



Thursday, February 12, 2015

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### Hospital Tax Concept Raised by Finance Committee

This week, legislative committees took preliminary action on hundreds of bills. In most cases, the committees voted to raise concepts, draft bills, or to reserve proposed bills for public hearings.

On February 11, the Finance, Revenue and Bonding Committee met to raise concepts for consideration. Based on hospital advocacy to date, the Committee voted to raise a concept entitled **An Act Concerning The Hospital Tax**. The Committee also raised other concepts of interest to hospitals, including: **An Act Concerning Property Tax Reform**; **An Act Concerning The Recommendations Of The M.O.R.E. Commission**; and **An Act Concerning Revenue For Opioid Abuse Intervention And Treatment**.

Also on February 11, the Public Health Committee met and took action on more than 100 legislative proposals. In some instances, the Committee voted to raise concepts, draft bills, and reserve bills for public hearings. The full agenda of the Committee's meeting held can be found [here](#).

The Judiciary Committee voted to raise concepts entitled: **An Act Concerning Aid In Dying** and **An Act Concerning Antitrust and Hospitals**. Lastly, the Planning and Development Committee voted to raise a concept entitled **An Act Concerning Payment In Lieu Of Taxes**.

The full details and impact of the raised concepts will become known when the bills are fully drafted.

### CHA Provides Testimony on Proposed Bills



On February 10, CHA provided [qualified support](#) for **SB 290, An Act Concerning Patient-Designated Caregivers**, and **HB 5455, An Act Concerning Family Caregivers**. SB 290 would require each hospital to: provide every patient upon admission the opportunity to designate a person as a caregiver, notify the caregiver when the patient is discharged from the hospital to another facility or to the patient's home, and provide the caregiver with instructions on how to provide care for the patient when the patient returns to his or her home. Similarly, HB 5455 would require hospitals to record names of family caregivers, notify them of the patient's discharge plans, and provide instructions for follow-up care.

On February 11, CHA provided [testimony](#) in support of **HB 6550, An Act Concerning Medicaid Provider Audits**. HB 6550 seeks to establish clear parameters governing the use of extrapolation in Medicaid provider audits; specific minimum standards for statistical sampling, including a minimum error rate and types of statistical sampling that may be used; acceptable methods by which providers may challenge extrapolated findings of overpayment; and requirements concerning transparency, outreach, and education by the Department of Social Services to reduce provider errors.

Since last year, CHA, along with many of the state's provider associations, have worked collaboratively to develop detailed proposals that seek to achieve transparency in audit practices, clarity for Medicaid providers, and fairness of the audit process.

### Connecticut Hospitals Contribute \$ 21.9 Billion to State's Economy

Connecticut hospitals contributed \$21.9 billion to the state and local economies in 2013, according to [Connecticut Hospitals: 2015 Economic Impact Report](#), a report released this week by the Connecticut Hospital Association (CHA).

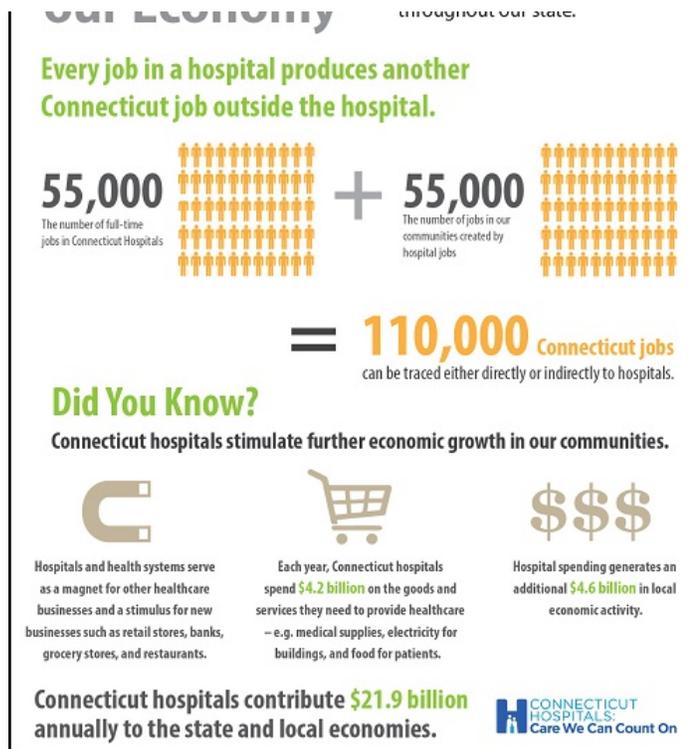
In addition to their caregiving role, Connecticut hospitals form the backbone of their local communities and buoy the state's economy. Hospitals provide 55,000 jobs, and every hospital job produces another Connecticut job outside the hospital.

