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[IHA Board Discusses Assessment Program Redesign](#)

The IHA Board of Trustees this morning had extensive discussions as it reviewed a draft model for redesigning the Hospital Assessment Program. The draft model is based on guidance from the Board as well as feedback from members, and has been informed by IHA's understanding of the views of the Illinois Dept. of Healthcare and Family Services and the federal Centers for Medicare & Medicaid Services. The current hospital assessment payments are scheduled to sunset June 30, 2018.

As part of the redesign, a key goal is finding the right balance in updating the payment system while not destabilizing the healthcare delivery system and jeopardizing access to care.

The Board discussed potential changes to the draft model and agreed to move forward with the model, with hospital-specific impacts and information to be released to hospitals the week of Sept. 18.

Further discussions on the model will occur at the Medicaid Transformation Task Force later this month and at the Board retreat in October.

Member CEOs are urged to attend one of four regional meetings to be held in early October in Mt. Vernon, Springfield, Naperville, and Chicago to provide their input and feedback on the assessment program redesign and IHA's 2018 strategic priorities. These meetings are part of IHA's commitment to work with members to reach consensus on legislation for a replacement Hospital Assessment Program. The proposal will be presented to legislators for consideration during the Fall Veto Session. [Click here](#) for more information and to register.

For background information, including previous updates, [click here](#) (password required).

Staff contacts: [John Bomher](#), [Joe Holler](#)

IHA President Delivers Unifying Summit Address

A.J. Wilhelmi, in his second year as IHA President & CEO, shared a unifying message of the power of being "all in" during his President's Address at the 2017 IHA Leadership Summit this afternoon in Lombard.

Speaking before a crowd of more than 200 hospital leaders—from CEOs to quality improvement leaders—Wilhelmi defined "all in" as being unreservedly involved and dedicated, without qualification or hesitation.

"This is our standard at the Illinois Health and Hospital Association," he said, "and I know this is the attitude you as leaders instill in your team as you strive to achieve your mission of providing quality healthcare to patients and communities.

"We know our communities may be different but our common goal is the same. We are committed to a shared set of goals and principles" of improving healthcare, safeguarding healthcare funding and increasing access to care across Illinois.

In describing IHA's recent advocacy successes, Wilhelmi recounted the end of the state legislative session, during which the House and Senate overrode Gov. Rauner's vetoes of budget bills, ending the longest-running state budget impasse in U.S. history at 737 days.

"We fought off Medicaid cuts in the FY18 budget and pushed to get the Rauner Administration to refinance the state's backlog of bills," Wilhelmi said. "It was because we were 'all in' together that we were able to achieve these significant accomplishments."

The redesign of the Hospital Assessment Program (HAP) is the biggest challenge IHA is now working to address on behalf of members as the June 30, 2018, program sunset date approaches. Much is at stake, as HAP funding amounts to over \$3 billion to Illinois hospitals. It is critical to preserve every dollar so that hospitals can fulfill their mission of caring for their patients and communities.

"We are working diligently, making sure we listen to our members," Wilhelmi said. "By sticking together, I am confident that at the end of the day, we will have a model that will pass the legislature and be supported by CMS."

Wilhelmi addressed efforts in Congress to repeal the Affordable Care Act (ACA). "Being 'all in' on the ACA repeal debate required our expert policy analysis, our political expertise and full engagement with our members, which allowed us to send a strong message to our congressional delegation about the harm that would result from the ACA repeal proposals."

As IHA advocacy has expanded to the local level over the past two years, Wilhelmi highlighted the [2017 Local Advocacy Agenda](#). He also discussed the importance of the [IHA PAC](#) and the work of the IHA Institute for Innovations in Care & Quality.

The [Midwest Alliance for Patient Safety](#) is a federally certified Patient Safety Organization that helps its 70 members save lives

and reduce harm, and Institute efforts through the Great Lakes Partners for Patients Hospital Improvement Innovation Network will help reduce hospital-acquired conditions and readmissions to improve patient safety.

See what else happened at the Summit on IHA's [Twitter](#) page. IHA and others have been tweeting using [#IHASummit2017](#).

Summit Keynote Speaker Focuses on Innovation

Noted health policy expert Susan Dentzer discussed opportunities for innovation in the keynote address of the 2017 IHA Leadership Summit this afternoon in Lombard. Dentzer, president and CEO of the Network for Excellence in Health Innovation, presented *Healthcare Reform 2.0: Disruptive Innovation in a Dynamic Policy Environment*.

The expansion of insurance coverage, need for a more sustainable rate of spending growth, payment and delivery system reforms, and political uncertainties are among the drivers of change in today's healthcare system, Dentzer said.

