



Financial

CMS Issues Proposed Changes to the MPFS and Other Part B Services for CY 2017

The Centers for Medicare and Medicaid Services issued a proposed rule regarding revisions to payment policies and payment rates under the Medicare Physician Fee Schedule (MPFS) for calendar year 2017. In addition to physicians, the MPFS pays a variety of practitioners and entities, including nurse practitioners, physician assistants, physical therapists, as well as radiation therapy centers and independent diagnostic testing facilities. While the statute mandates a 0.5 percent increase in physician payments, other items are offsetting the increase. Further, there are numerous changes to the Resource Based Relative Values that have an impact on specific services and specialty groups. For more details, see today’s first *Financial Feature*. (Weegar, Cook)

Financial

CMS Releases CY 2017 Hospital Outpatient PPS; ASC and Other Changes

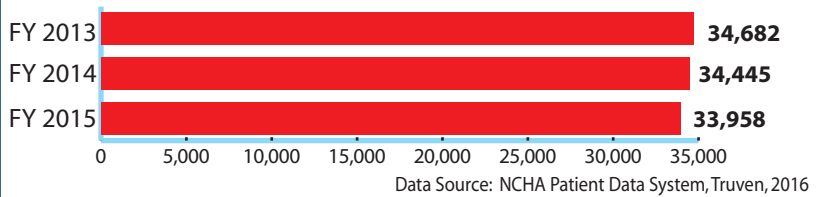
The Centers for Medicare and Medicaid Services have issued a proposed rule to update payment policies and payment rates for services furnished to Medicare beneficiaries in hospital outpatient departments and ambulatory surgical centers beginning Jan. 1, 2017. A key proposal in this year’s rule is to implement Section 603 of the *Bipartisan Budget Act of 2015*, which will affect how Medicare pays for certain items and services furnished by certain off-campus outpatient departments of a provider (hereinafter referenced as off-campus “provider-based



TrendWatch

C-Sections in NC, FY 2013-2015

The most common surgery performed in American hospitals isn’t on the heart or hips — it’s a C-section. Roughly 1 of every 3 babies born in this country, or about 1.3 million children each year, are now delivered by cesarean section, according to a July 13 article in the *Greensboro News and Record*. While a number of factors can increase the chance of having a C-section — being older or heavier or having diabetes, for example — the biggest risk may simply be which hospital a mother walks into to deliver her baby. That is supported by a new investigation of more than 1,200 hospitals across the country conducted by Consumer Reports. It found that C-section rates for low-risk deliveries among U.S. hospitals vary dramatically, even in the same communities and among similar institutions, and that in most hospitals, the rates are above national targets. Researchers estimate that almost half of the C-sections performed in the U.S. are done in situations when babies could be safely delivered vaginally instead. *Consumer Reports’* analysis focuses on first-time mothers-to-be who should be at low risk of needing a cesarean: pregnant women expecting just one child whose babies are delivering at full-term in the proper position. The target C-section rate for those births, set by the Department of Health and Human Services, is 23.9 percent or less. That’s 10 percent less than the rate for such births as reported in 2007. In North Carolina hospitals, when studying C-sections amongst inpatients, in FY13 there were 34,682 occurrences, making up 31% of all hospital births. That number decreased in FY15 with 33,958 occurrences, making up only 30% of all hospital births.



departments.” In addition, CMS is proposing to remove the Pain Management dimension of the Hospital Consumer Assessment of Healthcare Providers and Systems survey for purposes of the Hospital Value Based Purchasing Program. There also are several changes to the objectives and measures of the Medicare Electronic Health Record Incentive Program. CMS estimates that the total increase in Federal government expenditures under the outpatient PPS for CY 2017 compared to CY 2016 due to the proposed changes would be approximately \$671 million. For details, see today’s *second Financial Feature*. (Weegar, Cook)

Advocacy

HOSPAC Campaign Has Raised \$150,289



The 2016 HOSPAC campaign has raised \$150,289 or 73 percent of goal. Congratulations to individuals at following hospitals that have met/exceeded their goals this week:

Carolinas Rehabilitation, New Hanover Regional Medical Center and Wake Forest Baptist Health - Davie Hospital. The **latest campaign report** is included in today’s

CEO email. HOSPAC campaign materials are available online at <https://www.ncha.org/hospac/resources>.

Questions about HOSPAC? Contact Lindsey Cason, NCHA’s Advocacy Operations Coordinator, at 919-677-4112 or lcason@ncha.org. (Hand)

New NCHA Data Analytics Program

July 20 Webinar On How PDS+ Helps Revolutionize Patient Care With Timely ADT Data

NCHA is having a webinar **July 20** for members to learn how NCHA’s new Patient Data System + Analytics (PDS+) program can help revolutionize patient care. To register for the webinar, click [here](#). This fee-based program will provide your health system a near



real-time account of admissions, discharge and transfer (ADT) at NCHA member hospitals. The result will help avoid costly readmissions and identify gaps in patient care. The key to the success and usefulness of PDS+ is participation. A pilot program in the Triad is underway and NCHA is in discussions with five other health systems. NCHA worked with Truven Health Analytics to create a fully hosted data warehouse solution with population surveillance, analytical capabilities and quality measure reporting. A fact sheet and video are available on the NCHA website at <https://www.ncha.org/data/pds-plus>.

