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RI ARA

Affiliated with the Rhode Island AFL-CIO
"Fighting for the future of our members."
"NOW, more than ever!!!"

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Happy New Year 2017

"May Light always surround you; Hope kindle and rebound you. May your Hurts turn to Healing; Your Heart embrace Feeling. May Wounds become Wisdom; Every Kindness a Prism. May Laughter infect you; Your Passion resurrect you. May Goodness inspire your Deepest Desires. Through all that you Reach For, May your arms Never Tire."
— D. Simone

2017, A Year of Challenges for Retirees, Senior Citizens & the Middle Class

President-Elect Trump in the Republican primaries stated that unlike the other candidates, he would not dismantle Social Security, Medicare & Medicaid, but his Transition Team Includes Privatizers

For years, Paul Ryan has talked about privatizing Medicare, but President Obama made such measures nearly impossible. However, with the Republican party gaining control of the White House and both houses of Congress, Ryan's dream could become a reality.

Budget Committee Chairman Tom Price (R-Ga.) said that he expects Congress to push forward with a Medicare overhaul "within the first six to eight months" of President-elect Donald Trump's administration.

Amid all the hand-wringing over Republican plans to eviscerate Medicare and Medicaid and repeal the Affordable Care Act, it shouldn't be overlooked that the GOP has the knives out for Social Security too.

The latest reminder comes from **Rep. Sam Johnson, R-Tex.**, chairman of the Ways and Means Social Security subcommittee. Johnson uncorked what he termed a "plan to permanently save Social Security."

Followers of GOP habits won't be surprised to learn that it achieves this goal entirely through benefit cuts, without a dime of new revenues such as higher payroll taxes on the wealthy.

Betsy DeVos for U.S. Secretary of Education is a Privateer and Union Buster.

Speaking in July during a school choice forum at the Republican National Convention in Ohio, DeVos accused teachers unions of holding back innovation in education and called them "a formidable foe" at both state and national levels.

As has been proven in the past, Charter schools don't fare better than public schools. They draw funding away from public education causing higher property taxes.

Wilbur Ross for Commerce Secretary the billionaire investor considered the "king of bankruptcy" for buying beaten-down companies with the potential to deliver profits. Some of those cost reductions have come from altering pay and benefits for workers.

Andy Puzder, Labor Secretary; Andy Puzder's record defined by fighting against working people. Puzder's nomination shows Trump is backing away from his promise to represent all working people

As President-elect Donald Trump leads an attempted makeover in Washington, Republican governors and state lawmakers will be simultaneously pushing an aggressive agenda that limits abortion, lawsuits and unions, cuts business taxes and regulations, expands gun rights, school choice and create Right To Work Laws.

Collectively, we, as senior citizens, retirees and working men & women, must fight against this regression. We worked too hard and to long for our earned benefits, they are not handouts.

Please Participate in the Congressional National Call-In Day to protect SS, Medicare & Medicaid.
Wednesday, January 4th, 2017
RI Congressional Delegation Information

Senator Jack Reed:
Cranston office: (401) 943-3100
Washington office: (202) 224-4642

Senator Sheldon Whitehouse:
Providence office: (401) 453-5294
Washington office: (202) 224-2921

Congressman James Langevin:
Warwick office: 401) 732-9400
Washington office: (202) 225-2735

Congressman David N. Cicilline:
Pawtucket office: (401) 729-5600
Washington office: (202) 225-4911

White House National Call-In day on Monday, January 23rd (866) 828-4162

RI ARA HealthLink Wellness News

Medicare offers hospitals cash to rev up cardiac rehab participation

*By **Elizabeth Whitman***

After patients have a heart attack or heart surgery, interventional cardiologist Dr. Amit Keswani urges them to go into cardiac rehabilitation. The program of supervised exercise and counseling helps cardiac patients recover and lowers their risk of future heart attacks, chest pain, hospital admission and a slew of other medical problems.

But at most, only about half actually do it. "I wish that it would be more," Keswani said. "I tell my patients: It's better than any medicine."

