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Economic Forces Impact the Future of Healthcare

Nearly 80 members of the healthcare community participated in the CHA Healthcare Executive Summit on April 23. The lively program featured 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 presented a provocative look at how the convergence of major economic and social changes, including the growing number of minorities, will transform the future of every industry, including healthcare. The proportions of minorities are increasing and will become the majority by 2042, but they are disproportionately represented in the "have not" category in the U.S., he said.

He described the seismic shift in the U.S. from a manufacturing economy to a service economy, and now to a knowledge economy. Success in the knowledge economy requires adequate education preparation, and the disproportionate dropout rate results in numerous downstream social and economic costs.

Dr. Greenhalgh explained how the minority population will make up the future workforce, and the supply chain will increasingly be owned by minorities and women. Businesses in all industries are competing at the value chain level, he said, and all too frequently, small diverse firms have been squeezed out of the value chain. He urged businesses to be in touch with demographic changes and to support minority businesses through advocacy, management of technical assistance, and market access. The growth of healthy and stable minority business enterprises will have implications for the healthcare workforce, and will reduce the strain on public resources at a time when government hospital reimbursement is declining while the numbers of uninsured and those on Medicaid are rising.

Mr. Majka discussed how many hospitals across the country are addressing changes in healthcare delivery and payment.

"A lot of hospitals are taking inventory of where they are today and are considering whether to reposition and realign with a partner," Mr. Majka said. "As they move forward, hospitals are considering how to build a successful business, which means providing the best quality at the lowest price. It comes down to strong physician/hospital integration, extensive care protocol, information sophistication, service distribution effectiveness, and robust cost containment efforts."

The program was co-sponsored with the Connecticut Association of Healthcare Executives.

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CHA Diversity Collaborative Discusses Cultural Competence



National speaker Wayne Boatwright, CDM, MHA, Vice President of Cultural Diversity at Meridian Health, spoke to CHA Diversity Collaborative hospital teams on April 25 about the value of cultural competence in healthcare. He described how education and cultural competence training are critical for management, employee relations, strategic planning, and fostering a culture of growth. However, he also emphasized that this work cannot be a bottom up initiative.

“Cultural change is the hardest kind of change to make,” Mr. Boatwright said. “But consider this. We all want the same things – good schools, quality healthcare, and good jobs. So diversity is really about why we’re all alike, and honoring the things that make us different.”

Mr. Boatwright described the components of a successful cultural competence model, including: the recognition of personal biases and an awareness of how one’s values, assumptions, and beliefs influence care providers; the understanding of socioeconomic influences on health beliefs and behaviors in the communities being served; and the creation of a strategy that includes communication skills and methods to identify and reduce potential barriers, and address racism and bias.

Measures of success include having diversity leadership in place, as well as adequate resources to address diversity and inclusion.

Mr. Boatwright spearheaded the development of the first certificate program for Diversity in Healthcare in the nation, and is the recipient for numerous awards for his service and work in diversity. He serves on several boards, including the Institute for Diversity in Health Management Board.

This learning session was one in a series of educational programs offered to CHA Diversity Collaborative teams from acute care hospitals across the state. Hospitals are working together to identify improvement strategies and interventions, share best practices, and implement critical initiatives to improve diversity and strengthen hospital cultural competency.

Eliminating disparities, increasing diversity, and achieving health equity are CHA priorities. The Diversity Collaborative, which launched in October 2011, was developed by a special CHA Board subcommittee and is overseen by the Committee on Human Resources of the CHA Board.

5th District Congressional Candidate Addresses Hospital Leaders



Former state representative Elizabeth Esty, candidate for the 5th Congressional District, met with members of the CHA Board of Trustees Committee on Government on April 20. Ms. Esty is the fourth candidate vying for the 5th Congressional District seat to visit CHA. The seat is being vacated by Democratic Congressman Chris Murphy (D-5), who is running for the U.S. Senate seat being vacated as a result of the retirement of Senator Joe Lieberman. Other candidates to have met with members of the Committee include Simsbury Republican Lisa Wilson-Foley, Speaker of the Connecticut House of Representatives Chris Donovan (D-Meriden), and State Senator Andrew Roraback (R-Goshen), ranking member of the Finance Committee.

