



# The NOTEBOOK

www.arkhospitals.org

A WEEKLY PUBLICATION OF THE ARKANSAS HOSPITAL ASSOCIATION

May 22, 2017

Volume 23, Number 15

## Hospital Executive Leadership Conference Reminder

Hospital executives and trustees who are planning to attend the 2017 Hospital Executive Leadership Conference, but who have not yet registered, should do so now. The conference, sponsored by the Arkansas Hospital Association (AHA) and Arkansas Health Executives Forum will be held June 14-16 at the Embassy Suites Northwest Arkansas in Rogers. The registration deadline for this event is May 24 which is Wednesday of this week. Registering by that date will ensure you will have all materials for the meeting. If you have not received a registration confirmation, then you are not yet registered. May 24 is also the hotel room cutoff date. The AHA hotel rates are \$139 single/double; \$145 triple; \$159 quad. The regular room prices of the rooms can run up to \$300, so act now!

Find a complete program schedule and registration information on the Arkansas Hospital Association website at <http://www.arkhospitals.org/events/ahert-hospital-executive-leadership-conference>. AHA is also working to provide continuing medical education for physicians for two sessions of this conference. Contact Lyndsey Dumas (501-224-7878) with questions regarding the conference. The program with registration information can be found on the AHA website (<http://www.arkhospitals.org/calendarpdf/June2016LeadershipConference.pdf>).



## AHA's 2017 Compliance Seminar

There is still time to register for the Arkansas Hospital Association's 2017 Compliance Seminar, Addressing 2017 Key Compliance Issues: HIPAA and CMS, which will be held Wednesday, May 24 at the Crowne Plaza, 201 S. Shackleford Rd. in Little Rock. Speakers for this session include Lynda Johnson, Partner, Friday, Eldredge & Clark, LLP and David Wright, Director of the Survey and Certification Group, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, Baltimore, MD. Johnson will begin the day with a HIPAA update on breaches, social media and enforcement. She will discuss the latest avalanche of breaches and the troublesome sources of the worst breaches and the continuing impact of social media on the HIPAA landscape. The Office of Civil Rights and its banner year of enforcement in 2016 will also be reviewed.

She will also give a Section 1557: Compliance Update, covering the requirements of Section 1557 (the nondiscrimination provision of the Affordable Care Act) and what hospitals should do to make sure they are in compliance will take place.

Following lunch, David Wright will present his thoughts on CMS Keys to Compliance and Quality Initiatives. Hear the latest trends on CMS hospital survey and certification oversight to promote and ensure quality throughout. Attendees will learn how CMS uses transparency and data to enhance the quality of Medicare certified hospitals; how to recognize the red flags in your hospital's operations that can lead to enforcement actions will be discussed; and the tools and resources available through CMS to maintain a culture of sustainable compliance with the Medicare Conditions of Participation.

For more information on the agenda and to register, please see <http://www.arkhospitals.org/calendarpdf/5-24-17KeyComplianceIssues2017.pdf>.

Paul Cunningham, Editor

Robert "Bo" Ryall, President & CEO; 419 Natural Resources Drive; Little Rock, Arkansas 72205; (501) 224-7878; facsimile (501) 224-0519

## **Sen. Cotton Named to Health Bill Work Group**

Arkansas Senator Tom Cotton is among a special work group of 13 U.S. Senate Republicans selected earlier this month to forge a bill which can gain enough votes to repeal and replace the Affordable Care Act. Republicans, holding 52 seats in the Senate, can afford to lose only two members of their party on a vote to undo the existing law. The 13-member group includes Senate Majority Leader Mitch McConnell and 12 other senators named by McConnell.

McConnell made the appointments following approval in the House of its own bill, *The American Health Care Act*. Speculation is that the Senate will draft repeal and replace legislation substantially different from the House version. In addition to McConnell and Cotton, other senators on the work group include Sens. Orin Hatch (UT), Lamar Alexander (TN), Mike Enzi (WY), John Thune (SD), Ted Cruz (TX), Mike Lee (Utah), Cory Gardner (CO), John Barrasso (WY), John Cornyn (TX), Patrick Toomey (PA) and Rob Portman (OH). While McConnell initially encountered flak from various critics for not including any women among his list of appointees, he has since invited Sen. Shelley Moore Capito to participate.



