From the Offices of Stuart Markowitz, MD and Stacy Nerenstone, MD

Free CME for License Renewal: Click here for CME Information

In This Issue... July 10, 2016

- Chief's Corner: No Epic Training / No Access; Patient Own Medications; Recommendations Regarding Sepsis
- From the President of the Medical Staff: Please Join Us at the End of Summer Event Sept. 16 at the New Britain Museum
- From the HH President: Outside Experts Confirm our Solid Financial Position
- Care Connect Sign-Up: Classes Run Through Mid-August
- Exploring ACO Formation: UConn Health and Hartford HealthCare
- Protect Others With Respiratory Problems: Please Avoid Perfumes or Colognes
- Learn to Assist: Patients in Need of Financial Assistance
- Help New Patients Find You
- Voices of Our Patients: Kudos to Dr. Brendan Killory
- CME Application Submission
- Free CME for License Renewal

Beyond advanced... Then & Now

"If you want others to be happy, practice compassion."

If you want to be happy, practice compassion.”

-Dalai Lama

1873-Jefferson House, a department of Hartford Hospital, was created by a special act of the Connecticut Legislature. It was originally the Old People's Home, located on Jefferson Street in Hartford, and it offered the elderly an alternative to the County Poorhouse. Care was provided whether patients were active or sedentary, friend or stranger, with or without the ability to pay.

Follow Hartford Hospital on facebook, youtube
Chief's Corner
- Dr. Jack Greene, Hartford HealthCare Regional Vice President of Medical Affairs for the Hartford Region and Hartford Hospital

Just Ask Us!
We have put in place a dedicated email box for the medical staff, called "Ask Jack." The emails will be picked up each day, and I will be responsible for making sure that you receive feedback. Send your concerns to askjack@hhhealth.org.

In addition, there is a dedicated email box to ask questions of Dr. Stu Markowitz. Send your questions or comments to StuandYou@hhhealth.org, and you'll get a response from Stu within 10 days.

No Epic Training / No Access

If you have not completed Epic training by the go live date of August 20, you will not be able to access the EMR and therefore will not be able to provide patient care.

It is best to go through training as soon as possible to allow for time in the practice system. Feedback from other Epic providers has been that it is imperative that you spend time in the practice system to minimize the impact of using the new system on slowing down your workflow. The most frequent comments made by providers after go-live is they wished they had spent more time in the practice system.

Managing your patient lists, perioperative workflow, hand-offs, and the discharge process are just a few examples of workflows you should be comfortable with before you actually use the system live. You will also want to be sure to sign up for Dragon voice recognition training to improve your efficiency with documentation. Epic training must be completed before you sign up for Dragon training.

You should have received an email from MRM with registration information. If not please contact Dr. Marc Palter.

Use of Patient Own Medications During a Hospital Stay
Marc Rousseau, Pharmacy Manager

No hospital pharmacy can possibly stock every medication that its affiliated doctors may want to prescribe for their hospitalized patients. Like virtually all healthcare systems, Hartford Hospital has a Medication Formulary listing the drugs available, as determined by their clinical efficacy and their relative safety, including adverse drug reactions, side effects, interactions, the potential for errors, and the risk of patient harm.

It is critical that all medication orders adhere to the formulary and medication use policies, including;

- All medications for hospital patient use should be dispensed by the hospital pharmacy. Medications brought to the hospital by patients should be sent home as soon as possible with a family member. If the patient’s personal medication cannot be transported home, the hospital will secure and store these medications until the patient’s time of transfer out of the facility. The use of non-formulary home medications is strongly discouraged while inpatient and will be converted to formulary options whenever possible.

Some of the more compelling reasons to use formulary items are:

- Integration into all electronic safety and monitoring systems. All medications carried by the hospital are actively included in multiple system reviews, including: Drug interactions, Allergies and Bar code scanning to reduce selection errors throughout the process
- In Depth knowledge of this cadre of medications by staff
- More consistent availability of specific products

Patients own medications do not have any of these safeguards built into the system!!! Every time a patient’s own medication is utilized, the above safeguards are defeated, potentially impacting patient safety. Send
Patients own medications home.

- Medications cannot be stored in the Pyxis station, when a patient brings their own medication from home, it should be sent home as soon as possible with a family member.
- If the medication cannot be transported home, the medication will be secured and stored in the pharmacy department until the patient is transferred out of the facility.

PLEASE ADHERE TO THE HOSPITAL FORMULARY AND DO NOT REQUEST TO USE PATIENT OWN MEDICATIONS

Definitions and Recommendations Regarding Sepsis

HHC recognized sepsis as the major driver of mortality, cost, and readmissions among hospitalized patients and launched the AIM-Sepsis collaborative in March 2015. HHC clinicians, quality, CDI, and coding teams need guidance about Sepsis definitions.

CMS/Medicare launched SEP-1 sepsis related core measures October 1, 2015. Even before the CMS Sepsis mandate came out, HHC invested heavily in sepsis education, technology, and process improvement infrastructure to improve sepsis care delivery and outcomes.

Sepsis-3 â€“ the new definitions of Sepsis and Septic Shock were released February 2016 with the goal of updating the definitions and providing consistency of terminology to clinical practitioners, researchers, administrators, and funders.

At this time, there is a conflict between CMS definitions and the new Sepsis-3 definitions. According to Sepsis-3:

- Adult patients with suspected infection can be rapidly identified as being more likely to have poor outcomes typical of sepsis if they have at least 2 of the following clinical criteria that together constitute a new bedside clinical score termed quickSOFA (qSOFA): respiratory rate of 22/min or greater, altered mentation, or systolic blood pressure of 100 mm Hg or less.
- Sepsis is defined as life-threatening organ dysfunction caused by a dysregulated host response to infection. For clinical operationalization, organ dysfunction can be represented by an increase in the Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score of 2 points or more.

