

Thursday, November 2, 2017

[Printer-Friendly Version](#)**In This Issue:****Governor Line-Item Vetoes Hospital Supplemental Payments****Keynote Speaker at Health Equity Symposium Urges Audience to Look Upstream****Community Care Teams Highlighted at Connecticut Public Health Association Conference****Open Enrollment Begins for State Health Insurance Exchange****Care Decisions Connecticut Conference to Feature Colin McEnroe****Education Updates**[Update Archives](#)**Governor Line-Item Vetoes Hospital Supplemental Payments**

On October 31, Governor Malloy signed into law the bipartisan-drafted FY 2018-2019 state budget. While he signed the budget into law, the Governor line-item vetoed the appropriation providing for supplemental payments to hospitals, arguing that the “hospital language” was problematic, severely flawed, and in violation of federal law. With these actions, hospitals will continue to be subject to the hospital tax, but will not receive supplemental payments.

Jennifer Jackson issued the following statement in response to the

Governor's veto:

The Governor's line-item veto of hospital supplemental payments undermines the agreement to maximize federal funds for the benefit of the state, hospitals, and the patients they serve.

In his line-item veto letter, Governor Malloy articulated concerns with language in the state budget document related to hospitals. Hospitals have addressed his concerns. We agreed to one change the state suggested, and we pointed out that the language in the budget approved by the General Assembly is similar to language used and approved in other states. We stand ready to work with the state to address additional legitimate issues throughout the implementation of the hospital agreement contained in the budget.

We continue to be very grateful for the ongoing support of hospitals by the members of the General Assembly.

CHA has been working with legislative leaders and caucus staff, as well as meeting with Administration staff, to come to a resolution within the framework of the previously negotiated agreement between hospitals and the Administration. It is expected that further negotiations between CHA and the Malloy Administration will be held in the coming days.

The Governor's signing statement and letter to legislative leaders can be found [here](#) and [here](#).

The \$41.3 billion spending and revenue package overwhelmingly [passed](#) in both chambers of the General Assembly last week. It was signed 123 days into the 2018 SFY.

Keynote Speaker at Health Equity Symposium Urges Audience to Look Upstream

As an “upstreamist physician,” Rishi Manchanda, MD, MPH, the keynote speaker at the seventh annual CHA Health Equity Symposium, *HIIN: Improving Health Equity: Addressing Social Determinants of Health*, is constantly asking the question, “What makes us get sick?” and looking for that answer in places other people might not think to look.

Those places, which Dr. Manchanda, Founder and President of HealthBegins, describes as being located “upstream” from the patient’s physiological status or illness, are often related to social determinants of health like food insecurity, homelessness, poverty, and other factors that prevent people from achieving optimal health. His goal, he said, is to transform the conventional care of patients into a more holistic approach that identifies and treats the underlying issues that affect patient health.

“We are constantly asking how we can better treat the pain and suffering we can see,” Dr. Manchanda said. “But how do we treat and prevent pain and suffering that is unseen? Are we doing enough to take what we can’t see and bring it into the spotlight? Sickness starts upstream. Patients are experiencing unseen pain and suffering because we are not yet thinking about how sickness starts upstream.”

In addition to this work at HealthBegins, an enterprise that provides healthcare professionals and organizations with tools and methods to address social and environmental sources of illness, Dr. Manchanda is also the author of the [Upstream Doctors: Medical Innovators Track Sickness to Its Source](#). He is also known for his 2014 TED Talk, [“What Makes Us Get Sick? Look Upstream.”](#)

While an upstreamist philosophy and practice will benefit patients, Dr. Manchanda said, it will also lead to savings in the healthcare system by preventing illness and cutting down on the amount of emergency care patients need, especially when they have chronic conditions like diabetes and asthma, and reduce stress and improve job satisfaction for physicians and other staff across the spectrum.

Today’s symposium is an extension of the work CHA and Connecticut hospitals have been doing since 2011 to advance health equity using population health strategies through data analysis, care coordination, and health improvements across the care continuum. Most recently, CHA launched the Connecticut Social Health Initiative, supported by the Connecticut Health Foundation, to assist hospitals and collaborating organizations in identifying and addressing social determinants of health for patients at the point of care.



Christopher Dadlez, President and CEO, Trinity Health Of New England, and Chairman of the CHA Committee on Population Health, who has led CHA's health equity efforts since their inception, opened the symposium by acknowledging the work CHA and hospitals have done to address the issue.

"CHA has been a pioneer in this effort to address health inequities. I'm very proud to be a part of that. Every single person should have the opportunity to have the resources to live a healthy lifestyle, and you all know that's not yet the case," Mr. Dadlez said, adding that it is important to keep the momentum going by creating more partnerships in the communities hospitals serve and by locating more resources to address social

determinants of health.

