National Speakers Featured at CHA Diversity Collaborative on October 25

Roslyn Brock, Vice President of Advocacy and Government Relations for Bon Secours Health System in Maryland, and Chairman of the National Board of Directors for the National Association for the Advancement of Colored People (NAACP), will be the featured keynote speaker for the CHA Diversity Collaborative: From Intent to Impact Symposium on Tuesday, October 25. For the last 25 years, Ms. Brock has been an engaged, passionate healthcare advocate and a leader in the NAACP. She has received numerous healthcare, community service, and leadership awards, and is a nationally-recognized expert for her work in the areas of healthcare, diversity, and economic parity for African-Americans.

Ms. Brock will kick off the full-day Symposium, the event that will launch CHA’s innovative Diversity Collaborative: From Intent to Impact, which is designed to structure and coordinate activities for increasing diversity in hospital governance and senior management, improving cultural competence in the delivery of care, and increasing supplier diversity. The October 25 event features a guest panel of renowned experts, community partners, and stakeholders, and will be hosted by Christopher Dadlez, CEO, Saint Francis Hospital and Medical Center, and Chairman, CHA Board of Trustees. In addition to Ms. Brock, speakers include:

- Frederick D. Hobby, President and CEO, Institute for the Diversity in Health Management, an affiliate of the American Hospital Association
- Jose Ortiz, President and CEO, Hispanic Health Council
- Fred W. McKinney, PhD, President and CEO, Greater New England Minority Supplier Development Council
- Wilson Camelo, Agency Principal and Vice President of Public Relations, Bauzá & Associates

The Symposium marks the start of a multi-year program of team engagement, conference calls, education programs, data sharing, and identification of and reporting on best practices and results.

For more information on CHA’s Diversity Collaborative, contact Marie Spivey, EdD, CHA’s Director of Health Equity, at spivey@chime.org.

CT Hospitals Heading to Washington to Advocate: No More Cuts to Hospital Funding

On October 4, Connecticut hospital executives will join their colleagues from around the country at an American Hospital Association (AHA)-sponsored Advocacy Day in Washington, D.C. Connecticut hospital leaders will be meeting with members of the Connecticut Congressional Delegation and asking for their support in protecting Medicare and Medicaid hospital funding since any additional funding cuts will have serious implications for Connecticut hospitals and the communities they serve. Connecticut hospitals are already facing significant financial pressures due to the Patient Protection and Affordable Care Act (PPACA), the stagnant economy, the growing number of uninsured and residents losing employer-sponsored health insurance, and recent state budget actions that imposed a hospital tax and cut uncompensated care funding. Additional cuts to Medicare or Medicaid will jeopardize communities’ access to critical hospital services and will have negative consequences on jobs and the economy throughout Connecticut.

Hospital leaders will be discussing the impact of potential options being examined by the bipartisan congressional committee—the so-called “Super Committee”—tasked with recommending $1.2 to $1.5 trillion in federal budget savings by November 23, 2011. Among recommendations the committee may be considering are the proposals released last week by President Obama.
in his $3 trillion deficit reduction package, which contained $320 billion in Medicare and Medicaid cuts over the next ten years (see last week’s Update for details). Specifically, the President’s proposals call for $248 billion in Medicare cuts, including reductions in medical education and bad debt, and $72 billion in Medicaid cuts, including significant curbs on states’ use of provider assessments, the federal government’s overall share of Medicaid costs, and Medicaid Disproportionate Share Hospital (DSH) payments.

If the congressional committee fails to issue recommendations, or if Congress fails to act on the committee’s proposal, automatic across-the-board spending cuts of $1.2 trillion would go into effect. Under the automatic spending cuts, Medicaid would not be affected, but Medicare payments to hospitals, doctors, nursing homes, and private insurers that offer plans with Medicare benefits would face a cut of no more than two percent per year over nine years (2013 - 2021).

**GOP Leaders Release Jobs Proposal**

On Monday, September 26, Connecticut Republican Leaders released a series of proposals designed to retain and grow jobs in the state. The GOP proposals, which were shared with Governor Dannel Malloy and Democratic leaders last week, focus on targeted tax incentives, regulatory reform, and workforce development initiatives.

One of the plan’s recommendations is easing the burden and costs associated with the state’s regulatory and permitting processes. Recommendations include:

- requiring that any regulation submitted by a state agency for approval by the Regulations Review Committee be accompanied by a quantitative and qualitative assessment of the regulation’s costs and benefits;
- marketing the Office of Permit Ombudsman located in the Department of Economic and Community Development, which coordinates and expedites permits and approvals with the departments of Environmental Protection, Transportation, and Public Health and;
- requiring relevant agencies (DEP, DOT, DPH) to change focus on major code and regulatory violations to quickly remediate problems.

The GOP package of suggestions was released in advance of the October 6 Economic Summit, which has been called by Governor Malloy, and more than a month prior to a Special Legislative Session, tentatively scheduled for October 26. Both the summit and special session will focus on creating an environment in the state which seeks to foster economic and job growth. Additional information on the Economic Summit can be found [here](#).

