



Thursday, April 19, 2012

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General Assembly Acts on Several Bills of Interest to Hospitals



This week, numerous committees met to pass several bills referred to them by other committees or their respective chambers. Of note, [SB 78](#), *An Act Concerning The Learn Here, Live Here Program*; [SB 371](#), *An Act Concerning The Administration Of Injectable Vaccines To Adults In Pharmacies*; [SB 436](#), *An Act Concerning Prescription Drug Monitoring*; [SB 92](#), *An Act Concerning The Disposal And Collection Of Unused Medication*; and [SB 13](#), *An Act Concerning A Study Of Telemedicine Services* were voted on and transmitted to the Senate floor for further consideration and action.

On Tuesday, the House met to debate a host of bills, several of which have an impact on hospitals and the healthcare community. Specifically, the House debated and unanimously passed the [CHA-sponsored](#) bill [HB 5329](#), *An Act Concerning The Use Of Telepharmacy By Hospitals*. HB 5329 would permit all of Connecticut's hospitals to participate in the telepharmacy initiative, originally established as a pilot program in 2011, on a permanent basis, provided the hospitals meet the same quality standards outlined in the original pilot and are in compliance with Department of Consumer Protection (DCP) pharmacy regulations. At CHA's request, the bill was amended during the Committee process to make it clear that in the event of a technology malfunction, only a licensed pharmacist is able to personally review and verify the process of dispensing sterile products. The bill was referred to the Senate for further action.

On Wednesday, the House and Senate met in session. The House amended, voted on, and passed the [CHA-sponsored](#) bill [HB 5515](#), *An Act Concerning Physician Assistants*. The bill was [amended](#) to clarify that agreements between supervising physicians and physician assistants may reference hospital policies and procedures rather than having to copy the hospital policy for each delegation agreement. The House also amended and passed [HB 5483](#), *An Act Concerning Coverage Of Telemedicine Services Under Medicaid*.

All bills passed in the House were transmitted to the Senate for further action.

The Senate debated and passed several bills of interest to hospitals. Specifically, the Senate passed [SB 56](#), *An Act Concerning Pulse Oximetry Screening For Newborn Infants*, and [SB 186](#), *An Act Concerning The Licensing, Investigation And Disciplinary Processes For Physicians And Nurses*. All bills passed by the Senate were transmitted to the House for further action.

At the time of publication, the House and Senate were meeting in session. Bills debated and passed by either legislative chamber will be reported in the next edition of *Update*. The House is scheduled to meet on Friday and will meet, along with the Senate, several times next week. The 2012 Legislative Session adjourns on May 9, 2012.

CHA's HCAHPS Learning Network Holds Successful Teleconference



On Wednesday, April 18, CHA, in partnership with the Health Research & Educational Trust (HRET) and the U.S. Agency for Healthcare Research and Quality (AHRQ), presented the teleconference, *Using HCAHPS Data Effectively*.

The presenter, Carrie Brady, JD, MA, consulting for HRET, described how hospitals can use Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data and act on it in a timely way.

"Think about how you're going to reverse engineer data before you collect anything," Ms. Brady said. "We need to turn data into actionable information that can make a difference. Engaging teams and partnering with patients and families are the key parts of this program."

Ms. Brady explained that HCAHPS is a tool and a metric, but the goal is to improve patient experience – so the relationship, rather than the score – is critical. HCAHPS data should be considered in the context of other data as well, she said.

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Ms. Brady recommended that in addition to sharing HCAHPS data with relevant staff and leadership – which participating Connecticut hospitals already do – they also share improvement tactics.

She also recommended that hospitals pick one or two focus areas to prioritize. She urged them to set individual goals for each unit, involve the whole staff, and highlight what people are doing well. She said, “Staff members are serving patients in a direct and meaningful way, so you want to reinforce that patients care deeply about what they are doing. They are making a difference and changing lives.”

Ms. Brady lauded Connecticut hospitals for implementing post-discharge phone calls and leadership rounding. She encouraged them to also consider integrating patients and families in other ways, including shadowing a patient’s experience, focus groups, and advisory councils.

“By convening patients and families, you’ll get the benefit of their perspective,” Ms. Brady said.

Ms. Brady, a former vice president at CHA, is the author of [HCAHPS Basics: A Resource Guide for Healthcare Managers](#) (HCPPro, 2009) and co-author of book chapters on patient-centered quality and safety, and breaking down the barriers to patient-centered care.

The teleconference is part of CHA’s three-month Patient Safety Learning Network curriculum. The program is focused on using the HCAHPS survey to improve quality, patient safety, and patient experience in Connecticut hospitals.

