Governor Stops Payments to Hospitals

On March 2, hospitals received notice that Secretary of the Office of Policy and Management Benjamin Barnes ordered the Department of Social Services (DSS) to "hold on making any additional supplemental payments through either the inpatient supplemental pool or the small hospital pool" due to the projected current year budget deficit of approximately $266 million. In addition, Secretary Barnes stated that he was "not optimistic that we will be able to move forward with any further state payments this fiscal year." Lastly, he stated that the order to withhold payments will impact federally qualified health plans, in addition to hospitals.

The combination of this new $150 million cut with the $90 million cut already in place amounts to a reduction in state funding to hospitals of approximately $300 million in the current fiscal year.

In the following days, the Human Services Committee will hold a public hearing on CHA's bill requiring DSS to pay hospitals the funding appropriated in the state budget in full and on time.

Please click here to join a new letter-writing campaign on this issue.

CHA Testifies on Various Bills of Interest to Hospitals

On Friday, February 26, 2016, Carl Schiessl, Director, Regulatory Advocacy, CHA, testified before the Joint Committee on Finance, Revenue and Bonding in opposition to sections 2 and 3 of HB 5047, An Act Concerning Exemptions Under The Property Tax.

The bill, which was proposed by Governor Malloy, would require any hospital claiming an exemption from the property tax to file a personal property declaration and affidavit for each assessment year in every municipality in which such personal property is located. The bill applies only to hospitals, not to other not-for-profit organizations that claim exemptions from the property tax, such as schools, charitable organizations, museums, and human service organizations.

In his testimony against the bill, Mr. Schiessl said the "most distressing aspect of this new filing is that it subjects a hospital to full taxation of all of its property, both real and personal, if the hospital fails to timely file a declaration, or includes insufficient information, or is not signed." Mr. Schiessl also pointed out that the bill subjects hospitals to a penalty of 26 percent of the assessment of its property, which means their taxes would be based on 125 percent of the property’s assessed value – a penalty he described as "startling, contrary to the principles of fairness in tax administration, excessively harsh, and punitive."

CHA also objected to the bill because it discriminates between hospitals and other exempt organizations, because the new, October 1 filing date is inconsistent with the filing date for all other taxpayers, because the new filing requirement was never discussed or voted on by the State Tax Panel, and because the bill would require local tax assessors to report annually to OPM, which will then report to the legislature.

CHA was joined in its opposition to HB 5047 by Trinity Health-New England, Hartford Healthcare, Connecticut Children’s Medical Center, L+M Hospital, and Yale New Haven Health System.

This week, CHA also provided testimony on the following bills:

- **SB 289**, An Act Concerning Health Care Services, which would make various changes to provisions enacted in public act 15-146 and to allow trained persons to perform oxygen-related patient care activities in a hospital. Read the testimony submitted to the Public Health Committee on March 2 here.
- **SB 291**, An Act Requiring Site-Neutral Reimbursement Policies In Contracts Between Health Carriers And Health Care Providers, which would require site-neutral reimbursement policies to be included in contracts between health insurers and other entities that contract with health care providers for the provision of health care services. Read the testimony submitted to the Insurance and Real Estate Committee here.
- **SB 247**, Act Concerning A Cause Of Action For Loss Of Consortium By A Minor Child With Respect To The Death Of A Parent, a bill that seeks to establish a cause of action for loss of consortium by a minor child with respect to the death of a parent in a manner that is consistent with the Connecticut Supreme Court's decision in Campos v. Coleman, 319 C. 36 (2015). Read the testimony submitted to the Judiciary Committee on February 29 here.
- **HB 5451**, An Act Concerning The Department Of Public Health’s Recommendations For Various Revisions To The Office.
Of Health Care Access Statutes, which makes several changes to OHCA’s statutes, including one which significantly lowers the standard by which OHCA may impose a civil penalty for failure to seek Certificate of Need approval as required by Section 19a-638. Read the testimony submitted to the Public Health Committee on March 2 here.

- **SB 217**, An Act Concerning The Study Of The Provision Of Community-Based Health Care Services, which requires the study of the effectiveness of providing community-based healthcare services to include cost savings to Medicaid and payment models for expanded services to be rendered by emergency medical services personnel. Read the testimony submitted to the Public Health Committee on March 2 here.

- **SB 290**, An Act Concerning The Sale And Purchase Of Tobacco Products, Electronic Nicotine Delivery Systems And Vapor Products And Signage Concerning The Use Of Such Products And Systems, which would (1) raise the minimum age to twenty-one for the purchase of tobacco products, electronic nicotine delivery systems and vapor products, (2) clarify that “vapor product” does not include a medicinal product used by licensed health care providers to treat patients in a health care setting, and (3) clarify that signs stating that the use of a product or system is prohibited does not need to be placed in every room of a building as long as such signs are posted in a conspicuous place in such building. Read the testimony submitted to the Public Health Committee on March 2 here.

