



Thursday, April 21, 2016

[Printer-Friendly Version](#)**In This Issue:**[Hospital-Backed Bill Gains Support From Key Committee](#)[CMS Drops Payment Cut Related to Two-Midnight Rule](#)[Certificate of Need Task Force Holds First Meeting](#)[Veteran Legislators Announce Retirement](#)[Education Updates](#)[Update Archives](#)**Hospital-Backed Bill Gains Support From Key Committee**

On Monday, April 18, the Finance, Revenue and Bonding Committee voted unanimously to advance [HB 5588](#), An Act Concerning The Timing of Payments From Supplemental Inpatient Payment Pools For Short-Term General Hospitals, a bill that would require the state to make quarterly payments to hospitals that include the federal share and require that the money appropriated to the payment pools not be used for any other purposes.

A priority bill for hospitals, HB 5588 would also allow a hospital to offset tax payments if the Department of Social Services does not make payments to the hospital as outlined in the bill.

The Human Services Committee passed HB 5588 unanimously last month.

The bill now heads back to the House, where it will likely be referred to other legislative committees.

HB 5588 is moving forward due in large part to unified and persistent advocacy from hospitals and CHA, whose combined efforts testifying on the bill and contacting legislators to urge its adoption have resulted in the bill garnering 41 co-sponsors from both sides of the aisle, in both chambers.

Hospital representatives from across the state provided unified and passionate testimony during a March 8 hearing in support of HB 5588, saying the state's failure to make timely payments to hospitals has had a detrimental effect on their ability to continue providing services and make capital investments.

CHA would like to thank the following legislators who have signed on as co-sponsors: Rep. Catherine F. Abercrombie (D-Meriden), Rep. James Albis (D-East Haven), Rep. David Alexander (D-Enfield), Rep. David Arconti (D-Danbury), Sen. Danté Bartolomeo (D-Meriden), Rep. Whit Betts (R-Bristol), Rep. Mitch Bolinsky (R-Newtown), Rep. Fred Camillo (R-Greenwich), Rep. Theresa W. Conroy (D-Seymour), Rep. Michelle L. Cook (D-Torrington), Rep. Christopher Davis (R-Ellington), Rep. Laura Devlin (R-Fairfield), Rep. Patricia A. Dillon (D-New Haven), Rep. Louis P. Esposito (D-West Haven), Rep. Henry J. Genga, (D-East Hartford), Rep. Janice R. Giegler, (R-Danbury), Sen. John A. Kissel (R-Enfield), Rep. Brenda L. Kupchick (R-Fairfield), Rep. David K. Labriola (R-Oxford), Rep. Gail Lavielle (R-Wilton), Rep. Roland J. Lemar (D-New Haven), Sen. Henri Martin (R-Bristol), Rep. Russell A. Morin (D-Wethersfield), Rep. Gayle J. Mulligan (R-Hebron), Rep. Linda A. Orange (D-Colchester), Rep. Chris Perone (D-Norwalk), Rep. Robyn A. Porter (D-New Haven), Rep. Christine Randall (D-Killingly), Rep. Matthew Ritter (D-Hartford), Rep. Hilda E. Santiago (D-Meriden), Rep. Peggy Sayers (D-Windsor Locks), Rep. Bill Simanski (R-Granby), Rep. Charlie L. Stallworth (D-Bridgeport), Rep. Jonathan Steinberg (D-Westport), Rep. Peter A. Tercyak (D-New Britain), Rep. Cristin McCarthy Vahey (D-Fairfield), Rep. Kurt Vail (R-Stafford), Rep. Roberta B. Willis (D-Lakeville), Rep. Terrie Wood (R-Darien), Rep. Melissa H. Ziobron (R-East Haddam), and Rep. David Zoni (D-Southington).

CMS Drops Payment Cut Related to Two-Midnight Rule

On April 18, 2016, the Centers for Medicare and Medicaid Services (CMS) issued the Medicare inpatient prospective payment system (IPPS) proposed rule for FY 2017. CMS is proposing to discontinue the inpatient payment cut to hospitals under the [two-midnight rule](#) in response to industry criticism and a loss in federal court last September. The agency will also provide a one-time bump to hospitals to offset the cuts.

CMS imposed in FY 2014 a payment cut to offset its estimate that the two-midnight policy would increase Medicare spending by approximately \$220 million nationally due to expected increases in inpatient admissions. The policy was appealed in court by the American Hospital Association and others, including CHA and its member hospitals. On September 22, a federal judge found in favor of the hospitals and rejected the agency's argument that it met all legal requirements for rulemaking when it cut hospital inpatient payments by 0.2%.

