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Burlington so often to see their specialist for follow-up.

"It is an ideal approach," said Catton. "It provides the right care in the right setting for the patients of our rural area. Lives are saved and expenses are reduced because of this clinical relationship."

Unfortunately, the Federally mandated measurement of heart attack care (highlighted in a recent statewide news story) measures only the patients who are actually admitted to a particular hospital. As a result, NMC's cardiac care is evaluated based on a very small number of patients (typically one to

four per quarter), many of whom were admitted to NMC for comfort care rather than transferred to FAHC for aggressive intervention. The measures ignore the average of 42 patients per quarter who are appropriately treated and then transferred for continued life-saving intervention.

"The heart attack core measures are well intended and have helped us make some improvements to our care," said Catton. "However, they might give a false impression because the numbers are so small and they do not match our state-of-the-art approach to providing heart attack care in a small community."

NMC continues to work with the Vermont Association of Hospitals & Health Systems and the regulators to adjust the core measures and other publicly reported data mechanisms to more accurately reflect the true quality of care in rural communities.



INSIGHTS

your health and your hospital



NMC goes "green"

Did you know that NMC recently made a move to "green" cleaners for general cleaning within the hospital? Johanna Brabham, Environmental Services Team Leader, reports that not only are the new "green seal certified" cleaners safer for the environment, they are also safer for staff, patients, and the public who access our facility. As an added bonus, the change will also save the hospital money due to the need for fewer products and supplies to use them.

Brabham decided to investigate the use of "green" cleaners as a process improvement project for her department. Through their process, the Environmental Services Department (formerly known as Housekeeping) has been able to eliminate 8 chemicals from use to bring their count to only 4 in use in the hospital. "We're saving \$200-\$300 per month in chemical costs alone," says Brabham.

In addition to cost savings, there are other benefits to the new cleaners as well. According to Mike Sweeney, of Foley Distributing, our supplier, "The environmental impact is huge. And, as we explained it to the Housekeepers, this is as much for them as it is for the rest of us."

Priscilla Maxim, a 17-year NMC Housekeeper, says, "I think it's better for the patients and it's better for me. It works for everyone. I'm not breathing it in...it's not staying in my lungs like it used to. I used to be able to taste it."

Safety has been a top priority for the team working on this project. To that end, not all of the cleaners used by Environmental Services are considered "green." According to Sweeney, "A full broad-range hospital grade disinfectant can't be green."

As the team has progressed through the project, they've adjusted the product choices available for use by the Housekeepers. "What works here might not work elsewhere," said Sweeney. "We've tweaked the program here to meet NMC's specific needs."

hospitalists to join NMC team

The demands of running a primary care medical practice are greater now than perhaps ever before – and more and more, physicians are feeling stretched thin by conflicting responsibilities. To alleviate some of that pressure – while improving care and providing an additional resource for our clinical staff – NMC is establishing a Hospitalist program.

A Hospitalist is a physician, typically an Internal Medicine specialist, who takes care of patients when they are in the hospital. The primary care physicians and the Hospitalists work very closely together before, during, and after admission to ensure continuity of patient care. Because the Hospitalists do not maintain office practices, they can focus all their attention on patients inside the hospital.

By entrusting the care of their patients who need to be admitted to a Hospitalist, physicians have found they can concentrate more on the patients in their office. They can see additional patients in the time they used to dedicate to hospital rounds, improving access to primary care. Nurses and other clinical staff report that Hospitalists are able to be much more available to respond to emergencies or other issues that may arise with their patients, because they do not have the demands of an office practice. NMC believes that having in-house physicians will help improve our overall length of stay, our core measure performance, and the continuity of inpatient care.

Watch for more information on this exciting improvement!
(Special thanks to Blue Hill Memorial Hospital and Dr. Chris Rangel, who contributed to this article.)

incredible care for heart attacks

"NMC & Fletcher Allen work together to provide incredible care for heart attack patients," says Jane Catton, RN, Director of Process Improvement at NMC. "Our collaborative system gives patients the best of both worlds: the immediacy of local care and access to the full scope of a regional tertiary care center."