An attorney and community leader, Ms. Esty has been a supporter of women’s and healthcare issues. As a former representative from Cheshire, she served on the Public Health, Appropriations, and Energy and Technology Committees. Ms. Esty described how hospitals are reimbursed for Medicare at lower rates in Connecticut than other states. Medicare

accounts for 40-45 percent of overall hospital revenue and, on average, reimburses 92 percent of the cost for treating Medicare patients in Connecticut Hospitals.

"It is important for us to have a delegation to make sure we get back federal tax dollars we put in," said Ms. Esty. "We have to find ways to more effectively deliver healthcare at a lower cost. We need to be thinking bigger about healthcare issues and we need to be thinking differently. Tinkering isn't going to do it."

Ms. Esty also discussed the importance of supporting research and development, and of shoring up the education system to develop the next generation of healthcare workers.

Connecticut Hospitals Reduced Infections: CDC Report

Connecticut hospitals lowered their infection rates between 2009 and 2010, according to the CDC's new publication, [National and State Healthcare-associated Infections Standardized Infection Ratio Report](#).

Standardized Infection Ratios (SIR) for hospitals in the state dropped from 0.873 to 0.685. The SIR summarizes complex healthcare-associated infection data into a single indicator that uses national data for a specified time period as a common referent.

The report shows that across the country, hospitals reduced central line-associated bloodstream infections by 33 percent, invasive MRSA infections by 18 percent, surgical site infections by 10 percent, and catheter-associated urinary tract infections by 7 percent.

According to the CDC, two million healthcare-associated infections occur each year in U.S. hospitals, resulting in \$40 billion in excess healthcare costs and as many as 99,000 deaths. In response to these staggering statistics and because of their ongoing commitment to eliminating preventable infection, Connecticut hospitals have been involved in two national projects to eliminate hospital infections by implementing the Comprehensive Unit-based Safety Program (CUSP).

On the CUSP: Stop BSI and *On the CUSP: Stop CAUTI*, began in 2009. The goal of *On the CUSP* programs is to reliably implement processes related to the insertion, maintenance, and timely removal of central lines and urinary catheters, understand the science of patient safety, and improve teamwork and communication on participating units. Developed at Johns Hopkins Hospital by Peter Pronovost, MD, [CUSP](#) has transformed care in hospitals throughout the country by improving the safety culture and practices on the participating units.

Infection prevention is also highlighted as a key focus area in the Partnership for Patients national initiative that recently kicked off in Connecticut. All acute care hospitals in Connecticut are participating in this program, designed to reduce preventable inpatient harm by 40 percent and readmissions by 20 percent over a three-year period. Partnership for Patients is being conducted by CHA in partnership with the Healthcare Research and Educational Trust (HRET).



Peter Pronovost, MD, teaching at CHA

House and Senate Vote on Measures of Importance to Hospitals

On Friday, April 20, the House met in session, mainly to debate and vote on a controversial bill that gives collective bargaining rights to certain home care workers and daycare providers. [HB 5312](#), *An Act Creating A Process For Family Child Care Providers And Personal Care Attendants To Collectively Bargain With The State*, would build upon two executive orders, [Executive Order Number 9](#) and [Executive Order Number 10](#). Governor Malloy issued both executive orders in September, allowing home care workers and daycare providers begin the process to unionize. HB 5312 would allow for collective bargaining by daycare providers paid through the state's Care 4 Kids program and personal care attendants who provide home care to seniors and people with disabilities, and whose pay is funded by state programs. After six hours of debate, the House passed the measure on a vote of 84-57. The bill was transmitted to the Senate for further action.