CMS guidelines, which have been abstracted since discharges in October 2015 are:
- Severe Sepsis: Documented suspected or actual infection/2 or more SIRS criteria and new organ dysfunction (creatinine >2.0, Bili > 2.0, platelets< 100K, INR > 1.5, Lactate> 2.0 or SBP<90)
- Septic Shock: Severe Sepsis plus hypo-perfusion that persist after adequate fluid replacement (30ml/kg) or lactate > 4.0â€’; or MD documentation of Septic Shock

However, the Sepsis-3 Task Force also notes that:

- Neither qSOFA nor SOFA is intended to be a stand-alone definition of sepsis.
- The task force wishes to stress that SIRS criteria may still remain useful for the identification of infection.
- The task force recommendations should not, however, constrain the monitoring of lactate as a guide to therapeutic response or as an indicator of illness severity.
- The task force strongly encourages prospective validation of qSOFA in multiple US and non-US health care settings to confirm its robustness and potential for incorporation into future iterations of the definitions.

RECOMMENDATION

Our electronic alerts, public quality reporting, risk adjustment and payments are still based on the CMS method and ICD-10 definitions of Severe Sepsis and Septic Shock. We recommend following the current CMS definitions of Severe Sepsis and Septic Shock till further notice and guidance from CMS and ICD-10.

From the President of the Medical Staff

- Dr. Stacy Nerenstone, President of the Hartford Hospital Medical Staff
End of Summer Event at the New Britain Museum of American Art
September 16; RSVP by August 22

You and your guest are invited to join the Officers and other members of the Hartford Hospital Medical Staff for this special evening to socialize and enjoy each other’s company at the New Britain Museum of American Art on Friday, September 16 from 6-9 pm.

We will have exclusive admission to the gallery spaces including the works of Howard Pyle, Frederic Rodrigo Gruger, N. C. Wyeth, Norman Rockwell, to name a few. The menu will vary depending on the inspiration of the chef at Riverhouse Catering. The evening will feature heavy appetizers, small plates bursting with bold flavors and sweet endings as well as wine, beer and beverages.

Cost is $50 per person. Dress is cocktail attire. Please respond by August 22. To reserve your space you may drop off your check or credit card form at the Medical Staff Office or mail to: Hartford Hospital Medical Staff Office, 80 Seymour Street, Hartford, CT, 06102-5037, Attention: NBMAA. If you plan to bring a guest, please indicate the name of your guest when registering.

If you have any questions, you may call Cathleen Aquino at 860.972.6167.

For directions, visit: www.nbmaa.org/museum-of-american-art/directions-parking

Please put this on your calendar - and join your friends and colleagues for an enjoyable evening.
Stacy

From the Hospital President
Dr. Stu Markowitz, Senior VP, HHC, and Hartford Region President

Outside Experts Confirm our Solid Financial Position

We are here every day to ensure that the people we serve receive the best healthcare possible. To do that, we need to maintain a strong and capable financial base. Once again, outside experts have told us that we have achieved that solid financial position.

In mid-June, Moody’s Investor Service affirmed HHC’s ‘A’ credit rating with a continued ‘A’ outlook. Then on June 30, Standard and Poor’s did the same.

The higher the bond rating, the lower our cost of borrowing for the technology and facilities we’ll need to continue to lead into the new era of American healthcare.

Connecticut is a very challenging place to provide healthcare and remain financially stable. To date, through your heroic action, we are succeeding. Going forward, we need to remain disciplined so that we will continue to be the high-value choice for our communities.

Thank you for all you do every day in caring for those we serve and one another.

Top News

Sign Up NOW for Care Connect Training; Classes Run Through Mid-August

All providers who will be practicing at Hartford Hospital on August 20 will be using Epic as the exclusive method of clinical documentation and ordering. Without training, you cannot be granted credentials to access the EHR.
We urge you to sign up as soon as possible for Care Connect training, and to take your classes as soon as you can. The classes run about 4 hours each, and the number of classes you will need will depend on your medical specialty.

The classes will run through mid-August.

If you have used Epic within the past two years at a previous location or during training, please email us at careconnecttraining@hhchealth.org

**UConn Health, Hartford HealthCare explore ACO formation**

**Hartford Business Journal: June 30**

UConn Health has selected Hartford HealthCare to explore the formation of an Accountable Care Organization (ACO), concluding a search started last fall.

This is not a merger or sharing of assets, UConn announced. Rather, an ACO is a group of doctors, hospitals and other healthcare providers who voluntarily collaborate to coordinate care and ensure that shared patients receive the best care at the lowest possible cost, otherwise known as "value-based care."

"Most major systems in Connecticut participate in an ACO of some sort and it was time for UConn Health to do the same," said Dr. Andrew Agwunobi, CEO of UConn Health and executive vice president for health affairs, who shared his interest in an ACO in an interview earlier this year. "When we set out to find an ACO partner we sought one with the experience, and demonstrated value-based care results, that was willing to customize a model to fit the needs of UConn Health. This would include shared leadership of the future ACO. In Hartford HealthCare we found all of that and a local leadership excited and engaged to partner with us to make a difference for patients in the communities we jointly serve."

UConn Health's search for potential ACO partners began in October with a letter to more than a dozen Connecticut healthcare organizations interested in allowing UConn Health to co-lead the development of joint initiatives to improve health outcomes and reduce the costs of achieving such outcomes.

**Patients in Need of Financial Assistance**

Do you know a patient who is in need of financial assistance?

Hartford HealthCare can provide help to patients in need. Learn more about the program and how to assist patients on HHC Connect: [https://intranet.hartfordhealthcare.org/inside-hhc/patient-support](https://intranet.hartfordhealthcare.org/inside-hhc/patient-support)

**Please Avoid Perfumes or Colognes**

The Hartford Hospital Dress Code requires that staff members avoid wearing strong perfumes or colognes while on duty.

