



Thursday, January 21, 2016

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Patient Family Engagement Conference Stresses Power of Communication



A day-long conference at CHA on January 20 about how to empower patients to be in control of their own medical care began with a father's heartbreaking story about his son's premature birth and eventual diagnosis of kernicterus.

In addition to telling the story of his son Michael's medical journey, John Torello spoke persuasively about the importance of being an informed patient or family member, and the need for more consistent and empathic communication in healthcare. The program, Patient Family Engagement Conference: Communicating Clearly Across the Continuum, is part of the statewide high reliability collaborative, which expanded last year to involve patients and families.

"Communication is the key to everything," said Mr. Torello, who lives in Cheshire with his wife, Carolyn, and four children. John Torello described how, in the days after his son Michael's birth, the baby had a pulmonary hemorrhage and his kidneys began to fail. Mr. Torello said that at the time, he read his son's chart and discovered that Michael's bilirubin levels were high, but medical staff said they were not concerned.

Over the next ten months, Michael underwent numerous tests as doctors tried to figure out what was wrong. When doctors finally discovered Michael had kernicterus, a bilirubin-induced brain dysfunction, Mr. Torello was stunned, and was upset with the subsequent communication with healthcare providers. Mr. Torello's message to the healthcare professionals in the room was a simple one.

"Remember, we're all patients," Mr. Torello said. "There's this us vs. them mentality, but it's all just us."

The speakers who followed Mr. Torello echoed that point.



Leslie Krumholz, a social entrepreneur who, with her husband Dr. Harlan Krumholz, founded Hugo – a secure, cloud-based personal health platform – said people should have as much control over the medical records as they do their financial information. Instead, people often have no idea what is in their records, how to access them, or how they are being used.

"Your data is sitting in a bunch of different silos and they're not even talking to each other," said Ms. Krumholz. "I'm going to suggest that it's time to unlock that data in a secure, patient-driven manner."

Hugo, which is in the prototype phase now, will be rolled out this summer. It is a mobile, personal health record that will allow patients to keep their medical records on them at all times. Ms. Krumholz said this will allow patients to have their records during emergencies or when they want a second opinion; it will also allow them to track their own health trends and, potentially, be "data donors," if they choose to participate in the "big data, open science movement."

Participants at the conference also heard from Jennifer Cox, an attorney with Cox & Osowiecki, who gave a presentation on how patients can access their records, including by exercise of access rights granted through HIPAA, the federal law which gives patients the right to inspect, review, or receive a copy of their medical file within 30 days of making a formal request – which can be too long of a delay in some situations.

"As a consumer I'm in favor of letting patients see their own information in action," said Ms. Cox. "You should have access to real-time information. But the technology is not there yet."

Also presenting on Wednesday were: Kathy Longley, a Systems Analyst with the IT Department at Yale-New Haven Hospital, who described the hospital's patient portal, which currently serves more than 140,000 active patients; Sara Guastello, Director of Knowledge Management at Planetree, who led participants through steps to improve communication with patients; and Anne Elwell, RN, Vice President for Communication at Qualidigm, who, along with colleagues, presented a workshop on the Choosing Wisely program, which was launched four years ago by the American Board of Internal Medicine (ABIM) Foundation and Consumer Reports with the goal of helping healthcare providers work in concert with patients to provide care that is necessary, evidence-based, and safe. It is intended to eliminate over-utilized or duplicative medical procedures, which would result in more affordable, better healthcare.

Connecticut Hospitals Contribute \$21.3 Billion to State's Economy



Connecticut hospitals contributed \$21.3 billion to the state and local economies in 2014, according to the [Connecticut Hospitals: 2016 Economic Impact Report](#), a report released January 20 by the Connecticut Hospital Association.

In addition to their caregiving role, Connecticut hospitals form the backbone of their local communities and buoy the state's economy. Connecticut hospitals provide the full-time equivalent of 55,000 jobs, and nearly every hospital job produces another Connecticut job outside the hospital. Connecticut hospitals generate 108,000 jobs in our state.

In addition to generating jobs, hospital spending generates economic activity in communities throughout our



state. In 2014, Connecticut hospitals generated \$10.9 billion in annual local payroll, \$8.8 billion in spending on goods and services, and \$1.6 billion in capital spending.

"Hospitals continue to play a critical role in preserving, protecting, and improving the lives of all of the people in Connecticut," said Jennifer Jackson, CEO, CHA. "They can also be part of the solution to the state's budget problem. By returning hospital tax funds to the hospitals as the state originally intended, 6,600 jobs would be created, and the state would see a surplus of close to \$35 million every year, starting in the first year."

Investing in our state's hospitals is a win for our state's economy, patients, communities, and the healthcare system.

Connecticut Hospitals Receive Support from Chambers of Commerce

Chambers of Commerce and regional Business Councils throughout the state are in the process of finalizing their legislative priorities for the 2016 Legislative Session and many, like the Middlesex Chamber of Commerce, are supporting efforts to persuade lawmakers to repeal the hospital provider tax and fully meet the state's Medicaid funding obligations.

