



The NOTEBOOK

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Arkansas Hospitals Meet Preparedness Measures

More than 76% of U.S. hospitals participating in the National Hospital Preparedness Program (HPP) met 90% or more of all program measures for all-hazards preparedness in 2009, according to a report released April 5 by the U.S. Department of Health and Human Services' (HHS) Assistant Secretary for Preparedness and Response. In Arkansas, 100% of hospitals met the program measures related to:

- Participation in statewide or regional exercise/incident
- Developed written medical evacuation/shelter-in-place plans
- Developed written mass facility management plans
- Demonstrated dedicated, redundant interoperable communications
- Implemented Incident Command System (ICS) Organizational Structure
- Reported available beds to the Emergency Operations Center (EOC) within 60 minutes

Approximately 98% of Arkansas hospitals have adopted the National Incident Management System (NIMS) throughout the organizations, and 78% have developed improvement plans based on after action reports.

From Hospitals to Healthcare Coalitions: Transforming Health Preparedness and Response in Our Communities, the program's first state-by-state report, identifies the advances that states have made in preparing hospitals for all types of disasters and discusses the next steps the program will take to boost community resilience. All states, eight U.S. territories and four large metropolitan areas participate in the cooperative agreement grant program which provides federal funds, technical assistance and guidelines for hospital preparedness. Of the more than 6,300 hospitals across the nation, more than 85% take advantage of the program.

In July 2010, participating states, territories and large metropolitan areas received HPP grants totaling \$390.5 million to help hospitals and other healthcare organizations strengthen the medical surge capability across the nation. Arkansas' \$3.5 million share focuses the funds on enhancing planning, increasing integration between public and private sector medical planning and assets, and improving infrastructure.

HHS established the program in 2002 as the National Bioterrorism Hospital Preparedness Program to enhance hospitals' ability to respond to a biological attack by increasing stockpiles of equipment, supplies and pharmaceuticals that would not have been purchased by financially strained institutions without the program. Since that time, the program evolved to support preparedness for all hazards.

To learn more about the program, visit <http://www.phe.gov/preparedness/planning/hpp/Pages/default.aspx>. Read *From Hospitals to Healthcare Coalitions: Transforming Health Preparedness and Response in Our Communities*, at www.phe.gov.



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Care Fund for Hospital Employee Tornado Victims

The Alabama Hospital Association, in conjunction with the American Hospital Association (AHA), is planning to set up the Care Fund to collect donations for providing assistance to hospital employees affected by last month's devastating tornadoes across the South. Many hospital employees throughout the southern United States, including Arkansas, lost homes and property, others lost family members and some lost their lives. Plans call for ramping up the Care Fund Web site previously used after Hurricane Katrina to advertise the fund and accept credit card payments, which will be handled by the AHA. The Alabama Hospital Association will handle the bank account, payment distributions and acknowledgements... again, all similar to what was done for Hurricane Katrina victims.

The Arkansas Hospital Association will participate in this effort with Alabama and other states where hospital employees were impacted by the storms. The Web site www.carefund.net will be the focal point of the effort and contain all the information people need to make donations, including secure credit card transactions using PayPal. As more information becomes available, we will keep you informed.



Proposed Rule's Focus Is Access to Care

CMS issued a proposed regulation last week that would provide guidance to states on ways to ensure that people with Medicaid have access to healthcare services. Federal law requires that Medicaid provider payment rates be consistent with "efficiency and economy" and set at levels sufficient to assure people with Medicaid have the same access to healthcare services as people with other types of health insurance. Tight budgets coupled with increased demand for services during the recession have led many states to propose reductions in their Medicaid provider payments without clear Federal guidance on how to assure access.

The rules being proposed rely on the research and recommendations of the Medicaid and CHIP Payment and Access Commission (MACPAC). They will ultimately help states determine how and where they can achieve savings without impeding access by providing options for use in measuring and assessing access to care. Among other things, it would require that, in the case of a provider rate reduction or restructuring, the state must submit with its Medicaid State Plan Amendment a review of access using the MACPAC three-part framework completed within the prior 12 months. A state must develop procedures to monitor continued access to care after implementing a provider rate reduction or restructuring. States also must submit a corrective action to CMS to address any access problems discovered during the monitor and review process within 90 days of discovery.

The proposed rule went on display April 29 at the *Federal Register's* Public Inspection Desk and will be available under "Special Filings," at: http://www.ofr.gov/OFRUpload/OFRData/2011-10681_PI.pdf, or <http://www.federalregister.gov/inspection.aspx>. To read the entire CMS press release issued April 29, 2011, click here: http://www.cms.gov/apps/media/press_releases.asp.



Final Rule Expands Telemedicine Credentialing

The Centers for Medicare & Medicaid Services (CMS) last week issued a final rule implementing changes to the Medicare Conditions of Participation (CoP) for the credentialing and privileging of telemedicine physicians and practitioners. The Medicare CoPs previously required the governing body of a hospital to make all privileging decisions based on the recommendation of the hospital's

medical staff after the medical staff had thoroughly reviewed the credentials of practitioners applying for privileges. Similarly, each CAH was required to have its privileging decisions made by its governing body or the individual responsible for the CAH. This requirement was applied regardless of whether the services are to be provided onsite at the hospital or through a telecommunications system.

Under the new rule, hospitals and CAHs receiving the telemedicine services may rely upon credentialing and privileging information from the hospital providing the telemedicine services as long as certain conditions are met. In an expansion of what was proposed, CMS also agreed to allow hospitals to receive telemedicine services from another telemedicine entity, such as a physician group or other entity.