In addition to generating jobs, hospital spending generates additional economic activity in communities throughout our state. In 2013, hospitals generated \$11.5 billion in annual local payroll, \$8.8 billion in spending for goods and services, and \$1.6 billion in capital spending.

"Hospitals play a vital role in our economy," said Jennifer Jackson, CEO, Connecticut Hospital Association. "However, as hospitals lead the charge to transform care in our state to be safer, more integrated, and less costly, they face mounting fiscal pressures that threaten their ability to stay strong for the future. As a result of the hospital tax, hospitals pay \$254 million every year in taxes on patient care instead of investing that money in patients, staff, technology, and facilities—and it adds \$123 every year to the cost of care for each person with commercial insurance."

Hospitals are seeking a five-year phase-out of the hospital tax, which would help ensure that hospitals can continue their mission of caring and their positive impact on local and state economies.





#### CT Hospitals Featured in Partnership for Patients Video Series



[UConn Health](#) and [MidState Medical Center](#) are the subjects of new videos by the American Hospital Association's (AHA) Health Research & Educational Trust (HRET) Hospital Engagement Network (HEN) because of their success in eliminating harm through the Partnership for Patients initiative.

Partnership for Patients, a three-year project that ended in December 2014, was an initiative of the national Centers for Medicare & Medicaid Services designed to reduce preventable inpatient harm by 40 percent and readmissions by 20 percent. All Connecticut hospitals participated; they achieved the 40 percent reduction target in four categories - adverse drug events, pressure ulcers, surgical site infections associated with hysterectomies, and ventilator-associated pneumonia - and the target for 20 percent reduction in readmissions.

UConn Health and MidState Medical Center are being highlighted as part of a national video series to recognize the work of some of the high performing hospitals. The videos showcase the successes and lessons learned.

Nearly 1,500 hospitals in 31 states participated in the AHA/HRET Partnership for Patients initiative, including Connecticut hospitals. The Hospital Engagement Network estimates that the Partnership for Patients effort prevented more than 92,000 harms with cost savings of \$988 million.

The full video series is accessible [here](#).

#### David Nash to Deliver Keynote Address at Patient Safety Summit



David B. Nash, MD, Dean of the Jefferson School of Population Health, will deliver the keynote address at CHA's 13th Annual Patient Safety Summit on Tuesday, March 10, 2015. The Patient Safety Summit, held each spring at CHA, features nationally renowned experts. It 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.

Dr. Nash is a board certified internist who is internationally recognized for his work in public accountability for outcomes, physician leadership development, and quality-of-care improvement. In addition to his role at Jefferson, he is a principal faculty member for Quality of Care programming for the American Association of Physician Leaders. He is on the NQF task force on Improving Population Health and is on the John M. Eisenberg Award Committee from The Joint Commission. Dr. Nash is also a founding member of the AAMC-IQ Steering Committee, the group charged with introducing the tenets of quality and safety into medical education.

The 2015 Patient Safety Summit will focus on health outcomes, health distribution within a population, health determinants, and the policies and strategies needed to improve population health in an era of transformation in healthcare.

The program is co-sponsored with Qualidigm. Click [here](#) to register.

#### Education Updates

**Demonstrating the Financial Impact of Quality Initiatives**

Thursday, February 19, 2015

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

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

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. See the brochure for details.

**CHA Regulatory Series—Wage and Hour Law Review**

Thursday, February 26, 2015

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.

Continuing education credits will be awarded. See the brochure for details.

**HRO Leadership Method Training for Ambulatory Practices**

Thursday, March 12, 2015

9:30 a.m. - 4:00 p.m.

[Event Registration](#)

This ambulatory session will be held at CHA and all ambulatory participants are welcome to join us. Leadership sessions teach the science of safety and behaviors and practices of High Reliability organizations.

**HRO Creating Sustainability for High Reliability Organizations**

Monday, March 16, 2015

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

[Event Registration](#)

This session is for leaders in the organizations that have trained staff in high reliability behaviors and practices and are looking for techniques to improve the likelihood that high reliability does not become a flavor of the month.

**HRO Fair and Just Accountability**

Monday, March 16, 2015

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

[Event Registration](#)

Fair and Just Accountability is for anyone who manages people and the course trains staff how to use the Performance Management algorithm and why Fair and Just Accountability is important to creation of a safety culture.

