CHA Annual Meeting: Save the Date

SAVE THE DATE
Connecticut Hospital Association’s 96th Annual Meeting

Wednesday, June 18, 2014
Aqua Turf Club, Southington, CT
4:00 p.m. to 7:00 p.m.

2014 Legislative Session Convenes: Governor Presents Mid-Term Budget Adjustment

Earlier today, Governor Dannel Malloy presented his annual State of the State Address to a joint session of the Connecticut General Assembly, at which time he unveiled adjustments to the second year of the current two-year budget. He proposed no additional cuts to hospitals. CHA is currently reviewing the more than 260-page budget document, but based on initial observations, the Governor’s budget proposal contains several provisions of interest to the hospital and healthcare communities. As proposed, the FY 2015 midterm budget adjustment:

- Does not make any changes to the hospital tax scheme;
- Supports funding for the State Innovation Model (SIM) within the Office of the Healthcare Advocate, and supports the addition of one position within the Comptroller’s office;
- Maintains increased reimbursement levels for primary care physicians under the Department of Social Services’ (DSS) medical programs;
- Includes funding for the Governor’s mental health initiative – $4.25 million in FY 2015 and $7.25 million in FY 2016 (The initiatives include improved mental health services for underserved populations, an anti-stigma campaign, 110 dedicated units of supportive housing with support services from the Department of Mental Health and Addiction Services, and increased funding for residential and transitional services for high-risk populations, including young adults. In addition, legislation is being proposed to require all active state and local law enforcement personnel and candidates to receive specialized crisis intervention training.);
- Expands the False Claim Act to include all health and human services programs such as state payments made for state employee and retiree health, as well as state-paid workers’ compensation medical claims (adding 16 positions to assist with fraud recovery efforts), with the goal of recovering $104 million in FY 2015; and
- Increases by $8 million the private college and hospital payment in lieu of taxes funding for cities and towns.

Governor Malloy focused on an agenda that he says will grow the state’s economy, improve education, and ensure that families share in the economic recovery. The Governor’s agenda would increase Connecticut’s minimum wage to $10.10 by 2017.

He proposed five new education initiatives including: moving to statewide access for universal pre-K, investing in ‘Transform CSCU 2020,’ improving college completion rates, making college a more affordable by creating a program to offer new parents up to a $250 investment in a tax-free college savings account for their child, and developing early college opportunities.

Governor Malloy’s budget also includes: depositing $250 million into the state’s rainy day fund; paying an additional $100 million into the state’s public pension system; providing a sales and gas tax refund of up to $110 to every taxpayer in the state; cutting taxes on retired teachers’ pensions and non-
prescription drugs; enacting a municipal exemption for healthcare plans from insurance premiums tax; instituting a two-day state park fee holiday; and extending the angel investor tax credit. The budget also continues support for the Small Business Express program, the STEP UP program, the Manufacturing Assistance Act, and the Advanced Manufacturing Fund.

Connecticut Hospitals: Care We Can Count On

CHA’s Care We Can Count On public campaign began this week. The campaign, part of the 2014 Legislative Session advocacy, will help us share stories about the excellent care provided by Connecticut hospitals. Radio ads can be heard on stations across the state, digital ads are running on various news sites, and a new website, www.CareWeCanCountOn.org, features information about how hospitals benefit their communities and the economy. CHA wishes to thank the nurses, doctors, patients, and hospital volunteers who have contributed their voices to this campaign.

We encourage you to follow CHA and receive the latest hospital news on Facebook and Twitter.

Legislative Panel Reports on ED Use by Medicaid Clients

On January 31, the Legislative Program Review and Investigations (PRI) Committee issued its report, Hospital Emergency Department Use and Its Impact on the State Medicaid Budget. The report addressed concerns raised by legislators about the impact on the state budget of the use of hospital EDs by Medicaid recipients. It also provided legislators with information on initiatives under way to better coordinate healthcare for Medicaid clients through techniques such as intensive case management.

PRI Committee analysts noted that these concerns were heightened by the expansion of Medicaid to an increasing number of low-income residents through the Patient Protection and Affordable Care Act, and the question of whether there is an adequate network of medical professionals and other community providers to meet what will likely mean increasing demand for services.

CHA worked with PRI analysts to share the perspective of ED directors by hosting a discussion with ED directors at CHA, arranging site visits at several emergency departments, assisting in the administration of a survey of ED directors, offering testimony at a public hearing, and providing an array of information and materials for their consideration.

PRI analysts found that ED visits by Medicaid clients are not a major cost driver of the overall Medicaid budget. This finding dispels a long-held notion that there may be substantial state savings on Medicaid spending achieved by constraining, limiting, or creating disincentives to seeking emergency care.

