



Thursday, January 27, 2011

CHA's 2011 Executive Summit Focuses On Healthcare Reform and Accountable Care Organizations

The 2011 CHA Executive Summit, co-sponsored by the Connecticut Association of Healthcare Executives, drew almost 100 hospital executives to Wallingford yesterday to explore the implications of healthcare reform on hospitals, physicians, boards, and other healthcare providers.



Jeannette DeJesús (*pictured left*), Deputy Commissioner of the Department of Public Health and Special Advisor to the Governor on Healthcare Reform, formerly CHA's Vice President for Strategic Alliances, opened the summit, asking the assembly to consider building communities as a central ingredient of healthcare reform. Healthcare has historically been built around the providers, the insurance companies, and the employers, not the consumers, she said, and consumers—the community—can be a powerful tool to help make people healthy.



Keynote speaker Jamie Orlikoff (*pictured left*), currently National Advisor on Governance and Leadership to the American Hospital Association and Health Forum, and Senior Consultant to the Center for Healthcare Governance, reviewed reform issues and implications, stressing the status quo is not an option. Change is inevitable, he said. If it does not happen through legislation, the market will drive change, since cost must be driven out of the system. He posed strategic questions for hospital leaders regarding consolidation, physician integration, cost management, revenue cycle management, and focused in particular on quality and safety. As a practical matter, he strongly suggested participants analyze their costs, advising: "You must break-even on Medicare to survive."

Mr. Orlikoff demonstrated how many aspects of the Patient Protection and Affordable Care Act are here to stay, regardless of attempts to repeal the act. He highlighted the areas of current "relative consensus," including the need to change the payment system to reward value not volume; the need for better management of population health; a focus on reducing hospital readmissions; and transparency in cost and quality.

Accountable Care Organizations were the focus of the afternoon's presentations, following an introductory session by Mr. Orlikoff in which he compared ACOs to unicorns: "everyone knows what they are; but no one has ever seen one," but went on to contrast current reform efforts with earlier integration models. The executives heard from Ellen C. Evans, MHSA, Senior Director of The Advisory Board Company, on "A Physician-Led Approach to Managing Medical Staff Quality and Financial Performance," and from Christopher M. Jedrey (*pictured below, from left to right*), a partner at McDermott Will & Emery, who spoke about the concerns and possibilities of ACOs.



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CHA Submits Certificate of Need Comment Letter

This week, CHA submitted a comment letter to the Department of Public Health (DPH) regarding DPH's proposed regulations concerning Certificate of Need (CON). In the December 28, 2010, issue of the *Connecticut Law Journal*, DPH published a Notice of Intent to Adopt Regulations. The Notice states that the Department intends to implement the new CON process under Public Act 10-179 through the regulations referenced by the Notice.

CHA supports these regulations and appreciates the clarity afforded by the full repeal of the prior CON regulations. CHA's proposed changes outlined in the [letter](#) will substantially reduce confusion in the provider community.

For more information, please contact Jim Iacobellis, CHA's Vice President, Government Relations, at (203) 294-7310 or iacobellis@chime.org.

Governor Provides Glimpse of Budget Plan: No Early Retirement Plan, No Borrowing for Operating Expenses, and No Spending Increase; Large Cuts Expected

On Tuesday, January 25, Governor Dannel Malloy offered a framework for his first budget proposal, which will be announced next month. Governor Malloy said that his budget will not exceed the state's current \$19 billion budget, will not contain an early retirement plan for state workers, and will not rely on borrowing for operational expenses. He provided the outline of his budget at a meeting with his commissioners, agency heads, and other top appointees.

With the state facing a projected \$3.5 billion deficit, the Governor said his budget proposal for the next two fiscal years would cut \$2 billion from the projected annual cost of maintaining current services. The plan is based on four guiding principles, which include: no borrowing for current expenses, funding pension obligations, no early retirement incentive programs for state employees; and having state government operate within the current budget. The balance of the deficit not covered by the guiding principles would be made up through tax and fee increases.

Governor Malloy's vow against borrowing money for operating expenses is a two-pronged process. First, he will not propose any borrowing for operating expenses when he unveils the budget on February 16; and second, he threatened a veto of any budgets that are put together by the legislature that borrows money for operating expenses - as has been done in recent years.

