



Thursday, July 26, 2012

[Printer-Friendly Version](#)

CHA Diversity Collaborative Discusses Benchmark Study Results



On July 24, Frederick Hobby, MA, CDM, President and CEO of the Institute for Diversity in Health Management, discussed the American Hospital Association's (AHA) efforts to reduce disparities and promote diversity with participants in the CHA Diversity Collaborative.

In 2011 and 2012, the AHA's [Institute for Diversity in Health Management](#), the only national association dedicated exclusively to diversity in healthcare, conducted the [Diversity and Disparities Benchmark Study of U.S. Hospitals](#). The study of 924 participating hospitals found that 89 percent have a nondiscrimination policy that includes ethnic, racial, lesbian, gay, bisexual, transgender, and transsexual communities. Eighty-one percent of those hospitals educate all clinical staff during orientation regarding how to address the unique cultural and linguistic factors of care affecting diverse patients and communities. Sixty-one percent of hospitals require all employees to attend diversity training.

Of the participating hospitals, minorities comprised 14 percent of hospital boards, 14 percent of hospital leaders, and 15 percent of first and mid-level managers.

"Diversity management and disparities elimination is a continuously evolving process," said Mr. Hobby. "We have uneven development among our nation's hospitals. Some are very advanced, some are just beginning, and we have quite a few in the middle of the pack. But we are making progress."

Mr. Hobby said that the survey's representative sample provides a snapshot of what is going on in the field and will serve as a benchmark for comparing future progress.

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.

CHA Opposes Waiver to Change the Medicaid for Low-Income Adult Program



On July 24, the Appropriations and Human Services Committees met to consider the Department of Social Services' (DSS) proposed federal waiver application that would limit eligibility for low-income adults on the state's Medicaid program. Jim Iacobellis, CHA's Senior Vice President, Government and Regulatory Affairs, testified in opposition to the proposed Medicaid 1115 waiver that would make changes within the Medicaid for Low-Income Adults (MLIA) program. Additionally, CHA submitted written [testimony](#) at the hearing.

Mr. Iacobellis thanked Committee members for their leadership in trying to improve access to healthcare for vulnerable populations, and DSS for its plan to modernize the eligibility determination system. However, he noted that in addition to limiting healthcare access for very fragile individuals, the proposed changes envisioned in the waiver will cause disruption to the modernization of the eligibility determination system.

The waiver seeks to reduce MLIA enrollment by: (1) establishing a \$10,000 asset limit; (2) counting family income when determining eligibility for individuals under the age of 26 and either living with their parents or claimed as a dependent for tax purposes; and (3) limiting nursing home coverage to 90 days.

DSS estimates that the proposed changes will result in a reduction in spending of approximately \$52 million in FY 2013, with an impact of between

In This Issue:

[CHA Diversity Collaborative Discusses Benchmark Study Results](#)

[CHA Opposes Waiver to Change the Medicaid for Low-Income Adult Program](#)

[Anthony Dias, MBBS, DPM, MPH, Joins CHA as VP, Data Services](#)

[Connecticut Hospitals and Health System Among Nation's Most Wired](#)

[Update Archives](#)

15,000 and 20,000 individuals losing eligibility for the MLIA program.

After the meeting, Committee members caucused but did not come to a resolution on approving, rejecting, or modifying the waiver. They have until August 18 before action is required on the waiver.

The state-required public hearing before the Appropriations and Human Services Committees follows two federally required DSS public hearings held in June. Click [here](#) to view CHA's hearing testimony in opposition to the waiver.

Anthony Dias, MBBS, DPM, MPH, Joins CHA as VP, Data Services



The Connecticut Hospital Association (CHA) welcomes Anthony Dias, MBBS, DPM, MPH, as Vice President, Data Services. In this role, Dr. Dias will provide insight and support for CHA advocacy and initiatives in quality and patient safety, regulatory and reimbursement issues, community health and disparities, and use of data to drive clinical performance. He will direct CHA's Data Services team to provide innovative products and services to CHA membership.

Dr. Dias brings CHA a wealth of data analytics experience with a focus on improving patient safety and quality, and reducing costs. Prior to joining CHA, he was Managing Director, Innovation & Research at Blue Health Intelligence (BHI), having previously served in that role at the Blue Cross Blue Shield Association. Prior to BHI, Dr. Dias worked at Blue Cross and Blue Shield of Massachusetts, where he focused on integrating performance reporting, operational improvement opportunities to mitigate cost, and quality initiatives in behavioral health. Dr. Dias has directed operational management at a community health center, consulted for mental health initiatives, and worked as a psychiatric crisis clinician. He has prior experience in India as a clinic founder and general practitioner physician.

Dr. Dias received his MPH in Policy and Management from the Harvard School of Public Health, and completed a post-doctoral fellowship at Harvard University Health Services. He completed his medical school training at Goa Medical College & Hospital, and a psychiatry residency in Goa, India.

Connecticut Hospitals and Health System Among Nation's Most Wired



Connecticut hospitals and a health system ranked among the country's most wired, according to [Hospitals & Health Networks](#) Health Care's Most Wired 2012 Survey. The William W. Backus Hospital, Hartford Hospital, Middlesex Hospital, MidState Medical Center, Saint Francis Hospital and Medical Center, and Yale New Haven Health System earned high marks for leveraging the adoption and use of health information technology (IT) to improve performance in areas including protection of patient data and optimization of patient flow and

communications.

"As shown by these survey results, hospitals continue to demonstrate how IT not only can be used to improve patient care and safety but it is also a means to improve efficiency," said Rich Umbdenstock, President and CEO of the American Hospital Association.

Among the key findings:

- Ninety-three percent of Most Wired hospitals use intrusion detection systems to protect patient privacy and security of patient data, compared to 77 percent of all responders.
- Seventy-four percent of Most Wired hospitals and 57 percent of all surveyed hospitals use automated patient flow systems.
- Ninety percent of Most Wired hospitals and 73 percent of all surveyed use performance improvement scorecards to help reduce inefficiencies.
- One hundred percent of Most Wired hospitals check drug interactions and drug allergies when medications are ordered as a major step in reducing medication errors.

Of note, nearly half of Most Wired hospitals utilize social media for community outreach and crisis communication compared to one-third of total respondents. More than 25 percent offer care management messages and chats with physicians.

Nearly 1,600 U.S. hospitals completed the Health Care's Most Wired 2012 Survey.

