



HOSPITAL AND HEALTH SYSTEMS

Hotline

• VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS • 148 MAIN STREET • MONTPELIER, VERMONT 05602 • 802-223-3461 •

JUNE 2002

PRESIDENT'S MESSAGE



Each new monthly update – at this writing, my seventh – has given me the opportunity to reflect. (I wish I had more time to reflect, but that's another story). I've traveled state-wide several times, meeting trustees, nurses, physicians, community advocates and many other members of

Vermont's health care community. These conversations have greatly inspired both my thinking and my actions. What I routinely take back from these meetings is the depth of concern about our health care system, the desire to create a "common vision" for health care reform and the willingness to collaborate on viable solutions.

As I've become more familiar with Vermont's health care landscape and history, I have come to realize that we need to look no farther than our own for health care solutions. As an example, I've been meeting with nursing leaders from Fletcher Allen and the University of Vermont to brain-storm about creating state-wide solutions for Vermont's nursing shortage. A few weeks before the most recent IBM lay-offs, we came up with a vision to help steer laid-off IBM workers into health care. That vision is on its way to becoming a reality.

Over the next month, VAHHS, certain member hospitals (like Fletcher Allen and Northwestern), and the Department of Employment and Training will develop an action plan that will target interested IBM employees, educate them on the variety of health care career options and devise supportive strategies that will facilitate employee transitions from the "high-tech" world into ours. No doubt, there

will be lessons learned. I believe, however, that these lessons will improve our system's capacity for recruiting and retaining workers across the health career spectrum.

There are lessons to be learned outside of Vermont as well. Hospitals and job-training entities in Massachusetts have created a program called "Bridges to the Future." Eight hospitals, representing 35 percent of health care employment in Boston, will funnel workers through the Boston Health Care and Research Industry Training Institute. Participating hospitals will provide tuition reimbursement, classroom space and transportation to classes. Participants are matched with a career coach who will guide them as they access courses ranging from English and high school equivalency classes to administrative training and preparation for enrollment in four-year colleges. The Institute hopes to train 550 hospital workers over the next two years.

The "IBM" vision and this exciting Boston-based collaborative are just two examples of why I believe that we will find solutions to our health care problems. With continued commitment and collaboration, we will create and build them ourselves.

Mami B. Gramer

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VERMONT EXPLOR: DATA DEVELOPMENTS

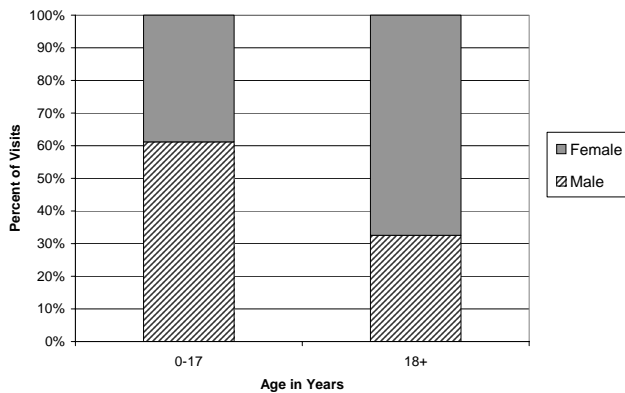
Vermont Explor's 2001 hospital database now includes all inpatients, ambulatory surgeries, emergency room visits, and observation room stays. We expect to complete the inpatient data set in July and the outpatient set by end of summer. Custom data reports are available!

For hospital planners who like to run their own reports, we continue to offer Solucient's Internet tools. Solucient has free training this summer, or feel free to call us. For a list of sessions, please see our web site.

Data Points: Asthma in the Emergency Room

Preliminary analysis of our Vermont outpatient data shows that most asthma cases among children are boys, whereas most adult cases are women, a trend seen nationally.

Asthma Diagnoses in the ER: Age and Gender (Jan.-Sept. 2001)



Vermont Explor is available to conduct similar analyses by demographics, geography and medical services.

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HOSPITALS INVITED TO TAKE ADVANTAGE OF CMS OPEN DOOR CONFERENCE CALLS

As part of the "open door" policy of Health and Human Services Secretary Thompson, the Center for Medicare and Medicaid Services (CMS) has scheduled a series of open door conference calls on various health topics. CMS Administrator Tom Scully quite often participates on these calls. The Dial-In number for all of these calls is: 800-837-1935. If you are unable to participate, recordings of the calls are available for 72 hours after the call at: 800-642-1687. The access code for this Encore Feature is the call ID number of the meeting. Over the next few weeks, the following calls are scheduled. All calls are Eastern standard time:

Hospital

ID 2813697 Monday, 7/1/02 at 10:00 AM
ID 2813698 Wednesday, 8/7/02 at 10:00 AM

Home Health

ID 2813814 Tuesday, 7/2/02 at 10:00 AM
ID 2813822 Tuesday, 8/6/02 at 10:00 AM

Rural Health

ID 2813448 Tuesday, 6/25/02 at 2:00 PM
ID 2813449 Tuesday, 7/30/02 at 2:00 PM

Long-Term Care

ID 2813543 Tuesday, 7/30/02 at 6:00 PM
ID 2813544 Tuesday, 8/27/02 at 6:00 PM

Pharmacy

ID 2813940 Wednesday, 7/10/02 at 2:00 PM
ID 2813941 Wednesday, 8/7/02 at 2:00 PM

Nurses and Allied Health

ID 2813955 Thursday, 7/11/02 at 10:00 AM
ID 2814020 Thursday, 8/8/02 at 10:00 AM

Physician

ID 1639822 Monday, 7/15/02 at 2:00 PM
ID 1639823 Monday, 8/19/02 at 2:00 PM

For further information about these meetings, contact Peter Holman at VAHHS, or Bill MacKenzie of the CMS Boston office at 617-565-1696. Meetings on each topic are scheduled through the end of 2002, and VAHHS will continue to update these listings in future editions of this newsletter.



