



Thursday, November 30, 2017

[Printer-Friendly Version](#)**In This Issue:****Governor Signs "Budget Fix" Legislation****Neonatal Abstinence Syndrome Conference Held at CHA****Cross Continuum Patient Reference System Focus of Community Event at CHA****Special Election Scheduled****Influenza Cases on the Rise in Connecticut****AHA Seeking Nominations for Nova Awards****Education Updates**[Update Archives](#)**Governor Signs "Budget Fix" Legislation**

On Tuesday, November 21, Governor Dannel Malloy signed into law [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 bill amends the recently enacted budget and the language implementing the agreement that CHA reached with the Administration to secure and protect hospital funding during state fiscal years 2018 and 2019.

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 biennium.

Among other provisions, SB 1503 would, over the biennium, increase the hospital tax from \$556 to \$900 million, set payments to hospitals at \$671 million per year, and provide a \$1.3 billion benefit to the state. Finally, 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 Governor signed the legislation into law a week after the Senate and House overwhelmingly passed the legislation.

Neonatal Abstinence Syndrome Conference Held at CHA

The CHA Neonatal Abstinence Syndrome (NAS) conference, held on November 20, 2017, featured a keynote presentation by Brian Bateman, MD, MSc, on the scope of the opioid epidemic and its impact on pregnancy, including patterns of use by pregnant women and the potential impact on pregnancy outcomes.

Dr. Bateman, Chief of the Division of Obstetric Anesthesia at Brigham and Women's Hospital and an Associate Professor at Harvard Medical School, said the risk of neonatal abstinence syndrome increases with higher doses and duration of opioid use, and with exposure late in pregnancy. NAS is a serious medical condition experienced by newborns after in-utero exposure to opioids. It leads to feeding, sleeping, and temperature regulation difficulties, Dr. Bateman said, as well as seizures, failure to thrive, and respiratory distress.

Dr. Bateman also discussed the risks of prescribing opioids to women following cesarean deliveries, including first-time exposure as a precipitant of persistent use, and potential strategies to mitigate that risk.

The number of NAS hospitalizations has more than doubled in Connecticut from 2003 to 2014. The NAS initiative was developed to decrease the risk of substance-use disorder in reproductive-aged women and improve care of infants with NAS.

The conference also included a presentation on Dartmouth-Hitchcock Medical Center's successful "One Mom at a Time" collaborative. Victoria Flanagan, RN, MS, Perinatal Outreach Educator at Children's Hospital at Dartmouth-Hitchcock, presented the challenges of caring for the mother and baby with in-utero opioid exposure. She discussed assessing babies for their ability to eat, sleep, and be consoled, and described non-pharmacologic care interventions. Ms. Flanagan also offered prenatal strategies to optimize maternal and neonatal outcomes.

Kristina Stevens, Deputy Commissioner at the Department of Children's and Families, presented the Connecticut's Child Abuse Prevention and Treatment Act (CAPTA) legislation. The afternoon also included a presentation by Victor Herson, MD, Chief of Pediatrics, Hartford Hospital, Division of Neonatology at Connecticut Children's Medical Center, and Professor of Pediatrics, University of Connecticut School of Medicine, and Sandra Motta, MD, Newborn Hospitalist, Connecticut Children's Medical Center and Hartford Hospital, and Assistant Professor of Medicine, University of Connecticut School of Medicine, on sudden unexpected postnatal collapse.

The afternoon also featured 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, led that discussion.

The conference was co-sponsored by CHA's Connecticut Perinatal Quality Collaborative (CPQC), which works to promote high quality maternal and newborn care across the continuum. The Collaborative is co-chaired by Marilyn Sanders, MD, Attending Neonatologist at

the Connecticut Children's Medical Center and Professor of Pediatrics, University of Connecticut School of Medicine, and Christopher Morosky, MD, Associate Professor, Department of Obstetrics and Gynecology, UConn John Dempsey Hospital and University of Connecticut School of Medicine.

At the conference, Dr. Morosky discussed CPQC initiatives, including 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.

