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Hospitals Testify Against Governor’s Certificate of Need Proposal



On March 20, leaders from Connecticut’s hospitals gathered at the Legislative Office Building in Hartford to voice unified opposition to changes in the Certificate of Need (CON) process as outlined in **SB 795, An Act Establishing The Office Of Health Strategy And Improving The Certificate Of Need Program**. SB 795 was filed as a result of the report released by the Governor’s Certificate of Need Task Force.

During the day-long public hearing before the Public Health Committee, hospital leaders testified that Sections 2-14 of SB 795 are unclear, unequal, and overly-burdensome to hospitals. Hospital testimony focused on how SB 795 creates an unequal playing field for hospitals in relation to other entities seeking to establish or reduce healthcare services in the state. Hospital leaders also testified that the overly-burdensome regulations will have a chilling effect on their ability to provide services that meet the needs of their communities. Hospital leaders testified in support of the establishment of the Office of Health Strategy.

In his [testimony](#), Jim Iacobellis, Senior Vice President, Government and Regulatory Affairs, CHA, made note of the fact that SB 795 removed "public need" as a criteria in the CON process which, he argued, creates a focus on market regulation, makes the statute "unreasonably vague," and creates confusion for applicants. Mr. Iacobellis said that determining need is an important core element of the process, and poignantly asked the Committee to "make need a part of the CON process once again."

Mr. Iacobellis also pointed out that the proposal increases the regulation of hospitals in several ways, such as requiring hospitals to obtain a CON if they reduce a service, while at the same time it fails to provide clear parameters for hospitals to follow. He also argued that SB 795 "takes a step back in OHCA’s ability to ensure the quality of care in certain circumstances, such as during the establishment of cardiac services."

In addition to CHA, hospitals and health systems testifying at Monday’s public hearing included: Hartford HealthCare, Middlesex Hospital, Stamford Hospital, Trinity Health-New England, Western Connecticut Health Network, and Yale New Haven Health. A complete list of testimony can be found [here](#).



Connecticut Asthma Initiative Takes Stock of Progress, Shares Stories



Since its inception in 2015, the Connecticut Asthma Initiative (CAI) has striven to accomplish some key goals, such as establishing hospital-community partnerships and implementing measures that would lead to a reduction in Emergency Department visits due to asthma. On Monday, March 20, members of the broad-based group were heartened to hear that progress is being made in some key areas.

Anne Diamond, JD, CNMT, Chief Executive Officer of UConn John Dempsey Hospital and Chairperson of the CAI, opened the meeting by saying that it's important to "reflect back on what we've been doing over the last two years."

Ms. Diamond led the group, which comprises members from 94 organizations across the continuum including hospitals, community organizations, commercial payers, state government and educators, through a review of progress made so far by the CAI, which included the finding that Emergency Department visits due to asthma have consistently decreased, most recently by more than four percent statewide.

In addition, Ms. Diamond said there has been a steady increase in the creation of the hospital-community partnerships so integral to the success of the CAI. There have also been increases in the number of hospitals training their staff in the proper use of inhalers and providing that education to patients, and the number of hospitals and other providers sending patients to their primary care providers with asthma action plans.

The group also heard from two speakers who presented on successful case management scenarios that showed how provider-community partnerships help to better serve patients. Nancy Beaudry, RN, Coordinator for Region 3, Putting On AIRS, described how she helped an 8-year-old girl after the child was referred to the program by her school nurse. The girl was missing school due to her asthma and was using her rescue inhaler frequently, Ms. Beaudry said.

After Ms. Beaudry visited the home and made a series of recommendations to the family to address environmental factors that were exacerbating the child's asthma, however, things started to turn around. Simple steps, such as keeping the cat out of the girl's bedroom and using unscented candles and detergents, led to a dramatic improvement in the girl's symptoms.

School nurse Meg Birmingham, RN, told a similar story about her work with a 7-year-old boy who was having significant asthma symptoms but who had not been diagnosed with the disease. It took several months of communication with the child's family and pediatrician before the child had been tested for allergies, had an asthma action plan, and was using a daily preventative medication that helped keep his asthma under control.