Some patients, family members and coworkers may be allergic to scents or suffer from asthma or other respiratory ailments.

Thank you for your cooperation.

---

**Excellence**

**Dr. Brian Grosberg Lectures on Headache Management**

Dr. Brian Grosberg, director of the Hartford HealthCare Headache Program, delivered a lecture on Headache Management at the 15th Annual Primary Care Focus Symposium of Baptist Health South Florida this June.

**Sheena Doyle and Andrea Murphy Present at American Headache Society Annual Meeting**

Sheena Doyle, PA-C and Andrea Murphy, APRN, from the HHC Headache Center presented a poster at the American Headache Society™’s 58th Annual Scientific Meeting in San Diego in June. Their abstract was entitled “Gustatory Hallucinations in Primary Headache Disorders: 4 New Cases and a Review of the Literature.”
Dr. Paul Thompson Interviewed About Statin Reports

A recent study found that many patients in Britain stopped taking statins after bouts of media coverage highlighting their adverse effects, according to Medpage Today in an article called Fallout From Bad-News Statin Reports. The authors estimated that about 2,000 extra cardiovascular events would occur over 10 years in Britain as a result of those cessations.

Dr. Paul Thompson, chief of cardiology at Hartford Hospital, was asked to comment.

- Question: Do you think the media should be more restrained in reporting on research findings that question the safety of widely used drugs?
  - Thompson: There is no way that organized medicine will be able to restrain public reporting of the possible deleterious effects of widely used drugs. The public media has to sell papers and magazines; the public has a distrust of standard medicine so buys and reads the bad news. The best we can achieve is ensuring that putative experts provide a careful and balanced perspective on both the risks and benefits of these drugs. Many "experts" have not been blameless in providing misguided and incorrect opinions. I often wonder how many folks suffered cardiac events because they were not treated with ezetimibe, for example, when their LDL remained high despite statin treatment, because some "experts" doubted its efficacy because there was no definitive clinical trial. Absence of proof does not equal proof of absence.

- What could medical journals be doing differently to discourage sensational reporting of medical research?
  - Thompson: I also do not think medical journals can or will do much to discourage sensational reporting. Sensational reporting is also good for the medical journal business and anyone who doubts it's a business only needs to watch the proliferation of medical journals. I have made my reputation studying statin associated muscle side effects, but I think they are lifesaving drugs that have revolutionized cardiac care.

- Statins, with 5-year NNT values from 25 to upwards of 100, are often criticized for helping relatively few patients who take them. What is your response?
  - Thompson: The criticism that they help relatively few subjects in 5-year studies is misguided. Who wants to live only 5 years? Five years studies are only proof of concept studies and the proved concept is that statins prevent cardiovascular events. I know few cardiologists not on these drugs. Finally, who can say that stopping statins is such a terrible thing? The West of Scotland follow up demonstrated that only 5 years of statin treatment provided benefit that extended for 20 years after the study, and coronary regression studies show that much of the regression of atherosclerosis occurs in the first two years of statin treatment. Consequently, estimates of the risk of stopping statins are simply estimates because we have not actually studied that risk.

---

Research and Academics

The Hartford Healthcare Cancer Institute Presents: The Basics of Bone Marrow Transplant Lecture Series
6-7 p.m., Hartford Hospital Cancer Center, Taylor Conference Rooms

July 22: Optimal Work-up for HCT Patient
Memorial Sloan Kettering Cancer Center Lecturer to be announced

Sept. 23: Optimal Work-up for HCT Patient
Memorial Sloan Kettering Cancer Center Lecturer to be announced

Oct. 24: Post-transplant Care for Autologous HCT Recipients â€“ Can We Bring Patients Back Home Earlier?
Memorial Sloan Kettering Cancer Center Lecturer to be announced

Nov. 28: Post-transplant Care for Allogeneic HCT Recipients â€“ Can We Bring Patients Back Home Earlier?
Memorial Sloan Kettering Cancer Center Lecturer to be announced

The lecture can also be viewed via videoconference (meet.cancer@video.hhchealth.org) at the following locations:
- Backus Hospital, MOB Conference Room
- MidState Medical Center, Conference Room IV
- The Hospital of Central Connecticut Cancer Center, Conference Room A
- Windham Hospital, Johnson Room

Lectures are CME-eligible. For more information, please contact Andrea Dash at Andrea.Dash@hhchealth.org.

SAVE THE DATE: 32nd Annual Cardiovascular Symposium
October 5
7:30 a.m.-3:30 p.m.
Connecticut Convention Center, Hartford
Information and registration: harthosp.org/CVSymposium
Please register for this event by calling 1.855.442.4373.

SAVE THE DATE: â€œFoundations of Trust: Connecting Our Community to Researchâ€
October 25-26
Hartford HealthCare is sponsoring a national conference with OHRP entitled â€œFoundations of Trust: Connecting Our Community to Research.â€
We look forward to engaging all our colleagues and research partners in this exciting event occurring in Hartford, CT.
Click the link to view the symposium website and register: https://hartfordhealthcare.org/symposium

Voices of Our Patients

Voices of Our Patients: Kudos to Dr. Brendan Killory

An inspirational letter written by patient Tim Page as he describes so eloquently how his life was saved by Dr. Brendan Killory, Hartford Hospital. It was published in Ampersandia.com. We have chosen to run much of it for those who are interested.

Letter From the Other Side: Return from a Traumatic Brain Injury

My last clear memory was of a muggy, quiet Sunday morning in July, three months earlier, as I waited for a train in New London. It was 11:13 and the train was due to arrive on time two minutes later. I was contented, proud of my punctuality, and expecting an easy ride to New York in the designated â€œquiet car,â€ with just enough time to finish whatever book I was carrying.