The American Hospital Association supported the expansion as many hospitals contract with non-hospital entities for the provision of some telemedicine services, such as radiology interpretation services. The changes implemented by the rule should enable hospitals to make greater use of telemedicine services. The rule will be published in the May 5 *Federal Register* and take effect 60 days later. For more information, see <https://www.cms.gov/apps/media/press/release.asp?Counter=3951&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=1%2C+2%2C+3%2C+4%2C+5&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date>.



Event Takes Back Tons of Unwanted Rx Drugs

On Saturday, April 30, 2011, Arkansas law enforcement agencies collected more than 3.5 tons of unwanted and expired prescription medications as part of the second National Prescription Take Back Initiative sponsored by the U.S. Drug Enforcement Administration (DEA). The collection totals surpassed the previous statewide take back event by more than 2000 lbs. The Arkansas State Crime Laboratory estimates the 7,423 lbs. of medications translates to roughly 10.3 million pills. The Arkansas National Guard's Counterdrug Program and the federal DEA transported the medications to Clean Harbors Environmental Services, Inc. in El Dorado, where the destruction process was completed on May 3.

Through two statewide take-back events, in which many hospitals across the state participated, Arkansas has collected close to 6.5 tons of medications. Arkansas's participation was planned and coordinated by the DEA Little Rock Field Office, the Office of the Drug Director, Attorney General Dustin McDaniel's Office, the U.S. Attorney's Office, the Arkansas National Guard, and more than thirty government agencies, community organizations and public health agencies.



The AHA Calendar

May 2011

- 10-11 Arkansas Foundation for Medical Care (AFMC) Quality Conference, Doubletree Hotel Little Rock
- 11-13 Arkansas Association for Healthcare Engineering, Inc. (AAHE) 45th Annual Meeting & Trade Show, Embassy Suites, Little Rock
- 12 ICD-10-CM/PCS: What Every Hospital Needs to Know Now – Webinar T2673

Information on all AHA educational programs and activities is available at www.arkhospitals.org/events.

Final Thoughts by Paul Cunningham

The beauty of writing an occasional op-ed piece is the freedom to take on a subject matter of choice. Most of the time, it involves hospitals or healthcare-related items for this space, but not always. Regardless of the topic, folks who invest the time to read these brief columns hopefully receive a return in the form of new information they might not get otherwise, entertainment through a few chuckles along the way, or the heart-burn of vehemently disagreeing with everything that's written. Trust me. That's a realistic option. I follow too many of the columnists in the *Arkansas Democrat-Gazette*.

But, the best take-away occurs when one of these pieces succeeds at provoking you to think a little more about the matter at hand, whatever it is. That's what I hope to accomplish today – to get you to think for a few minutes about something other than healthcare or politics or the sad state of the world we live in. Nope, I want you to dwell for a few minutes on something – someone – much more important. The person whose special day we celebrated yesterday. While I'm a day late, it really shouldn't matter. Truth be told, Mother's Day ought to begin every morning at sunrise.

The homage below isn't original. It was written and recorded with background music 35 years ago by Jimmy Dean, the erstwhile sausage magnate who is also known for his 1961 crossover classic about the heroic *Big Bad John*. Dean's recording, *I.O.U.*, was released on Mother's Day 1976. It strikes a chord. I suspect that many of his recollections are familiar to each of us. Think about it...

Mom, I sure hope you're listenin'. Sweet lady, I.O.U. for so many things and a lot of services... like night watchman for instance. Lyin' awake nights, listenin' for coughs and cries and creakin' floorboards... and me comin' in too late. You had the eye of an eagle and the roar of a lion, but you always had a heart as big as a house.

I.O.U. for services like short order cook, chef, baker... For makin' sirloin out of hamburger and turkey out of tuna fish, and big ol' strappin' boys out of leftovers. I.O.U. for cleanin' services. The daily scrubbing of face and ears... all work done by hand. For the frequent dustin' of a small boy's pants to try to make sure that he led a spotless life. For washin' and ironin' that no laundry could ever do, and for dryin' the tears of childhood and ironin' out the problems of growin' up.

I.O.U. for services as a bodyguard for protectin' me from the terrors of thunderstorms and nightmares and too many green apples. And Lord knows, I.O.U. for medical attention. For nursing me through measles, mumps, bruises, bumps, splinters and spring fever. Let's not forget medical advice, either... important things like, 'If you keep on scratching that, it'll never get well' or 'If you cross your eyes, they're gonna stick like that.' And the most important advice of all, 'Boy, you be sure you got on clean underwear, in case you're in an accident'.

I.O.U. for veterinarian services. For feeding every lost dog that I dragged home at the end of a rope, and for healing the pains of puppy love. And I.O.U. for entertainment... Entertainment that kept the household goin' through some pretty rough times, and for wonderful productions at Christmas, the Fourth of July, Birthdays... and for making make-believe come true. And you did it all on such a limited budget.

I.O.U. for construction work, for building kites and confidence, hopes and dreams, and somehow you made them all touch the sky... For cementin' together a family and for layin' down a good strong foundation to build a life on.

I.O.U. carrier charges... For carryin' me on your books for the necessities of life that growin' boys somehow, well, they just gotta have. And one thing, Mom, I'll never forget... When there were two pieces of pie and three hungry people... You were always the one who decided, well, I'm not really that hungry anyhow.

These are just a few of the things for which payment is long overdue. The person that I owe 'em to worked very, very cheap. She managed by simply doin' without a whole lot o' things that she needed herself. My I.O.U.'s add up to more than I could ever hope to repay. But, you know the nicest thing about it all? I know that she had marked the entire bill 'Paid in Full' for just one kiss and four little words... Mom, I Love You!

For all the moms reading today, this column is for you. For everyone, if you could visit with your Mom yesterday in person or on the phone, I hope you told her those four words. If not, then I am sure she hears it every time she looks down from above... Mom, I Love You.

Paul