CMS proposed this week that hospitals will receive a one-time increase of 0.6% in FY 2017 for the reduction in FYs 2014, 2015, and 2016. Additionally, CMS will permanently increase inpatient rates by 0.2% to make up for the reduction moving forward.

Connecticut hospitals will receive an estimated \$9 million as a retroactive adjustment and an estimate of \$3 million increase to its base inpatient rates.

CHA will be reviewing the IPPS proposed rule and providing summary information in the coming weeks.

Certificate of Need Task Force Holds First Meeting

On Tuesday, April 12, the Certificate of Need (CON) Task Force met for the first time to review the state's laws and regulations for transactions and other major changes involving hospital acquisitions.

Established pursuant to [Executive Order 51](#), the Task Force is charged with examining the state's oversight process for the establishment, termination, transfer, acquisition, and expansion of hospitals and medical service providers. That work is being done in conjunction with Governor Malloy's February executive order, in which he also directed the Department of Public Health not to make any final decisions on certain hospital acquisition and conversion applications – including those previously received and under review – until January

15, 2017.

The executive order temporarily halts all consolidations that would result in revenues in excess of 20 percent of the total revenues for all 28 acute care hospitals in Connecticut. It most directly impacts Yale New Haven Health System and its proposal to merge with the Lawrence + Memorial Hospital in New London.

Organizational in nature, the first meeting of the Task Force included discussion regarding the charge of the Task Force, an overview and summary of current Certificate of Need Process, and a briefing by Office of Health Care Access (OHCA) on pending CON applications.

The 17-member Task Force is chaired by Lt. Gov. Nancy Wyman and includes David Whitehead, Chief of Strategy and Transformation, Hartford HealthCare, and Gary Havican, Vice President of Strategic Planning and Ambulatory Operations, Middlesex Hospital. The Task Force will meet again next on May 16, 2016.

Veteran Legislators Announce Retirement



Three more Connecticut lawmakers have announced their intention to retire from politics this year, including 16-year veteran State Representative Roberta Willis (D-Lakeville).

Rep. Willis announced this week that she would not seek another term in office and will retire when her current term expires in January 2017. She is the House Chairwoman of the Higher Education and Employment Advancement Committee, and serves on the Appropriations and Environment Committees. She serves the 64th House district, which covers the towns of Torrington, Cornwall, Sharon, Salisbury, Goshen, Kent, Norfolk, Canaan, and North Canaan.

Also, on Wednesday, April 13, six-term State Representative Bill Aman (R-South Windsor) and State Representative David W. Kiner (D- Enfield) both announced they will not run for reelection in November.

First elected in 2004, Rep. Aman serves as the ranking member on the Planning and Development Committee and as a member of the Judiciary, Appropriations, and General Law Committees. The 14th House District represented by Rep. Aman comprises the town of South Windsor.

Rep. Kiner, who was first elected in 2010 to serve the 59th House District, is the Vice Chair of the General Law Committee and serves on the Labor and Public Employees Committee, as well as the Public Safety and Security Committee. He is also a member of the Manufacturing Caucus and the Developmental and Intellectual Disabilities Caucus. Additionally, Rep. Kiner serves as the Deputy Majority Whip-at-Large.

To date, 13 state representatives and two state senators have announced their intentions not to seek reelection in the fall.

Education Updates

Failure to Rescue and Change Management

Monday, April 25, 2016

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

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

The morning portion of this workshop will focus on failure to rescue—the definition, an overview of the topic, early warning systems and rapid response teams, and how to use data analytics to identify patients at highest risk.

The afternoon portion will cover information on change management, including a discussion on engagement at all levels—hospital leadership, physicians, clinicians, frontline staff, and middle management.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series. Continuing education credits are offered for this session.

HRO Safety Event Classification

Wednesday, April 27, 2016

9:00 a.m. – 3:45 p.m.

[Event Registration](#)

When events occur in the hospital or ambulatory practice, they must be evaluated to assess whether the event is a Serious Safety Event, a Precursor Safety Event, or a Near Miss Safety Event. This session will review how the classification scheme works and how to utilize and standardize event classification in your facility. Medicine, Nursing, and Quality continuing education credits are offered for this session.

Reducing Readmissions Through the CARE Act

Thursday, April 28, 2016

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

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

What do Medicare Shared Savings/ACO regulations, Patient Centered Medical Home standards, and Meaningful Use thresholds have in common? They all require the engagement of patients in their own healthcare, and have thus catapulted patient and family engagement (PFE) to the top of many healthcare providers' priority lists. Despite this, for most healthcare organizations, patient and family engagement continues to be more of an aspiration than an executable strategy. What is needed are practical approaches that facilitate the shift from the patient and their family being passive recipients of care, to engaged members of their own care team.