The Executive Committee of the Middlesex Chamber of Commerce approved a set of legislative priorities for 2016 on January 11. Specifically, the Chamber endorsed language stating businesses in Middlesex County support state policy to: "Establish a date certain to sunset the hospital provider tax and provide for full funding of the state's Medicaid reimbursement obligations to ensure financial viability of our hospitals, which are major employers and important economic drivers."

Located in Middletown and led by its long-time President Larry McHugh, the Middlesex County Chamber of Commerce has more than 2,175 members who employ more than 50,000 people. The Middlesex Chamber of Commerce's Executive Committee is chaired by Vincent G. Capece, President/CEO of Middlesex Hospital.

In addition to the Middlesex Chamber, the following Chambers of Commerce and regional Business Councils have either adopted their legislative agenda or are in the final process of adopting agendas that make hospitals a priority in the upcoming legislative session: Bridgeport Regional Business Council, Central CT Chamber of Commerce, Greater New Haven Chamber of Commerce, Milford Regional Chamber of Commerce, Northwest CT Chamber of Commerce, as well as the Windham, Norwich, New Britain, MidState, and Quinnipiac Chambers of Commerce.

Blumenthal Joins CT Healthcare Experts to Discuss Rising Drug Costs



At a roundtable discussion about rising prescription drug prices, held at Hartford Hospital on January 19, U.S. Senator Richard Blumenthal unveiled a plan to sponsor legislation that would fast-track federal approval of generic drugs.

The roundtable discussion included state Comptroller Kevin Lembo, Healthcare Advocate General Counsel Demian Fontanella, as well as Mike Rubino, Pharmacy Director at Hartford Hospital, and Peter Schauer, MD, oncologist at the Hartford HealthCare Cancer Institute at Hartford Hospital. Jim Iacobellis, Senior Vice President of Government and Regulatory Affairs, CHA, also attended the event and contributed remarks.

(l-r) Healthcare Advocate General Counsel Demian Fontanella, Comptroller Kevin Lembo, U.S. Senator Richard Blumenthal, Peter Schauer, MD, oncologist at the Hartford HealthCare Cancer Institute at Hartford Hospital, and Mike Rubino, Pharmacy Director at Hartford Hospital

Senator Blumenthal described the escalating costs of prescription drugs as a significant problem for both consumers and healthcare providers. He called for more government intervention to tackle the problem and more transparency on the part of pharmaceutical companies about what it actually costs to develop their products.

"The astronomical rise in healthcare costs is due to lax enforcement, broken markets and, unfortunately, unvarnished greed," said Sen. Blumenthal.

Sen. Blumenthal said Americans spent nearly \$300 billion on prescription drugs in 2014, which represents a 12 percent increase from the prior year and the largest overall increase in more than a decade. The average American now spends \$570 out of pocket on prescription drugs each year, he added, causing many people to forgo medically necessary treatments or go into debt.

He described it as "a problem that bedevils our healthcare system," and one that is "profoundly important to doctors, patients, and healthcare systems."

The other participants on the panel talked about how the rising cost of prescription drugs has impacted their organizations and their patients.

Dr. Schauer, who has been practicing medicine for more than 30 years, said there is a "disconnect between the value of medications and the cost" – particularly with new cancer drugs, which can be shockingly expensive but only perform "marginally" better than older drugs.

Although doctors work to find the best medications for their patients, Dr. Schauer said, "that isn't effective when, despite all your best efforts, people can't afford it. Price can have a tremendous impact."

Mr. Rubino said Hartford Hospital has a full-time employee dedicated to helping patients who can't afford their medications get access to indigent care programs at pharmaceutical companies.

Hospitals also must cope with prescription drug shortages, Mr. Rubino said, that drive up the cost of medication.

AHA to CDC: Hospitals Need Guidance on Opioid Prescribing for Chronic Pain



The American Hospital Association (AHA) has urged the Centers for Disease Control and Prevention to finalize guidance on opioid prescribing for chronic pain as soon as possible.

The AHA has made it a priority to support its 5,000 member hospitals, health systems, and other healthcare organizations in addressing opioid addiction in their communities. For example, in 2016 AHA plans to share

member practices for managing opioids in the ED, provide examples for community collaboration, and distribute additional educational tools and resources.

Connecticut is ahead of the curve in one aspect of this endeavor, having already endorsed a set of [voluntary guidelines](#) to help Emergency Department (ED) medical staff treat patients with chronic pain conditions who come to the ED.

Those guidelines were endorsed by the Connecticut Hospital Association (CHA), the Connecticut State Medical Society (CSMS), the Connecticut Chapter of the American College of Emergency Physicians (CCEP), and the Connecticut Department of Public Health (DPH) last January, as part of a broader statewide focus on opioid prescribing initiatives.

The Connecticut guidelines are one of the tools providers use to help reduce the inappropriate use of opioids while preserving the vital role of hospital EDs in treating patients with emergent medical conditions. The guidelines recognize that while providers have a responsibility to diagnose and treat pain using sound clinical judgment, and such treatment may include the prescription of opioids, providers also have a responsibility to minimize the potential for the abuse and diversion of opioids.