## **Notice about Hospital Quality/Patient Safety Reporting**

The Agency for Healthcare Research and Quality (AHRQ) published in the May 18, 2017 *Federal Register* a notice on the latest version of common formats for reporting on healthcare quality and patient safety at hospitals has been released. Three key changes were made: (1) data elements are now designated as either “core” or “supplemental” for reporting purposes, (2) event descriptions for each module were condensed, and (3) module-specific paper forms were eliminated. In fact, beginning with this release, Hospital Version 2.0, AHRQ will no longer publish aggregate report specifications because the specifications are no longer needed to guide providers.

Patient Safety Organizations (PSO) were established to collect, aggregate, and analyze confidential information on the quality and safety of healthcare delivery in the U.S. By establishing these organizations, Congress’ intent was to create a framework within which doctors, hospitals, skilled nursing facilities, and other healthcare providers would submit confidential information on patient safety events and quality of care matters that would be used to identify and address events, patterns of care, and unsafe conditions that increase patient risks and hazards.

Common formats were developed and released in 2008 in order to direct healthcare providers to collect and submit standardized information and to facilitate aggregation of comparable data. Separate common formats were established for three healthcare settings: hospitals, nursing homes, and community pharmacies. Within the hospital setting, common formats were established for (1) event reporting, (2) readmissions, and (3) surveillance. The new common formats now apply only to hospitals and event reporting.

The changes to the common formats create two tiers, or data sets. The first tier, called the core data set, consists of information reported at the national level to the Patient Safety Organizations Privacy Protection Center (PSOPPC). The second tier, called the supplemental data set, consists of optional information not required to be reported to the PSOPPC. The supplemental data set may be used to support additional analyses at the local level. Furthermore, the aggregate report specifications that AHRQ published with versions of 1.0, 1.1, and 1.2 of the Common.

Read the Notice at <http://hr.cch.com/hld/82FR22830commonformatquality.pdf>. Additional information on the common format changes is available at [www.psoppc.org/psoppc\\_web](http://www.psoppc.org/psoppc_web).



## **IRF PPS Rule for 2018 Proposed**

On May 3, the Centers for Medicare & Medicaid Services (CMS) published its fiscal year (FY) 2018 proposed rule (<https://www.gpo.gov/fdsys/pkg/FR-2017-05-03/pdf/2017-08428.pdf>) for the inpatient rehabilitation facility (IRF) prospective payment system. Under the proposed rule, IRFs will receive a 1.0% market-basket update (\$80 million), relative to FY 2017, as mandated by the Medicare Access & CHIP Reauthorization Act. CMS also proposes to increase the high-cost outlier threshold from \$7,984 to \$8,656 to maintain the 3% high-cost outlier pool. In addition, CMS proposes to hold the facility payment adjustments for rural, teaching and low-income IRFs at current levels. The rule also would eliminate the 25% penalty for late IRF patient assessment instrument submissions and refine the codes used to assess a facility's compliance with the 60% Rule via the presumptive methodology.

For the IRF Quality Reporting Program, CMS proposes to remove one readmission measure, replace a measure regarding pressure ulcers, and require reporting of certain standardized patient assessment data.



## **Medicare Bundled Payment Models Delayed Again**

The Centers for Medicare & Medicaid Services has further delayed from October 1 to January 1, 2018 the start date for the expansion of the Comprehensive Care for Joint Replacement model; new bundled payment program for heart attack and cardiac bypass surgery services; and new cardiac rehabilitation incentive program. The American Hospital Association (AHA) had supported the additional delay in comments submitted last month, but cautioned against additional delays that “would effectively turn the start date for these programs into a moving target.” The programs were all part of a final rule issued in December, which AHA had called “too much, too soon.”



## **Latest HHS Cybersecurity Update**

The latest information from the Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response about the recent ransomware attack and tools to strengthen your cybersecurity. HHS Update #5: International Cyber Threat to Healthcare Organizations (CLOSED) was issued May 17. It can be found on the American Hospital Association's cybersecurity webpage at <http://www.aha.org/hospital-members/advocacy-issues/cybersecurity/csi.shtml>.



