

Seymour Street Journal



What's news...

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

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*"Wherever the art of medicine is
loved,
there is also a love of humanity."*

- Hippocrates

May 12, 2013:

Dr. Tim Machon Performs First
Robotic Single Site Hysterectomy in New England

Follow Hartford Hospital on [facebook](#),
[youtube](#) and [twitter](#)

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@hhchealth.org.

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

Joint Commission Requires All Acute Care Hospitals to Have Robust Antimicrobial Stewardship Programs

As of January 1, The Joint Commission, as a standard, requires all acute care hospitals to have robust antimicrobial stewardship programs. The key elements require:

- Leadership establishes antimicrobial stewardship as an organizational priority.
- The hospital has an antimicrobial stewardship team including at least an infectious diseases physician, infection preventionist, pharmacist, and a practitioner.
- The hospital educates staff and all licensed independent practitioners about antimicrobial resistance and antimicrobial stewardship practices, upon hiring or the granting of privileges then occurring periodically as needed.
- Systemic evaluation of the indication for antimicrobial usage, and of the ongoing treatment need after a set period of time, such as 48 hours. Providers will get real time feedback, advice, and education from Drs. Wainscoat, Nailor, and Goodlet by text and phone calls initially.
- The program uses evidence based protocols, policies and procedures for best practice. Examples include antibiotic restrictions, evidence based guidelines for common infections- community acquired pneumonia, urinary infections, Clostridium difficile, and cellulitis as

examples. Also, guidelines are implemented for antibiotic prophylaxis, use of antimicrobials in adults, and transition from IV to PO therapy.

Thanks to the local antimicrobial stewardship committee and HHC Antimicrobial Council, much of this work was done for EPIC, and you will hear more about this in the coming weeks in Seymour Street and at a Department of Medicine Grand Rounds March 23. Look for antimicrobial stewardship vignettes in this journal over the coming weeks.

CME Office Broadens Offerings For Providers

Our Continuing Medical Education (CME) office serves all of Hartford HealthCare, including the hospitals.

As part of Leadership and Organization Development, we are striving to broaden the depth and breadth of our CME offerings, and aim to provide multi-channel, multi-disciplinary and multi-modal educational opportunities for all providers across the system.

This system-wide strategy will be supported by a talented team of individuals. We would like to officially welcome **Dr. Thomas Lane** (The Hospital of Central Connecticut), **Dr. Vincent Pepe** (MidState Medical Center), **Dr. Steven Lee** (Windham Hospital) and **Dr. Jennifer Bellino** (Backus Hospital) to our CME department as directors of Medical Education (DMEs). **Dr. Tom Nowicki** is the system CME medical director and the DME for Hartford Hospital.

In these roles the DMEs will provide local oversight and support for the development, direction and coordination of all CME activities. They will help to drive the CME mission and vision forward to bridging the gap between knowledge and outcomes, achieving an integrated education program for our providers across the system. These individuals provide the skills and support necessary to drive CME as a market differentiator for HHC.

- *Gerry Lupacchino, Vice President, Leadership and Organization Development*
- *Dr. Rocco Orlando, Chief Medical Officer and Senior Vice President of Hartford HealthCare*
- *Dr. Jack Greene, Vice President of Medical Affairs, Hartford Region*
- *Dr. Jonathan Velez, Vice President of Medical Affairs, Central Region*
- *Dr. Robert Sidman, Vice President of Medical Affairs, East Region*

From the President of the Medical Staff

- Dr. Stacy Nerenstone, President of the Hartford Hospital Medical Staff

State of Connecticut, Controlled Substance Registration (CSR) Renewal Reminder

Please renew your CSR promptly when you receive an email/letter from the Department of Consumer Protection.

Permanent Move of Bliss 7I to Center 8I Starts Realignment of Beds

On January 10, Hartford Hospital began an organization-wide realignment of beds with the permanent move of Bliss 7I to Center 8I.

This is the first of many moves, which when complete, will provide enhanced cohorting of patients, staff and providers as well as increase the number of private rooms at Hartford Hospital. This move will also allow for minor refurbishment of many patient areas.

