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Hospitals Describe Ebola Preparedness Measures at Public Hearing



On December 1, nearly a dozen healthcare representatives participated in a Public Health Committee forum on Ebola preparedness. Those who testified included representatives from the Department of Public Health (DPH), CHA, Hartford HealthCare, Yale New Haven Health System, UCONN Health Center, Day Kimball Hospital, and the Connecticut State Medical Society.

First, Matthew Cartter, MD, State Epidemiologist, Connecticut DPH, provided an overview on the disease, its history in Africa and spread to the U.S., and emergency preparedness measures under way across the country and in Connecticut. Wendy Furniss, Branch Chief, Healthcare Quality and Safety, DPH, described hospital preparedness overall, saying "Connecticut hospitals' preparations are strong, and should the occasion happen where a hospital has to identify, isolate, and inform, Connecticut hospitals are ready."

Paul Skolnik, MD, Chairman of Medicine and the James E.C. Walker, MD Professor of Medicine, UConn Health, talked about Ebola's epidemiology, transmission, and how the clinical presentation and treatment might go, and described preparedness efforts under way at UConn Health. See his presentation [here](#).

Kim Hostetler, Senior Vice President and Chief Administrative Officer, CHA, [talked about](#) how hospitals came together to coordinate Ebola preparations and response. She described how hospitals are sharing information, resources, and best practices, and are working with DPH to coordinate efforts on a state level. Brian Cournoyer, Director, Government Relations, CHA, [described](#) the statewide hospital emergency preparedness infrastructure and funding.

Jack Ross, MD, Director, Infection Control and Chief of Infectious Diseases, HIV, Hartford Hospital, discussed Hartford HealthCare's approach to preparing for Ebola, including how the system approached the screening process comprehensively, instituted screening questions at all locations, prepared to send any potential patient to Hartford Hospital, and trained staff in using personal protective equipment.

Bimal Patel, Senior Vice President for Operations and Integration, Hartford HealthCare, added, "It has been an evolving journey. We have done extensive drills, learned from those drills, and implemented the lessons learned during those drills into our planning."

Victor Morris, MD, Vice President, Physician and Patient Access Services, Yale-New Haven Hospital, described how the system is prepared to handle potential patients including training and drilling staff in a simulation center. The health system is working with its physician partners to ensure protocols are in place for all entry points into the system, including ambulatory sites.

John Graham, MD, Vice President of Medical Affairs and Quality, Chief Medical Officer, Day Kimball Healthcare, who was joined by MaryAnn Pezanko, RN, Infection Preventionist, talked about the organization's Ebola task force, hospital and outpatient preparedness, and emergency department drills. He described the challenges of being a small community hospital; while Day Kimball is prepared to identify, admit, and stabilize a patient with Ebola, subsequent to that the hospital would seek DPH guidance for a more appropriate care setting.

Matt Katz, Executive Vice President and CEO, Connecticut State Medical Society, emphasized the importance of ongoing coordination of communication through CSMS to physicians, described the need for PPE availability for community providers, praised the collaborative efforts of the healthcare and public health communities, and encouraged formal and ongoing coordination plans for emergency preparedness. Mr. Katz provided legislators with the Connecticut State Medical Society's comprehensive [resource page](#) for physicians and patients.

Sen. Terry Gerrattana (D-New Britain), Chair of the Public Health Committee, thanked participants, saying that hearing from them "gives me confidence there is good communication going on. Our hospitals are doing a good job as well as all of our healthcare providers."

Read hospital testimony [here](#).

Property Tax Exemption and Value Care Alliance Topics of Healthcare Round Table



On December 4, legislative leaders from both parties convened for the third meeting of the Round Table on Hospitals and Health Care. Topics discussed included the Value Care Alliance and the property tax exemption for not-for-profit hospitals.

Jim Iacobellis, Senior Vice President, Government and Regulatory Affairs, CHA, provided the Round Table with information related to how hospitals impact the people living in the communities they serve. "Hospitals not only provide excellent, high quality care to everyone in their communities, but they proactively work to improve community health, serve as a primary hub of safety and security during times of crisis, and positively impact their local and state economies."