Another key finding was that higher rates of ED utilization by Medicaid clients compared to the rest of the population suggest better access to community healthcare could improve health outcomes. The report acknowledged the need for better coordination of intensive case management (ICM) services and the need to seek Medicaid reimbursement for all of these services. The report acknowledged the efforts underway in Connecticut hospitals to establish new approaches to community care that will result in a more efficient system of care and improved patient outcomes.

Other recommendations directed the Department of Social Services (DSS) to educate Medicaid clients about alternate healthcare settings, to improve Medicaid enrollment stability through 12-month continuous eligibility, and to more rigorously monitor Medicaid clients through the state’s ASO. Analysts also recommended that DSS be statutorily required to implement a demonstration project using telehealth or telemedicine to help with access to specialists.

PRI analysts endorsed efforts underway by ED physicians, guided by CHA, to pursue the development of opioid prescription guidelines.

The PRI Committee may propose legislation to implement one or more of these recommendations during the 2014 Legislative Session.

Partial Enforcement Delay of Two-Midnight Rule

On January 31, the Centers for Medicare & Medicaid Services (CMS) extended the partial enforcement delay of its two-midnight policy for inpatient admission and medical review criteria for six months. Under the extension, recovery auditors and other Medicare review contractors will not conduct post-payment patient status reviews of inpatient hospital claims with dates of admission between October 1, 2013 and September 30, 2014. However, Medicare Administrative Contractors will continue to conduct pre-payment “probe and educate” audits on select claims for patients admitted between October 1, 2013 and September 30, 2014.

CHA opposes the two-midnight policy, for which CMS has issued only a limited amount of guidance to assist hospitals in implementation, addressing only narrow aspects of the policy that lack clarity and only serve to raise questions for hospitals. The AHA, hospital associations in New York, New Jersey, and Pennsylvania, and four hospital systems are challenging the policy with a federal lawsuit.

CHA supports legislation introduced last month, Two Midnight Rule Delay Act (H.R. 3698), and has asked hospitals to encourage their U.S. House Representatives to co-sponsor the Act. In addition to delaying the enforcement of the two-midnight policy until October 1, 2014, the Two Midnight Rule Delay Act would direct CMS to implement a new payment methodology for short inpatient stays as of FY 2015.
Education Updates

2014 Joint Commission Standards and National Patient Safety Goals Update
Friday, February 7, 2014
8:45 a.m. - 4:00 p.m.

National expert Diana Scott, VHA, will join us to present CHA's annual full-day program outlining the 2014 Joint Commission Standards, specific changes in the standards, and National Patient Safety Goals. She will highlight challenges in the goals, and discuss strategies and best practices to address them. CHA is also pleased to have Mark Crafton, Executive Director of State and External Relations at The Joint Commission (TJC), as part of the program. His presentation will include a review of the new developments in patient safety and quality solutions emerging from The Center for Transforming Healthcare, as well as the most frequent Joint Commission Requirements for Improvement in Connecticut hospitals in 2013.

Target audience: All hospital and medical staff leaders and coordinators involved in Joint Commission survey preparation, including: patient care and physician executives, staff nurses, pharmacists, quality improvement professionals, infection prevention specialists, human resources professionals, utilization/case managers, social workers, risk managers, corporate compliance officers, and in-house counsel.

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

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Demonstrating the Financial Impact of Quality Initiatives
Tuesday, February 11, 2014
9:00 a.m. - 3:00 p.m.

Healthcare leaders in all disciplines recognize the need to identify, analyze, and demonstrate the financial benefit of quality initiatives. However, those involved in such initiatives, clinicians and non-financial managers, often find it difficult to articulate the positive financial outcomes that accrue to quality improvements. This program will help clinicians and non-financial managers involved in quality improvement initiatives understand the intersection between quality and cost, and how to "connect the dots" from quality improvement to financial benefit.

Presenter: William J. Ward, Jr. is the director of the MHS Degree Program in Health Finance and Management at the Johns Hopkins Bloomberg School of Public Health where he teaches accounting and finance, and a principal with Healthcare Management Resources, Inc., a Baltimore-area consulting firm.

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

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HPI Level 3: Leadership Training Session
Tuesday, February 18, 2014
8:00 a.m. - 4:30 p.m.

The Leadership Training Sessions will provide the opportunity for Level 3 hospital leaders to get training directly from the HPI staff—each session will be taught by HPI Senior Consultant Steve Kreiser, CDR (USN Ret.), MBA, MSM. The morning portion of this session will cover staff safety behaviors and error prevention tools. The afternoon will focus on structured high reliability leadership methods to ensure sustainability to help leaders find and fix problems and reinforce accountability.

Event Registration

HPI Level 3: Leadership Training Session
Wednesday, February 19, 2014
8:00 a.m. - 4:30 p.m.