"It's really complicated and if no one is paying attention and connecting all the dots, we're not serving these kids," said Ms. Birmingham, adding that one of the barriers to care was the fact that the child's parents couldn't afford the expensive preventative medication, a problem that was solved by the pediatrician giving the family samples of the medicine until they could figure out a more permanent solution.

After listening to the two case studies, Ms. Diamond observed that the success of the CAI is dependent on understanding all the challenges patients and providers encounter. Having hospitals, community providers, school nurses, and others in the group, she said, is the only way to reach that understanding.

"It clearly takes a village," said Ms. Diamond.

Connecticut Hospitals Invest \$1.6 billion in Community Benefit Initiatives



Connecticut hospitals play a unique and critically important role in their communities – a role that continues to grow. In 2015, Connecticut hospitals provided more than 12.3 million services to individuals and families at a cost to them of \$1.6 billion — that's 14.9 percent of total hospital revenue, according to the Connecticut Hospital Association's [2017 Community Benefit Report](#). These include outreach and support services for cancer, sickle cell disease, obesity, and other conditions, community-based care, support groups for young parents, education for the next generation of healthcare professionals, and many other programs targeted to meet specific community needs.

In 2015, Connecticut hospitals benefitted their communities in many ways.

- \$740.3 million: Unpaid government-sponsored healthcare (Medicaid)
- \$583.1 million: Unpaid government-sponsored healthcare (Medicare)
- \$216.7 million: Uncompensated care: Charity care/bad debt to provide services for those who cannot pay
- \$31.7 million: Community services to improve the health of the community
- \$16.3 million: Research and other programs to advance healthcare for patients and the community
- \$10.4 million: Donations to help support community organizations
- \$7.2 million: Community building to create stronger, healthier communities
- \$7.4 million: Subsidized health services* to provide care needed by the community

"Connecticut's hospitals provide a clear benefit to their communities in addition to the lifesaving care they offer 24/7," said Jennifer Jackson, CEO, CHA. "There is also a long-cherished historical tradition in this country whereby governments do not tax not-for-profit providers of essential healthcare services. However, the Administration's budget proposal would change all of that by eliminating the property tax exemption for hospitals. This runs counter to nearly 200 years of American history and we need legislators to oppose it."

* Most subsidized health services funds are reflected in the "unpaid costs of government programs" numbers.

CHA Provides Testimony on Legislative Proposals

CHA provided testimony on a number of hospital-related bills this week.

On March 17, CHA provided testimony to the Finance, Revenue and Bonding Committee on:

- **[HB 6559](#), *An Act Establishing A Credit Against The Hospital Tax For Hospitals That Make Beds Available For Opioid Addiction Treatment Services*, a bill that would allow a credit against the hospital tax for those hospitals that make beds available for the provision of services to individuals suffering from opioid addiction. CHA's testimony can be found [here](#).**

On March 20, CHA provided testimony to the Public Health Committee on:

- **[HB 7222](#), *An Act Concerning The Department Of Public Health's Various Revisions To The Public Health Statutes*, a bill that makes several changes to various public health statutes. CHA's testimony can be found [here](#).**
- **[HB 7089](#), *An Act Concerning The Department Of Public Health's Recommendations Regarding Enhancements In Tobacco Control*, a bill that makes a number of revisions to the state's existing "Clean Indoor Act" to update the law to better reflect current workplace environments and encompass other tobacco delivery systems such as vaping and e-cigarettes. HB 7089 also provides clarity around no smoking signs and the definition of "vapor product." CHA's testimony can be found [here](#).**
- **[SB 938](#), *An Act Concerning The Department Of Public Health's Recommendations For The State-Wide Adoption Of The Medical Orders For Life-Sustaining Treatment Program*, a bill that allows the Commissioner of Public Health to implement the medical orders for the Life-Sustaining Treatment Program statewide. CHA's testimony can be found [here](#).**
- **[SB 940](#), *An Act Establishing A Program To Reduce Malpractice Costs And Requiring A Cool-Down Period Prior To Commencing A Malpractice Action*, a bill that would make changes to the medical malpractice system in Connecticut. CHA's testimony can be found [here](#).**

Insurance Committee Does Not Advance Site Neutral Bill



The Insurance and Real Estate Committee met on March 15, and did not take action on **[SB 23](#), *An Act Requiring Setting-Neutral Reimbursement Policies In Contracts Between Health Carriers And Health Care Providers***, a bill that hospitals strongly [opposed](#). The meeting occurred one day before the Joint Favorable (JF) deadline to take action on bills originating in the Committee.

