Tomorrow: Donald Berwick, MD, to Headline CHA’s 2012 Patient Safety Summit

Tomorrow, Donald Berwick, MD, former Administrator of the Centers for Medicare & Medicaid Services (CMS), will provide the keynote address to a full house at CHA’s 2012 Patient Safety Summit.

Dr. Berwick is one of the country’s foremost advocates for patient-centered high-quality healthcare. A pediatrician by background, he has also served on the faculty of Harvard Medical School.

While leading CMS, Dr. Berwick initiated Partnership for Patients, a national project designed to reduce preventable inpatient harm by 40% and readmissions by 20% over a three-year period. In Connecticut, the Partnership for Patients initiative is provided to acute care hospitals through a partnership between CHA and the Health Research and Educational Trust (HRET), the non-profit research and educational arm of American Hospital Association.

This is the tenth anniversary of CHA’s annual Patient Safety Summit. This year’s program, officially marking the start of CHA’s statewide initiative to eliminate all-cause preventable harm using high reliability science to create a culture of safety, will feature a number of experts in reducing serious safety events. In addition to Dr. Berwick, the summit will include presentations from Kerry Johnson, Founding Partner and Chief Innovation Officer at Healthcare Performance Improvement (HPI); Maulik Joshi, President of Health Research and Educational Trust and Senior Vice President of Research at the American Hospital Association; Mary Anne Hilliard, Esq., Chief Risk Counsel at Children’s National Medical Center; Amy Vance, Chief Operating Officer at Presbyterian Healthcare, Novant Health; and Tom Zweng, MD, Senior Vice President of Medical Affairs at Presbyterian Healthcare, Novant Health.

CHA Testifies on Establishing a Basic Health Plan and Other Bills of Interest to Hospitals

At yesterday’s Public Health Committee public hearing, Stephen Frayne, CHA’s Senior Vice President of Health Policy, provided testimony in opposition to SB 425, An Act Concerning A Basic Health Program. SB 425, essentially the same as HB 5450, An Act Establishing A Basic Health Program, directs the Department of Social Services to establish a Basic Health Plan (BHP) for those individuals with a family income between 133 and 200 percent of the federal poverty level (FPL). The BHP would become the new insurance coverage for those individuals currently on Medicaid with incomes above 133 percent of FPL as well as others not currently enrolled in Medicaid that meet the eligibility criteria. In opposing the bill, CHA cited the need to move the population with incomes between 133 and 200 percent of the FPL into the Connecticut Health Insurance Exchange, thus providing that population with a robust network of providers and moving individuals out of a program that reimburses providers at Medicaid rates. Public Health Committee members questioned Mr. Frayne at length about the intricacies of the BHP, its relationship to the Connecticut Health Insurance Exchange, and the financial underpinnings of the plan. Committee members were very interested in understanding how the BHP would work and interrelate with existing state health programs.

Also yesterday, CHA submitted testimony to the Public Health Committee regarding HB 5515, An Act Concerning Physician Assistants, which would update the requirements for supervision of physician assistants. CHA supports this bill but requested revisions to align the bill with other laws and mandates. The bill as drafted could unintentionally interfere with the non-delegable obligations of hospitals to oversee certain administrative aspects of practitioner and staff credentials and duties.
On Monday, March 19, CHA provided testimony in support of HB 5339, An Act Extending The Reporting Requirements For And Expanding The Membership Of The Task Force To Study The Distribution Of State Funds To Municipalities. HB 5339 expands the membership of a previously established task force on the distribution of state funds to municipalities to include the chief executive officer of the Connecticut Hospital Association, or her designee. State funds being considered by the task force include grants paid to municipalities as payments in lieu of taxes (PILOT) on real property of private colleges, general hospitals, chronic disease hospitals, and certain urgent care facilities located in such towns. Protecting PILOT funding remains an item of importance to hospitals and the communities they serve. CHA looks forward to being part of discussions on this important issue.

