Happy Thanksgiving - Thank you to Connecticut Hospitals and Caregivers

This Thanksgiving, we would like to express our thanks for the work hospitals and caregivers do each day to care for Connecticut residents. We are honored to have the opportunity to stand alongside you and support your efforts to improve the lives of patients, families, and communities. We would like to wish you a happy and safe Thanksgiving. CHA Update will resume publication on Thursday, November 30, 2017.

Legislature Approves Hospital Tax Fix

Members of the House of Representatives and Senate voted overwhelmingly this week to approve legislation that addresses technical issues in the state budget, including the hospital tax.

On November 15, the House of Representatives voted 123-12 to approve SB 1503, An Act Making Minor And Technical Changes To The State Budget And Related Implementing Provisions For The Biennium Ending June 30, 2019. The House vote followed by one day the Senate’s unanimous 34-0 vote on the same bill, which has been transmitted to the Governor for action. The Governor can sign the bill, veto it, or let it become law without his signature.

The legislation addresses the Administration’s questions and concerns about the general implementation of the hospital tax and payments to hospitals during the course of the biennial state budget.

Among other provisions, SB 1503 would:

- Increase the hospital tax from $556 to $900 million during the biennium.
- Set payments to hospitals at $671 million each year of the biennium.
- Provide a $1.3 billion benefit to the state over the biennium.

Lastly, in the event that the Centers for Medicare and Medicaid Services does not approve the payments or the taxes contemplated, all tax dollars already collected must be returned, all payments to hospitals must be recovered, the tax ceases, and the issue returns to the legislature.

The Special Session was called 19 days after the budget was passed 14 days after the Governor vetoed specific line items in the budget to fund hospital supplemental payments.

Care Decisions Conference Focuses on Healthcare Decision Making

Colin McEnroe, keynote speaker at the Care Decisions Connecticut conference on November 14, imparted several critical lessons he learned about end-of-life decisions during the deaths of his parents – one, that a sense of humor is critical to surviving the process; two, that people cannot possibly predict all the different decisions that must be made; and three, that we must remain open to both the lessons death teaches us and the people who serve as our “angels” during this time.

“One of the things I came to realize is that the end of life isn’t one decision or two decisions. It’s a million decisions,” said Mr. McEnroe, host of the Colin McEnroe Show on WNPR, author, and columnist. “As human beings, we think this is just a question of does this person want heroic means, but it’s so much more. All of life comes piling up at that doorway of death.”

The conference, which was held at the Frank H. Netter MD School of Medicine at Quinnipiac University, was hosted by Care Decisions Connecticut, 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. The initiative includes representatives from hospitals, state agencies, insurance companies, as well as long-term, home, hospice, and palliative care.

In a speech that was both humorous and moving, Mr. McEnroe shared the stories of his parents’ deaths, including his own decision to place his mother in hospice care at the end of her life because her condition was no longer treatable. He emphasized the difficulty of
making decisions for loved ones, especially when they are no longer lucid, the importance of working together with family members to make end-of-life decisions, and the need to be open to everything that happens when a loved one is dying.

“We tend to focus a lot, not unreasonably, on what we need or think we’ll need in the onset of these situations. But I’ve been thinking a lot about my son and what he will need [when I’m dying],” said Mr. McEnroe. “I want to give him an advance directive because I might not be responsive enough to tell him at the time. I want to say, ‘Look and listen and feel and let all of this stuff reach you and touch you. This end-of-life period is such an information-rich environment and there are all kinds of lessons being taught to you all the time.’”

In addition to Mr. McEnroe, the conference also featured the Rev. Rosemary Lloyd, BSN, MDiv, and Advisor to the Faith Communities for the Conversation Project at the Institute of Health Care Improvement, who discussed the importance of having value-centered conversations about end-of-life decisions with loved ones and healthcare providers, and the Honorable John J. McGrath Jr., judge of the Windham-Colchester probate district in Willimantic, who joined Mr. McEnroe and Rev. Lloyd for a question-and-answer session at the end of the conference.

Rev. Lloyd, who talked about the importance of having conversations with loved ones about end-of-life wishes and decisions while still in good health, led attendees through an exercise that allowed them to discuss both their experiences with death and their wishes about their own deaths.

The conference was moderated by Care Decisions Connecticut Co-chairpersons Adam Silverman, MD, Chief Population Health Officer, Trinity Health Of New England; and Karen Mulvihill, DNP, APRN, Network Director of Palliative Care, Western Connecticut Health Network. It was sponsored by Aetna and the Connecticut Association for Healthcare at Home.

