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www.CriticalCareRoundtable.org

The Critical Care News Summary is an update from the Roundtable on Critical Care Policy. For further information on the Roundtable, please visit our website at www.CriticalCareRoundtable.org.

National Summit Update

The Roundtable is looking forward to next Wednesday's **Third Annual National Summit on Critical Care Policy at the Ronald Reagan Building and International Trade Center in Washington, DC**. The National Summit on Critical Care Policy will provide a timely forum bringing together key officials from the Administration, medical professional societies, public health advocacy, academia and inside-the-beltway politics. The select group of thought-leaders in attendance will have the opportunity to hear insights from keynote speakers and panelists throughout the day, and consider policy priorities to optimize federal policy impacting the delivery of U.S. critical care to continue to build consensus and recommendations for action. Please contact sskubikowski@CriticalCareRoundtable.org or call (202)449-8370 with any questions.

Among the confirmed speakers are:

Kevin Yeskey, MD, Director, Office of Preparedness and Emergency Operations, Deputy Assistant Secretary, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services

Ronald Brownstein, Editorial Director, The National Journal Group, Inc.

Terri Postma, MD, Medical Officer, Performance-Based Policy Staff, Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services

Jean Moody-Williams, RN, MPP, Director, Quality Improvement Group, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services

Lewis Rubinson, MD, PhD, FCCP, Commander, U.S. Public Health Service; Deputy Chief Medical Officer, National Disaster Medical System, Office of Preparedness and Emergency Operations, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services

Jeri L. Miller, PhD, Head, Office of End-of-Life Science and Palliative Care, Investigator Training, and Education, National Institute of Nursing Research, National Institutes of Health

Allen S. Lichter, MD, Chief Executive Officer, American Society of Clinical Oncology

Raymond P. Pepe, JD, Chair, Drafting and Enactment Committees for the Uniform Emergency Volunteer Health Practitioners Act; Uniform Law Commissioner; Partner, K&L Gates LLP

Mary Casey-Lockyer, MHS, BSN, RN, CCRN, *State Nurse Liaison Advisor for Region 4 and Disaster Health Services, American Red Cross; Emergency Preparedness and Response Coordinator, Northwest Community Hospital*

Blair G. Childs, *Senior Vice President, Public Affairs, Premier, Inc*

Mary Sue Gorski, RN, PhD, *Fellow, Center to Champion Nursing in America, American Association of Retired Persons; Assistant Professor, Department of Nursing, Gonzaga University*

Capitol Hill Events and Updates

Critical Care Awareness & Recognition Month

“Critical Care Assessment and Improvement Act” cosponsor Congresswoman Tammy Baldwin (D-WI) submitted a Statement for the Record on May 31st in honor of National Critical Care Awareness and Recognition Month this May. Stated Congresswoman Baldwin, “Today, I rise in support of National Critical Care Awareness and Recognition Month and applaud the work of the nation's critical care medical professionals, including the doctors, nurses, respiratory therapists and pharmacists, among others, who provide care to the nearly five million Americans admitted into traditional, surgical, pediatric or neo-natal intensive care units each year.” Baldwin concluded the statement by urging her colleagues in the House to join her in “paying special tribute to the dedicated professionals who care for the sickest patients and their families, and commemorate Critical Care Awareness and Recognition Month by cosponsoring the Critical Care Assessment and Improvement Act.”

To view the full text of the statement in the May 31st Congressional Record, please click [here](#).

Federal Activity

Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality (AHRQ) released the *2010 State Snapshots* on Wednesday, showing that states are seeing improvements in health care quality, but disparities for their minority and low-income residents persist. Among minority and low-income Americans, the level of health care quality and access to services remained unfavorable, and the size of disparities related to race and income varied widely across the states. The *2010 State Snapshots*, an interactive Web-based tool, show whether a state has improved or worsened on specific health care quality measures. For each state and the District of Columbia, the tool features an individual performance summary of more than 100 measures, such as preventing pressure sores, screening for diabetes-related foot problems and giving recommended care to pneumonia patients. It also compares each state to others in its region and the nation. The *2010 State Snapshots* are based on data from the *2010 National Healthcare Quality Report* and *National Healthcare Disparities Report*, which are mandated by Congress and produced annually by AHRQ. Data are drawn from more than 30 sources, including government surveys, health care facilities and health care organizations.

To see the *2010 State Snapshots*, please click [here](#).

Centers for Medicare & Medicaid Services

The Centers for Medicare & Medicaid Services (CMS) released the final rule “Medicaid Program; Payment Adjustment for Provider-Preventable Conditions Including Health Care-Acquired Conditions” in the Federal Register on Wednesday. This final rule implements section 2702 of the Affordable Care Act, which requires the Secretary to issue regulations prohibiting Federal Medicaid payments to States

for certain preventable health care-acquired conditions. The final rule will be effective July 1, 2011, but gives States the option to implement between its effective date and July 1, 2012. In general, the final rule would require States to, at a minimum, apply the Medicare Hospital Acquired Condition (HAC) standard while providing States the flexibility to identify for nonpayment other provider-preventable conditions inside and outside the inpatient hospital setting.

For more information, please click [here](#).

Medicare Payment Advisory Commission

On Tuesday, Comptroller General and head of the Government Accountability Office (GAO), Gene Dodaro, announced the appointment of two new members and the reappointment of three existing members to the Medicare Payment Advisory Commission (MedPAC). The newly appointed members are: Willis D. Gradison, Jr., MBA, a Scholar in Residence in the Health Sector Management Program at Duke University's Fuqua School of Business and William J. Hall, MD, a geriatrician and Professor of Medicine at the University of Rochester School of Medicine. Their terms will expire in 2014. The reappointed members, whose terms will expire in April 2014, are Peter W. Butler, MHA, Executive Vice President and Chief Operating Officer of Rush University Medical Center; Michael Chernew, PhD, Professor of Health Care Policy at Harvard Medical School; and George N. Miller, Jr., MHA, Chief Operating Officer of First Diversity Management Group and managing partner of First Diversity Healthcare Group.

Congress established MedPAC in 1997 to analyze access to care, cost and quality of care, and other key issues affecting Medicare. MedPAC advises Congress on payments to health plans participating in the Medicare Advantage program and providers in Medicare's traditional fee-for-service programs. The Comptroller General is responsible for naming new commission members.

News and Reports

"Hospitals hunt substitutes as drug shortages rise," *The Associated Press*, May 31, 2011

A growing shortage of medications for a host of illnesses — from cancer to cystic fibrosis to cardiac arrest — has hospitals scrambling for substitutes to avoid patient harm, and sometimes even delaying treatment. The vast majority involve injectable medications used mostly by medical centers — in emergency rooms, ICUs and cancer wards. Particular shortages can last for weeks or for many months, and there aren't always good alternatives. Nor is it just a U.S. problem, as other countries report some of the same supply disruptions.