And suddenly, with no conscious transition, there was nothingness â€” neither blackout nor whiteout but purest Absence â€” until I awoke in an ambulance, my pants down, while two medics went through my pockets, trying to find something that might identify me as me, the rumpled, bloodied 60-year old man who had fallen over.

It was like being wakened five minutes into an induced sleep â€” â€œGo on, go on, let the house burn; Iâ€™ll be fineâ€ and I resisted any effort to bring me back. I was simply gone, without will or memory; it was as though Iâ€™d never been, and Iâ€™d not been uncomfortable with the dissociation.

The world reassembled in pulsing pixels. Soon I remembered my name, my birthdate, my children and other people who should probably be told that something had happened.

My injury had begun to announce itself a week or two earlier, in the guise of a stabbing headache and piercing sensitivity to light that I foolishly pegged as my first-ever migraine. I had returned to my hometown of Storrs, Connecticut to attend a high school reunion. It was a night for laughter and retrospective amazement. But I grew increasingly pained, to the point where I could no longer make conversation. I returned to the hotel early and forced myself through the night with Valium and aspirin, before catching a ride the next morning to New London and my appointment with the station floor.

If Iâ€™d made it on to the train, I would likely have passed out in my seat, an old man dozing and not to be disturbed until New York, when I might or might not have awakened. Instead, rushed to Hartford Hospital, I
was diagnosed with an acute subdural hematoma, a gathering of blood in the tissues that surround the brain. It was unclear what had brought this on â€“ likely some recent, and already forgotten, minor trauma that ruptured ancient veins â€“ but as it intensified and thickened, the resultant pressure was squeezing my brain as though it was citrus and had displaced the right hemisphere a full two centimeters across the midline.

**Brendan Killory**, the surgeon who would save my life, had just finished with a stroke patient when he learned that his nightâ€™s work was not yet done. I asked him later to write about the occasion for me, so that I might have some understanding of what had happened. â€œI introduced myself to you just before the anesthesiologist put you to sleep,â€ he responded. â€œYou were minimally responsive, but I squeezed your hand and assured you I would take good care of you.

â€œI studied your brain scans to plan an optimal placement for a small craniotomy â€“ a piece of skull that is removed and then reattached to gain access to the brain â€“ to best access the hemorrhage. After you were asleep and a breathing tube had been secured in your throat, I placed your head in a horseshoe-shaped padded cradle and sketched a 6 cm curved incision on your scalp with a purple skin marker. I trimmed your hair around the planned incision and then scrubbed your head with multiple rounds of antiseptic solutions. I injected numbing medicine into your scalp and draped your head in sterile cloths so that only the thin strip of skin around the surgical sight was visible. The operating room team then paused for a â€œtime outâ€ to confirm your identity and the details of the planned surgery.

â€œThe operation commenced as I incised your scalp and used a power drill to remove a circular piece of your skull. I used a fine scalpel to open your dura, the outermost brain lining, and encountered the hemorrhage, which was predominantly in the form of a solid blood clot. It was under significant pressure and â€œdelivered itselfâ€ out of the opening I had created with some gently prompting using irrigation fluid and suction. I placed a small surgical drain over your brain to remove any fluid that might accumulate around the hours after surgery and reattached your skull with small titanium plates and screws. After I sutured together your scalp, I called your brother to let him know that the surgery had progressed smoothly and that I was cautiously optimistic that you would make a good recovery.â€

I spent the next few days in Hartford Hospital, fuddled and becalmed, thinking mostly about the orange popsicles from the vending machine outside my room, food of the Gods that I begged from visitors.

August will be remembered as The Month of Watching Television, first in Hartford Hospital and then at a rehabilitation center back in Storrs. I caught up with the early seasons of â€œBreaking Bad,â€ although it was necessary to watch episodes two or three times to comprehend them.

Only as I grew stronger did I realize how badly damaged Iâ€™d been. In the morning, it took me an hour or more to realize that I was actually expected to get up, and then at least another hour to dress myself. I could no longer sit in crowded restaurants, follow a multi-party conversation, or stay up even a few minutes longer than body and brain willingly permitted.

I walked cautiously but unaided with Wendy into Dr. Killoryâ€™s office at the end of September, where the three of us watched CT-scans of my brain, squiggling and gelatinous, like a horror movie octopus on black and white television. But there was no residual bleeding, and I was cleared to return to California. Dr. Killory gently deflected any expressions of gratitude. â€œSeeing you recover your personality, intellect, wit and sense of humor has been all the thanks I have needed,â€ he wrote to me later. â€œAs is often the case in neurosurgery, I have the privilege of getting to know my patientâ€™s thoughts and feelings weeks after becoming intimately acquainted with the organ of their origin.â€
Help New Patients Find You

Hartford HealthCare offers physicians a free powerful tool to help reach potential patients. The system-wide “Find A Doctor” search feature on our website helps potential patients connect with appropriate physicians when they need care.

Patients' searches lead to doctors' online profiles, which are based on information physicians provide to the Medical Staff Office. Details on education, specialty, office locations, languages spoken, biography and any promotional videos are displayed, helping patients make vitally important decisions in choosing a physician.

The HHC Planning and Marketing team is committed to making sure this online information is correct. Please spend a few moments reviewing your profile at HartfordHealthCare.org/verify. Click the “Physician Feedback Form” on the right hand side of your profile to submit changes.

You will need your NPI number to verify your identity. The “Accepting New Patients” filter is set as the default to help patients connect with physicians who are taking new patients. If you are no longer accepting new patients, please let us know. Changes to your profile will be made within three business days.

Improving Doctor-to-Doctor Communication: A Free Tool To Help You

We all want to do what is best for our patients. Problems in communication between hospital providers, consultants, and community providers has been identified as a major source of dissatisfaction for both patients and physicians. And it can lead to gaps in patient care.

