

HEALTH CARE

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Part 3 of VBP story for hospitals and computational medicine and bioinformatics department at the University of Michigan Hospital.



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Study shows health centers can generate jobs and EHR is a growing business with major implications for the patients.



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California bill defeated that would make it easier for hospital workers to collect health benefits, is this a harbinger of things to come in Michigan medical care?



Joe Baker on Release of Medicare Private Plan Information



Joe Baker

The stability and improvements to the Medicare Advantage and Medicare prescription drug plan market in 2012 are welcome news to Medicare beneficiaries, who in general will have similar access to plans as they have in years past. In addition, while implementation of the Affordable Care Act (ACA) continues to decrease overpayments to Medicare Advantage plans, premiums continue to decrease on average, and in general benefits continue to remain stable—despite some

doomsday predictions to the contrary. More aggressive oversight and use of negotiation authority on the part of the Centers for Medicare & Medicaid Services (CMS) has helped make private plans better for the people with Medicare who choose to enroll in them.

Michigan Consumers for Healthcare

"Michigan Consumers for Healthcare stands firmly on the side of healthcare consumers. We agree with Gov. Snyder's statement that the MI Health Marketplace must be 'customer-service oriented, accountable, reliable, transparent, and expedient' and must work for small businesses and individuals alike. We encourage the Administration and Legislature to empower individuals and small businesses by enabling them to easily compare health insurance options. Among our concerns



going forward is the issue of exchange governance. We would point to the Nevada model, where insurance industry interests are expressly forbidden from

holding a voting position on the governing board of that state's healthcare exchange. We cannot have the fox guarding the hen house if we want the MI Health Marketplace to achieve its fundamental goal of driving down insurance premium costs and making health insurance more affordable and accessible."

Henry Ford Physician Receives Prestigious Public Service Award



Kathleen L. Yaremchuk, M.D.

Henry Ford Hospital physician Kathleen L. Yaremchuk, M.D., was honored with the Jerome C. Goldstein, M.D., Public Service Award by the American Academy of Otolaryngology-Head & Neck Surgery Foundation.

Dr. Yaremchuk, who is the Chair of the Department of Otolaryngology-Head & Neck Surgery at Henry Ford, was presented with the award Sept. 11 at the academy's opening ceremony for its annual meeting, being held this year in San Francisco.

Census Data Released on Income, Poverty, and Health Insurance



Elise Gould

According to a report released by the U.S. Census Bureau, the number of uninsured Americans under age 65 rose from 48.3 million in 2009 to 49.1 million in 2010. When including those 65 and older, the number reached 49.9 million in 2010. EPI Director of Health Policy Research Elise Gould analyzes the health insurance data in 2010 marks another year of decline for employer-sponsored health insurance coverage.

Oakland University's School of Nursing Looking for Clinical Educators

The School of Nursing at Oakland University is accepting applications for part-time undergraduate nursing faculty with expertise in medical surgical, pediatric, mental health and maternal child to teach clinical. Applicants must possess a bachelor's degree in nursing and a minimum of three years nursing experience.

Clinical educators assist nursing students in applying the theory, principles and client care skills that they learn in class to a clinical setting. Each clinical setting will focus on adults, children, families or mental health. Most clinical assignments are two days a week with some rotations on the weekend. Rotations run 7:00 a.m. - 3:30 p.m., 7:00 a.m. - 7:00 p.m. or 3:00 a.m. - 11:30 p.m. Salary ranges from \$2,880 - \$4,140 per rotation with compensation based on degree.



Third in a Series of Articles on VBP for Hospitals

Each hospital's composite VBP score will determine whether it receives a VBP payment and the proportional amount of such payment. Hospitals scoring above 0 on their composite score will be eligible to receive a VBP payment in an amount that could be more or less than the hospital's initial 1% investment in the VBP pool. Payment will come in the form of an increase or decrease in the hospital's base operating IPPS payment beginning in fiscal year 2013.

Medicare anticipates the VBP and its quality-based principles to be a permanent component of hospital reimbursement. While hospitals will incur only a 1% financial risk for the VBP hold-back in fiscal years 2013-2016, this risk will increase to 2% beginning in 2017. Moreover, according to a recent survey, 59% of hospital financial managers believed that at least 10% and perhaps more than 20% of hospital reimbursement will be subject to performance risk



by 2021. Additionally, CMS has already announced plans to implement similar VBP adjustments to providers of post-acute care and outpatient services.

It is CMS' stated goal to harmonize the HQR measures with other CMS quality measures for all health care providers. We anticipate the number and variety of VBP measures to expand significantly as the program evolves. Therefore, hospitals need to stay closely attuned to forthcoming HQR measures and VBP criteria. It is imperative for hospitals who hope to stay ahead of future reimbursement changes to assess their own performance on the VBP measures and adjust their internal processes to ensure consistent compliance.³ This may include revising internal policies, in-servicing nursing staff and working closely with medical staff to identify and correct any current performance concerns. Additionally, hospitals need to ensure their information technology systems are equipped to automate the tracking and documentation of compliance with quality measures (including VBP measures) to the fullest extent possible.

Computational Medicine and Bioinformatics Department



James O. Woolliscroft, M.D.

U-M Medical School is one of the first medical schools in the country to establish a comprehensive Computational Medicine and Bioinformatics Department

The University of Michigan Medical School will be one of the first medical schools in the country to establish a comprehensive Computational Medicine and Bioinformatics Department, following action by the University's Board of Regents Thursday.

Approximately 15 U.S. colleges have academic departments for bioinformatics, computational biology or clinical informatics or bioinformatics. However, the U-M Medical School is one of the first to bring these related areas together in a single department and build on the successes of an existing institution, the U-M Center for Computational Medicine and Bioinformatics.

The CCMB, which was created as a campus-wide center and financed within the Medical School in 2005, established itself as a distinct discipline with highly regarded interdisciplinary research centers and graduate training. It currently has 118 affiliate faculty on its roster, including 55 from the Medical School and 63 from other U-M schools and colleges. CCMB will continue to be a University center and will provide a strong foundation for the new department.

"Establishing this new department is critical to sustaining and enhancing the University's reputation of excellence in this field," says James O. Woolliscroft, M.D., dean of the U-M Medical School and Lyle C. Roll Professor of Medicine.

"To be a top 10 Medical School we must have a top biomedical computation and bioinformatics department," adds Woolliscroft. "I am confident that we now will be well positioned to achieve this objective by 2015 given the plan, focus and momentum that has been well established already in the Center for Computational Medicine and Bioinformatics."

This new department will enable further academic growth of the faculty and trainees of this highly competitive discipline and help the Medical School attract the best new faculty and trainees to the University. The department will continue to support the collaborative environment that has successfully built bridges to faculty across the University in research and training.

Computational biology is the process of analyzing and interpreting data, and bioinformatics is the science where biology, computer science and technology combine to provide new biological insights. It involves analyzing and interpreting various types of data, such as nucleotide and amino acid sequences, protein domains and protein structures.

Clinical informatics involves managing and analyzing clinical data from Electronic Health Records for patients being treated and research participants in clinical and translational research. Understanding and linking these related areas are vital for health research and finding cures and medicines for diseases.

The new Computational Medicine and Bioinformatics Department is one of two new departments created at the U-M Medical School. The Regents also approved creating an independent Department of Cardiac Surgery.

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