliminating *C. difficile*, which the NYS Department of Health will support through grant funding. The survey data have been instrumental in developing the set of measures and the quality improvement "bundle" that will guide the Collaborative's participants in reducing and eventually eliminating the infection, and will provide baseline information that will enable them to track their progress.

GNYHA has been actively engaged in multiple ongoing infection prevention initiatives that include an infection prevention coach program and programs in partnership with UHF to eliminate central line and *c. difficile* infections.

GNYHA and UHF are still accepting applications from members who wish to participate in the *C. difficile* Collaborative. To apply or to obtain more information, contact Eden Rollins at GNYHA. ■

New York's GME System Is Training Ground for Most NYS Physicians *continued from page 1*

physician workforce and planning for the future. According to the report, New York ranks second nationally—just behind California—in the proportion of active physicians aged 60 or older. Almost 28% of New

York's active physicians are aged 60 or older, compared with the state median of 22%. Data on the aging of the physician workforce in different states was included in the report to assist policymakers with physician workforce planning. ■

Percent of Active Physicians Who Completed an ACGME-Accredited Residency or Fellowship in the State Where They Are Practicing, by State, Top 10 States