**Yale-New Haven Hospital and Hospital of Saint Raphael Sign Definitive Agreement For Potential Integration**

On September 28, Yale-New Haven Hospital (YNHH) and the Hospital of Saint Raphael (HSR) announced the signing of a Definitive Agreement for YNHH to purchase the assets of HSR creating one hospital with two campuses.

Now that the appropriate due diligence has been completed and the parties have reached agreement, the regulatory review of the transaction by appropriate state and federal agencies will be initiated. During the regulatory approval process, the Connecticut Attorney General’s Office, the Connecticut Office of Health Care Access, and the Federal Trade Commission will review the proposed transaction. During that time, the two hospitals will continue to operate independently.

"We continue to be excited about the benefits to our communities and region that will arise out of the integration of services between Yale-New Haven and Saint Raphael’s," said Marna P. Borgstrom, president and CEO of YNHH. "Since we announced the Letter of Intent in March to integrate the two hospitals, we have been encouraged by the broad-based support from the community for this proposal. From elected, regional and business leaders, employees, physicians and patients, there has been excitement for what this will mean for the future of healthcare in our community and the region."

"The Definitive Agreement between our organizations is a significant milestone towards realizing opportunities to better serve and care for greater New Haven and the broader region," echoed Christopher M. O’Connor, president and CEO of HSR. "By signing the Definitive Agreement, both hospitals have concluded that this integration can succeed in the new healthcare environment and is in the best interests of both organizations, and the communities and the region we serve."

Under the language of the Definitive Agreement:

- Yale-New Haven will purchase the assets of the Hospital of Saint Raphael, creating one integrated hospital with continued access to care at both campuses;
- The Saint Raphael campus will continue to provide medical care consistent with the Ethical and Religious Directives for Catholic Health Care Services;
- HSR liabilities will be addressed, including funds to help address its Church Plan pension shortfall; and
- YNHH will make investments in the HSR campus and grow clinical activity.

For the latest news and updates related to the integration of Yale-New Haven Hospital and Hospital of Saint Raphael, visit www.newstory.org.

October Business Opportunity Expo Focuses on Supplier Diversity and Minority Business Enterprises

Next week, the Greater New England Minority Supplier Development Council (GNEMSDC) will be holding its premier event, the Business Opportunity Expo, at MGM Grand at Foxwoods. This three-day event, on October 3-5, promises to be a great opportunity to learn more about supplier diversity and make direct contacts with certified Minority Business Enterprises (MBEs). The event includes town hall meetings, keynote presentations, corporate and MBE “showcases,” and a trade show highlighting local and regional minority businesses. To learn more or register for the event, click here.

One of the goals of the CHA Diversity Collaborative is increasing supplier diversity within Connecticut hospitals. To help meet this goal, CHA has been partnering with the Greater New England Minority Supplier Development Council (GNEMSDC) for the last two years in developing enhanced opportunities for minority businesses to work with CHA member hospitals. The GNEMSDC is a local not-for-profit organization that certifies minority businesses, and is dedicated to fostering business relationships between certified Minority Business Enterprises (MBEs) and potential buyers. The GNEMSDC has been instrumental in the development of CHA’s Supplier Diversity Program, through which hospitals can access contracts for goods and services offered by certified MBEs. To learn more or register for the event, click here.

Education Updates

OPPS Proposed Rule for 2012, Wednesday, October 5, 2011, 8:30 a.m. - 12:00 p.m.

The Centers for Medicare and Medicaid Services (CMS) released the 2012 Outpatient Prospective Payment System (OPPS) Proposed Rule on July 5, 2011. Among the rule highlights are refinements to physician supervision requirements, the status of APC payment rates including updated APC assignments for CPT codes new in 2011, drug reimbursement, and additional Composite APCs. The 2012 rule requires hospitals to continue to report quality data for the 12 Hospital Outpatient Quality Reporting (OQR) measures for 2012 and 11 additional measures already established through 2014 and contains nine additional measures through 2014. This program will provide a comprehensive overview to help reimbursement, revenue cycle, billing, regulatory, and HIM professionals evaluate OPPS changes for CY 2012. Click here to review brochure. Click here to register. For more information, contact CHA Education Services at educationservices@chime.org.

Save the Date: 2011 Nurse Leadership Forum, Thursday, October 13, 2011, 9:00a.m. - 3:45 p.m.

This year’s Nurse Leadership Forum has an impressive line-up of nationally recognized speakers, presenting on high-interest topics. A former hospital and clinic CEO, Barbara Balik, RN, EdD, will deliver the keynote address based on research findings and strategies from the book she co-authored, The Heart of Leadership: Inspiration and Practical Guidance for Transforming Your Healthcare Organization. Vicki George, RN, PhD, former CNO at Dartmouth-Hitchcock Medical Center, and author of Peer Review in Nursing – Principals for Successful Practice will outline strategies for peer review within an organizational setting. Joe Tye, MS, MBA, CEO of Values Coach, former COO for a large community teaching hospital, and author of several books including The Florence Prescription, will discuss the application of leadership principles to the task of transforming today’s hospitals, enabling them to thrive in a turbulent and competitive world.

The forum will also feature sessions on developing systems that integrate the patient experience into quality improvement initiatives, and a practical approach to addressing the operational issues of shared governance. Further details coming soon.