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On May 15, Governor Dannel Malloy signed into law [SB 543, An Act Concerning Revisions To The State Budget For Fiscal Year 2019 And Deficiency Appropriations For Fiscal Year 2018](#), a bill that closes the approximately \$380 million FY 18 deficit and makes adjustments to the FY 19 budget.

The budget overwhelming passed in each chamber of the General Assembly on May 9, on a vote of 142-8 in the House and 36-0 in the Senate.

In addition to closing the approximately \$380 million FY 18 deficit, the budget does not make any cuts to the Graduate Medical Education (GME) program. It keeps intact the agreement reached last year between the Administration and hospitals as it relates to supplemental payments, increased Medicaid rates, and taxes.

Additionally, SB 543 accepts the Governor's recommendation to eliminate bond funding for hospital capital projects originally agreed to as part of last year's budget agreement between the Administration and hospitals.

The budget includes approximately \$166 million in supplemental payments in FY 2020, restores about \$130 million to the Medicare Savings Plan, restores money to state-sponsored health insurance for adults enrolled in the state's Husky A Medicaid plan, adds \$5 million for emergency residential placements for individuals with intellectual and developmental disabilities, restores funding to municipalities, provides a one percent cost of living adjustment to private, not-for-profit providers, and retains more than \$1.1 billion in the emergency reserve fund (Rainy Day Fund) after the 2018-19 fiscal year ends.

In addition to signing the budget, Governor Malloy issued a letter to the General Assembly, warning that the budget adjustments "fail to address the out-year deficits compounded and exacerbated by the adoption of the underlying budget last year." The Governor also expressed hope that the budget's problems "can be addressed through careful executive management as well as further action by the General Assembly in the years ahead." The Governor's letter to the General Assembly can be found [here](#).

CHA Conference Focuses on Environmental Factors of Asthma

May is allergy and asthma awareness month, and last week CHA and the Connecticut State Department of Public Health's Asthma Program co-sponsored the program, *A Closer Look at Asthma: Innovation and Strategies for the Future*.

According to the Centers for Disease Control and Prevention, 24 million people living in the United States are affected by asthma, including more than six million children. It causes three in five people living with asthma to limit their physical activity or miss days at school or work, and costs the nation \$56 billion each year.

"We need to find a consistent model of care for people with allergies," said Anne Diamond, JD, President and CEO, Day Kimball Hospital, and Chairperson, Connecticut Asthma Initiative, at the full day conference. "We have made great strides, but we need to keep moving forward."

The Connecticut Asthma Initiative, comprising more than 100 organizations including hospitals, community organizations, state government, and more, was developed by CHA's Committee on Population Health. The Initiative has made progress on several key goals, such as reducing Emergency Department visits due to asthma by more than 4 percent statewide. It has also led to the development of hospital community partnerships, as well as the integration of key hospital practices that improve care for asthma patients, such as training on proper use of inhalers, patient education, and warm handoffs to primary care providers.



"Everyone here is a piece of the puzzle toward solving the problem of asthma," said Elizabeth Cotton Matsui, MD, the conference keynote speaker. The conference also featured sessions on innovation and strategies for community partnerships to improve asthma care and outcomes. Presentations were made by Connecticut Children's Medical Center, Fair Haven Community Health, Child and Family Agency of Southeastern CT, the state Department of Public Health, Clifford Beers Clinic, Yale Center for Asthma and Airways Disease, and Yale School of Public Health.

In her keynote address, Dr. Matsui, Professor of Pediatrics at Johns Hopkins University School of Medicine, and a leading international expert on environmental allergies and asthma, highlighted numerous studies linking the prevalence of mice in inner city housing to increased incidents of asthma among residents. Her presentation detailed community programs such as

those focused on pest management to eliminate the environmental source of the allergen, which helps reduce reduce the number of asthma-related ED visits.

“We need to have reduction in exposure to make an impact on symptoms,” she noted. “We need to focus on housing related issues and use community benefit dollars in different ways to address the problem of asthma.”

Mehul Dalal, MD, Chronic Disease Director, Connecticut Department of Public Health, agreed, noting that Connecticut is not among the 27 states with a clean indoor air legislation that would have a large impact on incidents of asthma.

What Patients Can Teach Us About Social Determinants in Behavioral Health

Editor's Note: The following is a blog post about The Connecticut Social Health Initiative project that was written by Rebecca Colasanto, LCSW, Director of Clinical Operations at Bristol Hospital Counseling Center. It appeared on the [Meditech](#) site on May 1, 2018.



In behavioral health, social determinants is something we look at, but many of us haven't made it a part of our everyday language. We know social factors have an impact, but because of how broadly defined they are, finding the next steps to take can be difficult.

What can we do to improve our services? Why are social determinants our business? And should clinicians care about their patients' lives outside the clinical setting? Well, plenty of research shows that we certainly should care. And we really need to be creative in doing something about it.