A new revenue [forecast](#) issued jointly earlier this month by the Office of Policy and Management and by legislative analysts, projected General Fund revenues would grow by \$119 million beyond the level estimated in October for the upcoming fiscal year.

President Also Provides Hints of Budget Plan: Reductions in Medicare and Medicaid Spending

In Tuesday's State of the Union Address, President Barack Obama emphasized that his administration will work with Congress to pursue reductions in Medicare and Medicaid spending as part of an effort to decrease the federal deficit. He called these programs "the single biggest contributor to our long-term deficit." President Obama did not offer any policy proposals for cutting these programs, but acknowledged the work of his bipartisan National Commission on Fiscal Responsibility and Reform, which supported nearly \$400 billion in Medicare and Medicaid cuts, including a \$60 billion cut to Medicare Graduate Medical Education.

President Obama additionally proposed freezing domestic spending for the next five years, which would reduce the deficit by \$400 billion. The President's budget proposal will be released the week of February 14, and is expected to include specific proposals on cutting Medicare and Medicaid and the spending freeze.

SkillSurvey's Reference Assessment Tool Enhances Hiring

A new approach to pre-hire reference checks, a reference assessment tool, is helping some Connecticut hospitals streamline and improve their hiring process. The tool, Pre-Hire 360®, is offered by one of CHA's new vendors, SkillSurvey, and it provides a totally confidential, online reference check of potential candidates by their previous employers.

In today's competitive job market, candidates are well prepared for interviews. Department managers need to know which candidates will deliver quality care and contribute to patient satisfaction, and which ones are just good interviewees. The online tool allows hiring managers to consult the candidate's professional references and ask specific questions about competencies and work habits.

Nancy Collins, Director of Recruitment and Staffing at Yale-New Haven Hospital, says that SkillSurvey's Reference Assessment tool has "surpassed our expectations. We wouldn't think of making hiring decisions without it. This approach gives us better

insight into applicants' past behaviors and attitudes toward their work. This is a great tool for preventing poor hiring decisions at all levels.”

Once candidates are at the final stages of hiring, when it's appropriate to check their previous employment references, they are asked to select up to five former employers, who are then sent confidential surveys online to complete. Ms. Collins says the surveys can be tailored to suit a particular hospital culture, and the returned results are aggregated to allow for complete confidentiality. Reference checks can be completed in less than 24 hours.

The confidential response model allows previous employers to feel more comfortable answering real questions about actual job performance, behaviors, and competencies. In addition, according to Jim Ray, Vice President of SkillSurvey, “Many of these competencies correlate to the questions on the HCAHPS survey. As a result, hospitals now have the ability to identify and hire talent that is proven to excel at many of the items in the satisfaction survey.”

SkillSurvey's Pre-Hire 360® reference assessment tool was recently named a Top 10 HR Product of the Year by *HR Executive*. For more information, contact Jim Ray (SkillSurvey) at 508-460-1922 or jray@skillsurvey.com.

Education Updates

Eliminating Preventable Harm Through FMEA, Tuesday, February 15, 8:30 a.m. – 3:30 p.m.

Failure mode and effects analysis (FMEA) has become a centerpiece in today's proactive patient safety improvement initiatives. Although many healthcare organizations began using FMEA to meet Joint Commission standards, the technique has turned out to be an effective process improvement strategy. However, misconceptions or misapplication can turn FMEA into a laborious project that generates a lot of paperwork without sustainable patient safety gains. In this workshop, participants learn how to harness the power and benefits of FMEA for their organizations by avoiding common pitfalls and concentrating efforts on making sustainable safety improvements.

At the conclusion of this program, participants will be able to: describe the steps required to implement an effective failure mode and effects analysis (FMEA); determine how to identify the potential failures in high-risk patient care processes and select failures most in need of prevention; identify and avoid common errors that turn FMEA into a “paperwork” exercise rather than a tool to prevent harm; and integrate FMEA projects into the organization's quality improvement strategy.

