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In This Issue:**House Republican Leader Meets With Collaborations of Care Partners****Special Elections Candidate Profile: 115th House District****Governor Malloy Announces Legislative Initiatives Addressing Opioid Addiction****Hospital Associations Outline Priorities for ACA Repeal****AHA Study Finds Hospital Mergers Reduce Costs****Connecticut Monitoring Babies for Zika-Related Birth Defects****Education Updates**

Update Archives

House Republican Leader Meets With Collaborations of Care Partners

On Friday, January 27, House Republican Leader Themis Klarides (R-Derby) met with more than 40 healthcare professionals from across the continuum of care at CHA to discuss a variety of issues facing the General Assembly, including the current political climate in Hartford and how that will inform the budgetary and legislative process during the 2017 Legislative Session.

The Healthcare Conversation with Republican House Leader Themis Klarides is part of a series of discussions with state policy makers and hospital, nursing home, home care, and state medical society leaders.

During the hour-long discussion, Rep. Klarides pointedly addressed the state's reimbursement to hospitals and the \$556 million hospital tax, saying, "The state is making it difficult for you." She also said she and others in the legislature do not believe cuts to Medicaid reimbursement are "efficient."

"We know how important Medicaid is for providers and patients, and [you] should get what you deserve," Rep. Klarides said. "It's not an efficient place to cut and it's really hurting the people who need our help the most."

The forum with Rep. Klarides also included a discussion about the political environment in Hartford, specifically as it relates to the narrowing Democratic majority in the House of Representatives and the current 17-17 party split in the Senate. Rep. Klarides said Republicans will have more influence this year to "kill bills we know are not good," and she also noted they will have more say during negotiations.

Rep. Klarides also answered questions about state Department of Social Services audit protocols, and the need for providers to continue their outreach and advocacy with elected officials. Rep. Klarides cited CHA's advocacy in 2016 as to the reason for unified support in rolling back proposed cuts to hospitals.

The forum was moderated by Jim Iacobellis, Senior Vice President of Government and Regulatory Affairs, CHA, and Mathew Barrett, President and Chief Executive Officer, Connecticut Association of Healthcare Facilities (CAHCF). It was hosted by the Collaborations of Care Partners: CHA, CAHCF, LeadingAge Connecticut, the Connecticut Association for Healthcare at Home, and the Connecticut State Medical Society.

Special Elections Candidate Profile: 115th House District

Special Elections will take place on February 28, 2017, to fill two state Senate seats and one seat in the House of Representatives that were left vacant when three lawmakers declined to be sworn into office last month. With a six-seat margin in the House and a tied Senate, the Special Elections will draw close attention by both political parties.

CHA will feature candidate profiles for all three races in *Update*. Today, CHA profiles the race in the 115th District; profiles for the remaining two races will be published on February 10 and 17, with a wrap-up of the race on February 24.

The Special Election to choose a successor for the 115th State Representative seat left vacant by the resignation of longtime state Rep. Stephen Dargan (D-West Haven) features two major party candidates: Republican Edward Granfield and Democrat Dorinda Keenan Borer, both of whom are from West Haven. Mr. Granfield is a former City Council member and Ms. Borer is a former Board of Education member.

Ms. Borer runs her own management and consulting business and previously served as a Vice President of Field Marketing and Reform for United Healthcare. Active in community affairs, Ms. Borer served on the West Haven Board of Education, founded the West Haven Early Childhood Development Commission, was on the Board of Directors of the Area Cooperative Educational Services Foundation, and served as President of the Irish-American Club. Ms. Borer does not appear to have a campaign website, but her Facebook page can be found [here](#).

Mr. Granfield is a local business owner who runs Oyster River Energy Inc., an oil delivery company. He is a former City Council member, as well as a former member of the Economic Development Commission, the Harbor Commission, and the West Haven Community House Board of Directors, and has spent many years as a coach and volunteer for youth sports organizations. Mr. Granfield's campaign website can be found [here](#).