Typically, patients in our community suffering a suspected heart attack are rushed to NMC for stabilization and then, once it is safe, transferred to Fletcher Allen for continued intervention and treatment. Following recovery, more and more patients are then being referred back to NMC to receive their cardiac rehabilitation right here, close to home. In addition, with the expanded presence of Fletcher Allen Cardiologists in Cobblestone on the NMC campus, local residents do not have to travel to



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Expires December 31, 2007

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Open to everyone over age 18



Use this coupon to receive a Free 30 minute appointment, where you will learn how to take charge of your health!

Call Doris 524-1219 to schedule an appointment.



(Screenings held in many locations.)

For a complete listing of all wellness programs offered this winter by the Center for Health and Wellness, please call 524-1234.

NMC publishes Insights on a quarterly basis to help our neighbors have a better understanding of their primary care hospital.

If you have questions or comments about this publication, please email insights@nmcinc.org or call our Community Services Office at 524-1280.

Your feedback is welcomed.

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active auxiliary

Disaster preparedness. Singing and dancing.
Renovation projects. Flowers and gifts.

What could all of these things possibly have in common?

All of them are activities of our very active Auxiliary, or projects they have supported thanks to their other activities. The NMC Auxiliary was formed by and for people who have a common commitment to the goals of our Hospital and a concern for the health of the communities it serves. Its membership (currently 334 members) works to promote goodwill on behalf of NMC, to raise charitable contributions, and to enhance the delivery of quality care through the volunteer program and related functions, like the Gift Gallery shop that it operates.

Most recently, the Auxiliary's goodwill allowed a donation of \$50,000 to support the hospital's Emergency Preparedness activities. The donation will be used to purchase a triage tent that could be set up on the hospital grounds. It might be used in the case of an infectious disease outbreak to keep the rest of the hospital safe. It might also be used at a mass casualty incident as a field hospital. The Auxiliary's donation may also allow for the purchase of a trailer to move and store the tent in, to keep it protected when not in use.

As we go to press with this newsletter, the Auxiliary has just wrapped up another stellar Cardiac Capers show, the Auxiliary's largest fundraiser. This bi-annual musical variety show is completely written, produced, directed, and performed by local talent. We thank Helene Biggie and Michele Ovitt and their committees for all of their hard work to bring us another successful Capers show!



healthy holiday leftovers

By Melissa Jarvis
NMC Registered Dietician
& Chronic Disease Manager



Holiday meals usually produce more than enough food for leftovers, but are they safe to eat the second time around? "Enjoying the leftovers is a way for all of us to extend the holiday beyond the one day. Everyone loves using leftovers for sandwiches, potpies, or soup," says Melissa Jarvis, Northwestern Medical Center Registered Dietitian and Chronic Disease Manager. "Just remember to follow some basic guidelines to keep those other meals safe for your family to eat."

Melissa offers these tips to make the most of round two:

- Eat turkey within 3-4 days, stuffing and gravy within one or two days.
- Refrigerate or freeze leftovers within two hours of cooking the food.
- Slice breast meat. Legs and wings can remain whole.
- Store leftovers in shallow containers (2 inches or less).
- Reheat leftovers to 165 degrees.

"In order to help you eat your leftovers within a couple days of the holiday, some preplanning might be in order," says Melissa. "Purchase your turkey based on the number of pounds you'll need to feed the number of people you'll be having for dinner. For birds under 16 pounds, figure at least 1 pound of turkey per person. For birds 16 pounds and heavier, figure a bit less since there's more meat in proportion to bone. If you want substantial seconds and leftovers, allow another 1/2 pound per person."

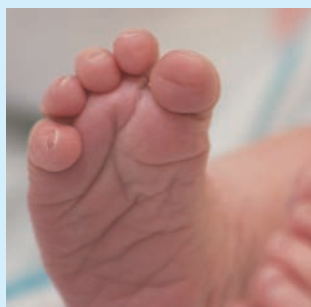


net nursery

NMC's Family Birth Center understands that new parents would like to share the news of their baby with friends and family, so we have created an online "Net Nursery." Parents can now have information about their new baby (including a photograph) posted free of charge on the NMC

website – often before the mother is even discharged from the hospital. The information is secure – the parents will choose a login and password that they can distribute to friends and family to help share their good news!

Visit NMC on the web at
www.northwesternmedicalcenter.org



Medicaid cost shift hurts Vermont

By M. Beatrice Grause



Our state lawmakers actively advocated for and approved \$16 million in new cigarette and employer taxes to support the new health care reform law, commonly known now as Catamount Health. They argued that these new revenues were essential for expanding coverage for currently uninsured Vermonters and for initiating system-wide improvements – and they are.