Some patients can't afford the co-pays. Others live too far from the cardiac rehab facility that's part of Vanderbilt University Medical Center in Nashville, where Keswani works.

The problem is not unique to Keswani or to Nashville. Nationwide, fewer than 20% of patients who are eligible for cardiac rehab programs participate in them. In an effort to boost uptake, the government is planning to test whether paying hospitals to put eligible patients in cardiac rehab or intensive cardiac rehab will boost participation and save both lives and healthcare dollars.

Cardiologists and other advocates of cardiac rehab describe the experiment as a step in the right direction. But they doubt it's enough to address the most serious barriers—out-of-pocket costs and lack of transportation—stopping patients from enrolling in or completing cardiac rehabilitation programs. Those are challenges that won't be solved by financial incentives, they said

That experiment, the Cardiac Rehabilitation Incentive Payment Model, was **finalized** Tuesday in a **rule** issued by the CMS. It is part of a package of experimental payment models aimed at reducing healthcare spending while improving outcomes, including the expansion of CMS' mandatory bundled-payment program to include all care associated with bypass surgery and heart attacks.

Under the cardiac rehab payment model, the CMS plans to pay participating hospitals $25 per session of cardiac rehabilitation or intensive cardiac rehabilitation for the first 11 sessions. It would pay $175 per session thereafter, for a maximum of 36 total sessions. Those payments would apply only to Medicare beneficiaries with heart attacks and coronary artery bypass surgery.

The money could offset the costs of referral or coordination, such as transportation. It could also go to "beneficiary engagement incentives," which are supposed to be "reasonably connected to medical care," such as technology that monitors a patient's weight or vital signs, according to the final rule. (Hospitals "could not provide theater tickets, which would bear no reasonable connection to the patient's care," CMS noted.)

Every year, **735,000 people** in the U.S. have a heart attack. For 210,000 of them, it's not the first time. ...**Read More**

Latest Hospital Injury Penalties Include Crackdown On Antibiotic Resistant Germs

*By **Jordan Rau***

The federal government has cut payments to 769 hospitals with high rates of patient injuries, for the first time counting the spread of antibiotic-resistant germs in assessing penalties.

The punishments come in the third year of Medicare penalties for hospitals with patients most frequently suffering from potentially avoidable complications, including various types of infections, blood clots, bed sores and falls. This year the government also examined the prevalence of two types of bacteria resistant to drugs.

Based on rates of all these complications, the hospitals **identified by federal officials** this week will lose 1 percent of all Medicare payments for a year — with that time frame beginning this past October. While the government did not release the dollar amount of the penalties, they will exceed a million dollars for many larger hospitals. In total, hospitals will lose about $430 million, 18 percent more than they lost last year, according to an estimate from the Association of American Medical Colleges.

The reductions apply not only to patient stays but also will reduce the amount of money hospitals get to teach medical residents and care for low-income people.

Forty percent of the hospitals penalized this year escaped punishment in the first two years of the program, a Kaiser Health News analysis shows. Those 306 hospitals include the University of Miami Hospital in Florida, Cambridge Health Alliance in Massachusetts, the University of Michigan Health System in Ann Arbor and Mount Sinai Hospital in New York City.

Nationally, hospital-acquired conditions **declined by 21 percent** between 2010 and 2015, according to the federal Agency for Healthcare Research and Quality, or AHRQ. The biggest reductions were for bad reactions to medicines, catheter infections and post-surgical blood clots.

Still, hospital harm remains a threat. AHRQ estimates there were 3.8 million hospital injuries last year, which translates to 115 injuries during every 1,000 patient hospital stays during that period.

Each year, at least 2 million people become infected with bacteria that are resistant to antibiotics, including nearly a quarter million cases in hospitals. The Centers for Disease Control and Prevention estimates 23,000 people die from them.