Hartford Hospital has invested in a tool to help providers improve communication. It is a HIPAA compliant texting service called TigerText, and we are offering it to the medical staff at no charge.

TigerText allows a provider to send brief text messages, with patient identifiers, to another provider on the system. Examples of texts include quick reports of a procedure, notification of discharge, questions about medications, etc. There is an option to alert people if you are on vacation, and the notices that are sent are marked as read when they are opened by the recipient.

We are anxious for all of our Medical Staff to enroll in this free application. It is VERY easy to use, even for those of us who have problems with new technology. We urge everyone to register and get on this useful and HIPAA compliant system today—it will make your job easier and improve patient safety.

- Here is a TigerText Request form with directions on how to get TigerText: [You can download the form here](#)
- For further help with this, feel free to contact John.Rogalsky@hhchealth.org (860-972-3207).
- Any problems not resolved by the TigerText Help line can be referred to Dr. Marc Palter at Marc.Palter@hhchealth.org.

TigerText Support

For Hartford Hospital users, TigerText support can be obtained by calling the Hartford HealthCare help desk at 860-545-5699 and choosing option #6; or by calling TigerText Pro support directly at 650-564-4722.

For issues related to password recovery, a helpdesk call is required and will be routed to the Mobility team.

Remind a Colleague: Wash In, Wash Out

All health care workers and patients should feel comfortable reminding any other health care worker to sanitize regardless of their role. This should always be done in a courteous and constructive manner. All health care workers should respond courteously and gratefully when reminded.

If you remind another health care worker to sanitize, and he or she responds with irritation or hostility, please notify their department chief, Dr. Jack Greene or Dr. Jack Ross, who will communicate with them to prevent recurrences.
Focus on EPIC

Please see the attached newsletter from Marc Palter MD, CMIO, with information about Epic and Epic training.

EPIC is an integrated Electronic Health Record platform being implemented throughout Hartford HealthCare. The first Go-Live was in the HCMG Ambulatory Primary Care sites in August 2015. MidState Medical Center and Windham Hospital went live in all inpatient units and hospital outpatient departments on April 30. The HHCMG Specialty practices went live two days later.

It has been a resounding success!

We now move to Phase III - Going live in Hartford Hospital, the Institute of Living and Natchaug Hospital, August 20!

Read the first issue of EpiCycle Essentials for Providers.

Hartford Hospital Media Coverage

Media Coverage Wrap-Up

Dr. Jared Bieniek had a live interview on Fox CT to talk about Male Infertility as a tie-in to June being Men’s Health month. He also appeared on Medical Rounds on channel 3 earlier this month. https://youtu.be/CzZREvZs0lC and https://www.youtube.com/watch?v=HLw3VEHkQ1E

Janice Cousins was interviewed on NBC CT july 5 about Hartford Hospital offering nitrous oxide to women in labor. https://youtu.be/x1a_OW4TzoQ

Dr. Jeff Finkelstein was interviewed live on NBC CT july 7 about heat-related illnesses. https://youtu.be/TIwo9JdoFR4

Patty O’Brien from The HHC Center for Healthy Aging was interviewed by Ch. 3 and FOX 61 about early onset dementia following the news of Pat Summit’s death. http://www.wfsb.com/story/32328380/pat-summitt-raised-awareness-about-early-onset-dementia

Dr. Pavlos Papasavas talks about V-Bloc on Medical Rounds, which is a new approach to surgical weight loss, and Hartford Hospital just performed the first such surgery in CT. https://www.youtube.com/watch?v=vXbsYQUpVBM

Dr. Ed Sauter appeared on Medical Rounds in a â€œMeet Dr. Sauterâ€ segment earlier this month where he talked about breast health. https://www.youtube.com/watch?v=XWqEz0gsAL

Dr. Patricia Sheiner was interviewed and quoted in the first article below that appeared in the Wall Street Journal. The topic focused on the ethical complexity of those who are seriously ill and wanting to donate organs. http://www.wsj.com/articles/the-difficult-ethics-of-organ-donations-from-living-donors-1466993281

Connect to Healthier on NBC-CT

HHC’s two-minute “Connect to Healthier” segment airs each Sunday at 9:20 a.m. and it’s posted fresh each Monday on HHC Connect, our Intranet.

Recent "Connect to Healthier" segment features:

- "Addiction has met its MATCH. Medication Assisted Treatment Close to Home" helps those struggling with opioid and other addictions. https://youtu.be/o3V2LgVzeM

- Plain Language: https://youtu.be/7_F1EcK7DLQ
Upcoming News Service Content; Share Your Stories

The Hartford HealthCare News Service is actively creating content with media partners across the state. Please let us know if you have great patient stories to share. Share your stories with us so we can share them to a wider audience.

**Connect to Healthier**

Sundays in the 9 a.m. hour, we broadcast a two minute health segment on NBC CT.

**Medical Rounds**

Partnership with WFSB. Weekly live interview from the HHC studio at 5:45 p.m.

**HealthCare Matters radio program**

Every month, Elliot Joseph highlights an important health care related topic with nationally recognized experts on CBS affiliate WTIC-am, NewTalk 1080, Connecticut's largest and most popular talk radio station

**Healthier Connections**

Monthly partnership with FOX CT.

**CT STYLE**

Monthly partnership with WTNH.

HHC YouTube page: [https://www.youtube.com/user/HartfordHospitalCT](https://www.youtube.com/user/HartfordHospitalCT)

*Link to contact information across the system: Hartford HealthCare Media Relations Team*

---

**ICP News**

---

**ICP News: Back Program Reduces Costs, Improves Outcomes**

Please see the attached [May issue of ICP News](#).

**Cover Story:**

CMO Column: ICP, Hartford Healthcare, Rehabilitation Network create Healthy Back Program to improve quality, patient outcomes and reduce the cost of care.