Family members play an integral role in this changing dynamic, often serving as the keeper of medical information and history, and the informal care coordinator and care provider. Recognizing this, Connecticut along with several other states, via the Caregiver Advise, Record, and Enable Act (CARE) Act, now mandate hospitals to provide support for patients to designate an informal caregiver in their medical record, and to provide instruction and demonstration to help the caregiver better support the patient after discharge in order to decrease readmissions and control costs.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series. Continuing education credits are offered for this session.

Preparing for Accountable Health Communities—Addressing the Social Determinants of Health

Wednesday, May 4, 2016

9:00 a.m. - 3:30 p.m.

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

Many patients and families who seek medical care in hospitals and healthcare systems face daunting challenges in their personal lives. Food insecurity, housing insecurity, economic challenges, and other socially-determined factors negatively affect health outcomes and make it difficult for patients to engage successfully in their treatment. A growing and consistent body of evidence makes it clear that interventions exist to meet these challenges, improve health, and reduce costs.

Healthcare delivery system leaders and clinicians have long recognized the impact of social factors on health, and that addressing patients' social needs can be extremely complex. Yet, clear signals from CMS and other payers increasingly require healthcare providers to plan to address this issue. CHA is pleased to announce it is working with Health Leads, a company founded over 20 years ago to address social determinants of health, in real time, at the point of care.

Please join us for a full-day educational forum designed to develop the strategy and resources your organization needs to connect patients with community-based resources that can improve health and reduce unnecessary healthcare utilization.

Transitioning From Staff to Management: What's Next?

Thursday, May 5, 2016

8:30 a.m. - 3:30 p.m.

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

Whether recently assigned to the role of manager or a seasoned veteran, it is important to determine how well your problem solving, critical thinking, and decision making skills are keeping pace with the ever-changing healthcare environment. For those who attended "Staff to Management: Starting the Transition" in September 2015 or March 2016, this is the second course in the two-part program and provides additional development for all managers who want to continually improve their skills. Continuing education credits are offered for this session.

HEN 2.0 – Reducing Adverse Drug Events: Strategies to Accelerate Improvement Webinar - Insulin Safety

Thursday, May 5, 2016

1:00 p.m. - 2:30 p.m.

[Event Registration](#)

Reducing Adverse Drug Events is a topic area for focused improvement efforts nationally. Join Frank Federico, Institute for Healthcare Improvement, as he reviews key strategies proven to assist hospitals in managing their high-risk medication safety programs related to opioid, insulin, and anticoagulation usage.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.

Leading in a VUCA Environment

Friday, May 6, 2016

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

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

The scope and pace of change in healthcare is unrelenting. VUCA is an acronym that describes an environment that is Volatile, Uncertain, Complex, and Ambiguous—a military term that was created during the Cold War and reused during the Middle East conflicts. Healthcare fits the description perfectly—and as the landscape continues to evolve, learning the strategies and principles of VUCA Leadership will enhance focus and agility. This workshop will blend didactic and experiential material, giving leaders practical tools to engage their employees in shaping organizational culture and achieving outcomes that drive operational excellence. Continuing education credits are offered for this session.

Cyber Resilience Workshop

Tuesday, May 10, 2016

12:30 p.m. - 4:00 p.m.

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

In partnership with the Department of Homeland Security, CHA is pleased to offer the Cyber Resilience Workshop. The session is designed to introduce cyber security stakeholders and practitioners to cyber resilience concepts and to build capability and capacity across key performance areas related to cyber security, IT operations, and business continuity within critical services. The workshop is targeted to executive and operations managers within critical infrastructure (public and private) sectors, and will result in tangible, useful "take-away" information related to risk-based decision-making and security planning for critical IT services underpinning core operations.

This half-day session allows participants to practice—via scenarios, activities, and templates—process improvement, and to demonstrate capability-building over and above the mere production of improved IT security controls and countermeasures. Attendees will also gain an awareness of modern cyber security threats and current trends in the context of protecting and sustaining IT services related to core business functions and mission objectives. Participants will leave with greater awareness of decision criteria for cyber incidents, vulnerabilities, and business continuity applications.

Using High Reliability to Improve the Patients' Experience

Friday, May 20, 2016

Session 1: 9:00 a.m. - 12:15 p.m.

[Event Registration](#)

Session 2: 1:00 p.m.- 4:15 p.m.

[Event Registration](#)

This program focuses on highly reliable staff behaviors that enhance patient satisfaction and HCAHPS scores. Lynn Pierce of HPI, an alumna of Baptist Hospital in Pensacola, FL (home of the 2003 Malcolm Baldrige Quality Award), will be back as the instructor. Medicine, Nursing, and Quality continuing education credits are offered for these sessions.