SEN. BAUCUS INTRODUCES RURAL AND SMALL COMMUNITY PROVIDER BILL

U.S. Senate Finance Committee Chairman Max Baucus (D-MT) has introduced legislation to enhance Medicare payments to rural and small community providers. The Revitalizing Under-served Rural Areas and Localities (RURAL) Act, S. 2555, contains many provisions VAHHS and the American Hospital Association support.

The legislation would:

- close the gap in Medicare standardized payment rates between rural and urban areas by boosting payment by 1.6% to many rural and small community providers;
- provide a full inpatient marketbasket update for hospitals in rural and small urban areas for federal fiscal year (FFY) 2003;
- establish a low-volume adjustment for hospitals with fewer than 800 discharges per year;
- increase payments to hospitals in low wage index areas by allowing them the option of decreasing the amount of Medicare payments adjusted by the area wage index—a lower adjustment percentage benefits hospitals with lower than average wage indexes;
- maintain the 10% add-on to Medicare home health payments for services provided to beneficiaries who reside in rural areas;
- enhance payments under the ambulance fee schedule for services provided by rural hospitals of 25 beds or less, eliminate the “35-mile rule” for ambulance services to Critical Access Hospitals (CAHs), and improve air ambulance reimbursement parameters;
- improve payments to CAH on-call providers and reimburse CAHs for laboratory services; and
- increase payments for physicians serving rural communities.

Sen. Baucus’ proposal provides a starting point for the Senate Finance Committee, which will begin drafting a Medicare bill this month. These provisions join a host of other VAHHS-endorsed rural proposals that are part of the House and Senate debate. VAHHS also strongly supports HR 4515 (Rural Community Hospital Assistance Act). This bill, among other improvements, proposes cost-based reimbursements for rural hospitals with 50 or fewer beds.

HEALTH CARE PROFILE:

VERMONT STATE SENATOR JOHN CAMPBELL

As the Hotline’s first profile, VAHHS appreciates the comments of Senator Campbell.

Family: Married to Kathy, an RN; children: John, 20, Meghan, 18, and Ryan, 16.

Elected to Vermont Senate in November of 2000 for the 2001-2002 Biennium.

Why did you run for office?

I have always tried to help my community. I have served on organizations such as the Special Olympics, CHaD (Children’s Hospital at Dartmouth), the National Breast Cancer Coalition, and both the Windsor Youth Court and the Windsor Family Court. I have also very much enjoyed assisting the Hartford High School athletic department.

When a Windsor County Senate seat became available, several folks suggested that I run for the office; that it may give me a wider platform from which to help certain causes. Following some in-depth soul searching to see if I really believed I could make a difference and after receiving the support from my family, I agreed. Though it certainly was challenging at times throughout the past biennium, it was a great learning experience, and I think, looking back, that I was able to assist in the development of good, sound legislative policy.

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VAHHS 67TH ANNUAL MEETING SEPTEMBER 4TH-6TH - BURLINGTON, VERMONT

Innovations in Health Care Quality

Events include:

- ◆ Keynote Speaker Prof. Regina Herzlinger, Harvard Business School. Dr. Herzlinger will provide insights into how consumer-driven health care would work in a rural state.
- ◆ Nancy Foster will discuss the latest national developments on patient safety and quality initiatives.
- ◆ ACHE Breakfast with Bea Grause
- ◆ Golf Tournament, Kwiniaska Golf Club
- ◆ Mystery Dinner
- ◆ Allied Group Meetings
- ◆ Vt. Organization of Nurse Leaders Meeting

Registration Deadlines:

- ◆ Radisson Hotel: August 12th
- ◆ Annual Meeting: August 26th

Please contact VAHHS for a registration form.

Sen. Campbell, contd. from page 3

What do you think will be the most pressing health care issue facing the legislature next year?

We have, by every standard (quality, relative cost and access), one of the best health care systems in the country. Our hospitals are all non-profit institutions pursuing charitable missions, and all Vermonters should appreciate the system we have. However, health care costs continue to rise and take up a greater, and more significant, portion of the State budget. The challenge for the public sector is to work in concert with the providers, insurers, consumers and other stakeholders to find mechanisms that can help contain the unsustainable growth in health care spending, while at the same time ensuring that we maintain the key ingredients in the fine system we have.

I strongly believe there is a great opportunity to contain the rise in pharmaceutical costs. Senators Nancy Chard and Peter Shumlin were key players this session and instrumental in passing legislation that will address high pharmaceutical pricing. The real solution, however, remains at the federal level. Patent protections need to be reviewed and federal research money should have strings attached that ensure reasonable product pricing. Drugs are so much cheaper just

over the border in Canada (and every other country), which tells us where our most immediate efforts should be focused.

Reimbursement must also be addressed. We must construct a better reimbursement system at the state and federal levels. Failure to address this issue will only exacerbate the perilous "cost shift" problem we already face.

What is your vision for health care reform?

All parties have to come together! All political and institutional egos have to be checked at the door! Collectively, we must roll up our sleeves and agree to work together to improve our current system. Providers will have to recognize that they can't be all things to all people. Consumers must realize that their expectations for all the health care they believe they need and deserve can no longer be met. We, as a society, must accept the fact that it is our responsibility to improve our health status by living healthier lives. The public sector must be willing to provide just reimbursement and incur the political risk necessary to implement a more streamlined and efficient system.

And, finally, everyone has to realize that just because you see a purple pill on television doesn't mean you HAVE to have it!