**Inside This Issue**

- Sign up for Epic at a reduced cost
- A new tool to find undiagnosed hypertensive patients
- Patient story: Treating weight problem cures fatty liver disease
- New treatment for patients with sleep apnea

For a look at our previous issues, visit [www.integratedcarepartners.org](http://www.integratedcarepartners.org).

**For your information:** Videos from the first ICP Conference (The Mind/Body Connection: Integrating Behavioral Health and Primary Care) are posted on the ICP Web site: Click here to view.

---

**CME Applications**

---

**Interested In Hosting a CME Event?**

In order to ensure that your educational event meets the standards established by the ACCME and the CSMS,
the HH CME department has established the following deadlines for submission of CME applications.

To ensure a timely review of your application, we strongly recommend advance planning for all events.

- Complete applications for a recurring series such as Grand Rounds must be submitted at least 4 weeks prior to the planned activity.
- For a conference, course, or symposia, a complete application must be submitted at least 12 weeks prior to the event. We strongly encourage activity planners to contact the HH CME department at least 6 to 12 months prior to the date of the course in order to begin the planning process.

We have developed educational resources to assist planners with the application process. Please contact the HH CME office at ContinuingEd@HHCHealth.org or (860) 972-5816 to schedule an appointment with our team to discuss your CME needs.

**State Mandated CME Renewal Available Free To HH Doctors through HealthStream LMS**

State mandated CME for physician license renewal is available free on the Hartford Hospital HealthStream Learning Management System.

You will need your Employee ID to access HealthStream. If you need the CME Programs, but do not have a HealthStream ID, a Temporary ID can be provided for you.

Please email HealthStream@HHCHealth.org and request an ID and password for CME Courses. You will receive an email with the ID, password and instructions for accessing the courses.

To access HealthStream, use the link from the intranet, or click here. Once you login, click on the Catalog tab and search for CME to view the available courses.

Once you have passed the post-test and evaluation, you will be awarded a printable CME certificate. Your CME will also be maintained and easily self-service accessed on the HealthStream site, should you need a copy in the future.

Please note that your Risk Management required activities through MRM will provide your Risk Management CME.

---

**HH In the News**

**Dancing To Ease Disease: Tango With A Beneficial Beat**

Hartford Magazine Healthy Living

More and more doctors are writing an unusual prescription for their patients with Parkinson's disease: Go out dancing and call me in the morning.

A growing body of research suggests that dance, notably the tango, can improve balance, strength and walking ability in people with neurological disorders, including Parkinson's disease, Alzheimer's and other forms of dementia, as well as multiple sclerosis and stroke.

"People who dance do better over the long term," said Dr. Joy Antonelle de Marcaida, medical director of Hartford Hospital's Movement Disorders Center in Vernon.

Dance is among the therapies that de Marcaida uses to improve the lives of her patients. Other treatments she has available include oral and intra-intestinal medications, deep brain stimulation and botulin (Botox) injections, all of which have demonstrated some benefit to patients by slowing down the progression of neurodegenerative disorders. But why dance?

The short answer is that research has shown it can slow the progress of some neurodegenerative diseases, such as Parkinson's, which afflicts an estimated half-million people in the United States and for which there is no cure.

"This is not your traditional Western approach," de Marcaida said of incorporating dance therapy into the more familiar therapies like medications, radiation and surgery.

Dance therapy has been gaining acceptance because researchers looking for new avenues of treatment have found that it works.

At the heart of all movement disorders is a breakdown or disconnect in the proper signaling between our brains.
and the peripheral nervous system that controls our muscles. The problems manifest themselves in balance and gait problems, poor coordination, involuntary or irregular muscle movements, tremors, tics and other repetitive movements.

In the case of Parkinson's disease, the problems begin when certain clusters of neurons in the midbrain start to die. Researchers examining the benefits of exercise on our health noted not only the cardiovascular benefits and lower incidence of diabetes, but that it also had a positive effect our nervous system, both mentally and in terms of movement.

Dancing With Parkinson's

Researchers noticed that while all exercise proved beneficial, some forms were better than others. Dance proved better than walking and treadmill workouts for Parkinson's patients. Research by Gammon Earhart, a professor of physical therapy, neurology and neurobiology at the School of Medicine of Washington University in St. Louis, found that the tango proved better than the waltz and fox trot, even better than tai chi, in improving movement in patients with Parkinson's disease.

At the Montreal Neurological Institute and Hospital in Canada, the researchers also found that the Argentine tango seemed "particularly helpful for improving balance and functional mobility in patients." It seems that the "specific steps that involve rhythmically walking forward and backward" engage our "working memory, control of attention, and multitasking to incorporate newly learned and previously learned dance elements." It kind of kick starts your mind-body connection as and your partner move.

Dance as a treatment for Parkinson's is widely accepted and is endorsed by the American Parkinson Disease Association.

At the center in Vernon, dance instruction is based a program developed by the Mark Morris Dance Group of New York in collaboration with the Brooklyn Parkinson Group, a nonprofit organization that runs programs benefiting Parkinson's patients and their families, friends and caregivers. Through the program, patients get to explore and create movement in a variety of dance styles including the tango.

De Marcaida sees the benefits in her patients. David Popick, 34, of Ellington, was diagnosed with Parkinson's disease a year ago. He has added dancing to his regimen of exercises shown to benefit those with Parkinson's. He came to the center for the first time in May and plans to continue with the program.

"I feel differently when I dance," Popick said. "It's like I can move again like I used to."

Beyond the benefits of better coordination, de Marcaida said dancing seems to make her patients happier. She thinks part of the success has something to do with the social nature of dancing. But there is also a proven physiological response.

"The music is an integral part of this program, it activates neuronal connections in different parts of the brain," she said.