- **SB 291**, An Act Concerning Telehealth Providers’ Access To Patient Records, which would allow a telehealth provider to provide telehealth services when the provider has access to, or knowledge of, the patient’s medical history or the patient’s health record. Read the testimony submitted to the Public Health Committee here.

Regional Health Equity Council Report Finds Health Disparities in New England

The New England Regional Health Equity Council (RHEC) issued a report this week finding that racial, ethnic, and disabled populations in Connecticut and other New England states have significantly lower rates of health insurance coverage, receive fewer preventive health services, smoke at higher rates, and have less access to healthy food and opportunities for physical activity as compared to whites and non-disability populations.

Marie Spivey, EdD, RN, Vice President, Health Equity, CHA, co-chairs the New England RHEC.

“The Council, which was the first of ten to be created by the U.S. Department of Health and Human Services Office of Minority Health, functions independently to ensure that issues, strategies, policies, practices, and required actions are applicable to the six New England states, that stories and successes are shared with broad constituencies, and that it engages in actions to advance health equity and/or improve healthy living standards for the region’s most vulnerable populations,” said Dr. Spivey.

The Health Equity Profile report was created using “social determinants of health” to determine what adult racial and ethnic minorities and adults with disabilities are experiencing in terms of health disparities. Among its many conclusions, the report found:

- Compared to 93 percent of whites in New England, minority groups are less likely to have medical insurance, including only 75 percent of Hispanics.
- Many racial and ethnic minorities and persons with disabilities in several New England states are twice—even up to three times—more likely than whites and non-disability populations to delay needed medical care because of cost.
- Disability populations in all New England states suffer from significantly higher rates of coronary heart disease, stroke, cancer, and diabetes than those without a disability.
- In Connecticut, 14 percent of people identified as Black or African American have diabetes, as compared to 8 percent of Whites.

In the report, the Council issued a call to regional leaders to work together to address the health equity of racial and ethnic minorities and persons with disabilities. In addressing existing health disparities, the New England RHEC challenged leaders and stakeholders to recognize that education, employment, and income are significant determinants of health.

Improving health equity and access to care are core missions of the Connecticut Hospital Association and its member hospitals, which launched the statewide CHA Health Equity Collaborative in 2011. Connecticut hospitals, through CHA, are leading several initiatives, such as the Connecticut Asthma Initiative, that are aimed at addressing healthcare disparities. Connecticut hospitals are also emphasizing cultural competency as an institutional priority and taking the AHA #123forEquity Pledge to Act to Eliminate Health Care Disparities, which is a part of a national call to action to eliminate healthcare disparities.

Norwalk Community Care Team Featured in AHA Behavioral Health Guide

A case study that details the work of the Greater Norwalk Community Care Team is featured in the new American Hospital Association Hospitals in Pursuit of Excellence guide, “Triple Aim Strategies to Improve Behavioral Health Care.”

The case study describes how Norwalk Hospital partnered with community stakeholders to establish a Community Care Team, which focuses on delivering enhanced, holistic care to individuals with complex medical and psychosocial challenges. Community Care Teams have been successfully piloted in certain regions of the state, bringing together the widest array of community medical, mental health, and social service providers to address the needs of frequent visitors to emergency departments.

The Greater Norwalk Community Care Team comprises about 15 representatives from participating organizations who meet weekly to discuss 12 to 17 “clients” or cases.

The case study also details how Greater Norwalk Community Care Team members analyze utilization data, including demographics and diagnoses; frequency of ED visits; housing placement; and connection to medical, psychiatric, substance abuse and case management services. A care team navigator facilitates meetings, keeping notes of patients’ individual treatment plans and coordinating work to ensure follow-up. The navigator also monitors ED utilization on a monthly basis, with near real-time results to track program effectiveness.

The efforts are paying off, according to the study: from spring 2014 to fall 2015, the Greater Norwalk Community Care Team developed care plans for 177 individuals. Outcomes for patients with care plans include mental health stabilization, maintained sobriety, and a reduction in inappropriate ED visits by nearly 27%.

Unfortunately, funding for Connecticut’s Community Care Team program is at risk. Governor Dannel Malloy has proposed an elimination of funding for the program in the 2017 budget. CHA and many of Connecticut’s hospitals and providers testified against the governor’s proposal last month. Read CHA’s testimony here.
CHA 98th Annual Meeting

SAV THE DATE
Connecticut Hospital Association’s
98TH ANNUAL MEETING

Tuesday, June 28, 2016
Aqua Turf Club, Southington, CT

CHA Annual Meeting Awards - Call for Nominations

We are accepting nominations for the CHA Annual Meeting awards - the deadline for all applications is Friday, March 25, 2016. The presentation of the awards is an important part of the CHA Annual Meeting and a valuable opportunity to showcase Connecticut hospital and staff achievements. Award applications/nominations are linked below.