Additionally, the House passed in concurrence with the Senate [SB 252](#), *An Act Authorizing Flavoring Agents For Prescription Products* – a bill [supported](#) by CHA. SB 252 would authorize the addition of flavoring agents to products, subject to certain conditions. During Senate debate, the bill was amended to allow pharmacists, acting on behalf of hospitals, to add flavoring agents to prescriptions. SB 252 will be transmitted to Governor Malloy for further action. The House also debated and passed [HB 5063](#), *An Act Concerning Treatment For A*

Drug Overdose. HB 5063 seeks to clarify that healthcare professionals may prescribe opioid antagonists to a broader group of persons to prevent overdose.

On Wednesday, April 25, two weeks before the May 9 end of session, the House and Senate met to debate a number of remaining legislative proposals. Hospital and healthcare-related bills of interest debated and adopted included [SB 99](#), *An Act Concerning Letters Of Protection*. The bill would require physicians and physical therapists to inform a patient whether they would provide care and treatment to such patient in return for a letter of protection guaranteeing payment from any settlement or judgment that may be received by the patient. Passed in concurrence with the Senate, SB 99 was transmitted to Governor Malloy for further action.

Additionally, the House amended and passed [HB 5013](#), *An Act Concerning The Board Members Of The Connecticut Health Insurance Exchange*. The bill was amended to add four new members to the Exchange Board, increasing the number of voting board members from 11 to 16. Two of the new members would be small employers; Republican legislative leaders would appoint one, while the Senate president pro tempore – Democrat Donald E. Williams Jr. (D-Brooklyn) – would appoint the other. The other two new members would be individual consumers of healthcare services, one appointed by the Speaker of the House – Democrat Christopher Donovan (D-Meriden) – and the other appointed by Donovan and Williams. The bill also makes the state's healthcare advocate, who is currently an ex-officio nonvoting board member, a voting board member. The bill was transmitted to the Senate for further action.

The main focus of debate in the House on Wednesday was dedicated to amending and passing [HB 5389](#), *An Act Concerning The Palliative Use Of Marijuana*. HB 5389 would allow a licensed physician to certify an adult patient's use of marijuana after determining that the patient has a debilitating condition and could potentially benefit from the palliative use of marijuana.

The Senate met, but did not debate or vote on any bills of interest to hospitals. However, the Senate did refer to the Appropriations Committee [SB 425](#), *An Act Concerning A Basic Health Program* and [SB 30](#), *An Act Implementing Provisions Of The Budget Concerning Human Services*.

Both the House and Senate were meeting in session at the time of publication. Additional items of interest will be reported on in next week's edition of *Update*.

CHA Minority Vendor Fair – Save the Date

CHA will host its third Supplier Diversity Vendor Fair concurrent with the CHA Annual Meeting on June 27, 2012, at the Aqua Turf Club in Southington. The Supplier Diversity Vendor Fair provides senior executives and purchasing decision makers from member hospitals the opportunity to learn about products and services offered by CHA's Minority Business Enterprise (MBE) partners. The Supplier Diversity Vendor Fair will also include an educational session on supplier diversity for the CHA Diversity Collaborative. Increasing supplier diversity is one of the three aims of CHA's Diversity Collaborative.

As part of its commitment to supplier diversity, the CHA Shared Services Program (CHA SSP), a regional secondary Group Purchasing Organization (GPO), has been working with the Greater New England Minority Supplier Development Council (GNEMSDC) to develop enhanced opportunities for minority businesses to work with CHA member hospitals. The GNEMSDC is a local not-for-profit organization dedicated to fostering business relationships between certified MBEs and potential buyers. The GNEMSDC certifies minority businesses that are 51% owned and controlled by an ethnic minority and helps refer them to corporations looking to purchase the goods and services they offer.

Education Update

Connecticut Hospital Environmental Roundtable
May 16, 2012 8:30 a.m. - 12:00 p.m.

CHA presents *Landscaping for Health and the Environment: Creating Sustainable, Attractive Landscaped Areas and Garden Spaces to Control Stormwater Runoff*. This program is for hospitals, hospices, clinics, nursing homes, and continuing care retirement communities, as well as those with an interest or role in grounds, landscaping, or sustainability issues. The program teaches how to use natural, sustainable approaches to manage the development of grounds while staying in compliance with stormwater regulations.

For more information, click [here](#). To register, click [here](#).