Charlotte Hungerford and Hartford HealthCare Receive Approval to Affiliate

The state Office of Health Care Access has approved the affiliation of Charlotte Hungerford Hospital (CHH) and Hartford HealthCare (HHC), allowing the two organizations to move forward with finalizing their partnership.

Now that the Certificate of Need application has been approved, the two organizations must approve a final agreement, after which both parties will begin a 120-day strategic planning process to outline the priorities and plans for the affiliation. The two organizations will also outline the organizational goals that will form the basis for the transition and future operations.

When finalized, CHH will become a member of HHC, which includes Hartford Hospital, Backus Hospital, The Hospital of Central Connecticut, MidState Medical Center, Natchaug Hospital, Windham Hospital, and a wide spectrum of additional urgent care, outpatient care, a primary care network, health centers, rehabilitation, senior services, LIFE STAR, homecare, surgery centers, the Behavioral Health Network, and other health services.

“We with the next step of our affiliation in place, a timely and thoughtful transformation of our health services will begin so that access to care is secure for the people of northwest Connecticut and the future of that care is a strategic blending of CHH’s historic sense of place and purpose with the financial, clinical, and operational acumen that come with being part of a larger health system,” said Dan McIntyre, President and Executive Director, Charlotte Hungerford Hospital.

“We are delighted to have reached this important milestone and look forward to this affiliation with Charlotte Hungerford,” said Elliot Joseph, Chief Executive Officer, Hartford HealthCare. “Bringing our vision of being most trusted for personalized coordinated care to the residents of Northwestern Connecticut — in partnership with Charlotte Hungerford — is a true win for everyone, especially the local community. Building a true system of care across the continuum requires these types of new relationships.”

The goal of the strategic partnership is to enhance CHH’s existing service line options and programs, improve care coordination, provide additional access points for care delivery, support the recruitment of skilled providers, assist with community benefit programming, and allow for further infrastructure investments.

With a backdrop of an evolving healthcare delivery system, reimbursement challenges, and new patient demographics, CHH engaged in a thoughtful self-assessment and evaluation process to address strategic options. The conclusion was that there are compelling reasons for CHH to seek a strategic affiliation with a larger system.

Through a rigorous and competitive evaluation process driven by members of the community and medical staff, HHC was selected as the preferred system with which to partner because it demonstrated the greatest collaboration for an affiliation, a mutual commitment to grow services, and the clearest shared vision. HHC officials cited CHH’s tradition of providing high quality care to the people of northwestern Connecticut, as well as the organization’s robust partnerships with local agencies and groups, in their reasons for the affiliation.

CHA to Host Neonatal Abstinence Syndrome Conference

CHA will host a Neonatal Abstinence Syndrome (NAS) conference on Monday, November 20, 2017, from 9:00 a.m. to 4:00 p.m. The conference will feature a keynote presentation on the role of opioid use during and after pregnancy, presented by Brian Bateman, MD, MSc, Chief, Division of Obstetric Anesthesia, Brigham and Women’s Hospital, and Associate Professor, Harvard Medical School.

NAS is a drug withdrawal syndrome in infants exposed to opioids in utero. The number of NAS hospitalizations has more than doubled in Connecticut from 2003-2014. The NAS initiative was developed to decrease the risk of substance use disorder in reproductive-aged women and improve care of infants with neonatal abstinence

https://www.chime.org/press_room/update.cfm#1
syndrome. The conference is co-sponsored by CHA’s Connecticut Perinatal Quality Collaborative (CPQC), which works to promote high quality maternal and newborn care across the continuum.

The conference will also include a presentation on Dartmouth-Hitchcock Medical Center’s successful “One Mom at a Time” collaborative and Connecticut’s Child Abuse Prevention and Treatment Act (CAPTA) legislation. The afternoon will begin with a presentation on sudden unexpected postnatal collapse.

Christopher Morosky, MD, Associate Professor, Department of Obstetrics and Gynecology, UConn John Dempsey Hospital and University of Connecticut School of Medicine, and Co-Chairperson of the CPQC, will discuss CPQC initiatives. These include the 17-OH Progesterone initiative, which is intended to prevent recurrent preterm deliveries and the use of low dose aspirin to prevent preeclampsia, and the Improving kNowledge to Decrease Early Elective Deliveries (INDEED) initiative to reduce the rate of early elective deliveries in Connecticut.