Governor Malloy Announces Legislative Initiatives Addressing Opioid Addiction



On January 26, Governor Dannel Malloy announced a series of legislative proposals aimed at preventing opioid addiction and overdoses. The Governor's proposals are a response to Connecticut's growing drug epidemic, which is now considered a public health crisis.

The proposals, which were the Governor's first of the 2017 Legislative Session, were announced during an event for the families of those who died from overdoses. The Governor's proposals include a requirement for doctors to prescribe opioids electronically and allow for patients to refuse opioids through a directive in their medical files.

In addition to the reforms noted above, the proposals also include:

- Permission for home healthcare agency registered nurses to dispose of unused opioid-based medications.
- An expansion of the requirement to provide information about the risk of addiction to adults.
- An encouragement to share data among state agencies. Specifically, the proposal seeks to ease statutory restrictions on data sharing between state agencies as it relates to opioids.

In 2015, 729 people in Connecticut died from accidental overdoses. Chief Medical Examiner Dr. James Gill has projected that number will grow to close to 900 people in 2016, continuing the annual increase in drug-related deaths that has occurred in Connecticut since 2012.

The state is attempting to address the epidemic by taking a number of steps, such as distributing more than 9,000 kits of the overdose reversal medication naloxone (known as Narcan) since 2014 and rolling out a new, interactive website that allows people to search for nearby pharmacies that carry naloxone. A law passed last year requires first responders to carry overdose-reversing drugs and limits initial opioid prescriptions to seven-day supplies in most cases.

Connecticut hospitals are committed to addressing the opioid epidemic. In 2015, Connecticut hospitals adopted voluntary [opioid prescribing guidelines](#) to help ED staff treat patients with chronic pain conditions. The guidelines are intended to reduce inappropriate use of opioids while preserving the vital role of hospital EDs in treating patients with emergent medical conditions.

Hospital Associations Outline Priorities for ACA Repeal



CHA, along with 70 other state, regional and metropolitan hospital associations and the American Hospital Association (AHA), sent a [joint letter](#) on January 27 to President Trump and Congress outlining our top priorities for the future of the Affordable Care Act (ACA).

"We understand the ACA needs change and hospitals and health systems have offered solutions to fix it, and we are committed to working with you on legislation that maintains coverage and improves America's healthcare system through patient-centered care," the letter begins. "Our shared goal is to ensure continued high-quality healthcare for our patients in urban and rural communities alike."

The hospital associations list six key priorities, including that the potential repeal and replace of the ACA be done simultaneously to ensure continued coverage for the 22 million people currently receiving coverage under the ACA. If repeal and replace can't be accomplished simultaneously, the hospital associations ask that funding reductions to hospitals and health systems that are included in the ACA be reversed to ensure sufficient resources to provide care for the uninsured.

The letter also asks that policy makers resist making further reductions to hospitals and health systems and continue the federal-state partnership under any Medicaid restructuring.

AHA Study Finds Hospital Mergers Reduce Costs



The American Hospital Association (AHA) released a new study finding that recent hospital mergers result in significant cost savings and quality improvements that cannot be reached by looser affiliations. The analysis, [Hospital Merger Benefits: Views from Hospital Leaders and Econometric Analysis](#), was prepared by economists at Charles River Associates. It shows how hospital mergers can provide a framework to transform healthcare in the United States.

Among other findings, the study found that hospital mergers occurring between 2009 and 2014 reduced the operating expense per admission at each acquired hospital by an average of 2.5%, or \$5.8 million a year, and are driving quality improvements and upgrades to facilities and services. The study also found that mergers can result in efficiencies that lead to savings, innovation, and quality improvement essential to transforming healthcare delivery, but do not lead to a spike in revenues that some claim are the motivation for mergers.

"Patients deserve a high-value, high-performing healthcare system," said Rick Pollack, President and Chief Executive Officer, AHA. "The key to transforming healthcare delivery is increased efficiency and quality. In some communities and for certain hospitals, consolidation may be necessary—not only to meet the current health needs of patients and communities—but also to provide a stable foundation upon which to build the healthcare system of the future."