The program's speaker, Patrice L. Spath, is a Healthcare Quality Specialist, teacher, and author, who has presented more than 300 training programs on quality improvement, case management, outcomes management, and patient safety improvement topics for hospitals and healthcare organizations, including past programs at CHA. She has also written numerous books and journal articles on these subjects for the American Hospital Association, Health Administration Press, and the American Health Information Management Association.

Click [here](#) for the brochure; click [here](#) to register.

Rescheduled Date: OPPS Final Rule for 2011, Wednesday, February 16, 1:00 p.m. – 4:30 p.m.

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 OPSS 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.

Each program participant will receive a comprehensive manual that outlines the final changes for 2011, an itemized table that shows all the changes for each CPT/HCPCS code between 2010 and 2011, and detailed material and references for the other topics.

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.

Changes in CPT/HCPCS for 2011, Wednesday, February 16, 8:30 a.m. – noon

CPT and HCPCS codes are the primary codes that describe individual hospital services that are billed to all payers. These code sets go through annual revisions with codes that are added, deleted, or revised. There are 1,066 code changes for 2011: 343 new codes, 545 deleted codes, and 178 codes with revised descriptions.

Co-Sponsored by the Connecticut Association of Healthcare Executives, this workshop will review code changes in CPT and

HCPCS code ranges, with emphasis on the coding changes in wound debridement, cardiac catheterizations, and the entire new section on revascularization procedures. There are also changes in interventional radiology and other key issues for both CPT and HCPCS codes. Additionally, the workshop will provide any updates published by AMA or CMS since the actual files were posted.

Each program participant will receive a comprehensive manual that outlines all the key code changes in 2011. The manual includes an itemized table that shows all added, deleted, or revised CPT or HCPCS codes for 2011. Deleted codes will list cross-reference codes where possible and revised codes will list the content of the revision. The program's speaker, Penny Brennan, Certified Massachusetts Patient Account Manager, is the Director, Consulting Division at Medical Bureau/ROI.

This program is pending approval of Category II credit through the American College of Healthcare Executives (ACHE). Click [here](#) for the brochure; click [here](#) to register.

Leaping from Staff to Management: You're a Manager. Now What?, Thursday, February 17, 8:30 a.m. – 3:45 p.m.

Making the transition from being a staff person one day to a supervisor/manager the next is a significant step for nearly everyone. Taking on a leadership role is far more challenging and complicated than ever before. Once you have met the challenge of simply getting oriented to what it means to be a manager/leader, you will discover that you carry the responsibility for meeting the demands of your organization for high productivity combined with financial prudence and regulatory compliance. You will discover that those tasks must be balanced with an excellent grasp of human relations skills in working closely and collaboratively with others. This program has been designed to get you started by exploring the basics of management and leadership in theory and applied practice, and to lay the groundwork for continued development of your leadership and management skills.

The program's speaker, Victor Walton, M.A., is a professional educator, speaker, trainer, and leadership consultant to organizations throughout the United States. He has a deep personal involvement and interest in the professional, personal growth, and development of people in changing organizations. Participants who have attended this program in the past routinely rate Vic as an outstanding speaker who offers practical approaches to effective leadership.

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 (6.25 contact hours).

Click [here](#) for the brochure; click [here](#) to register.

Coaching Skills to Improve Performance, Monday, February 28, 8:30 a.m. – 2:30 p.m.

Effective managers from all walks of life have discovered that the same skills successful coaches use to create winning athletic teams are applicable in an organizational setting as well. In fact, the ability to have effective coaching conversations with colleagues and employees is a critical skill for leaders today. So what are the characteristics of a successful coach—and how do coaching skills help to develop a culture of excellence, reliability, and accountability? Building trust, appreciating differences, encouraging and mentoring growth, active listening, providing constructive feedback, asking insightful questions, and overcoming roadblocks to goal achievement are all part of the process. In this highly interactive program, participants will learn how coaching is different from other developmental strategies, understand the coaching process, and practice coaching tools and techniques.

The program's speaker, Joan Evans, MBA, has presented several successful programs in CHA's leadership and management development series, and is a national speaker and author on a variety of leadership topics. She currently serves as Chief Learning Officer for the Moses Cone Health System in Greensboro, North Carolina.

Click [here](#) for the brochure; click [here](#) to register.