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Hospitals Provide Testimony on Department of Social Services Budget Proposals

Representatives from CHA and hospitals across the state testified at a public hearing before the Appropriations Committee on February 21, urging lawmakers to support the 2017 hospital agreement and oppose proposed cuts to healthcare services found in the 2019 state budget adjustments.

The public hearing, which was preceded by a meeting of the Committee, dealt with provisions in the proposed budget adjustments related to the Department of Social Services (DSS). Hospitals from across the state provided unified and compelling testimony in opposition to [HB 5035](#), An Act Adjusting The State Budget For The Biennium Ending June 30, 2019.

Testifying in [opposition](#) to the bill, Stephen Frayne, Senior Vice President, Health Policy, CHA, asked lawmakers to reject all attempts

to deviate from the 2017 hospital agreement.

That agreement, which was approved by the legislature last November, was designed to help both the state and hospitals, Mr. Frayne pointed out, because it increases the state tax on hospitals from \$556 to \$900 million per year, qualifying the state for additional federal aid and raising payments back to hospitals from \$118 million to \$691 million per year. For the state, he said, the gain from the tax is increased from about \$520 million per year to \$650 million per year.

Specifically, CHA testified in opposition to provisions of the Governor's budget that:

- Maintain in FY 2020 the hospital tax at the FY 2018 and FY 2019 levels, while failing to provide any corresponding supplemental payments.
- Eliminate Medicaid payments for graduate medical education, for a \$21.1 million reduction in funding to hospitals.
- Reduce enhanced reimbursement for primary care providers by \$8.5 million.
- Eliminate \$20 million per year in grants for capital needs in hospitals.
- Recommend that the previously proposed, new restrictions on the Medicare Savings Program (MSP) be enacted.

“Eliminating GME funding, reducing primary care funding, eliminating grant funding, raising the tax – if implemented individually or in any combination – undermine the budget agreement that helped the state reduce the deficit by \$650 million per year and hospitals to reduce losses under the tax by \$229 million per year,” Mr. Frayne testified.

The following hospitals and health systems also provided testimony on the bill: Connecticut Children’s Medical Center, Griffin Hospital, Hartford HealthCare, Norwalk Hospital, St. Vincent’s Medical Center, Stamford Health, Trinity Health Of New England, and Yale New Haven Health.

**Hospitals Testify Against Cuts to DMHAS Budget**

On February 16, CHA, as well as representatives from several Connecticut hospitals, offered testimony at a public hearing of the Appropriations Committee in [opposition](#) to [HB 5035](#), *An Act Adjusting The State Budget For The Biennium Ending June 30, 2019*, which makes cuts to the state Department of Mental Health and Addiction Services (DMHAS) budget.



Patricia Rehmer, President for Behavioral Health, Hartford HealthCare

The public hearing before the General Assembly's Appropriations Committee concerned provisions of Governor Malloy's proposed FY 2019 state budget adjustments relating to the DMHAS budget.

Specifically, the proposed budget includes a reduction to grants for mental health and substance abuse services by approximately \$3 million; cuts another \$1 million from regional mental health centers, home, and community-based services; and calls for a \$2 million reduction to the DMHAS budget to accommodate the privatization of the agency's Young Adult Services residential beds.

CHA is concerned that these reductions will further burden the already overtaxed mental health system, as well as intensify the burden placed on hospital Emergency Departments and outpatient clinics, which both serve as key providers of mental health safety net services.

In its testimony, CHA stated that the proposed cuts in the DMHAS budget would put additional financial pressure on all community providers, including hospitals, at a time when Connecticut citizens continue to wrestle with prescription drug abuse and opioid addiction, which are conditions exacerbated by unmet social service, medical, or mental health needs.



Charles Herrick, MD, Department Chair, Psychiatry, Danbury Hospital

Lastly, CHA voiced support for \$5 million in additional funding for emergency placements in the Department of Developmental Services (DDS) budget to support emergency placements for residential and day services and for youth in Emergency Departments.