The Leadership Training Sessions will provide the opportunity for Level 3 hospital leaders to get training directly from the HPI staff—each session will be taught by HPI Senior Consultant Steve Kreiser, CDR (USN Ret.), MBA, MSM. The morning portion of this session will cover staff safety behaviors and error prevention tools. The afternoon will focus on structured high reliability leadership methods to ensure sustainability to help leaders find and fix problems and reinforce accountability.

Event Registration

Cross Cultural and Diversity Inclusiveness Training
Wednesday, February 19 and Wednesday, February 26, 2014
9:00 a.m. - 2:30 p.m.

In partnership with the Hispanic Health Council and Connecticut Association of Healthcare Executives, CHA is pleased to offer Cross Cultural & Diversity Inclusiveness Training—a unique, comprehensive, and interactive program that forms the curriculum framework and addresses the five baseline elements of a standard cultural competency program approved by the CHA Board Committee on Human Resources—to help Diversity Collaborative members achieve the goal of improving cultural competence in the delivery of care.

The Cross Cultural & Diversity Inclusiveness Training curriculum is structured as a two-module program, each session five hours in duration—delivered once each week over a two week period on Wednesday, February 19 and Wednesday, February 26. Participants should plan to attend both sessions.
Training content is based on current research that emphasizes the idea that cultural competence is not achieved through a single training event but is a lifelong commitment to learning, and professional skills development.

Diversity Collaborative team members are encouraged to attend as a way to help achieve the team goals in their organization.

Continuing education credits will be awarded to those that attend both sessions. Please see the brochure for more details.

**HPI Level 3: Leadership Training Session**
Thursday, February 20, 2014
8:00 a.m. - 4:30 p.m.

The Leadership Training Sessions will provide the opportunity for Level 3 hospital leaders to get training directly from the HPI staff—each session will be taught by HPI Senior Consultant Steve Kreiser, CDR (USN Ret.), MBA, MSM. The morning portion of this session will cover staff safety behaviors and error prevention tools. The afternoon will focus on structured high reliability leadership methods to ensure sustainability to help leaders find and fix problems and reinforce accountability.

**HPI Level 3: Train-the-Trainer Session**
Friday, February 21, 2014
9:00 a.m. - 5:00 p.m.

This train-the-trainer session is designed for hospital trainers to learn how to teach the staff safety behaviors and error prevention tools.

**2014 Smart Moves Forum on Safe Patient Handling**
Tuesday, February 25, 2014
9:00 a.m. - 2:30 p.m.

Please join us for the eighth annual Smart Moves Forum. Mary Willa Matz, MSPH, CPE, CSPHP, president of Patient Care Ergonomic Solutions, our keynote speaker, will discuss recently developed safe patient handling and mobility national standards. This year’s Forum will also include educational sessions related to safe patient handling challenges and building successful programs.

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

**Lean Principles: Process Flow and Value Stream Mapping in Healthcare**
Thursday, February 27 and Thursday, March 6, 2014
9:00 a.m. - 2:00 p.m.

As health reform changes accelerate and the challenge of lower reimbursement at both the federal and state levels unfold, hospital leaders are focused on transforming their organizations through strategies that both increase revenue and sharply reduce costs. Lean principles offer leaders a management system and methodology that eliminates roadblocks and allows hospitals to improve the quality of care for patients by improving processes, and reducing errors and waiting 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—held Thursday, February 27 and Thursday, March 6. Participants should plan to attend both sessions.

Continuing education credits will be awarded to those that attend both sessions. Please see the brochure for more details.

**Cyber Resilience Workshop**
Thursday, March 6, 2014
8:00 a.m. - 12:00 p.m.

In partnership with the Department of Homeland Security and Carnegie Mellon, CHA is pleased to offer a workshop on Cyber Resilience. This workshop is designed to introduce cyber security stakeholders and practitioners to cyber resilience concepts and to build capability and capacity across key performance areas related to cyber security, IT operations, and business continuity within critical services. The workshop is geared toward executive and operations management within critical infrastructure (public and private) sectors, and will result in tangible, useful “take-away” information related to risk-based decision-making and security planning for critical IT services underpinning core operations.

**2014 Patient Safety Summit**
Friday, March 7, 2014
8:30 a.m. - 3:30 p.m.
Please join us for CHA’s twelfth annual Patient Safety Summit. The Summit is a continuation of CHA’s successful statewide initiative to eliminate all-cause preventable harm using high reliability science to create a culture of safety.

Complete program information will be available shortly. In the meantime, please save the date for the 2014 Patient Safety Summit, which will feature nationally recognized experts who will provide strategies and tools for predicting and preventing technology-associated errors. The program will be held at CHA in Wallingford.

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