The afternoon will also include hospital presentations on their NAS work. Ilana Waynik, MD, Associate Director, Clinical Pathways Program, Assistant Professor Pediatrics, Division of Hospital Medicine, Connecticut Children’s Specialty Group, and Matthew Grossman, MD, Assistant Professor of Pediatrics, Yale School of Medicine, Quality and Safety Officer, Yale New Haven Children’s Hospital, will lead the discussion.

Education Updates

HRO Cause Analysis - Two-Day Training
Tuesday, December 5, 2017
Wednesday, December 6, 2017
8:30 a.m. - 4:30 p.m.
Event Registration

This two-day session will take place from 8:30 a.m. to 4:30 p.m. on December 5 and 6, 2017. Cause analysis teaches staff how to evaluate events, patterns of events, and causes of events, and then helps staff ascertain how to implement solutions. The sessions are for quality, safety, risk management, and other staff who respond to events.

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

Lean Principles: Project Charter Preparation and Planning
Thursday, December 7, 2017
9:00 a.m. - 12:30 p.m.
View Brochure | Event Registration

Lean principles and methodology are valuable in improving healthcare, but evidence shows that learning about the principles and methodology is simply not enough. To get 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 with them a process improvement opportunity currently under consideration at their facility, enabling them to create a draft charter as part of their actionable plan toward their process improvement initiative.

NOTE: 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. Clinical leaders, operational managers, continuous improvement coordinators, and other change agents will benefit from learning this methodology to plan team oriented improvement initiatives.

HIIN: An Introduction to Microsystems: Change at the Unit Level
Friday, December 8, 2017
9:00 a.m. - 4:00 p.m.
View Brochure | Event Registration

Change is hard, and getting multiple people to adopt evidence-based models of care in healthcare has been shown to take 17 years, according to the National Academy of Medicine. But there is evidence that supports models of change. Join national speakers as they discuss how to leverage personality types, team models, and new processes to create and sustain change at the unit level.

The program is being presented as part of the Partnership for Patients HIIN educational series.
Changes in CPT/HCPCS for 2018  
Thursday, December 14, 2017  
9:00 a.m. - 12:15 p.m.  
View Brochure | Event Registration

CPT and HCPCS codes are the primary codes describing individual hospital services that are billed to all payers. These code sets are revised annually with codes that are added, deleted, or revised. This workshop will provide analysis of all CPT changes, including the 176 new, 60 revised, and 82 deleted 2018 CPT codes—including significant changes to high-volume diagnostic imaging services. Additionally, the new evaluation and management services, including collaborative care management and anti-coagulation management, will be covered at this workshop, along with continued bundling of code pairs, analysis of every change by body system, plus radiology, lab, and medicine. The workshop will also include information on new services and procedures, new and revised coding guidelines, and all changes to the HCPCS code set, which is maintained by CMS.

Each program participant will receive a comprehensive manual that outlines all the key code changes in 2018.

OPPS Final Rule for 2018  
Thursday, December 14, 2017  
1:00 p.m. - 4:15 p.m.  
View Brochure | Event Registration

The Centers for Medicare and Medicaid Services (CMS) recently published the Outpatient Prospective Payment System (OPPS) Final Rule for 2018. The 2018 OPPS Final Rule contains a major payment reduction for 340B discount drugs, significant changes to the Inpatient Only Procedure List, changes to packaging policies, including drug administration packaging, and restructuring of radiology and other APCs. This workshop will cover final payment rates and status indicators for new and existing codes. As always, billing compliance will be an important part of this presentation.

Each program participant will receive a comprehensive manual that outlines all the key code changes in 2018.

Medicare Annual Update  
Thursday, December 21, 2017  
1:00 p.m. - 4:00 p.m.  
View Brochure | Event Registration

This program, co-sponsored with the Connecticut Chapter of Healthcare Financial Management Association (HFMA), features presentations by the National Government Services (NGS) and Reimbursement Alliance Group. Representatives from NGS will share its annual cost report update, including information on S-10, wage index, occupational mix, treatment of bad debts, PS&R reports, and more. Representatives from Reimbursement Alliance Group will present information on MACRA and MIPS, including information on the OPPS Final Rule, Section 603, updates from Washington, and more.

This session is designed for reimbursement staff from acute care hospitals.