Mr. Iacobellis said the property tax exemption is one key mechanism used to support not-for-profit hospitals, that it is part of Connecticut's long history and strong foundation, and is illustrative of the value of hospitals to the very fabric of their communities.

CEOs from hospitals participating in the Value Care Alliance, a collaboration of hospitals and physicians working together to provide efficient, coordinated, high-quality care for the communities they serve, also spoke. Hospitals in the Value Care Alliance include Danbury Hospital and New Milford Hospital, Griffin Hospital, Lawrence + Memorial Hospital, Middlesex Hospital, Norwalk Hospital, and St. Vincent's Medical Center.

The panel, led by Senator Len Fasano (R-North Haven) and Senator Martin Looney (D-New Haven), was established to monitor the implementation of recent legislation, discuss the rapid changes in the healthcare market, and develop policy recommendations to help ensure continued access to affordable quality care in Connecticut.

Over the coming months, the Round Table will discuss taxes and employment, facility fees, and an overview of the lawsuit on hospital conversions in Idaho. It is expected that the panel will review the implementation of PA 14-168, *An Act Concerning Notice Of Acquisitions, Joint Ventures, Affiliations Of Group Medical Practices And Hospital Admissions, Medical Foundations And Certificates Of Need*, and may seek to make changes to the statute in the 2015 Legislative Session.

Public Hearing Held to Discuss Hospital Facility Fees



On December 3, Comptroller Kevin Lembo held a public hearing as part of an ongoing investigation into hospital consolidations and facility fees required by Public Act 14-217. The Act requires the Office of the State Comptroller to evaluate the impact of provider consolidation with hospital systems on the state employee plan, including the impact of facility fees. It also requires Mr. Lembo to determine the appropriateness or reasonableness of any higher costs or newly instituted facility fees; and finally, to determine the feasibility of limiting such fees.

Speakers included leadership from Yale New Haven Health System, Hartford HealthCare, Anthem, UnitedHealth Group, and ProHealth Physicians. Hospitals discussed the relationship between various fees and direct patient care, how facility fee amounts are determined and how they are related to the professional fees, and what patient care improvements hospitals anticipate as a result of acquiring independent practices.

"We recognize that healthcare needs to be more cost efficient and that reimbursement systems are far too complex and difficult for consumers to understand," said Patrick McCabe, Senior Vice President, Finance, Yale New Haven Health System. "We remain committed to working collaboratively to address these issues, but recognize that there are a multitude of factors that drive this complexity. We have always believed – and continue to do so – that the costs of treatment should never come between a patient and the high level of care they need and they deserve." Read Mr. McCabe's testimony [here](#).

Rocco Orlando, MD, Senior Vice President and Chief Medical Officer, Hartford HealthCare, emphasized that throughout Hartford HealthCare, facility fees apply to complex and complicated services, rather than primary care visits.

Bernadette Kelleher, Vice President, Provider Solutions, Anthem, and James Dubreuil, Senior Hospital Contract Manager, United Healthcare, both noted they continuously review their data and believe that they have the appropriate tools in place through policies and contracts to address facility fee issues.

Connecticut hospitals support efforts to make pricing more transparent and meaningful for consumers. Today, at every on and off-campus hospital-based location, Connecticut hospitals provide written notice informing patients that they are receiving hospital care, how many bills they are likely to receive, and an estimate of the typical charges.

Connecticut hospitals made that promise to patients last January, and then worked closely with the Attorney General's office on legislation that reinforced this effort. This fall, hospitals are working with the Office of the State Comptroller as the office pursues its examination of facility fees.

Mr. Lembo will report his findings to the governor and legislature by Oct. 1, 2015.

DSS Audit Regulations Rejected



On November 25, the bipartisan Regulations Review Committee rejected DSS's proposed provider audit regulations. CHA worked with seven other Connecticut healthcare associations to urge the rejection of the proposed regulations, as they failed to address the mandate outlined by the General Assembly in the 2010 public act that called for them.