The study was unveiled at a briefing in Washington DC on January 25. Participating in the briefing with Mr. Pollack were, among others: Mama Borgstrom, Chief Executive Officer, Yale New Haven Health and Yale New Haven Hospital; Thomas Zenty, Chief Executive Officer, University Hospitals in Cleveland; and Monica Noether, Vice President, Charles River Associates.

Connecticut Monitoring Babies for Zika-Related Birth Defects



The state Department of Public Health (DPH) announced this week it is working with the Centers for Disease Control and Prevention to monitor 30 babies born or currently living in Connecticut to mothers who have tested positive for the Zika virus or Flavivirus during their pregnancies.

In its January 30 press release, DPH said that two of the 30 babies have Zika-related birth defects, while another nine babies are “borderline” for birth defects. Those nine babies will be monitored by their pediatricians for any possible changes in their measurements that might confirm or rule out microcephaly or other Zika-related birth defects.

The state agency is also monitoring nine pregnant women who have been diagnosed with Zika or Flavivirus, a related class of viruses that include Zika, dengue, yellow fever, Japanese encephalitis, and West Nile virus. The agency will follow up with these cases at birth, and then at two, six, and twelve months after birth.

DPH Commissioner Raul Pino, MD, said in the release that his agency strongly encourages Connecticut’s OB/GYNs and hospitals to screen all pregnant women for Zika because 80 percent of people who contract the disease don’t realize they have it because they aren’t showing any symptoms.

“It is critical that we work with pediatricians to monitor these babies for signs of microcephaly or other Zika-related birth defects throughout the first year of life because we have seen that these defects are not necessarily readily apparent at birth,” said Dr. Pino.

The state had tested 1,246 people for Zika as of Jan. 31, including 903 pregnant women. Of those, 109 tested positive for Zika, including six pregnant women. Another 48 tested positive for Flavivirus.

Education Updates

Every Woman Connecticut

Friday, February 3, 2017

9:00 a.m. - 2:30 p.m.

[View Brochure](#) | [Event Registration](#)

CHA is pleased to host this project of the Connecticut Maternal and Child Health Coalition in partnership with the March of Dimes, the Connecticut Department of Public Health, and the Connecticut Women’s Consortium.

The Every Woman Connecticut Symposium will examine chronic conditions that can affect maternal health and future pregnancies, with the goal of improving birth outcomes through pregnancy intentionality, optimal birth spacing, and pre-/inter-conception health. The program will feature One Key Question (OKQ), a screening tool to identify each woman’s need for reproductive and pre-/inter-conception healthcare.

Continuing education credits are offered for this session.

CHA Nurse Preceptorship Program

Wednesday, February 15, 2017

8:30 a.m. - 3:45 p.m.

[View Brochure](#) | [Event Registration](#)

Supporting and strengthening the work of nurse preceptors is critical to the development of new nurses and retention of the highly skilled staff registered nurses who teach them at the bedside.

CHA’s Nurse Preceptorship Program features a curriculum developed by a team of educators from hospitals and schools of nursing, and is designed to provide core content that is foundational for the role of nurse preceptor. This one-day program includes presentations and interactive sessions that cover topics such as roles and responsibilities, characteristics of a professional role model, basics of teaching and learning, tools and strategies for effective communication, principles of constructive feedback delivery, and evaluating competence.

The Nurse Preceptorship Program will serve to start new nurse preceptors off with critical information and also may be of interest to nurse preceptors who have not had this content, or would like to be refreshed on these concepts.

Continuing education credits are offered for this session. Please see the brochure for details.

HIPAA Privacy and Security Basics

Tuesday, February 28, 2017

9:00 a.m. - 2:30 p.m.

[View Brochure](#) | [Event Registration](#)

This program will review the current HIPAA Privacy, Security, and Breach Rules, with an emphasis on patient access rights and stepped-up enforcement activities by the Office for Civil Rights. The program includes strategies for maintaining continuous compliance, a review of business associates rules, and practical tips and solutions for remaining compliant with HIPAA. Also covered are: emerging issues in cyber security, trends in state enforcement, devices and technology issues, social media considerations, and the growing risks for HIPAA covered entities and business associates.

Continuing education credits are offered for this session. Please see the brochure for details.