Judiciary Committee Advances Certificate of Merit Bill: Opposed by Hospital and Physician Community

The Judiciary Committee met Wednesday to discuss proposed legislation to make it easier to file a medical malpractice claim. SB 243, An Act Concerning Certificates Of Merit, seeks to significantly change current medical malpractice law. As in years past, the Committee released the bill with a Joint Favorable (JF) report. The Committee vote on the bill was 29-14. Those legislators voting no included State Representatives John Hetherington (R-New Canaan), Al Adinolfi (R-Cheshire), Christie Carpino (R-Cromwell), Patricia Dillon (D-New Haven), DebraLee Hovey (R-Monroe), Rick Lopes (D-New Britain), Rob Sampson (R-Southington), John Shaban (R-Redding), and Bill Simanski (R-Granby), and Senators Beth Bye (D-West Hartford), Terry Gerratana (D-New Britain), Michael McLachlan (R-Bethel), Ed Meyer (D-Guilford), and Jason Welch (R-Bristol).

CHA opposes this bill, and will continue to work with the Connecticut State Medical Society and others to oppose making any changes to the current statute. CHA will be requesting hospital advocacy in the coming weeks.

SB 243 would undo a 2005 law that discourages the filing of baseless lawsuits against healthcare providers by requiring a plaintiff’s counsel to obtain, at the outset of a case, an opinion from a similar healthcare provider indicating there is evidence that the standard of care has been breached. This opinion is documented by a “good faith certificate.” SB 243 weakens this process, and may cause providers to incur increased costs defending otherwise meritless claims, ultimately diverting hospital personnel, resources, and funds away from their mission to provide quality healthcare.

In addition to hospital advocacy during a public hearing on March 7, several members and CHA have met with Senator Eric Coleman (D-Bloomfield), the co-chair of the Judiciary Committee, to discuss opposition to SB 243.

Bills Released From Committees

On Tuesday, March 20, the General Law Committee met and released with a Joint Favorable Substitute (JFS) SB 315, An Act Prohibiting The Unnecessary Collection Of Social Security Numbers. The bill was amended to permit the collection of Social Security numbers in order to comply with state or federal law. CHA will continue to advocate for clarifying language to address concerns addressed in its testimony.

On Wednesday, the Environment Committee met, amended, and released with a JFS SB 92, An Act Concerning The Disposal And Collection Of Unused Medication. The bill would have required hospitals to dispose of medications in a certain manner that could be contrary to federal guidelines and to the current practice of hospitals in Connecticut. The Committee amended the bill to exempt hospitals from the provisions of the bill. Many hospitals participated in targeted advocacy regarding this bill, including advocacy with Environment Committee members, co-chairs, and ranking members.

Committees Reach Joint Favorable (JF) Reporting Deadline

This week, several legislative committees reached their Joint Favorable (JF) deadline. The JF deadline is the date by which a committee must take action by reporting out committee-drafted and raised bills. All bills not released from committee by the JF deadline are considered dead for the session. Committees reaching their JF deadline on Tuesday included the General Law, Higher Education, Housing, and Labor Committees (3-20-12), the Transportation Committee (3-21-12), the Banks Committee (3-22-12), and the Insurance and Real Estate Committee (3-22-12).

In the coming weeks, additional committees will reach their JF deadlines. Of particular interest to hospitals are the JF deadlines for the Public Health Committee (3-30-12), the Human Services Committee (3-27-12), the Judiciary Committee (4-2-12), and the Appropriations Committee (4-4-12). The Finance, Revenue and Bonding Committee will reach its JF Deadline on April 5, 2012.

Yale New Haven Health System’s Gayle Capozzalo Elected Chair of National Healthcare Organization

Gayle Capozzalo, Executive Vice President of Strategy and System Development at Yale New Haven Health System
(YNHHS), has assumed the office of Chairman of the American College of Healthcare Executives (ACHE). Ms. Capozzalo was installed at the Council of Regents meeting preceding ACHE’s 55th Congress on Healthcare Leadership in Chicago on March 17.