SB 23 would have required payments for healthcare services to be site-neutral. This is the second consecutive year that a site-neutral bill was proposed and not acted upon by the Insurance and Real Estate Committee.

CHA will continue to monitor other insurance or hospital bill-related measures to ensure the language of SB 23 does not get added to any piece of legislation moving forward.

Also last week, the Public Health Committee met and advanced several legislative proposals of interest to hospitals. Specifically, the Committee released with a JF report:

- **[SB 35](#), *An Act Concerning Beverages With Added Sugars, Sweeteners And Artificial Sweeteners, And Obesity***, a bill that would require the Department of Public Health to raise public awareness regarding the link between obesity and beverages with added sugars, sweeteners, and artificial sweeteners.
- **[SB 41](#), *An Act Concerning Phlebotomists***, a bill that would allow phlebotomists in the state to obtain certification from the American Society of Phlebotomy Technicians, the National Center for Competency Testing, or the National Phlebotomy Association.

The Committee released with Joint Favorable Substitute (JFS) report:

- **[SB 317](#), *An Act Concerning A Pilot Program Allowing Emergency Medical Services Personnel To Provide Community-Based Health Care Services***, a bill that would establish a pilot program to allow emergency medical services personnel to provide community-based healthcare services.
- **[HB 6025](#), *An Act Allowing Medical Assistants To Administer Vaccines Under Supervision***, a bill [supported](#) by CHA that would allow medical assistants to administer vaccines.
- **[HB 6483](#), *An Act Establishing A Task Force Regarding The Impending Shortage In The Psychiatry Workforce***, a bill [supported](#) by CHA that would establish a task force to study and recommend solutions to the impending shortage in the psychiatry workforce.

All bills acted upon by the Public Health Committee were referred to the House floor for further action. A complete list of those bills can be found [here](#).

The Insurance and Real Estate Committee met on March 15 and released with a JFS report:

- **[SB 426](#), *An Act Concerning Contracts Between Health Carriers And Health Care Providers, Agents Or Vendors, Participating Provider Directories And Surprise Bills***, a bill [opposed](#) by CHA that would amend last year's surprise billing statute. CHA is currently reviewing the new language for this bill.

Finally, on March 16, the Commerce Committee met and released with a JFS report:

- **[SB 968](#), *An Act Concerning The Connecticut Health Data Collaborative***, a bill [supported](#) by CHA that would require the Commission on Economic Competitiveness to create and foster a health data collaborative to examine and report on precision medicine and personalized health and health data issues. SB 968 was referred to the Senate floor for further action.

Education Updates

HRO Safety Coach Training

Friday, March 24, 2017

9:00 a.m. - 12:15 p.m.

[Event Registration](#)

Tuesday, April 4, 2017

1:00 p.m. - 4:15 p.m.

[Event Registration](#)

Safety Coaches are peer mentors, designed to recognize and acknowledge good high reliability behavior and to remind people about opportunities to improve behavior that does not stay true to high reliability concepts.

Medicine, Nursing, and Quality continuing education credits are offered for these sessions.

HRO Fair and Just Accountability

Friday, March 24, 2017

1:00 p.m. - 4:15 p.m.

[Event Registration](#)

This session, for Human Resources executives and anyone else who manages people, will train staff to review performance from a standardized perspective when there is an adverse event – to focus on the behavior rather than the outcome.

Medicine, Nursing, and Quality continuing education credits are offered for this session.

HRO Worker Safety and Worker Engagement

Tuesday, April 4, 2017

9:00 a.m. - 12:15 p.m.

[Event Registration](#)

This session supports CHA's efforts to take care of the staff who take care of patients. *Worker Safety and Worker Engagement: A High Reliability Approach* discusses behaviors, techniques, and measurement for worker safety, as used by other high reliability hospitals that are further along in their journey.

Medicine, Nursing, and Quality continuing education credits are offered for this session.

