



Thursday, June 9, 2016

[Printer-Friendly Version](#)

**In This Issue:**

[Connecticut Asthma Initiative Meeting Focuses on Collaboration, Social Determinants](#)

[AHA, CDC Issue New Patient Resource on Prescription Opioids](#)

[Governor Uses Line-Item Veto, Signs Budget](#)

[Save the Date: CHA 98th Annual Meeting](#)

[Jon Meacham to Give Keynote Address at CHA Annual Meeting](#)

[Education Updates](#)

**Connecticut Asthma Initiative Meeting Focuses on Collaboration, Social Determinants**



Improving the social determinants of health that affect asthma outcomes was the focus of the June 7 meeting of the Connecticut Asthma Initiative (CAI). Speakers described the ways they attempt to educate and treat people with asthma who often have economic and environmental barriers to health, and stressed the importance of partnering with others in the community to better serve asthma patients.

Grace Damio, Director of Research and Service Initiatives at the Hispanic Health Council, recommended that hospitals, primary care providers, schools, and community service providers work together to

address some of the underlying triggers for asthma itself – such as smoking or dirty schools – as part of the Initiative.

"Parents of children with asthma reported that their children are getting sick at school," said Ms. Damio, whose organization conducted focus groups in Hartford, Bridgeport, and New Haven with African American and Latino adults with asthma and parents of children with asthma. Participants of these focus groups described asthma-related environmental issues at home and school, such as pests, mold, dust, and lack of air conditioning. "Parents also expressed anxiety about sending their children to school due to these triggers and their perception that school personnel were not able to help students manage their asthma, as well as concerns about asthma-related absenteeism, its impact on academic achievement, as well as school and Department of Children and Families referral practices when asthma causes long absences."

**[Update Archives](#)**

The focus on eliminating the environmental triggers for asthma was also stressed by Kenny Foscue, epidemiologist/health educator at the Connecticut Department of Public Health. Mr. Foscue gave a presentation on the Indoor Air Quality Tools for Schools Program, which was developed by the EPA to reduce exposures to indoor environmental contaminants in schools through voluntary adoption of indoor air quality management practices.

The focus on social determinants of health that create barriers to treatment will guide future steps of the CAI, said Madeleine Biondolillo, MD, Vice President, Population Health, CHA.

The CAI began in 2015 and formally launched its implementation phase in January 2016. The initiative is led by Stuart G. Marcus, MD, President and CEO, St. Vincent's Medical Center, and Anne Diamond, JD, CNMT, CEO, UConn John Dempsey Hospital. The CAI is based on a vision that no one should die of asthma or have to limit his or her life unnecessarily due to the disease.

Since its inception, a broad-based group of more than 200 people from 62 organizations across the continuum including hospitals, community organizations, commercial payers, state government, and more – have created a model of collaboration that connects communities, healthcare providers, and public health organizations. This Hospital-Community Partnership (HCP) structure, essential to the Initiative's success, has been established in all Connecticut acute-care member hospitals.

In Hartford, the city's three acute care hospitals – Hartford Hospital, Saint Francis Hospital and Medical Center and the Connecticut Children's Medical Center – have banded together to form an HCP.

"We are so happy to work together as healthcare providers from organizations across the city to support Hartford's asthma patients," said Patti LaMonica, Executive Director, Emergency and Pre-Hospital Services, Saint Francis Hospital and Medical Center. Ms. LaMonica said the Hartford-area group is working to understand its community resources and build relationships that will positively impact the health of the community. The group is sharing and reviewing data, learning about what each entity provides, and standardizing approaches to care.

"We are creating consistent, community-connected asthma care which will benefit these patients but can also serve as a model of population health for caring for all patients with chronic diseases."

In addition to presentations from members of the Hartford partnership, which included Teresa Cahill-Griffin from Saint Francis Hospital and Medical Center; Jane Reardon, Pulmonary CNS, and Joel Wilken, MD, Hartford Hospital; and Cliff Gerich, Manager of Respiratory Care, Connecticut Children's Medical Center, a panel of primary care providers described the work they are doing to improve asthma outcomes. That panel comprised Veronica Mansfield, APRN, AE-C, CCM, Middlesex Hospital, Michael Corjulo, APRN, AE-C, Community Asthma Integrated Services, and Sunil D'Cunha, MD, StayWell Health Center. Dawnette Otuegbe and Darlene Parks from Community Health Network also spoke about intensive care management in the ED.