We recognize that this move has the potential to cause significant disruption. With that said, the move to C8I has truly been a team effort. Nearly every department has been/will be affected and the operational team coordinating these moves has been proactive and committed to providing the best and safest care to our patients, families and staff.

Additional information will be coming in the near future from your local leadership with more details around which areas can expect to move and the timeline for each element.

Thank you for your ongoing commitment to those we serve and to the continuous improvement process.

If you have any questions or feedback, please contact Dave Fichandler, director of Initiative Integration at 860-972-2450 or David.Fichandler@hhchealth.org.

From the Hospital President

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

Thank You for Making Lean Daily Management a Success at Hartford Hospital

As you know, over the past fiscal year, we greatly expanded LEAN daily management throughout the hospital. Many of you are involved in daily huddles that help your teams respond rapidly to improve processes and overall patient care.

I thank you for your hard work in implementing and adjusting to this new way of working. Our progress in implementing LEAN has been admirable:

- Over the past year, we have stood up 48 new groups and laid the foundation for more rapid expansion going forward.
- Ten of our groups have achieved Bronze status, which is a LEAN certification, and they are working toward Silver status for high performance.
- We plan to stand up dozens of additional daily management sites and achieve Bronze certification in 24 more.
- More than 630 Hartford HealthCare leaders have completed Advanced Lean Training, with more than 40 percent from Hartford Hospital.
- Many of you have participated in the disciplined five-day, rapid improvement Kaizan process. Here are a few examples of what groups have achieved:
 - Reduced handoffs for psychiatric patients transitioning from HH to the Institute of Living from 32 to six, reducing processing time significantly.
 - Improved the number of stroke patients discharged by 11 a.m., to 88 percent up from 73 percent, and improved outpatient appointment compliance to 90 percent from 60 percent.
 - Reduced the number of phone calls made to heart-failure patients transitioning to home from 11 to three; initiated home care visits within 24 hours of transition, compared to a one- to three-day wait before; and improved the quality and accuracy of transition paperwork by more than 90 percent.

LEAN now is the way Hartford Hospital works, and we expect our efficiencies and effectiveness to continue to improve. Thank you for your participation in this journey.

From Dr. Rocco Orlando, Senior Vice President and Chief Medical Officer

Dr. Rocco Orlando: Hospitals And Clinics Fear Cuts In Medicaid Under Trump

Hartford Courant, December 20, 2016

As the future of Obamacare hangs in the balance, the chief medical officer for Hartford HealthCare says that scaling back the Medicaid part of the law would mean a loss of "tens of millions of dollars" in revenue and would result in staff reductions and scaling back of services.

Dr. Rocco Orlando, chief medical officer for the Hartford HealthCare system, said the hospital's leaders are very concerned about the prospect of the federal government no longer paying the vast majority of the cost of expanding eligibility for Medicaid.

"It would have profound impact; it's very much front of mind," he said.

He's assuming Connecticut could not cover the cost of about 200,000 people who were able to get covered under Medicaid after the law broadened eligibility for the public health insurance.

This year, Connecticut will need to come up with about \$61 million for a Medicaid expansion that was part of Obamacare, which is also known as the Affordable Care Act.

But the bill that could come due in 2019 or 2020 if Obamacare is repealed is far more significant. Currently, the federal government pays 98 percent of the \$1.2 billion annual cost to insure 201,000 poor adults in Connecticut who used to make too much to qualify for Medicaid. Under Obamacare, the federal share was going to gradually shrink until it was a 90 percent match - far more generous than the 50 percent match Connecticut receives for another 555,000 residents covered by Medicaid.

"The [Affordable Care Act] expanded coverage to a significant number of individuals; this expansion was funded in part through cuts to Medicare payments to hospitals," the Connecticut Hospital Association said in a statement. "If the law is repealed and the cuts remain in place, Connecticut hospitals' fiscal stability and sustainability, as well as patient access to care, will be compromised."

Vice President-elect Mike Pence recently promised to repeal Obamacare "lock, stock, and barrel" early next year, but congressional leaders are saying there will be a two- or three-year transition period before the health bill's replacement takes effect.