At the same time, consumerism and the "retailization" of healthcare, along with digital technology and the growth in healthcare outside of hospitals, are forces of disruption. For example, the car hailing service Uber now has a unit called Uber Health, which brings a nurse to any site where at least 10 people are gathered for the flu vaccine. Uber is also rolling out a "doctor on demand" service in multiple markets.

"By virtue of not paying as much for volume, we are creating the circumstances for care to move out of hospitals," she said. "We're seeing a lot of innovation in healthcare delivery. We're seeing this trend of healthcare going retail. The house call is coming back."

Dentzer described the efforts of leading health systems to innovate to stay ahead of these trends, focusing on how hospital leaders can achieve results in today's healthcare landscape.

For example, Mount Sinai Health System in New York shifted away from priorities of "filling beds" and "doing as much cardiac care and neurosurgery as possible" to launch Accountable Care Organization innovations under Medicare and commercial payers. The system adopted the "Hospital at Home" model begun by Johns Hopkins that "hospitalizes" patients in their homes for conditions such as pneumonia, which are typically treated as inpatient cases. Costs per stay are \$1,000-\$2,000 lower when patients receive care at home. Research also shows that mortality decreases and patients achieve better functional outcomes.

Mount Sinai began "Hospital at Home Plus" and "Observation Unit at Home" initiatives for sicker patients, which has dramatically reduced costs and admission rates.

"They flipped the thinking on the entire system," Dentzer said. Mount Sinai decided "if our beds are filled, it means we have failed."

Register Now: Medicare Reimbursement Course

Dive into the nuances of Medicare reimbursement methodologies with IHA's [Medicare 101](#). Tom Jendro, IHA's senior director of finance, will guide frontline and management staff in revenue cycle, finance and reimbursement, clinical, and compliance through the fundamentals of the Medicare program and provide a better understanding of its methodologies, including the inpatient and outpatient prospective payment systems (PPS) and value-based purchasing (VBP) models.

Through lectures and class discussions, participants will learn how to:

- Define legislative activities that create Medicare law;
- Describe the various Medicare reimbursement methodologies;
- Describe VBP, Readmissions Reduction and Hospital-Acquired Conditions (HAC) programs;
- Explain the Meaningful Use of Health Information Technology (HIT-EHR);
- Identify key proposed and approved federal legislation shaping future Medicare payments; and
- Understand Medicare auditing processes, including Recovery Audit Contractor (RAC) programs.

This course will be offered at IHA's Springfield office on Oct. 23 and IHA's Naperville office on Oct. 26, from 9 a.m.–2:30 p.m. Please reserve your spot no later than Friday, Oct. 6. [Click here](#) for fees, additional information and registration.

Staff contact: [Stephanie Volante](#)

Altarum: Hospital Spending Growth at 25-Year Low

A recent [analysis](#) of health economic indicators from Altarum's Center for Sustainable Health Spending found that July spending growth slowed and hiring in the health sector moderated in August. According to Altarum—a nonprofit health systems research and consulting organization—driving low overall spending growth is historically low hospital spending, which, at a revised 0.8 percent June growth rate, is the lowest year-over-year monthly growth rate recorded in more than 25 years.

Likewise, the health sector only added 20,000 jobs in August—after two months of unexpectedly robust growth (41,000 in July and 36,000 in June)—consistent with the slower level of growth seen in the first five months of the year. Altarum indicated that hospital hiring is continuing to grow at about two-thirds the 2015 and 2016 pace (6,000 versus 10,000-11,000 new jobs per month). It expects further declines in hospital job growth in the coming months, based on declining hospital utilization and reports of potential job losses at individual hospitals. [Click here](#) for Altarum's press release.

Chartbook on Patient Safety Updated

Among other insights included in the recent update of the [Chartbook on Patient Safety](#), data indicated that in 2013-2014, blacks and Hispanics received worse healthcare than whites across more than 20 percent of patient safety measures. Likewise, Asians received worse care than whites for 35 percent of such measures. The Chartbook, part of a family of documents and tools that support the *National Healthcare Quality and Disparities Report*, includes a summary of trends across measures of patient safety.

Members are encouraged to join IHA and the 46 Illinois hospitals and health systems that participate in American Hospital Association's Equity of Care campaign to eliminate healthcare disparities. Read more on how to take the #123forEquity pledge [here](#).

Other resources for providers include a [toolkit](#) developed by the Agency for Healthcare Research and Quality (AHRQ) as part of "Questions Are the Answer," an ongoing public education initiative on patient involvement. The tools are designed to help clinicians and their patients communicate to make healthcare safer.

AHRQ certifies all Patient Safety Organizations (PSOs) that give member healthcare providers tools and collaboratives to improve patient safety. The [Midwest Alliance for Patient Safety PSO](#) partners with IHA's Institute for Innovations in Care and Quality on quality and patient safety efforts, including the [Great Lakes Partners for Patients Hospital Improvement Innovation Network](#) and other strategic safety initiatives.

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