#### AHA, CDC Issue New Patient Resource on Prescription Opioids



American Hospital Association

On June 7, the American Hospital Association and the Centers for Disease Control and Prevention (CDC) released a new [resource](#) on prescription opioids to help providers and patients discuss the risks and benefits of these medications, including the potential for addiction, overdose, and death, before they are discharged from the hospital.

The document explains the risks and side effects of prescription opioids, when they might be needed, how to use the medications as safely and effectively as possible, and ways to manage pain that do not involve prescription opioids. The resource is part of AHA's efforts to help hospitals and health systems' efforts to address the opioid abuse epidemic that has affected people across the country.

"Every day, hospitals see how misuse of and overdose from prescription opioids affects patients' families, loved ones, and communities," said AHA President and CEO Rick Pollack. "We want patients to have open, honest conversations with their care providers about the best way to manage pain. The goal is to help patients manage their pain and continue to lead healthy, productive lives."

The new AHA/CDC resource is part of an ongoing, national effort to address the opioid epidemic in the United States. Governors from New England met Tuesday, June 7, at Harvard Medical School in Boston to discuss how their states are attempting to limit prescription pain medications. Connecticut Gov. Dannel Malloy attended the forum and, according to [news accounts](#), told attendees that Connecticut will find fentanyl, a powerful synthetic opioid, in roughly 330 autopsies this year, which would represent a 77 percent jump from the previous year. There were 188 fentanyl-related deaths in Connecticut last year, up from 14 in 2012.

Last month, Gov. Malloy signed into law a bill intended to expand the state's effort to combat the opioid epidemic, [\(HB 5053\) PA 16-43, An Act Concerning Opioids And Access To Overdose Reversal Drugs](#), which contains an array of measures to address opioid abuse prevention and treatment. The measure:

- Prohibits prescribers from issuing an opioid prescription for more than a seven-day supply to an adult for the first time for outpatient use, or to a minor, except when the drug is required to treat the person's acute medical condition, chronic pain, cancer-associated pain, or for palliative care. (effective July 1, 2016)
- Expands who may serve as a prescriber's authorized agent to use the prescription drug monitoring program, provided that a hospital-based prescriber submits a written protocol for the oversight of agents on a commissioner-approved form. (effective July 1, 2016)
- Allows any licensed healthcare professional to administer an opioid antagonist (e.g., Narcan) to treat or prevent a drug overdose without being civilly or criminally liable or deemed as violating a professional standard of care. (effective May 27, 2016)
- Requires municipalities to amend local emergency medical services (EMS) plans to ensure that first responders are equipped with an opioid antagonist and are trained to administer it. (effective May 27, 2016)
- Prohibits certain health insurance policies that provide prescription drug coverage from requiring prior authorization for opioid antagonists. (effective January 1, 2017)
- Requires the Public Health Committee to convene a working group to study whether it is a best practice to limit prescriptions to minors to no more than a three-day supply to treat an acute medical condition. (effective May 27, 2016)
- Requires the Alcohol and Drug Policy Council to amend its statewide, integrated plan to contain measurable goals including reducing the number of opioid-induced deaths in Connecticut. (effective October 1, 2016)

The new law is consistent with the [voluntary opioid prescribing guidelines](#) adopted by Connecticut hospitals in January 2015 to help ED staff treat patients with chronic pain conditions. These guidelines are intended to reduce inappropriate use of opioids while preserving the vital role of hospital EDs in treating patients with emergent medical conditions.

## Governor Uses Line-Item Veto, Signs Budget



The state legislature declined last week to take up Governor Dannel Malloy's controversial Second Chance Society Initiative, prompting the Governor to use his line-item veto authority to cut another \$22 million from the state budget.

The additional cuts came from funding for municipalities, health clinics, and the Connecticut Humanities Council. The cuts include \$775,000 from Federally Qualified Health Center (FQHC) Supplemental Payments, \$1,731,172 from the Humanities Council, and \$20 million from municipal aid.

The Governor signed the \$19.76 billion budget, [SB 501](#), **An Act Adjusting The State Budget For The Biennium Ending June 30, 2017**, on Thursday, June 2, after using his line-item veto authority to make those additional cuts.