Also testifying at the hearing were the following hospitals and health systems: Connecticut Children's Medical Center, Eastern Connecticut Health Network, Hartford HealthCare, Stamford Health, Trinity Health Of New England, Western Connecticut Health Network, Yale New Haven Health, and the Hospital for Special Care.

Harsh Flu Season Continues, Claims Life of Second Connecticut Child

The harsh flu season continues to take its toll nationally and locally, claiming the life of a second Connecticut child and filling hospitals with sick patients. State and federal officials are urging people to get a flu vaccine and practice effective hand hygiene to protect against the virus.

The death toll in Connecticut rose to 97 last week, according to the state Department of Public Health, and included the death of a 6-year-old Norwalk child who reportedly died of suspected flu-related complications. Flu activity remains high and widespread across the state, according to DPH, with a total of 1,951 patients hospitalized with confirmed cases of flu between August 27, 2017 and February 17, 2018. Statewide ED visits attributed to flu have increased to 14 percent, DPH reported.



Of the 97 deaths linked to the flu, 78 were among patients over the age of 65, 11 were 50-54 years of age, 5 were 25 to 49 years of age, and 2 were between 5-17 years of age. A total of 6,267 positive influenza laboratory tests have been reported so far this season.

The national numbers are equally grim. The flu hospitalization rate rose last week to 67.9 per 100,000 people, the highest rate for this point in the year since the Centers for Disease Control and Prevention (CDC) began enhanced surveillance of confirmed flu hospitalizations during the H1N1 pandemic in 2009-2010.

According to the CDC, the H3N2 strain predominant now has been associated in past years with more hospitalizations and deaths in older adults and young children. It accounts for the 84 flu-associated pediatric deaths that have been [reported](#) nationally so far this season. The CDC reports there have been 19,398 flu hospitalizations in the 13 states that report data to the agency's surveillance network.

According to early [estimates](#) released yesterday, this season's flu vaccine has been 36 percent effective overall. The CDC continues to recommend flu vaccination for everyone six months and older, as flu activity is likely to remain elevated for several more weeks. Additionally, if vaccinated people get the flu, symptoms can be less severe. There are also anti-viral medications that can mitigate symptoms if taken within the first 48 hours.

U.S. Senator Richard Blumenthal, along with several other senators, has proposed legislation that would allocate \$1 billion over the next five years toward the development of a universal flu vaccine. Sen. Blumenthal announced his co-sponsorship of the legislation at an East Hartford flu shot clinic on February 17.

In 2011, the CHA Board adopted a statewide policy endorsing mandatory influenza vaccination for hospital personnel as part of CHA hospitals' commitment to patient safety. To date, the vast majority of acute care CHA member hospitals in Connecticut have implemented a mandatory participation or mandatory vaccination program.

Three Prominent Lawmakers Announce Their Retirements

Three long-serving members of the General Assembly recently announced that they will not seek re-election in November.



State Sen. Tony Guglielmo (R-Stafford), who was first elected to represent the 35th Senate District in 1992, announced his retirement from politics on February 16. Senator Guglielmo serves as Co-chairman of both the Public Safety and the Internship Committees, and is a member of the Legislative Management Committee and the Executive and Legislative Nominations Committee. Sen. Guglielmo is a former member of the Johnson Memorial Hospital Board of Directors, and was the former Chairman of the Johnson Memorial Hospital Development Corporation.

The 35th Senate District includes the towns of Ashford, Chaplin, Coventry, Eastford, Ellington, Hampton, Pomfret, Stafford, Tolland, Union, Vernon, Willington, and Woodstock.



State Representative Jeff Berger (D-Waterbury), who serves the 73rd House District, also announced his decision not to seek re-election in November. The 73rd House District covers a portion of the city of Waterbury.

First elected in 2000, Rep. Berger currently serves as a Deputy Speaker of the House, and previously served as Chairman of the Commerce Committee and the Finance, Revenue and Bonding Committee. During his tenure in the General Assembly, Rep. Berger championed redevelopment of polluted former industrial and commercial properties, commonly referred to as brownfields.