The project was initiated in 2012 by ED directors from hospitals across Connecticut who identified improper opioid use as a problem both nationally and in Connecticut. According to a CHA analysis of ED utilization rates from 2011 to 2014, the number of ED visits for opioid overdoses increased by 50.8% during that period.

The January 13, 2016 letter to the CDC from AHA augments previously submitted detailed comments on clinical aspects of the draft guidance, which AHA developed with members of its Committee on Clinical Leadership.

"Precisely because the dangers of under-treating pain and of over-prescribing opioids are so great, hospitals and their medical staffs are eager to have scientifically sound guidance from a well-respected organization such as the CDC," [wrote](#) Ashley Thompson, AHA Senior Vice President for Public Policy Analysis and Development.

Education Updates

Surgical Site Infections

Thursday, January 28, 2016

12:00 p.m. - 4:00 p.m.

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

CHA is partnering with the Connecticut Surgical Quality Collaborative to host a conference dedicated to learning how to reduce surgical site infections. The program starts with a patient who will discuss the repercussions of a surgical site infection. Keynote speaker Patch Dellinger, MD, a national leader in the science of surgical infection reduction, will be transferring that knowledge to help hospitals avoid infections after difficult surgeries that are at risk for infection. Dr. Dellinger will also utilize a case study that takes a patient from booking through surgery, with the intent of minimizing surgical site infections. In addition, participants will hear from the surgical teams at Yale-New Haven Hospital, Griffin Hospital, and Stamford Hospital, which have successfully reduced their infection frequencies.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.

Continuing education credits will be awarded. Please see the brochure for more details.

Financial Skills for Managers

Friday, February 5, 2016

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

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

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.

Registration begins at 8:30 a.m.

Continuing education credits will be awarded. Please see the brochure for more details.

Cross Cultural Diversity & Inclusiveness Training - Four-Hour Session for Clinical Providers

Tuesday, February 16, 2016

8:30 a.m. - 12:30 p.m.

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

CHA—in partnership with the Curtis D. Robinson Center for Health Equity at Saint Francis, Hispanic Health Council, and Connecticut Association of Healthcare Executives—is offering the Cross Cultural & Diversity Inclusiveness Training – Four-Hour Session for Clinical Providers at the Connecticut Institute for Primary Care Innovation (CIPCI) in Hartford on February 16. The program was developed in direct response to member requests for an education program to help hospitals achieve the goal of improving cultural competence in the delivery of care – part of the CHA Health Equity Collaborative initiative and the AHA #123for Equity Pledge to Act to Eliminate Healthcare Disparities.

This program has been modified from the original 10-hour, two-module training series to this four-hour session, and is designed for clinical staff. A full description of the program along with driving directions and a registration form can be found in the program brochure.

Please note: Early registration is advised. Class size is limited to facilitate discussion and active engagement of learners. While the majority of openings for this program are allocated to Saint Francis Hospital and Medical Center employees, a few slots are available to other CHA member hospitals on a first-come-basis.

This program is being held at the Connecticut Institute for Primary Care Innovation (CIPCI) in Hartford.

Continuing education credits will be awarded. Please see the brochure for more details.

CHA Regulatory Series—Wage and Hour Law Review

Monday, February 22, 2016

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

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

This program will serve as a refresher for those generally familiar with wage and hour compliance issues—and as an introduction to key issues for those with new responsibilities in this area. Participants are encouraged to bring real or hypothetical questions about regulatory interpretation to the session for an open discussion.

Registration will begin at 8:30 a.m.

***Clostridium Difficile* (C.diff) and Antibiotic Stewardship**

Wednesday, February 24, 2016

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

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

Conference attendees will hear a patient story from the daughter of a woman who died from a *C.difficile* infection. Following this presentation, Leonard A. Mermel, MD, Professor of Medicine, Warren Alpert Medical School of Brown University, and Medical Director, Epidemiology & Infection Control Department, Rhode Island Hospital—who developed *C.difficile* standards with CMS—will discuss the science of *C.difficile* and current standards. Kerry LaPlante, PharmD, Professor of Pharmacy, University of Rhode Island, Kingston, RI; Adjunct Professor of Medicine, Brown University, Providence, RI; and Director of the Rhode Island Infectious Diseases Research Program and Infectious Diseases Pharmacotherapy Specialist, Providence Veterans Medical Center, RI, will discuss the microbiome and the impact of antibiotics on guts. Additionally, Ann Spenard, Vice President of Consulting Services, Qualidigm, will discuss the project to prevent *C.difficile* in partner facilities, skilled nursing facilities, and other facilities across the continuum of care. At the end of the day, Steve Tremain, MD, will help attendees formulate a plan for implementing this new knowledge.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series in in collaboration with the Connecticut Choosing Wisely Collaborative, Qualidigm, the Connecticut Center for Patient Safety, and the Connecticut Partnership for Patient Safety.

Continuing education credits will be awarded.

