Governor’s Transition Policy Working Groups Issue Final Report and Recommendations—Good News: Hospital DRG Reimbursement System; Bad News: Expanded Provider Tax

On Monday, January 10, the twelve policy working groups established to guide the new administration on budget and legislative matters presented their final report to Governor Dannel Malloy, Lieutenant Governor Nancy Wyman, and the entire transition steering committee. The final report is the culmination of work begun in early December.

The recommendations include a key item proposed by CHA during early discussions with the working groups: moving Medicaid to a DRG payment system.

While CHA is still reviewing the 1,800-page report, an initial review reveals several items of interest to hospitals, including recommendations that would:

- Authorize the Department of Social Services to establish a DRG reimbursement system for hospitals;
- Increase federal Medicaid revenues by expanding the provider tax to hospitals;
- Review increasing the physician fee schedule to Medicare levels in conjunction with development of a DRG system;
- Incorporate the SustiNet board’s recommendations into healthcare planning and implementation;
- Establish the Office of Health Care Reform Implementation;
- Invest in nursing and allied health faculty;
- Reform the medical liability system to promote quality and following of evidence-based guidelines; and
- Create a public option to be offered in the health insurance exchange.

The policy group chairs and co-chairs, appointed by Governor Malloy and Lieutenant Governor Wyman, submitted more than 150 policy documents to the administration for review on December 30, 2010. The final reports include a summary of priority initiatives (to be addressed during the 2011 budget/legislative process), short-term initiatives (to be addressed by 2012/2013), and long-term initiatives (to be considered beyond 2013). Policy group members were tasked with finding revenue-neutral proposals in twelve specific areas including: energy, jobs and the economy, healthcare, transportation, and education.

Click here to read the Report's Executive Summary; the healthcare recommendations can be found here; and the Human Services report can be found here.

National Stop BSI Participants Encouraged to Engage Hospital Leadership

On Tuesday, January 11, Connecticut hospitals participating in the “On the CUSP: Stop BSI” project heard from Peter Pronovost, MD, PhD, internationally-renowned leader in patient safety and Professor of Anesthesiology/Critical Care at Johns Hopkins University, where he directs the JHU Quality and Patient Safety Research Group. Dr. Pronovost spoke to the teams across the nation about the importance of engaging senior hospital leadership in the work to eliminate central line-associated bloodstream infections (CLABSI).

Dr. Pronovost stressed the importance of CEO leadership and focus on infection reduction. He also emphasized the need for assigning accountability on a local level—in the unit or department—for reducing the rate, because not only do the rates come down dramatically when a local person is accountable, it is a key factor for successfully sustaining improvement. Finally, he said it was important to celebrate successes frequently.

For more information on the national Stop HAI program or CHA’s Stop BSI project, contact Alison Hong, MD, Interim Vice President for Quality and Patient Safety at hong@chime.org.
Connecticut Hospitals Announce Early Adoption of Health IT

Today, 14 Connecticut hospitals announced their intent to meet the federal criteria for “meaningful use” of health IT in 2011 as part of the federal government’s Medicare and Medicaid Electronic Health Record (EHR) Incentive Program. The EHR Incentive Program provides a financial incentive for the “meaningful use” of certified EHR technology to achieve health and efficiency goals according to standards determined by the US Department of Health and Human Services. By using an EHR system, providers will improve the quality and safety of healthcare through improved information and coordination, fewer errors, and lower costs.

The hospitals that announced their intention to meet the federal criteria in 2011 are:

- The William W. Backus Hospital
- Bridgeport Hospital
- Bristol Hospital and Health Care Group
- The Hospital of Central Connecticut
- Danbury Hospital
- Day Kimball Hospital
- Griffin Hospital
- Hartford Hospital
- The Charlotte Hungerford Hospital
- Manchester Memorial Hospital (Eastern Connecticut Health Network)
- MidState Medical Center
- Milford Hospital
- Rockville General Hospital (Eastern Connecticut Health Network)
- Stamford Hospital

While all Connecticut hospitals are meaningfully using information technology to improve care, with some involved in complex longer-term projects that exceed government standards and will take several years to implement, the hospitals making the announcement today are those intending to comply with the government standard in 2011. Others will soon follow and all intend to meet the federal criteria in advance of the 2015 deadline. The four-year window to begin the program reflects the complexities in achieving “meaningful use,” according to the government’s definition, including significant time and expense associated with adopting, implementing, and upgrading clinical and other information systems, available resources, and the availability of software system vendors to work with hospitals to implement the systems.

The adoption of health information technology in Connecticut is being achieved in collaboration with other partners in the state. CHA and Connecticut hospitals have been working with eHealthConnecticut, a not-for-profit organization that represents a collaborative approach for meeting the challenges of health information technology adoption and interoperability for the State of Connecticut. Drawing on a four-year, $5.7 million grant from the Office of the National Coordinator, US Department of Health and Human Services, eHealthConnecticut has been actively supporting healthcare providers in accelerating the adoption of health IT. As the statewide “Regional Extension Center,” eHealthConnecticut is focused on helping thousands of primary care providers select, implement, and achieve Meaningful Use of Electronic Health Records systems. Other collaborators include the Department of Public Health, the Department of Social Services, and Capital Community College.

For more information about meaningful use, please contact John Brady, CHA’s Chief Financial Officer Vice President, Business Planning, at bradyj@chime.org.