The 2016 John D. Thompson Award for Excellence in the Delivery of Healthcare Through the Use of Data recognizes outstanding achievement in patient care quality initiatives. It is sponsored by CHA's education and research affiliate, the Connecticut Healthcare Research and Education Foundation (CHREF). All CHA acute care and other hospital members are encouraged to apply. Note: There is a two-year period of ineligibility for previous John D. Thompson Award winners. Click here for an application.

The 2016 Connecticut's Hospital Community Service Award is an excellent opportunity for recognition of outstanding achievements in community service. The award is sponsored jointly by CHA and the Connecticut Department of Public Health (DPH). Note: There is a three-year period of ineligibility for previous Community Service Award winners. Click here for an application.

CHA’s Healthcare Heroes Awards celebrate the invaluable contributions of healthcare workers, both to their field and to the community at large. CHA is seeking nominations from both direct patient care and nonclinical areas of CHA member facilities. Ten healthcare heroes, selected by a panel of judges, will be awarded a $100 cash prize. Click here for an application. All entries must be received by Friday, March 25, 2016. Winners will be honored at the CHA Annual Meeting on Tuesday, June 28, 2016.

Education Updates

Cross Cultural and Diversity Inclusiveness Training
Session One: Monday, March 14, 2016
Session Two: Monday, March 21, 2016
8:30 a.m. - 2:00 p.m.

In partnership with the Hispanic Health Council, the Saint Francis Center for Health Equity, and the Connecticut Association of Healthcare Executives, CHA is again pleased to offer Cross Cultural and Diversity Inclusiveness Training (CC&DIT)—a unique, comprehensive, and interactive program to achieve the goal of improving cultural competence in the delivery of care and addressing healthcare disparities.

The CC&DIT curriculum was developed in direct response to member requests for help in providing diversity education and is structured as a two-module program, each session five hours in duration—delivered once each week over a two-week period. 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. With over 200 members completing the training, program evaluations have been consistently positive about the value of this training.

The program provides an opportunity for hospitals who have taken the AHA #123 Equity Pledge to Act to Eliminate Healthcare Disparities to meet the requirement for training staff in cultural competence.

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.

Staff to Management: Starting the Transition
Wednesday, March 16, 2016
9:00 a.m. - 3:00 p.m.

Making the transition from being a staff person one day to a supervisor/manager the next is a significant step. Transitioning from individual contributor to being effective in a leadership role is far more challenging and complicated than ever before and requires the ability to use the tools of diplomacy, negotiation, persuasion, and alliance-building to a greater degree than one used in the past.

Managing the demands of your organization for high productivity and quality, combined with financial prudence and regulatory compliance, are only part of the equation. You will discover that those tasks must be balanced with an excellent grasp of human relations skills in working closely and collaboratively with others and managing change.
Conflict Management: Engaging the Difficult Employee  
Thursday, March 17, 2016  
9:00 a.m. - 3:00 p.m.  
View Brochure | Event Registration

It is clear to almost everyone that conflict is inevitable in life—in our personal lives as well as in the workplace. Different personalities, different work styles, cultural/ethnic norms, and differences in generational mix, all lead to an endless possibility of conflict surfacing at work.

What is not so clear is the role conflict plays in the process of change and effective team problem solving—both major factors in improving organization performance. How can we recognize and manage the sources and trigger points of conflict? When is conflict healthy—what makes it destructive? How can we reduce or defuse unnecessary conflict? What are the various styles of dealing with conflict, and the risks and benefits of each approach?

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

2016 CHA Patient Safety Summit  
Thursday, March 24, 2016  
9:00 a.m. - 3:30 p.m.  
View Brochure | Event Registration  

Please join us for CHA's 14th annual Patient Safety Summit, co-sponsored with Qualidigm and the Connecticut Association of Healthcare Executives. The 2016 Patient Safety Summit will offer multiple sessions and perspectives on worker safety and worker engagement—the next step on our High Reliability journey.

We are pleased to announce that Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, President, American Nurses Association (ANA), will join us for a presentation on worker mobility issues, and Rachel Kaprielian, Regional Director U.S. Department of Health and Human Services, will share information on labor and workforce development.

The Summit will also include presentations on effective worker safety programs that have been implemented in hospitals, workplace safety initiatives underway in long-term-care facilities, and a closing presentation from Jackie Conrad, Cynosure Health Solutions—a consultant with AHA's Partnership for Patients HEN 2.0 collaborative, on worker safety.

Continuing education credits will be awarded.