In 2010, the General Assembly enacted PA 10-116 which, among other things, mandated that the Commissioner of DSS adopt regulations "to ensure the fairness of the audit process, including but not limited to, the sampling methodologies associated with the process." While the proposed regulations generally described the Department's audit methodology and process and contained some helpful clarifying provisions, they fell far short of the General Assembly's mandate in a number of ways.

CHA sent a letter co-signed by associations representing physicians, dentists, nursing homes, home health, adult day centers, homemaker companion agencies, and community providers, namely the Connecticut Association for Healthcare at Home, the Connecticut Association for Health Care Facilities, the Connecticut State Medical Society, LeadingAge Connecticut, the Connecticut State Dental Association, the Connecticut Community Providers Association, and the CT Homemaker & Companion Association.

In rejecting the proposed regulations, the Committee urged DSS to work with all provider groups, redraft the regulations, and address providers' concerns with the extrapolation process used during provider audits.

AHA Launches Campaign: United Against the Flu



The American Hospital Association, along with the Centers for Disease Control and others, has launched a national awareness campaign, *United Against the Flu*, to promote influenza vaccination. The campaign culminates during the CDC's National Influenza Vaccination Week, December 7-13, 2014.

The [campaign website](#) provides information for the public about the importance of being vaccinated, flu symptoms, and the types of vaccines available.

To date this season, 127 Connecticut residents have been reported to have the flu; 66 patients with confirmed cases of the flu have been hospitalized; no flu-related deaths have been reported.

Education Updates

Basics of Budgeting for Healthcare Managers

Tuesday, December 9, 2014

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

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

Many healthcare department managers have traditionally risen from the professional ranks as successful clinicians or technicians but with little or no formal business financial training. As a result, many are thrust into a chaotic environment without the necessary tools in financial management. Skills in planning and budgeting are essential if they are to achieve the institution's mission and contribute to "bottom line" results. In a very real sense, these represent survival skills for both managers and institutions.

This member-requested management development program provides managers with the skills and tools they need to prepare better budgets, identify problems and solutions, achieve the mission, and succeed in today's chaotic healthcare environment. Participants will gain a working knowledge of operating and capital budgets, as part of developing performance planning skills.

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

HRO Safety Coach Training

Monday, December 15, 2014

10:00 a.m. - 1:00 p.m.

[Event Registration](#)

Safety Coaches are peer mentors, trained 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.

Continuing education credits will be awarded.

HRO Fair and Just Accountability

Monday, December 15, 2014

2:00 p.m. - 5:00 p.m.

[Event Registration](#)

This is a session for Human Resources Executives and anyone else who manages people. Fair and Just Accountability trains staff to review performance from a standardized perspective when there is an adverse event, focusing on the behavior rather than the outcome.

Continuing education credits will be awarded.

HRO Ambulatory Kickoff

Tuesday, December 16, 2014

9:00 AM - 5:00 PM

[Event Registration](#)

As hospitals, to sustain our implementation of High Reliability, we need participation by our partners who take care of patients. High Reliability needs to be utilized at every point in the care continuum. Join us for this session to help us design the curriculum for ambulatory practices and long-term care.

This session is open to High Reliability Level 2 and Level 3 hospitals and other PSO members.

Changes in CPT/HCPCS for 2015

Wednesday, December 17, 2014

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

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

CPT and HCPCS codes are the primary codes that describe individual hospital services that are billed to all payers. These code sets go through annual revisions with codes that are added, deleted, or revised. This workshop will focus on the 266 new, 129 revised, and 147 deleted codes—including major changes by body system (significant changes to Lower GI coding), sweeping changes in Lab coding (many of which Medicare may not accept), and revisions to coding guidelines.

OPPS Final Rule for 2015

Wednesday, December 17, 2014

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

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

The Centers for Medicare and Medicaid Services (CMS) will publish the Outpatient Prospective Payment System (OPPS) Final Rule for 2015 on or around November 1, 2014. The 2015 OPPS Proposed Rule contained implementation of comprehensive APCs and removal of device edits, a dramatic increase to the number of packaged services, and APC changes and payment rates. This workshop will cover how these changes impact hospital reimbursement and billing compliance.