New Requirements Become Effective for Visitation Privileges

Effective January 18, 2011, the Medicare Conditions of Participation (CoPs) for hospitals will include new requirements for policies, procedures, and communications to patients about visitation privileges. The purpose of the change is to ensure that visitation privileges are not denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. The new rules specifically require hospitals to have written visitation policies that set forth any clinically necessary, or reasonable, restrictions or limitations that might affect visitation privileges.

Additionally, hospitals will be required to inform all patients of their rights regarding visitation, including possible clinical limitations, their right to receive visitors that they consent to or designate, including family or friends, and the corresponding right to withdraw such consent. The visitation rules also state that the patient may orally designate a “support person.”

Many hospitals reviewed and updated their visitation policies in the last few years when Connecticut introduced civil unions and, later, same-sex marriages. In most cases those updates will be consistent with the new CoP, however, not all of the new rule’s elements are related to same-sex relationship protections. Click here to access the new rule and accompanying guidance. For more information on the new requirements, please contact Marielle Daniels, Manager, Patient Care Regulation, at daniels@chime.org.
CHA to Host 2011 Executive Summit on Healthcare Reform on January 26

International health strategy consultant, lecturer, and author James E. Orlikoff will provide the keynote address at CHA’s 2011 Healthcare Executive Summit on health reform implications for hospitals, physicians, and boards. Jamie Orlikoff has been involved in leadership, quality, and health strategy issues for more than 30 years and currently is National Advisor on Governance and Leadership to the American Hospital Association and Health Forum, and Senior Consultant to the Center for Healthcare Governance. The Summit will also include presentations on Accountable Care Organizations (ACOs) and clinical integration—including the legal implications of ACOs, and a session on physician-led approaches to managing medical staff quality and financial performance.

Click here to view the brochure; click here to register.

Education Updates

Getting to the Heart of Conflict—Skills for Healthy Conflict Management, Tuesday, January 18, 8:30 a.m. - 2:30 p.m.

Conflict is inevitable in life—in our personal lives as well as in the workplace. Different personalities, different work styles, cultural/ethnic norms, and differences in generational mix, all lead to an endless possibility of conflict surfacing at work. What is not so clear, is the role conflict plays in the process of change and effective team problem solving—both major factors in improving organization performance. Joan Evans, MBA, Chief Learning Officer for the Moses Cone Health System in North Carolina, will return to CHA to present this full-day, highly interactive program, frequently requested by supervisors and managers attending prior management development programs.

Connecticut Hospital Association is an Approved Provider of Continuing Nursing Education by the Connecticut Nurses’ Association, an Accredited Approver by the American Nurses Credentialing Center’s Commission on Accreditation (5.25 contact hours). The John D. Thompson Hospice Institute for Education, Training and Research, Inc. designates this educational activity for a maximum of 5.25 AMA PRA Category 1 Credits™. This activity was approved by the National Association for Healthcare Quality for 5.25 CPHQ CE credits. This program is approved for 5.0 hours of Category II credit through the American College of Healthcare Executives (ACHE). This program has been approved for 5.25 (general) recertification credit hours toward PHR, SPHR and GPHR recertification through the HR Certification Institute.

Click here to view the brochure; click here to register.

Rescheduled Date: OPPS Final Rule, Wednesday, January 19, 8:30 a.m. - noon

The Centers for Medicare and Medicaid Services (CMS) has published the Outpatient Prospective Payment System (OPPS) Final Rule for 2011, defining what CMS will be implementing for OPPS in 2011. The Final Rule documents CMS’s final decisions regarding its proposed changes, including composite Ambulatory Payment Classifications (APCs), drug administration, visits, partial hospitalization, implantable biologicals, physician supervision (more changes), pulmonary rehabilitation, cardiac rehabilitation, reduced payments for therapy services, and new codes for 2011. In addition, the Final Rule continues to address quality reporting of outpatient services.

This program is approved for 3.0 hours of Category II credit through the American College of Healthcare Executives (ACHE).

Click here for the brochure; click here to register.

NNSDO Professional Development Certification Preparation Course, Thursday, January 27 and Friday, January 28, 8:00 a.m. – 5:00 p.m.

This two-day Certification Preparation Course, requested by several member hospitals, will prepare participants for the American Nurses Credentialing Center (ANCC) generalist certification examination in nursing professional development. Designed to provide an extensive review of the staff development curriculum and a practice exam, this is a good foundation course for those new to staff development in addition to those wishing to sit for the certification examination.

At the conclusion of this program, participants will be able to: explore the knowledge and strategies needed to successfully prepare for the certification exam for Nursing Professional Development; review the foundations of practice for Nursing Professional Development; identify the steps and key elements in the educational process; compare the various roles of the Nursing Professional Development practitioner; discuss critical elements for managing educational activities; and develop a personalized plan for continued preparation by completing and reviewing results from a practice test.
Mary Harper, PhD, RN-BC, will be the program speaker. Dr. Harper’s experience in nursing professional development enabled her to contribute a chapter to the Core Curriculum for Nursing Staff Development, 3rd edition, and to be a part of the ANA/NNSDO work group that revised the Scope and Standards for Nursing Professional Development in 2010. Dr. Harper serves as a Director on the NNSDO Board of Directors and represents NNSDO in the ANA Congress for Nursing Practice and Economics. She is certified in Nursing Professional Development and is the mentor for clinical faculty at Western Governors University where she teaches staff nurses in partner hospitals to coach BSN students in the clinical setting.

This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation (16 contact hours).

Click here for the brochure; click here to register.