In addition to his keynote address, Dr. Manchanda and members of his staff led a workshop, "Learning Upstream Quality Improvement: A Hands-On Introduction." The symposium also featured a panel session, "Focused on Results: Addressing Social Determinants of Health In Connecticut," with Cunegundo Vergara, MD, Medical Director at Brownstone Clinic, Hartford Hospital; Andrea Boissevain, MPH, Director of Health, Stratford Health Department; and Joanne Borduas, BSN, MSN, MBA, CEO, Community Health and Wellness Center.

The symposium was co-sponsored with the Connecticut Association of Healthcare Executives and was presented as part of the Partnership for Patients HIIN educational series.

Community Care Teams Highlighted at Connecticut Public Health Association Conference



The success of Community Care Teams (CCT) in treating patients with complex medical and social needs was highlighted at the 2017 Annual Meeting and Conference of the Connecticut Public Health Association on October 30. Carl Schiessl, JD, Director of Regulatory Advocacy, CHA, joined Eileen Kardos, MSW, High Risk Navigator at Western Connecticut Health Network, to present on the topic.

Under the CCT model, teams of hospitals, community providers, and agencies employ a wraparound approach to providing patient-centered care with the specific goal of reducing emergency department usage by patients with chronic medical, mental health, and addiction issues. CCTs currently operate in 11 communities across

Connecticut, with two more under development.

In their presentation, Ms. Kardos and Mr. Schiessl described the scope of the problem that led to the creation of CCTs in Connecticut: a fragmented and poorly coordinated system of care that failed to take into consideration many of the social determinants of health that can contribute to homelessness, substance use, and other stressors. This, in turn, led to an overuse of acute services and worsening medical conditions for the patients in this population.

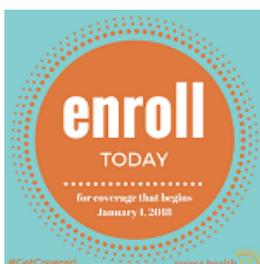
The CCT structure aims to address this problem, they said, by pulling together a broad coalition of service providers who meet regularly to review patient outcomes, identify frequent visitors to the ED, develop an intensive case management plan for all patients and, finally, connect those patients to the appropriate services. This, in turn, leads to improved patient health, a reduction in overcrowding in the ED, less pressure on community providers, and significant reductions in Medicaid costs through the reduction of ED visits.

Ms. Kardos and Mr. Schiessl joined dozens of other panelists at the CPHA conference, which aimed to provide attendees with a better understanding of how public health policies and programs influence healthcare disparities, how to identify evidence-based strategies to reduce healthcare disparities, how to influence health policies on a state and federal level, and how to promote the formation of professional networks in the public health community.

Last month, the Connecticut Health & Educational Facilities Authority (CHEFA), a quasi-public agency that issues tax-exempt bonds to healthcare organizations, educational and cultural institutions, and childcare organizations, received the Urban Institute's Pay for Success Administrative Data (PFS-AD) grant, which is a training and technical assistance services grant. The grant, which was supported by CHA and Middlesex Hospital, will explore the feasibility of using social impact bonds to fund the establishment of community care teams (CCTs) in all Connecticut hospitals.

The grant represents the culmination of efforts spearheaded by CHEFA, CHA, and Middlesex Hospital. These institutions, as well as the Department of Social Services, Beacon Health Options, and the Partnership for Strong Communities, will be involved in implementation over the next two years.

Open Enrollment Begins for State Health Insurance Exchange



Open enrollment for Access Health CT, the state's health insurance exchange, began November 1 and will run through December 22. This is a shorter time period than in past years, when open enrollment extended into the new year, but it is still one week longer than most other states' deadlines.

Policies purchased through the exchange will go into effect on January 1, 2018.

The health insurance exchange has launched a public awareness campaign to educate consumers about the insurance program, citing public confusion about Republican efforts to repeal the Affordable Care Act (ACA). Despite those efforts, however, the ACA remains federal law.

The public awareness campaign includes advertisements on 15 different platforms, including television and billboards. Access Health CT has also set up ten different enrollment locations across the state in libraries, community health centers, and elsewhere, to make it easier for people to enroll.

In addition to the shorter open enrollment period, consumers who purchase policies through the plan will pay higher rates this year, officials have said. Anthem plans are expected to see an average rate increase of more than 30 percent, while plans sold by

ConnectiCare will go up by roughly 27 percent, according to rate increases approved by the state Insurance Department.

Access Health CT was established to meet the requirements of the ACA. Its mission is to increase the number of Connecticut residents who are insured while retaining current members, lowering costs, promoting better health, and eliminating health disparities. It is overseen by a 14-member Board of Directors, which is chaired by Lt. Governor Nancy Wyman.

A total of 111,524 people purchased individual plans for the current year's enrollment period, which represents a 3.9 percent drop from 2016 enrollment, when 116,019 people signed up.

For more information, visit www.accesshealthct.com.

Care Decisions Connecticut Conference to Feature Colin McEnroe



WNPR's Colin McEnroe will headline the Care Decisions Connecticut conference on Tuesday, November 14, 2017, at the Frank H. Netter MD School of Medicine at Quinnipiac University.