Please share this link with your staff and to invite them to participate in the informational webinar July 20 from 1-2 p.m. Questions? Contact Heema Sinanan at 919-677-4142 or hsinanan@ncha.org. (Skowronek)

NC Hospital Infection Control Assessments

Infection Control Assessments to be Conducted in NC Hospitals, Other Health Facilities

The Centers for Disease Control and Prevention awarded funding to the NC Division of Public Health to build and strengthen epidemiology, laboratory and health information systems capacity.

The goal of the “Domestic Ebola Supplement to the Epidemiology and Laboratory Capacity:

Healthcare Infection Control and Response” project will be to bolster infection control practice and competency throughout the healthcare delivery system. DPH Communicable Disease Branch will oversee the implementation of an infection control assessment program and targeted healthcare infection prevention programs. How can this program assist your facility? An infection prevention

expert will conduct an on-site visit to objectively evaluate your infection control program. You will receive a comprehensive site visit summary with identified gaps, and targeted infection control training and education based on identified gaps, as well as guidance on infection prevention tools. All data collected and submitted to the CDC is anonymous. Hospitals are being contacted by representatives from the Statewide Program of Infection Control & Epidemiology (SPICE) to schedule visits. For more details, see the [attached document](#).

Health Information Technology

MACRA Could Be Delayed

CMS Acting Administrator Andy Slavitt told lawmakers this week that the agency is considering delaying the start date for Medicare payment reform, which is set to go into effect Jan 1. Testifying before the Senate Finance Committee, Slavitt said the CMS is concerned that some physicians, particularly at small practices, may not be ready for the changes under the Medicare Access and CHIP Reauthorization Act that replaced the much-maligned sustainable growth-rate formula. In his opening testimony, Slavitt said the CMS is open to alternative measures that will achieve the agency's objectives, which include patient participation and reducing reporting burdens for practices. For more on this and other health information technology news, see today's [NCHA HIT Update](#). **(Bell)**

Education

TeamSTEPPS for Patients: Achieving Authentic Partnerships Through Shared Language

NCHA is having a **July 22** webinar, "TeamSTEPPS for Patients: Achieving Authentic Partnerships Through Shared Language," from 1-2 p.m. In a time where many of us struggle to effectively operationalize Patient and Family engagement, this program explores using TeamSTEPPS as shared language for partnership and safety. This session will begin with a foundational overview of the core TeamSTEPPS concepts and tools. Tiffany Christensen will then translate those tools into patient and family engagement strategies for the outpatient, inpatient and ED setting. As with all of Christensen's work, this session will pull together patient activation, patient safety and patient and family engagement in an effort to move authentic partnership from a goal to reality. Register at <https://events.ncha.org/event/1469>. **(Peterson)**

Education

NCHA July 19 Webinar on MACRA: Strategies to Maximize Reimbursement

Registration is open for a **July 19** webinar, "Medicare Access and CHIP Reauthorization Act: Successful Implementation Strategies to Maximize Reimbursement," from 9:30-11 a.m. MACRA is transitioning physician reimbursement from a fee for service to a payment based upon value and quality through two models that will immediately impact providers. The fee is \$199 per connection. Other participants may sit in on the connection, but a charge of \$199 will apply for additional connections. Register at <https://events.ncha.org/event/1464/register>. **(Peterson)**

Education

July 21 Webinar on Working Together to Succeed in the Age of MACRA

Registration is open for a **July 21** webinar, "How Hospitals, Physician Practices, Nursing Facilities, Hospice and Palliative Care Programs Can Help Each Other Succeed in the Age of MACRA," from

1:30- 3 p.m. With thoughtful preparation, hospitals, physician practices and other providers can help each other improve care and prosper under MACRA. This webinar will identify some examples of potential mutually beneficial efforts tied to CMS' preferred performance measures under the MACRA law. Target audience includes nurses, patient experience staff, care managers, social workers, hospitalists, physician office practices and services groups, hospice, palliative care and nursing home administrators. Please share with others in your facility who may be interested in this topic. The registration fee is \$199 per connection. Attend as a group on the same line or purchase additional connections at \$199. Go to <https://events.ncha.org/event/1467> for details. **(Peterson)**