In 2018, [Bristol Hospital](#) in Connecticut joined three other local hospitals to work with the Connecticut Hospital Association (CHA) on addressing [social determinants](#) of health for patients in [The Connecticut Social Health Initiative project](#). From January 2 to March 30, we distributed a very basic 10-question survey to all new patients coming into our counseling center for outpatient behavioral health. We attempted to screen 289 new department patients. Of those who were asked to fill out the survey, only a handful refused.

Our questions related to language preferences, housing, level of education, current employment status and any food, heat, medication, healthcare, or other utilities patients may have gone without over the past year. We also inquired about their current mode of transportation and if that impacts their needs, as well as how much socializing they do with friends and family.

Lastly, we asked if participants wished for help in finding resources, and offered to have a nursing student follow up with them in a few weeks, to see how things were going. Of the people who identified needs, many declined direct help or follow-up - so instead, we provided them an updated local resource guide that included info on local agencies, what they provide, how to get services, who to call or when to show up. Most patients expressed appreciation for the resource list.

The patients who filled out the survey reviewed the results with a member of our staff. A few of our encounters included participants who checked off that they were insecure about their housing situation. After discussing what that meant, it led us to a handful of conversations about possible domestic abuse. If we had never asked, or if we didn't ask in the right way, we would never know what kind of impact those situations were having on the health of these patients. People don't usually offer that kind of personal information initially, because they think you might not be able to handle it.

We learned a lot from the initial findings of our social determinants survey, but the biggest takeaway was that our assessments needed to ask more specific questions on social needs. The questions we were previously asking were often a bit vague or didn't lend themselves to bigger picture thinking. We also realized that, as a standard, we should look at our resource list and constantly update it to provide our patients with the most up-to-date information.

Connecticut has a lot of great resources for those who need help, including a “211” resource phone line. But providers do not always provide a tailored list of helpful resources or follow up. If we continue updating this list to keep the resources current and specific, our patients will have a better chance of connecting with organizations that can assist them.

Overall, I believe that our industry as a whole needs to understand how we can provide better patient support, regarding social determinants of health. We need to look at the whole person and how some of their diagnoses may be the result of long-term fundamental need deficits, leading to poorer health choices and outcomes.

There are substantial risks associated with ignoring basic social determinants. For example, after Hurricane Maria hit Puerto Rico, suicide rates there increased by about 50%. When people have no power, no fresh water - or no avenue to having their fundamental needs met - that can be the deciding factor for a person's mental health, and ultimately, their survival.

In healthcare, the concept of seeing a patient and only identifying their symptoms - but never figuring out what's really happening - is troubling. If patients can't get their medications because of lack of money or transportation, we can expect them back at the hospital soon. That's important to be aware of, and we'd never know which patients are at risk unless we ask the questions. Personally, I've never been handed a prescription and then been asked, “are you able to pay your copay.” But isn't that as relevant to a person's health, as anything else?

Doris Kearns Goodwin to Headline CHA's 100th Annual Meeting

In recognition of the historical significance of CHA's Centennial anniversary, we are pleased to announce that Pulitzer Prize-winning author and world-renowned presidential historian Doris Kearns Goodwin will deliver the keynote address at the Connecticut Hospital Association's 100th Annual Meeting on Thursday, June 14, 2018.



Ms. Goodwin is the author of six critically acclaimed and *New York Times* best-selling books, including her most recent, [The Bully Pulpit: Theodore Roosevelt, William Howard Taft, and the Golden Age of Journalism](#). Winner of the Carnegie Medal, [The Bully Pulpit](#) is a dynamic history of the first decade of the Progressive Era, that tumultuous time when the nation was coming unseamed and reform was in the air. Ms. Goodwin won the Pulitzer Prize in history for [No Ordinary Time: Franklin and Eleanor Roosevelt: The Home Front in World War II](#).

Well known for her appearances and commentary on television, Ms. Goodwin is seen frequently on NBC, MSNBC, CBS, FOX, CNN, and ABC, as well as Meet the Press and late night talk shows. Ms. Goodwin will release a new book this fall on presidential leadership.

The theme of this year's Annual Meeting is: *To Participate in Healing is the Noblest Work – CHA: Celebrating 100 Years of Service*. This theme highlights the essential nature of our collective mission, and the legacy of care and healing for all.

Special Election Dates Announced



A special election will take place on Monday, June 4, 2018, to fill an open seat in the House of Representatives that was created by the resignation of former State Representative Angel Arce (D-Hartford).

Governor Malloy issued a Writ of Special Election to fill former Rep. Arce's seat. The 4th House District seat covers a portion of Hartford.

Under state law, the Governor is required to issue a Writ of Special Election within 10 days of a legislative vacancy, and a special election must take place exactly 46 days after the writ is issued. To date, there are three announced candidates vying for the House seat.

In addition, Governor Malloy announced that special elections will take place on November 6, 2018, to fill vacancies for two Judge of Probate district seats being vacated due to the death of one probate Judge and the retirement of another.

The two probate districts comprise five municipalities throughout the state. They include the Fairfield Probate District and the North Central Probate District, which encompass the towns of Enfield, Somers, Union, and Stafford.