The event, which begins at 11:00 a.m., is free and open to the public, with pre-registration.

Care Decisions Connecticut is a statewide movement that aims to empower people to take an active role in healthcare decision making, beginning with conversations about the kind of end-of-life care they wish to receive.

Mr. McEnroe will be sharing personal stories about the different ways people approach the end of life. In addition to Mr. McEnroe, Rev. Rosemary Lloyd, BSN, MDiv, will discuss the importance of having value-centered conversations about end-of-life decisions with loved ones and healthcare providers. Rev. Lloyd is Advisor to Faith Communities for The Conversation Project at the Institute for Health Care Improvement. Additionally, the Honorable John J. McGrath Jr., judge of the Windham-Colchester probate district in Willimantic, will join Mr. McEnroe and Rev. Lloyd for the question-and-answer session.

The event is designed to raise awareness about end-of-life care planning and encourage people to discuss their healthcare wishes with their families and healthcare providers.

Care Decisions Connecticut, which includes representatives from hospitals, state agencies, insurance companies, as well as long-term, home, hospice, and palliative care, aims to increase public knowledge and awareness about advance care planning, and implement best practices for providers across Connecticut. It is led by Co-chairpersons Adam Silverman, MD, Chief Population Health Officer, Trinity Health Of New England; and Karen Mulvihill, DNP, APRN, WCHN Network Director of Palliative Care.

The program, which will be held from 11:00 a.m. to 3:00 p.m., is sponsored by the Connecticut Association for Healthcare at Home.

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

Education Updates

Creating Sustainability for High Reliability Organizations

Wednesday, November 8, 2017

9:00 a.m. - 12:15 p.m.

[Event Registration](#)

This session is designed for drivers of organizational change and covers techniques to ensure the changes resulting from high reliability approaches are ongoing.

Medical, Nursing, and Quality continuing education credits are offered for this session.

HRO Safety Coach Training

Wednesday, November 8, 2017

1:00 p.m. - 4:15 p.m.

[Event Registration](#)

Safety Coaches are peer mentors, designed to recognize and acknowledge good high reliability behavior and to remind people about opportunities to improve behavior that does not stay true to high reliability concepts.

Medical, Nursing, and Quality continuing education credits are offered for these sessions.

HRO Train-the-Trainer

Thursday, November 9, 2017

9:00 a.m. - 4:15 p.m.

[Event Registration](#)

The model for spreading the training to the rest of the staff is a train-the-trainer model. The training is scripted. It requires an enthusiastic participant who is willing to make time to train others within the organization. Other hospitals in Connecticut have trained educators, front-

line managers, and senior leaders, including the CEO, as part of the training contingent. Train-the-trainer sessions are for hospitals and ambulatory practices.

Medical, Nursing, Quality, and Radiology continuing education credits are offered for these sessions.

Transitioning From Staff to Management: What's Next?

Monday, November 13, 2017

8:30 a.m. - 3:30 p.m.

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

Whether recently assigned to the role of manager or a seasoned veteran, it is important to determine how well one's problem solving, critical thinking, and decision making skills are keeping pace with the ever-changing healthcare environment. For those who attended "Staff to Management: Starting the Transition" in March or September, this is the second course in the two-part program and provides additional development for all managers—those who are new to the role and those who want to continually improve their skills.

Continuing education credits will be provided. Please see the brochure for details.

Leading Through Change

Tuesday, November 14, 2017

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

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

The scope and pace of change in healthcare is unrelenting. Sarah Campbell Arnett, Manager of Organizational Change at Cone Health, will be back at CHA to discuss the distinction between change and transition as well as provide tools for effectively leading during these changing and challenging times. This workshop will blend didactic and experiential material, giving leaders practical tools to engage their employees in shaping organizational culture and achieving outcomes that drive operational excellence.

Continuing education credits will be provided. Please see the brochure for details.

Neonatal Abstinence Syndrome

Monday, November 20, 2017

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

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

The Connecticut Perinatal Quality Collaborative conference on Neonatal Abstinence Syndrome (NAS) will include a presentation by Brian T. Bateman, MD, MSc, Chief, Division of Obstetric Anesthesia, Department of Anesthesiology, Brigham and Women's Hospital, and Associate Professor, Harvard Medical School, on the role of opiates in post-delivery pain relief. It will also include a presentation by Victoria A. Flanagan, RN, MS, Perinatal Outreach Educator, Regional Program for Women's and Children's Health, and Director of Operations, NNEPQIN, Dartmouth-Hitchcock Medical Center, on Dartmouth-Hitchcock Medical Center's successful "One Mom at a Time" collaborative. The morning's agenda also includes a session on the CAPTA legislation from DCF's Kristina Stevens. The afternoon will be spent working with hospital teams to develop hospital-specific plans for treating this patient population.

Continuing education credits will be provided.