Education

Aug. 2 Webinar on Using the AHRQ QIs: Fundamentals, ICD-10, and Case Studies

The NC Quality Center is having a free webinar, "Using the AHRQ QIs: Fundamentals, ICD-10, and Case Studies," on **Aug. 2** at 1 p.m. The Agency for Healthcare Research and Quality's Quality Indicators are a set of standard, claims-based quality indicators, including Prevention Quality Indicators (PQIs), Inpatient Quality Indicators (IQIs), Patient Safety Indicators (PSIs), and Pediatric Quality Indicators (PDIs). This webinar will: 1) Provide an introduction to the AHRQ QIs, including examples of their use in CMS and other federal programs and case studies of hospitals who have used the indicators in their improvement efforts; 2) Describe how the transition to ICD-10 will impact the AHRQ QIs, including PSI 90; and 3) Provide Q&A time with a national expert on the AHRQ QIs. To participate, register online at: <https://ncqualitycenter.webex.com/ncqualitycenter/onstage/g.php?MTID=edff6f707d61a7e6fbaa9dfa7245026ef>; Password: Quality. **(Preston-Roedder)**

Recognition

NC Infant Safe Sleep Model of Excellence Awards

The North Carolina Healthy Start Foundation is pleased to announce that it has recognized six North Carolina birthing hospitals for excellence in their infant safe sleep practices and policies. **Carolinas HealthCare System Cleveland** in Shelby, **Carolinas HealthCare System Pineville**, **Halifax Regional Medical Center** in Roanoke Rapids, N.C. **Women's Hospital (UNC)** in Chapel Hill, **Novant Health Rowan Medical Center** in Salisbury and **WakeMed** in Raleigh successfully renewed their status as Models of Excellence through 2018. The **Infant Safe Sleep Model of Excellence** award, created by the NC Healthy Start Foundation in 2011, seeks to encourage hospitals to adopt infant safe sleep policies that adhere to guidelines set forth by the **American Academy of Pediatrics**. For more details, see the attached **press release**.

First World Problems

Pokémon GO is an Issue On Some Hospital Campuses

The American Hospital Association is aware of issues that some hospitals around the country are experiencing as a result of gamers using the Pokémon GO app that was released last week. The app, which uses smart phone geolocation, incentivizes interaction with the app at specific physical locations where players can interact with each other or characters. That includes location-specific activities that may lead players to hospitals for gameplay. Gamers entering patient care areas and other restricted sites within hospitals for non-patient related reasons creates disruption in patient care and daily hospital operations as well as significant risks for patient privacy and safety. AHA

has reached out directly to Nintendo of America to discuss these concerns and to see if there is a way that we can work together to resolve them on behalf of all hospitals. Nintendo has forwarded concerns directly to the General Counsel for expeditious consideration. There may be a way for individual hospitals to submit a request to remove their locations, identified in the game as “PokeStops” and “Gyms,” from the app; however, that process seems to be less than successful because the system appears to be overwhelmed as a result of the tremendous volume of downloads of Pokemon Go. Nevertheless, hospitals wishing to remove their location may go to the developer’s website at <https://t.e2ma.net/click/mkzxm/qzpfbc/ar8nyg> and fill out the form to make a removal request. Select “submit a request” in the upper right corner and then “report an issue with a Gym or Pokestop” in the pull-down menu that appears.

NCHA Strategic Partner Spotlight

Measure Engagement and Take Action to Improve Outcomes

HealthStream introduces EngageRx™ — a rapid release of survey results to leaders across your organization for timely action. This tool’s unique question-story framework makes data come alive, taking leaders from a big picture overview to targeted insight in just three clicks. So no matter what their experience with data and action planning may be, your leaders can focus on making the right changes at the right time for optimal impact. EngageRx helps establish a clear connection between survey results and management actions. See the **attached flyer** for details. HealthStream is the leader in learning and research solutions for healthcare organizations. Learning specialties include learning management systems, courseware, simulation, and talent management. Research specialties include patient (HCAHPS), employee and physician satisfaction surveys as well as community image surveys. Contact Barry Fleming at 919-924-0429 or Barry.Fleming@healthstream.com or go to <http://www.healthstream.com>. **(Fleming)**



Strategic Partners

NCHA Calendar

- July 19 — NCHA Webinar on MACRA: Successful Implementation Strategies to Maximize Reimbursement, 9:30-11 a.m.
- July 20 —
- July 21 — NCHA Webinar on Working Together to Succeed in the Age of MACRA, 1:30- 3 p.m.
- July 22 — NCHA Webinar on TeamSTEPPS for Patients: Achieving Authentic Partnerships Through Shared Language, 1-2 p.m
- Aug. 2 — NCQC Webinar on Using the AHRQ QIs: Fundamentals, ICD-10, and Case Studies, 1 p.m.
- Aug. 23 — NCHA Annual Medicare Update, Embassy Suites in Cary
- Sept. 14 — NCQC PSO Workshop, The Second Victim Experience, NCHA in Cary.