Education Updates

HIIN: Fall Rates Aren't Falling: Evidence-based Strategies to Tackle Falls

Tuesday, May 22, 2018

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

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

In this workshop, Jackie Conrad of Cynosure Health will review evidence-based practices, provide practical examples of clinical improvement projects, and engage participants in a dialogue about hospital challenges and solutions.

This program is being offered under the Hospital Improvement Innovation Network (HIIN), a CMS national initiative aimed at advancing patient and family engagement and reducing events of preventable patient harm.

2018 CHA Regulatory Compliance Conference

Wednesday, May 23, 2018

9:00 a.m. - 3:15 p.m.

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

CHA's 2018 Regulatory Compliance Conference offers a full day of education related to lesbian, gay, bisexual, and transgender patients (LGBT). The LGBT community has historically experienced a variety of discriminatory behaviors in seeking healthcare services, resulting in a long-standing distrust of the healthcare system that has put their health at risk in profound ways. Healthcare professionals face regulatory compliance demands to eliminate such discrimination.

The conference will provide practical guidance on understanding educational, operational, and legal enforcement issues, and the need to balance those issues when establishing the policies and systems required to provide a welcoming and inclusive healthcare environment for patients and families of the LGBT community.

This conference is intended for hospital staff looking to obtain more information and awareness around serving the needs of this diverse population, including those working in patient and family experience roles, community health, clinical leadership, direct care staff, as well as legal, risk, compliance, IT, health information management, communications, and human resources.

HIIN Improving Health Equity: Addressing Social Determinants of Health--Morning and Afternoon Workshops

Thursday, May 24, 2018

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

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

Addressing social determinants of health is critical to improving quality of care and achieving health equity. CHA continues to work with Rishi Manchanda, MD, and his team at HealthBegins to bring his extensive knowledge, expertise, and “Upstream” approach to hospitals, healthcare organizations, and providers in Connecticut. Dr. Manchanda’s keynote at CHA’s *Health Equity Symposium* last fall received rave reviews and participants indicated significant interest in additional workshop sessions. In this program, Dr. Manchanda will lead two three-hour workshops on approaches to improving care and outcomes through a focus on social determinants of health. The workshops will build upon one another, beginning with basic information and moving to more advanced approaches.

This program is being offered under the Hospital Improvement Innovation Network (HIIN), a CMS national initiative aimed at advancing patient and family engagement and reducing events of preventable patient harm.

HIIN: Social Determinants of Health Collaborative Kick-Off Program

Tuesday, June 5, 2018

9:00 a.m. - 1:00 p.m.

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

Please be sure to save the date for an inspiring program marking the start of the Social Determinants of Health Collaborative with keynote speaker Pritpal Tamber, MD, Co-Founder and Chief Executive Officer of Bridging Health and Community.

This program is being offered under the Hospital Improvement Innovation Network (HIIN), a CMS national initiative aimed at advancing patient and family engagement and reducing events of preventable patient harm.

HIPAA Privacy, Security & Breach Rules: Keeping Current to Remain Compliant

Monday, June 18, 2018

9:00 a.m. - 2:30 p.m.

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

This program will cover both current HIPAA Privacy, Security, and Breach Rules, with an emphasis on patient access rights, and emerging issues in cyber security, devices and technology issues, social media considerations, and the enforcement and liability risks for HIPAA covered entities and business associates. Particular attention will be paid to recent case law and enforcement activities by the Office for Civil Rights. The program information includes strategies for maintaining continuous compliance, a discussion of necessary policies and procedures, and practical tips and solutions to address real-life situations.

Nursing Professional Development Certification Preparation

Session I: Tuesday, June 19, 2018

Session II: Wednesday, June 20, 2018

8:00 a.m. - 5:00 p.m.

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

This program is intended to enable the learner to complete the American Nurses Credentialing Center (ANCC) generalist examination in nursing professional development. This course also enables novice NPD practitioners to develop foundational knowledge for the specialty practice.

Please note: This is a two-session program; participants must attend both sessions.

Lean Principles: Project Charter Preparation and Planning

Thursday, June 21, 2018

9:00 a.m. - 2:00 p.m.

[Event Registration](#)

Lean principles and methodology improve healthcare, but evidence shows that learning about the principles and methodology is simply not enough. To achieve the desired results, the principles must be applied. This program—a follow-up to CHA’s two-part *Lean Principles: Process Flow and Value Stream Mapping in Healthcare*—provides an overview of the methodology and tools needed for planning process improvement initiatives.

This is a “how to make it happen session,” and will explain (and provide examples of) the elements of an effective project charter, a prerequisite to any successful improvement initiative. When properly prepared, the charter focuses the team on the business case, problems, objectives, and outcomes, and is a major factor in preventing project scope creep. Participants are asked to bring process improvement opportunities currently under consideration at their facilities.

This program is designed for those who attended CHA’s *Lean Principles: Process Flow and Value Stream Mapping in Healthcare*—or those with a basic understanding of Lean Principles and familiarity with the terminology.