Governor Malloy said the cuts were necessary because of lawmakers' decision not to embrace his anti-recidivism proposals, which would have saved the state between \$15 - \$20 million. Click [here](#) to read the Governor's veto message.

The Governor's veto message came on the same day the House of Representatives met and unanimously passed legislation authorizing state bonding for school construction and other capital projects. This legislation was already passed by the Senate and now heads to the Governor for signature.

The House adjourned the Special Session on June 2 and the Senate adjourned on June 8, which means no additional bills may be proposed or acted upon.

Also on June 2, the Governor signed [HB 5233](#), **An Act Concerning Health Insurance Coverage For Tomosynthesis For Breast Cancer Screenings**. In signing HB 5233, the Governor noted that the bill would add a significant cost to the state's expenses.

The Governor also signed the following bills of interest:

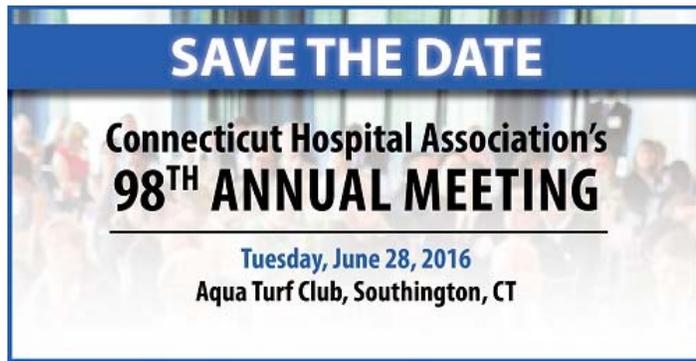
- [\(PA 16-155\) SB 26](#), **An Act Concerning Private Occupational Schools**
- [\(PA 16-162\) SB 160](#), **An Act Concerning Prior Authorization For The Interhospital Transfer Of Certain Newborn Infants And Their Mother**
- [\(PA-16-175\) SB 372](#), **An Act Concerning Clinical Review Criteria For Utilization Review And Adverse Determination Notices**
- [\(PA 16-130\) HB 5456](#), **An Act Concerning The Recommendations Of The Department Of Mental Health And Addiction Services For Revisions To The Mental Health And Addiction Services Statutes**
- [\(PA 16-158\) SB 313](#), **An Act Concerning The Working Group On Behavioral Health Utilization**
- [\(PA 16-198\) SB 298](#), **An Act Concerning Telehealth Services For Medicaid Recipients**
- [\(PA 16-205\) SB 433](#), **An Act Concerning Standards And Requirements For Health Carriers' Provider Networks And Contracts Between Health Carriers And Participating Providers**
- [\(SPA 16-20\) SB 445](#), **An Act Establishing A Health Data Collaborative Working Group**
- [\(PA 16-78\) HB 5050](#), **An Act Modernizing The Symbol Of Access For Persons With Disabilities**
- [\(PA 16-87\) SB 218](#), **An Act Concerning The Department Of Public Health's Recommendations For Revisions To The Statutes Regarding Human Immunodeficiency Virus**
- [\(PA 16-90\) SB 244](#), **An Act Concerning The Reporting Of Injuries Resulting From The Discharge Of A Firearm And Stab Wounds**
- [\(MSS PA 16-2\) SB 501](#), **An Act Adjusting The State Budget For The Biennium Ending June 30, 2017**
- [\(MSS PA 16-3\) SB 502](#), **An Act Concerning Revenue And Other Items To Implement The Budget For The Biennium Ending June 30, 2017**
- [\(PA 16-77\) SB 289](#), **An Act Concerning Patient Notices, Designation Of A Health Information Technology Officer, Assets Purchased For The State-Wide Health Information Exchange And Membership Of The State Health Information Technology Advisory Council**
- [\(PA 16-95\) SB 351](#), **An Act Concerning Matters Affecting Physicians, Health Care Facilities And Medical Foundations**
- [\(PA 16-109\) HB 5356](#), **An Act Concerning Veterans' Health Records**
- [\(SPA 16-5\) SB 88](#), **An Act Establishing A Task Force To Study The Zoning Of Temporary Health Care Structures**

The Governor vetoed the following bill:

- [\(SPA 16-8\) HB 5437](#), **An Act Concerning Nonemergency Medical Transportation For Medicaid Recipients**

As of this date, the Governor has signed 185 bills of the 2016 Legislative Session.