Unfortunately, what got left out of the limelight was fixing the Medicaid cost shift.

The Legislature and the administration approved nominal increases to physician and hospital Medicaid reimbursement rates but these increases did little to shrink the growing gap between what it costs to care for Medicaid beneficiaries and what the state pays. This gap continues to widen every year.

At the hospital budget hearings in August, the Banking Insurance Securities and Health Care Administration (BISHCA) reported that the hidden Vermont tax known as the Medicaid cost shift is projected to reach \$90 million in fiscal year (FY) 2007. If on target, this means that the Medicaid cost shift will have increased by more than \$32 million in just two years – a whopping 56 percent increase from actual FY 2005.

This \$90 million gap will be largely filled by increases in health insurance premiums paid by workers and their employers. As we all know, this growing hidden tax on our health premiums stifles both pay increases and business growth. If left unresolved, it will prevent continued health system improvements and will absolutely threaten the long-term viability of Catamount health and other reform efforts passed last year.

The Medicaid cost shift was the largest single component of hospital rate increases this year.

Put another way, when Vermont businesses and individuals receive notice of their annual health insurance rate increases for next year, a big part of the increase will be caused by the need to make up Medicaid underpayments, not by the actual cost of care.

Compared to national and regional data, Vermont hospital costs are relatively low, but the Medicaid cost shift is the major reason for our hospitals' relatively high charges, or prices.

Both the executive and legislative branches of Vermont government have worked hard over the past two years to improve our health care system. They joined forces this year to enact a health care reform bill with the goals of increasing access to health insurance through premium subsidies for the uninsured and refocusing the care delivery system to pay more attention to the ongoing treatment and management of chronic diseases, such as diabetes and high blood pressure. An overarching goal of the legislation is to make health insurance more affordable.

This work will have been in vain unless the State of Vermont begins to pay for what it promises in the Medicaid program. Even with government subsidies, health insurance premiums will be unaffordable for many Vermonters because of the Medicaid cost shift. And hospitals will be in no position to deliver government-sponsored programs for the management of chronic disease when existing government programs consistently pay less than the cost of delivering health care.

Vermont elected officials in the past have recognized the Medicaid cost shift as a public policy problem and promised to fix it. According to the state's FY 02 Appropriations Act, "The state of Vermont shall adopt a fiscal strategy and appropriations to eliminate, within a period of time no longer than four years, cost shifting and under-reimbursement in the Medicaid program."

It's time to start keeping this promise.

Bea Grause is president of the Vermont Association of Hospitals and Health Systems.

Medicare & Medicaid cost shift doubles NMC's rate increase

In order to bring the 3.6% more funds to cover rising costs of providing health care, NMC had to raise rates 7% because of the cost shift caused by the under-funding of Medicare & Medicaid.

"It's terrible to have to raise rates 7% because some programs won't pay the cost of the care they consume," said Peter Hofstetter, NMC's CEO. "While our 7% rate increase was just below the average (7.1%) rate increase requested in the State, it's by far our highest in years."

Indeed, over the past seven years, NMC has averaged a 1.37% annual rate increase – thanks to careful attention to costs and growth in services. In fact, NMC continues to maintain its ranking as having the second lowest "cost per adjusted admission" (a measure of hospital activity that combines both inpatient and outpatient care) among all Vermont hospitals.

However, this year, with growth flattening out, the hospital couldn't absorb the rising costs of salaries in the marketplace, utilities, pharmaceuticals, increases in malpractice insurances, etc. That made the impact of the cost shift even more evident.

"We fully understand the impact of health care costs on our community – we feel them too," said Peter. "We are working with our local Senators and Representatives, the Governor, and the Vermont Association of Hospitals & Health Systems to put an end to the cost shift and achieve meaningful reform in the funding of healthcare."

hear it first hand

Does healthcare affect the members of your group? Would your group like an update on what's happening at your community hospital – new services, new physicians, improvement projects, etc.? Would you like to learn more about the impact of the Medicare/Medicaid cost shift on you healthcare costs? Members of the NMC team are happy to attend civic, social, or community meetings to talk with our neighbors. If your group would like a speaker on these topics, please call Terry Holmes in Community Services at 524-1280 or email her at tholmes@nmcinc.org.