She acknowledged that dancing is not a cure for Parkinson's, but said it can enhance the quality of life for people living with the disease. And a whirl around the dance floor is a lot more fun and a lot less expensive than a trip to the pharmacy.

With a prescription for dancing, de Marcaida said, "we can give a treatment that's not $100 a pill."

**In the HHC System**

**Hospital opens new center for the elderly**

Willimantic Chronicle, June 14

With the recent opening of the Connecticut Center for Healthy Aging at Windham Community Memorial Hospital, local elderly folks now have a place where they can exercise and receive medical care.

"This is a big investment in the Willimantic community," said James O'Toole, vice president of operations for Hartford HealthCare's behavioral health network. "We continue to be committed to find ways we can meet the needs in this community."

A ribbon-cutting is tentatively scheduled for Oct. 20 at the center, with a time not yet finalized. The Windham Hospital site can be reached by calling toll-free at (877) 424-4641 or visiting the hospital from 8 a.m. to 5 p.m., Monday through Friday, to speak to a resource coordinator.

The center provides needs assessments and referral services based on the needs of clients. Information about those services is provided to those who call the center on the client's behalf. There is no charge for the service. The referral line began in January, while the center was fully operational in early June.
Editorial: Baystate Franklin a show of commitment

The Recorder

About two years ago, the nurses who work at Baystate Franklin Medical Center, in the final stages of a 29-month contract negotiation, warned about signs the Greenfield hospital’s parent company might be planning to hollow it out.

They raised concerns that Baystate Health might shift services to Springfield. But the nurses eventually signed a contract and the warnings, which hospital administrators vehemently rejected, stopped. Afterward, the hospital went out of its way to demonstrate Baystate’s commitment to Franklin County.

Then Baystate Franklin President Steven Bradley proposed creating a community advisory group for the hospital, to serve as a formal â€œpathway for the community to have input into the future of the hospital.â€ He said Baystate planned to grow the local hospital, bringing physician services from Springfield to Greenfield, not the reverse.

â€œThe hospital is owned by the community,â€ Bradley said. â€œIt’s run by Baystate Health, but it’s been here for over 100 years. It’s a nonprofit, charitable organization dedicated to caring for the health care needs of the greater Franklin County region.â€

Since then, Bradley has left the hospital and Dr. Thomas Higgins, the hospital’s respected chief of staff, for nearly a year served as the interim president. This left many community leaders worried and wondering whether Baystate would replace him with another full-time president or try to run the hospital by remote control.

In May, Cindy Russo, the former vice president of operations for the central region at Hartford HealthCare, took Baystate Franklin’s reins as its latest president, which we take as confirmation that the brass at Baystate Health do understand the value of a community hospital led by people on the ground.

Fast-forward to Monday, and Baystate Franklin patients were being treated in a new $26 million surgical suite. No small investment by the community and the hospital’s parent company. The new 55,000-square-foot wing has four state-of-the-art surgical suites. One is 500 square feet, two are 650 square feet, and the fourth is 750 square feet. The average size of the former operating rooms was 450 square feet. The larger rooms house large pieces of medical equipment necessary for modern, complex surgical procedures, and one of the rooms is also lead-lined to accommodate today’s advanced technologies and more intricate procedures, as well as future surgical technologies.

â€œCreating state-of-the-art surgical space to keep care local and attract new physician talent to the area, and provide more comfortable, private patient-care areas, have been the driving themes behind this project from the start,â€ the hospital’s leaders said as the new wing opened. â€œThese goals are shared by Baystate Franklin and its parent health care system, Baystate Health.â€

We tend to be skeptical around here, but this is another satisfying sign that our local hospital is strong, building for the future, and that Baystate Health is banking on the important role the Franklin plays, and will play, in delivery of the region’s health care. We hope this means that as demand for medical services grows as predicted, our local hospital will continue to grow to meet our needs, right here.

Public hearing on L+M-Yale-New Haven affiliation scheduled for next month

The Day

New London â€” The state Office of Health Care Access has scheduled a public hearing for next month on applications submitted by Lawrence + Memorial Healthcare and the Yale-New Haven Health System in connection with the proposed affiliation of the two institutions.

The hearing will take place at 3 p.m. July 11 at the Holiday Inn, 35 Gov. Winthrop Boulevard. State regulators will hear comments on both the application for the affiliation, and the application for L+M to transfer ownership of L+M Medical Group, its affiliated physician group, to Northeast Medical Group, Yale-New Haven’s physician organization.

In October, the two hospitals submitted an application for the affiliation, along with an application for the smaller L+M Medical Group to join Yale-New Haven's larger organization. Since the initial submissions, both hospitals have continued to provide state regulators with additional information. Both applications were deemed
While the regulatory process is proceeding, OHCA will not be able to render a decision on the affiliation at least until early next year. Last February, Gov. Dannel P. Malloy issued a moratorium on new hospital affiliations while a task force completes a review and overhaul of the regulatory process.

---

**Hot Topics in Health Care**

**Moody's says 2017 Medicare rates will help hospitals**
FierceHealthcare, July 4

A new report by Moody's Investors Service concludes that 2017 reimbursement changes from the Centers for Medicare & Medicaid Services would be a net benefit for hospitals.

The report, entitled "Proposed Medicare Rates for Inpatient and Hospice Services Are Modestly Positive," concluded that many hospitals would see a nearly 1 percent increase in Medicare revenue by Oct. 1, the start of the upcoming fiscal year. The report did note that "the ability to recognize the full amount of the rate increase will continue to depend on a hospital's ability to comply with quality reporting requirements and meet the criteria related to the meaningful use of electronic health records."

It added that all for-profit hospital operators are expected to meet those goals.