HRO Train-the-Trainer

Wednesday, April 5, 2017

9:00 a.m. - 4:15 p.m.

[Event Registration](#)

The model for sharing high reliability training with the rest of the staff is Train-the-Trainer. The training is scripted and requires an enthusiastic participant who is willing to make time to train others. Other hospitals in Connecticut have trained educators, front-line managers, and senior leaders, including the CEO, as part of their training contingent. Train-the-Trainer sessions are for hospitals and ambulatory practices.

Medicine, Nursing, Quality, and Radiology continuing education credits are offered for this session.

Lean Principles: Process Flow and Value Stream Mapping in Healthcare

Session I: Thursday, April 6, 2017

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

Session II: Thursday, April 13, 2017

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

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

As the demands of health reform drive change in all areas of healthcare delivery, hospital leaders are focused on transforming their organizations through strategies that simultaneously increase revenue and sharply reduce costs. Lean principles is a management system and methodology that improves team engagement, eliminates road blocks, and allows hospitals to improve the quality of care for patients by reducing errors and waste streams, including wait times. It is a systematic approach to reducing costs and risks, while simultaneously setting the stage for growth and expansion.

Please note: this is a two-session program; participants should attend both sessions.

Continuing education credits will be provided. Please see the brochure for information.

Healthcare Financial Management - An Overview

Tuesday, April 18, 2017

9:00 a.m. - 3:00 p.m.

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

Because healthcare delivery methods and payment systems are changing rapidly, carefully managing the financial health of the organization is more important than ever. Resources are scarce and stretched to the breaking point. Doing more with less is routine. The need for sound business and financial management tools—survival skills—is paramount for all managers. These include planning and budgeting, financial analysis, and maximizing resources, all of which are essential if managers are to achieve the institution's mission and contribute to "bottom line" results. Bill Ward, a popular and dynamic lecturer on financial management in healthcare, is back by member request to present the program.

Continuing education credits will be provided.

The Basics of Budgeting

Wednesday, April 19, 2017

9:00 a.m. - 3:00 p.m.

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

Many healthcare department managers have traditionally risen from the professional ranks as successful clinicians or technicians but with little or no formal business financial training. As a result, many are thrust into a chaotic environment without the necessary knowledge or tools in financial management. Skills in planning and budgeting are essential if they are to achieve the institution's mission and contribute to "bottom line" results, particularly in an environment of chronic federal and state underfunding. In a very real sense, these represent survival skills for both managers and organizations. This member-requested management development program, part one of a two-part series, provides managers with an introduction to budgeting concepts, including calculating the volume budget and a revenue budget, tools to develop staffing plans, and salary and supply budgets, as well as information on how best to handle capital and equipment requests. Bill Ward, a popular and dynamic lecturer on financial management in healthcare, will present the program.

Continuing education credits will be provided.

Care Decisions Connecticut - Kickoff Program

Wednesday, April 19, 2017

2:00 p.m. - 5:00 p.m.

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

Susan Frampton, PhD, the President of Planetree International, will be the keynote speaker at the kickoff program for Care Decisions Connecticut. Care Decisions Connecticut was created by the Connecticut Hospital Association, in collaboration with healthcare partners across the continuum of care and state government, with the goal of integrating patient-directed care strategies to improve palliative/hospice care and quality of life for persons in Connecticut with serious illnesses.

Dr. Frampton, a medical anthropologist, has authored numerous publications, including the three editions of [Putting Patients First](#) (Jossey-Bass 2004, 2008, 2013), and served as lead author on the National Academy of Medicine's "Harnessing Evidence and Experience to Change Culture," released in early 2017.

Dr. Frampton leads Planetree's advocacy efforts, chairs the National Quality Forum's National Quality Partners Leadership Consortium, and has co-chaired NQF Action Teams on Advanced Illness Care, Patient-Family Engagement, and Decreasing Hospital (Re)Admissions. She serves on the Governing Board of the WHO-CC International Network of Health Promoting Hospitals, and on the editorial board for the Journal of Compassionate Healthcare.

In addition to speaking internationally on culture change, quality, safety, and the patient experience, she was honored in 2009, when she was named one of "20 People who Make Healthcare Better" by Health Leaders magazine.

Continuing education credits will be provided.