As chairman, Ms. Capozzalo will serve the second part of a three-year term in ACHE’s consecutive chairmanship offices: chairman-elect, chairman, and immediate past chairman. She has been an ACHE governor since 2007, and served as the ACHE regent for Connecticut from 2004 to 2007. She is board certified in healthcare management as an ACHE Fellow.

The American College of Healthcare Executives is an international professional society of more than 40,000 healthcare executives who lead hospitals, healthcare systems, and other healthcare organizations. ACHE's established network of more than 80 chapters provides access to networking, education, and career development at the local level.

**House GOP FY 2013 Federal Budget Resolution Calls for Healthcare Cuts**

On Tuesday, the federal House Budget Committee unveiled a budget resolution for fiscal year (FY) 2013 that would cut more than $5.3 trillion in government spending over the next 10 years. Approximately half would come from healthcare.

The GOP plan would lower the deficit by cutting Medicaid and a host of other programs that President Obama has backed. The budget proposes to overhaul Medicare by altering the program from a “fee for service” framework in which the government pays hospital bills to a “premium support” program, with workers currently under age 55 choosing between private plans and a traditional fee-for-service option through a newly created Medicare Exchange.

The plan would repeal individual subsidies and Medicaid expansions incorporated in the Patient Protection and Affordable Care Act of 2010, but would keep the law’s $500 billion in Medicare cuts. It would also hike the Medicare retirement age by two months per year until it reaches 67.

**Medicare Payment Advisory Commission Releases Annual Report**

This week, the Medicare Payment Advisory Commission released its annual report to Congress. The 2012 report includes payment policy recommendations for ten of the healthcare provider sectors in fee-for-service Medicare. MedPAC also reviews the status of the Medicare Advantage (MA) plans and prescription drug plans (Part D), and makes recommendations as appropriate. Read the report here.

**Education Update**

*From Difficult to Dynamic: Engaging Our Most Challenging Employees!*  
**March 26, 2012  8:30 a.m. - 2:30 p.m.**

Managing staff to achieve organizational goals is a basic responsibility for all leaders. Personality and communication differences can make this a difficult task and consume hours of your time and energy. This highly interactive program, based on best practices in leadership theory, will present communication methods and tools for navigating the difficult maze of different personalities and communication styles.

For more information, click here. To register, click here.

**2012 Corporate Compliance Conference**

**April 3, 2012  9:00 a.m. - 4:00 p.m.**

The 2012 Corporate Compliance Conference is an outstanding opportunity to learn the latest information about and practical approaches to dealing with several current and challenging compliance issues.

The keynote speaker is Day Egusquiza, President of AR Systems. Ms. Egusquiza will discuss what is happening throughout the country with regard to government audits. Additionally, she will provide insight on approaches for identifying new accountability strategies, documentation improvement ideas, and tactics for reducing your vulnerabilities.

The program will be of particular interest to corporate compliance officers, risk managers, in-house counsel, quality managers, human resources, and health information professionals.

For more information, click here. To register, click here.

**Nurse Manager Leadership Academy**
The Nurse Manager Leadership Academy has been designed to meet the growing demand for nurse manager leadership development. As healthcare reform gains momentum, and the impact of the Patient Protection and Affordable Care Act (PPACA) intensifies, the role of the nurse manager is essential in healthcare facilities of all types. Effective and targeted professional development for nurse managers is critical to the quality of patient care, the satisfaction of patients with their care, the financial success of the organization, and the satisfaction of nurses in their practice.

The Nurse Manager Leadership Academy provides a unique and interactive learning experience designed to create personal and professional transformations in hospitals and healthcare facilities. It has been developed to help new and aspiring managers develop the core skills essential for success.

The curriculum emphasizes three key areas or learning modules: leadership skills, business skills, and personal development. These comprehensive and successive learning modules build upon each other to provide the necessary link between a nurse manager's clinical background and his or her role as manager.

Participation in the entire curriculum is strongly encouraged to receive the full benefits of the program, but registration for individual modules is permitted.

For more information, click here. To register for Session One, click here. To register for Session Two, click here. To register for Session Three, click here.