## **The AHA Calendar**

### May 2017

23	CMS Hospital QAPI Worksheet & QAPI CoPs – Webinar T4044
24	Addressing 2017 Key Compliance Issues: HIPAA & CMS, Crowne Plaza Little Rock
25	Ransomware in 2017: The New Threat of Hacking Medical Devices – Webinar MN7647
25	ANA Nurse Executive/Nurse Executive-Advanced Review Course, Conway Regional Medical Center Auditorium

*Information on all AHA educational programs and activities is available at <http://www.arkhospitals.org/events>.*

## **Final Thoughts by Paul Cunningham**

The FBI's Uniform Crime Reporting Program includes under its heading of violent crime these four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. All involve the use or threat of force. If you pay attention to the news, then you probably know instinctively that violent crime is on the rise in the U.S. If you need more proof, then check out the agency's annual compilation of reported crimes from around the nation, *Crime in the United States, 2015*, which revealed a 3.9% increase in the estimated number of violent crimes above 2013 levels, the year of the previous report. The numbers included 15,696 homicides in 2015 and more than 90,000 sexual assaults.

The 2016 numbers are not in yet, but if it's an indicator, a midyear survey by the Major Cities Chiefs Association, encompassing 51 law enforcement agencies from some of the largest U.S. cities, showed 307 more U.S. homicides in 2016 versus the same point-in-time in 2015.

Violence is a pervasive issue that affects communities of all types and sizes. That fact shouldn't be lost on Arkansans. Our capitol city, Little Rock, endured the dubious distinction of being named the most dangerous small city in the U.S. for 2015, when 42 homicides were recorded. Things improved somewhat in 2016, but through May 15, 2017, there have already been 25 murders in the city.

The fallout from these acts of violence touches just about everyone in the community to some degree, whether socially, psychologically or economically. It also impacts in another way. More than 25 years ago, Everett Koop, M.D., the former Surgeon General, United States Public Health Service said, "The professions of medicine, nursing, and the health-related social services must come forward and recognize violence as their issue and one that affects the public health."

A few years later, the World Health Organization declared violence to be a leading worldwide public health problem. Recent data from the Centers for Disease Control and Prevention shows that 2.3 million people are treated in U.S. emergency departments each year for injuries related to violent acts and that violence costs more than \$85 billion annually in medical expenses and lost productivity are signs that the problem can't be ignored.

The American Hospital Association (AHA) board of directors decided last year to be the standard bearer for this issue in an attempt to get people to recognize violence as one of the nation's major public health and safety issues, both in our communities and workplaces. The board initiated an effort to, among other things, develop tools and resources to highlight and share with the hospital field programs, initiatives and other efforts to combat violence within the hospital facility and the community. The purpose is to gain the commitment of hospitals and health systems in helping their employees, patients and communities address violence in whatever form it may take.

To help hospitals and health systems respond to the challenges posed by community violence, AHA established a Hospitals Against Violence webpage (<http://www.aha.org/advocacy-issues/violence/index.shtml>), which contains a growing number of online resources aimed at assisting organizations to be fully prepared for incidents of violence and kept aware of the impact of violence on hospitals and communities.

An outgrowth of the Hospitals Against Violence initiative is #HAVhope Friday: A National Day of Awareness, sponsored by AHA. This event will be held June 9 with the intent of uniting hospitals, health systems, nurses, doctors and other professionals from across the country, as well the local and national organizations they work with, to combat violence through the use of digital media, including shared tweets, posted photos and other online efforts.

For your organization to become a #HAVhope Friday supporter, sign up at [www.aha.org/PreventViolence](http://www.aha.org/PreventViolence), then participate June 9 by sharing a photo of yourself holding hands with others in your community or workplace committed to combating violence. Photos will be displayed on the AHA PreventViolence website. Also, you are encouraged to use #HAVhope on social media to highlight your work or commitment to combat violence in your community or workplace. For more information about #HAVhope Friday and the Hospitals Against Violence Initiative, please contact Laura Castellanos at [lcastellanos@aha.org](mailto:lcastellanos@aha.org) and visit [www.aha.org/PreventViolence](http://www.aha.org/PreventViolence).