Infection experts fear that soon patients may face new strains of germs that are **resistant to all existing antibiotics**. Between **20 and 50 percent of all antibiotics** prescribed in hospitals are either not needed or inappropriate, studies have found….**Read More**

New Medicare Rules Should Help 'High Need' Patients Get Better Treatment

Senior citizens with suspected cognitive impairment get lift from new payments tied to standards physicians must follow after January 1, 2017. Doctors have complained for years that they're not paid adequately for time-consuming work associated with managing care for seriously ill older patients: consulting with other specialists, talking to families and caregivers, interacting with pharmacists and more.

That will change on Jan. 1, 2017 as a **new set of Medicare regulations** go into effect.

Under the new rules, physicians will be compensated for legwork involved in working in teams — including nurses, social workers and psychiatrists — to improve care for seniors with illnesses such as diabetes, heart failure and hypertension.

Care coordination for these "high need" patients will be rewarded, as will efforts to ensure that seniors receive effective treatments for conditions such as anxiety or depression.

Comprehensive evaluations of older adults with suspected cognitive impairment will get a lift from new payments tied to the standards that physicians now will be required to follow.

The new Medicare policies reflect heightened attention to the costliest patients in the health care system — mostly older adults who have multiple chronic conditions that put them at risk of disability, hospitalization, and an earlier-than-expected death. Altogether, **10 percent of patients account for 65 percent** of the nation's health spending.

It remains to be seen how many physicians will embrace the services that the government will now reimburse. Organizations that advocated for the new payment policies hope they'll make primary care and geriatrics more attractive areas of practice in the years ahead.

Here's a look at what is entailed:

Complex Chronic Care Management

Two years ago, Medicare began paying nurses, social workers and medical assistants to coordinate care for seniors with two or more serious chronic conditions. But low reimbursement and burdensome requirements discouraged most medical practices from taking this on.

New payments for "complex chronic care management" are more generous (an average $93.67 for the first hour, $47.01 for each half hour thereafter) and can be billed more often, making them more attractive.

They'll cover services such as managing seniors' transitions from the hospital back home or to a rehabilitation center, coordinating home-based services, connecting patients with resources, and educating caregivers about their conditions.

Many practices will be able to hire care managers with this new financial support, said Dr. Peter Hollmann, secretary of the American Geriatrics Society and chief medical officer of University Medicine, a medical group practice associated with Brown University's medical school.

To illustrate the benefits, he tells of a recent patient, with diabetes, hypertension and heart failure who was retaining fluid and had poorly controlled blood sugar. After a care manager began calling the 72-year-old man every few days, asking if he was checking his blood sugar or gaining weight, Hoffmann adjusted doses of insulin and diuretics.

"The patient remained at home and he's doing well, and we likely prevented a hospitalization," Hoffmann said.

Cognitive Impairment Assessment

Making a dementia diagnosis is difficult, and primary care physicians often **fail to do soon** a timely basis. But new Medicare policies may help change that by specifying what cognitive examinations should entail and offering enhanced payments.

Physicians who conduct these evaluations are now expected to meet 10 requirements. In addition to performing a careful physical exam and taking a detailed history, they need to assess an older adult's ability to perform activities of daily living, their safety, behavioral and neuropsychiatric symptoms, and caregivers' knowledge, needs and abilities.

All the medications the senior is taking should be evaluated, and standardized tests used to assess cognition. Efforts to elicit the patient's goals and values need to occur in the context of advance planning, and a care plan must be crafted and shared with caregivers.

Medicare will pay $238.30 for the initial assessment and additional fees for creating a care plan and performing care management.

"Hopefully, this will kick start the development of practices that provide these dementia-related services," said Dr. Robert Zorowitz, senior medical director at OptumCare CarePlus, a managed Medicare long-term care program in New York City….**Read More**

Petition Subject: House Concurrent Resolution 37 and Senate Concurrent Resolution 12 to get power doors installed in Post Offices and other federal buildings.

ADD YOUR NAME

Get The Message Out: SIGN THE PETITION!!!!!

Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR.973

ADD YOUR NAME

&

Get The Message Out: SIGN THE PETITION!!!!!