*Read more here.*

**Doctors wrestle with mixed messages over prescribing painkillers**
CT Mirror, July 4?

Steve Diaz, an emergency medicine doctor at Augusta's MaineGeneral Health, says he knows what patients want when they come to him in pain. Drugs. And preferably strong ones.

â€œThe only thing they think of is, â€œDo I get a pill?â€ he said.

And with abuse of prescription painkillers like OxyContin, methadone and Percocet soaring, the instinct, public health experts say, should be to say no. Or at least, not necessarily. The Centers for Disease Control and Prevention put out a new guideline this spring, advising doctors to prescribe the highly addictive drugs, known as opioids, in smaller doses and only when truly needed.

But another federal policy is a provision of the 2010 federal health law linking hospital payments to patient satisfaction surveys may be complicating efforts to curb opioid prescribing as part of the nation's effort to address the painkiller abuse epidemic.

As part of these surveys, amidst questions about night-time noise levels and hospital staff proficiency, patients can evaluate how doctors managed their pain, and if clinicians did all they could to treat it. That's setting up a system, doctors say, where physicians' ratings can get caught between patient demands and sound medical judgment.

It's something Diaz says he sees play out in his own hospital, where he's also a senior vice president and chief medical officer.

â€œThe patient says, â€œIâ€™m in pain, and youâ€™re not meeting my needs.â€ And [doctors] might say, â€œIâ€™m being graded on this. Iâ€™ll give this patient something, to get them over the hump,â€ he said. â€œNo one will overtly say, â€œIâ€™m doing this to not get a bad score. But in the back of their mind and knowing theyâ€™ll be publicly rated, I think it leads to making that subconscious decision.â€

Now, as advocates seek an all-hands-on-deck response to the nation's opioid crisis, many physicians are calling on federal authorities to change these satisfaction surveys.

**State Releases $150 Million to Hospitals In Long-running Clash**
Hartford Courant: July 6

For months, Gov. Dannel P. Malloy has clashed bitterly with the state's hospitals about withholding key
payments that the hospitals have been seeking.

Now, the Malloy administration has released $150 million to the hospitals, a budget spokesman told The Courant on Wednesday.

Gian-Carl Casa, a high-ranking official in the state Office of Policy and Management, said the supplemental payments were released on June 20.

The long-running clash has led to a major campaign by the hospitals that included extensive television commercials that complained about cuts.

While the clash has continued, the payments have been released at various times. In October 2015, for example, Malloy restored $14 million in funding to six small hospitals as he continued to draw sharp distinctions between large and small health care providers.

Malloy has maintained that large hospitals are earning millions of dollars in profits each year, and the state has released a list of the salaries and benefits of large hospital CEOs with the highest total at $3.5 million a year.

The restored allocations for the small hospitals included funding for Bristol Hospital, Griffin in Derby, Day Kimball in Putnam, Johnson Memorial in Stafford Springs, Charlotte Hungerford in Torrington and Milford Hospital.

---

### Coming Events

**Widener on Physician Resiliency Assessment and Response**  
July 20 (Wednesday)  
6-7:30 p.m.  
Webinar led by nationally-known speaker by Dr. Christine Sinsky.  
From the American Medical Association, focusing on the growing issues of physician burnout and resiliency.  
For registration links and additional information, please visit [http://csms.org/resiliency](http://csms.org/resiliency)

**The Hartford Medical Society Presents "The Upcoming Presidential Elections"**  
September 14 (Wednesday)  
Presented by Attorney Kevin F. Rennie  
Town and County, 22 Woodland Street, Hartford  
5:30 p.m. Registration & Cocktails (cash bar)  
6:15 p.m. Dinner, followed by program  
Registration is $20/member, $35/guest or non-member, and includes cash bar, dinner, and presentation. If you have questions please call the HMS office at (860) 586-7573.

**Medical Staff End of Summer Event**  
September 16 (Friday)  
6-9 p.m., New Britain Museum of American Art  
Join the Medical Staff Officers and your colleagues from the Hartford Hospital Medical Staff for a unique opportunity to socialize and enjoy each other's company. More details to follow!

**Hartford Hospital Auxiliary Benefit Golf Tournament**  
September 19 (Monday)
The 27th annual Hartford Hospital Auxiliary Benefit Golf Tournament will be held on Monday, September 19, at Tumble Brook Country Club in Bloomfield.

This year’s beneficiary is the Department of Nursing Education and Research. For more information about the golf tournament or to make a donation the silent auction and raffle, please contact Lori Flaks at lbflaks@yahoo.com or Amy Steinberg at asteinberg74@gmail.com.


Hartford HealthCare is sponsoring a national conference with OHRP entitled “Foundations of Trust: Connecting Our Community to Research.”

We look forward to engaging all our colleagues and research partners in this exciting event occurring in Hartford, CT.

Click the link to view the symposium website and register: https://hartfordhealthcare.org/symposium

The Hartford Medical Society Presents "Civil War Hospital Newspapers"
October 26 (Wednesday)

Presented by Dr. Ira Spar

Town and County, 22 Woodland Street, Hartford

5:30 p.m. Registration & Cocktails (cash bar)
6:15 p.m. Dinner, followed by program

Registration is $20/member, $35/guest or non-member, and includes cash bar, dinner, and presentation. If you have questions please call the HMS office at (860) 586-7573.

The Seymour Street Journal (SSJ) has been developed to communicate key messages pertinent to our hospital's physicians. It will keep you informed and up-to-date on hospital, network, and health care news in a concise, convenient format. The SSJ will be sent to your preferred e-mail address every other Sunday. If you would like to be added to the Seymour Street Journal email list, or to receive it at a different email address, please opt-in at hzrthosp.org/SSJ. This ensures that you will receive the newsletter at your preferred email address. For any questions or suggestions, please contact Dr. Stacy Nerenstone, Medical Staff president, at 860-545-3043, or editor Annie Emanuelli at 860-972-2199.