Cross Continuum Patient Reference System Focus of Community Event at CHA



On November 29, 2017, providers from across the care continuum participated in a community event at CHA that highlighted the importance of care coordination. The event focused on leveraging the Cross Continuum Patient Reference System (CCPRS), a health data-sharing collaboration between PatientPing and the Connecticut Hospital Association aimed at improving the health and outcomes of Connecticut patients.

The CHA CCPRS is a platform that, in collaboration with PatientPing, connects multiple providers to improve care outcomes for patients. The real-time, patient-centered application allows thousands of providers to better coordinate with one another to achieve an even higher level of quality care for Connecticut patients.

"The fact is, patients get care from multiple providers, and it is not always easy for them to know that they're all working with the same patient," said Jay Desai, CEO and Co-Founder of PatientPing. "We're focused on getting the entire country connected to best serve the patients."

Since adopting the CCPRS in May 2016, more than 300 healthcare facilities have exchanged data in real time on common patients across Connecticut.

The CCPRS securely protects patient privacy while giving providers access to real-time information about a patient's care team including where a patient is being treated. It allows providers to see the patient's full story upon arrival at a healthcare facility, including prior visit history, care instructions from other attributed providers, and any care programs to which the patient belongs. As a patient passes through the healthcare system, this information is shared in real time with other members of their care teams across the entire continuum, breaking down institutional barriers that have historically created silos between providers.

Special Election Scheduled



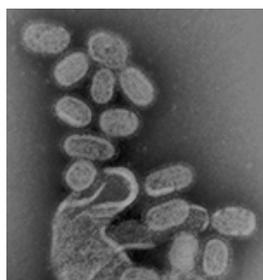
On November 24, 2017, Secretary of the State Denise Merrill received a Writ of Special Election from Governor Dannel Malloy, calling for a Special Election to take place on Tuesday, January 9, 2018. The Special Election is being held to fill the House of Representatives seat vacated due to the resignation of State Representative David Baram (D-Bloomfield), who was elected Probate Court Judge of the Tobacco Valley District.

The Special Election in the 15th House District covers the town of Bloomfield and a portion of Windsor.

Under state law, the Governor is required to issue a Writ of Special Election within ten days of a vacancy in the General Assembly, and the Special Election must take place 46 days after its issuance.

The winner of the Special Election in February will serve the remainder of Rep. Baram's term, which runs until January 9, 2019.

Influenza Cases on the Rise in Connecticut



Influenza cases have been steadily increasing in Connecticut since the end of August, the Connecticut Department of Public Health (DPH) reports.

To date this season, there have been 96 confirmed cases of influenza and 39 hospitalizations in Connecticut. No deaths have been reported.

The predominant influenza viruses identified so far this season are Type A, although there is a small percentage of Type B influenza viruses in circulation. Statewide ED visits attributed to the "fever/flu syndrome" are beginning to increase and are now at 4.9 percent, which is just below the level of five percent statewide, generally considered the minimum threshold when there are elevated influenza-associated ED visits.

The percentage of unscheduled hospital admissions due to pneumonia are also beginning to increase, according to DPH, but remain below a level of 4 percent statewide.

Vaccination is a best practice for patient and healthcare worker safety. In 2011, the CHA Board adopted a statewide policy endorsing mandatory influenza vaccination for hospital personnel as part of CHA hospitals' commitment to patient safety. To date, the vast majority of acute care CHA member hospitals in Connecticut have implemented a mandatory participation or mandatory vaccination program.

AHA Seeking Nominations for Nova Awards



The American Hospital Association (AHA) is seeking nominations for the AHA NOVA Award, which recognizes hospitals that partner with community organizations to help residents lead healthier lives.

Each year, the AHA honors up to five programs led by its member hospitals that improve community health by addressing economic and social barriers to care, as well as collaborating with other community stakeholders.

Previous award winners include a hospital that organized a health and wellness alliance to fight childhood asthma, a hospital that operated a mobile medical clinic to serve lower-income children, and a hospital that worked with community partners to expand dental care – both emergency and preventive – for uninsured residents.

More information on the award is available at www.aha.org/nova. Applications are due Friday, December 8, 2017, and awards will be presented in July at the 2018 AHA Leadership Summit in San Diego.

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](#)

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 this training.

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 updated 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.

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.