Prior to being elected to the General Assembly, Rep. Berger served on the Waterbury Board of Aldermen. He was a Waterbury police officer for 20 years.

Finally, in the Southeastern part of the state, state Representative Diana Urban (D-North Stonington) announced on February 18 that she will not seek re-election to the 43rd District seat this fall. First elected in 2000, Rep. Urban serves as the House Co-chairperson of the Committee on Children and is a member of the Banking and Legislative Regulations Review Committees.

The 43rd House District includes the towns of Stonington and North Stonington.

Rep. Urban is the fifth Democratic House member to bow out of the November election.



CHA Annual Meeting Awards – Call for Nominations



CHA will hold its 100th Annual Meeting on Thursday, June 14, 2018. Nominations for Annual Meeting awards are now open. The awards are an important part of the CHA Annual Meeting and a valuable opportunity to showcase Connecticut hospital and staff achievements.

The *2018 John D. Thompson Award: A Commemorative Award for Excellence in the Delivery of Healthcare Through the Use of Data* recognizes outstanding achievement in patient care quality initiatives. All CHA acute care and other hospital members, as well as systems, are encouraged to apply. The award is sponsored by CHA's education and research affiliate, the Connecticut Healthcare Research and Education Foundation (CHREF). Please note that there is a two-

year period of ineligibility for previous John D. Thompson Award winners.

Click [here](#) for an application.

The *2018 Connecticut's Hospital Community Service Award*, now in its 26th year, is an excellent opportunity for recognition of outstanding achievements in community service. The award is sponsored jointly with the Connecticut Department of Public Health (DPH) and CHA.

Hospital systems are permitted to apply for the Community Service Award, in addition to individual hospital applications. Please note that there is a two-year period of ineligibility for previous Community Service Award winners. (This represents a change from previous years, when the ineligibility period was three years.)

Click [here](#) for an application.

For CHA's centennial celebration, we intend to take a different approach to honoring our healthcare heroes, so there will not be a traditional application process for that award.

All entries must be received by Friday, March 23, 2018.

Education Updates

The Basics of Budgeting

Monday, February 26, 2018

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

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

Many healthcare department managers have traditionally risen from the professional ranks as successful clinicians or technicians but have little or no formal business financial training. As a result, many are thrust into a chaotic environment without the necessary

knowledge or tools in financial management. Skills in planning and budgeting are essential if they are to achieve the institution's mission and contribute to "bottom line" results, particularly in an environment of chronic federal and state underfunding. This management development program, part one of a two-part series, provides managers with an introduction to budgeting concepts, including calculating the volume budget and a revenue budget, tools to develop staffing plans, as well as salary and supply budgets, and information on how best to handle capital and equipment requests. Bill Ward, a dynamic lecturer on financial management in healthcare, returns at member request to present the program.

Part two of this program is planned for April 24, 2018.

Healthcare Financial Management - an Overview

Tuesday, February 27, 2018

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 financial results. Bill Ward will present the program.

Please note: this program was previously called Financial Skills for Managers and is targeted to those with limited exposure to financial management concepts.

Issue-Based Forum: Patient Access Rights and Release of Information

Thursday, March 22, 2018

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

[Event Registration](#)

CHA members are invited to attend an issue-based forum with a focus on assisting hospitals with achieving understanding and compliance related to patient access rights and release of information, including an emphasis on the nuances specific to substance use treatment records. There is no cost associated with this event, which is intended for a broad hospital audience.

CPQC Neonatal Abstinence Syndrome Conference

Thursday, March 22, 2018

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

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

CHA will host the Connecticut Perinatal Quality Collaborative (CPQC) conference on March 22. Presenters will discuss strategies for working with mothers in recovery from substance use disorder, and ways to create an environment that enables clinicians to work with mothers and babies with Neonatal Abstinence Syndrome (NAS).

Responding to the Opioid Epidemic

Thursday, March 22, 2018

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

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

A conference to address responses to the opioid epidemic will take place at CHA on March 22. The conference will include presentations on the history of the opioid epidemic in our state, the science of addiction, and practical hospital strategies for managing this patient population.