To date, 22 Connecticut hospitals have joined the HCAHPS Patient Safety Learning Network, which runs through June 6, 2012.

Noted Filmmaker/HRET Board Member Highlights Low-Cost Excellent Healthcare in America



On Wednesday, CHA members participating in the national Partnership for Patients initiative heard from noted filmmaker and journalist T.R. Reid. Mr. Reid, also a Health Research and Educational Trust (HRET) board member, discussed his latest documentary film, “[U.S. Healthcare: The Good News](#).”

In the film, Mr. Reid travels the country to report on communities that provide excellent healthcare at costs far below the national average.

“There is massive variation in treatment practices and costs. We found communities all over the country that are providing very high quality care and spending far below the national average,” said Mr. Reid. “There was no single method to get there, but the models that really worked were the ones that worked like a system. We also found doctors and hospital executives all over the country who said they had to get their costs down to serve the community – they were very concerned with costs.”

Mr. Reid is the author of the New York Times bestseller [The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care](#).

The webinar was presented by the CHA and HRET, the non-profit educational arm of AHA, as part of Partnership for Patients. Partnership for Patients, a new national initiative designed to reduce preventable inpatient harm by 40 percent and readmissions by 20 percent over a three-year period, kicked off work in March. All 30 Connecticut acute care hospitals are involved in this program. Nationwide, more than 630 hospitals in 34 states are participating.

CHA Opposes CMS Proposed Rule on Medicare Overpayments

CHA has filed a [comment letter](#) urging the Centers for Medicare & Medicaid Services (CMS) to reconsider its proposed rule on reporting and repayment obligations for providers and suppliers who receive an overpayment.

The proposed rule implements a *Patient Protection and Affordable Care Act* (PPACA) requirement that healthcare providers and suppliers report and return self-identified overpayments by 60 days after the date the overpayment was identified, or the date any corresponding cost report is due, if applicable.

Under the proposed rule, retention of the overpayment beyond the deadline may result in False Claims Act (FCA) liability. Examples of overpayments could include errors and non-reimbursable expenditures in cost reports; Medicare payments for non-covered services or in excess of the allowable amount for a covered service; duplicate payments; and receipt of Medicare payments when another payer had primary responsibility, all of which are subject to existing rules and regulations that reflect the issue that is being addressed.

CHA contends that the proposed rule does not acknowledge the investments made by Connecticut hospitals in systems and personnel to demonstrate compliance with existing CMS overpayment rules, the processes that are already in place for addressing overpayments, and the unfair imposition of FCA liability for honest mistakes.

CHA is calling on CMS to revisit the proposed rule’s framework for implementing this section of PPACA, arguing that the proposed rule

exceeds the clear intent of the law to provide a safe and reliable way in which hospitals may return payments mistakenly received from CMS.

Many other organizations, including AHA, other hospital associations, hospitals, health systems, and other healthcare organizations have also expressed significant concerns about the negative effects the proposed rule will have on hospitals.

Nationally Recognized Experts Headline CHA Executive Summit

The 2012 CHA Healthcare Executive Summit, to be held April 23, will highlight provocative insights and practical ideas to address the key economic, market, and social drivers of change facing hospitals and healthcare systems. The summit will feature nationally recognized experts Leonard Greenhalgh, PhD, Professor of Management, Tuck School of Business at Dartmouth, and Andrew J. Majka, Managing Director and Chief Operating Officer, Kaufman, Hall & Associates.



Dr. Greenhalgh will present *Strategy for a Different Future: Minorities in the U.S. Economy*. Based on his extensive business and teaching experience, Dr. Greenhalgh will present the business case and chart a path for the full participation of minority businesses in the U.S. economy. He will explore the impact of demographic changes in America and why it's in the national interest to foster not only the survival, but the prosperity and growth of minority-owned businesses. This presentation will focus on what governments, corporations, and support organizations ought to be doing to foster minority inclusion and develop minority businesses that will fully contribute to our national prosperity and economic growth.



Mr. Majka will present *Industry Consolidation: Key Drivers, Transactional Trends and Market Implications*. He will highlight the key drivers behind the changing trends in industry consolidation and market implications, identify new organizational core competencies that will be needed to build a successful business model, and discuss how those competencies will be evaluated by others considering merger and acquisition strategies. Discussion will include the leadership roles played by finance, operations, and physician management executives, as organizations evaluate these new relationships and work through critical transactions.

The CHA Healthcare Executive Summit will be held from 9:00 a.m. - 12:00 p.m. on April 23. For more information, click [here](#). To register, click [here](#).