## Save the Date: CHA 98th Annual Meeting



### Jon Meacham to Give Keynote Address at CHA Annual Meeting



Jon Meacham, Presidential Historian, Pulitzer Prize-winner, and Contributing Editor at *TIME*, will be the keynote speaker at CHA's Annual Meeting on Tuesday, June 28, 2016. A regular guest on Morning Joe, he is known as a skilled raconteur with a depth of knowledge about politics, religion, history, and current affairs, sharing insights on how issues and events impact our lives.

His latest Presidential biography, *Destiny and Power: The American Odyssey of George Herbert Walker Bush*, debuted at #1 on the New York Times bestseller list in November 2015. Mr. Meacham's #1 *New York Times* bestseller, *Thomas Jefferson: The Art of Power*, was hailed as "masterful and intimate" by *Fortune* magazine. His other national bestsellers include *Franklin and Winston*, *American Gospel*, and *American Lion: Andrew Jackson in the White House*, which won the Pulitzer Prize in 2009.

Mr. Meacham is Executive Vice President and Executive Editor at the Random House Publishing Group. He served as *Newsweek's* Managing Editor and then Editor from 1998 to 2010. He is now a contributing editor at *TIME*. Named a "Global Leader for Tomorrow" by the World Economic Forum, Mr. Meacham is a member of the Council on Foreign Relations, a fellow of the Society of American Historians, and chairs the National Advisory Board of the John C. Danforth Center on Religion and Politics at Washington University,

### Education Updates

#### Financial Skills for Managers

Friday, June 10, 2016

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

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

Because healthcare delivery methods and payment systems are changing rapidly, carefully managing the financial health of the organization is more important than ever. Resources are scarce and stretched to the breaking point. Doing more with less is routine. The need for sound business and financial management tools—survival skills—is paramount for all managers. These include planning and budgeting, financial analysis, and maximizing resources, all of which are essential if managers are to achieve the institution's mission and contribute to "bottom line" results. Bill Ward, a popular and dynamic lecturer on financial management in healthcare, is back by member request to present the program.

Continuing education credits are offered for this session. See the brochure for details.

#### HEN 2.0 – Reducing Adverse Drug Events: Strategies to Accelerate Improvement Webinar – Anticoagulation Safety

Monday, June 13, 2016

2:00 p.m. - 3:30 p.m.

[Event Registration](#)

Reducing Adverse Drug Events is a topic area for focused improvement efforts nationally. Join Frank Federico, IHI, 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.

#### Cross Cultural and Diversity Inclusiveness Training

Session I: Friday, June 17, 2016

Session II: Friday, June 24, 2016

8:30 a.m. - 2:00 p.m.

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

In partnership with the Hispanic Health Council, the Saint Francis Center for Health Equity, and the Connecticut Association of Healthcare Executives, CHA is again pleased to offer Cross Cultural and Diversity Inclusiveness Training (CC&DIT)—a unique, comprehensive, and interactive program to achieve the goal of improving cultural competence in the delivery of care and addressing healthcare disparities.

The CC&DIT curriculum was developed in direct response to member requests for help in providing diversity education and is structured as a two-module program, each session five hours in duration—delivered once each week over a two-week period. Training content is based on current research that emphasizes the idea that cultural competence is not achieved through a single training event—but is a

lifelong commitment to learning, and professional skills development. With over 200 members completing the training, program evaluations have been consistently positive about the value of this training.

The program provides an opportunity for hospitals who have taken the AHA #123forEquity Pledge to Act to Eliminate Healthcare Disparities to meet the requirement for training staff in cultural competence.

This program is being held at the Connecticut Institute for Primary Care Innovation (CIPCI) in Hartford.

Continuing education credits are offered for this session. See the brochure for details.

#### **HEN 2.0—Reducing Readmissions Through Medication Management**

Wednesday, June 22, 2016

9:00 a.m. - 12:00 p.m.

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

A cause of readmission, and medication errors, is the incomplete dissemination of information about patients' medications and the lack of medication management by patients and care providers during the transition from hospital to home. Come hear innovative solutions to apply in your organization from experts in the field of medication management.

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