"My sense is there'll be a little breathing room. I think there will be a public repeal in January, but I believe they're going to be prudent enough to delay implementation for anything for two years or three years," Orlando said.

Orlando said Hartford HealthCare's five acute care hospitals, two mental hospitals and myriad outpatient programs would not be affected much by disruption in the individual private insurance market. But they are very concerned about the prospect of tens of thousands of people losing Medicaid coverage.

Hospitals have seen a reduction in uncompensated care since Obamacare rolled out. At Meriden's MidState Medical Center, Hartford HealthCare's location with the most significant number of uninsured patients, the proportion of uninsured patients fell from nearly 2.5 percent to barely more than 1 percent.

At the Hospital of Central Connecticut, the cost of uncompensated care fell from \$10.7 million in Fiscal 2013 to \$6.1 million in Fiscal 2015.

Dr. Tom Price, president-elect Donald Trump's selection to lead the Department of Health and Human Services, which oversees Medicare, Medicaid and Obamacare, would like to move from a guarantee of health care to the poor to a set amount of spending per person. Instead of sharing the cost of nursing home or hospital bills with states, the government would send a block grant and let the states

sort it out.

Orlando said his colleagues are concerned about this approach, "particularly if the move to block grant has an agenda to reduce Medicaid."

They're not remaining silent about their concerns, either. He said they're "very actively engaged in providing input" to Congress about what they want an Obamacare replacement to preserve.

"Regardless of your party affiliation, there are elements of the ACA that warrant ongoing support," he said.

He acknowledged that Medicaid does not have the same kind of bipartisan support as some more popular parts of the law. Price wrote a letter last year that said that Medicare, Medicaid and Social Security "are binding seniors and low-income families to a costly, centralized health care strategy that intrudes on the personal decisions of patients and their doctors; promising retirement income the government cannot provide; trapping the disadvantaged in a web of welfare programs that draw beneficiaries into long-term government dependency."

Bills for about half of all patients in nursing homes are covered by Medicaid. Some were not poor until the cost of long-term care wiped out their savings. And, Price's letter said the open-ended commitment approach of these programs is unsustainable, and will require "enormously higher taxes" in the future.

If a block grant approach freezes or reduces federal Medicaid spending, the 17 clinics that serve 350,000 low-income Connecticut residents would be hit especially hard.

These clinics, such as Community Health Services on Albany Avenue, get more than half of their revenue from Medicaid. Only 8 percent of their bills are paid through private insurance - generally for people who cycle on and off of Obamacare and Medicaid as their hours fluctuate during the year.

Until last year, the centers received about \$4 million a year in state funding, but with the budget crisis, that's no longer available.

Deb Polun, director of government affairs and media relations for the Community Health Center Association of Connecticut, said even though the arrival of Obamacare didn't increase the number of customers, she and her colleagues are worried that if insurance is pulled from thousands of clients, they'll stop coming in for care.

Top News

Additional Measures In Place for Duration of Flu Season

Dr. Rocco Orlando III, Hartford HealthCare Senior Vice President, Chief Medical Officer

We began treating our first flu cases at Hartford HealthCare facilities in mid-December 2016.

Because of our Universal Influenza Prevention Program, HHC staff members are better prepared to face the flu while keeping our patients, coworkers and ourselves as safe as possible. Here are some additional measures we will take throughout the influenza season:

- Staff members with flu-vaccine exemptions must wear a mask whenever within six feet of an area where patients/clients may be encountered, regardless of the location of the patient, the extent of interaction with the patient or whether or not the patient is currently present. Such areas include clinical units, hallways, lobbies and public dining areas. (The mask may be removed when eating.)
- Because influenza is not the only respiratory infection making the rounds this time of year, staff members should remember to follow standard cough and respiratory hygiene, including: covering the mouth and nose with a tissue when coughing or sneezing; disposing of the tissue in the nearest waste receptacle; and washing or disinfecting hands after contact with

respiratory secretions or contaminated material.

- Employees with fever, vomiting or diarrhea should stay home. Those with cold symptoms, such as a cough, sneezing or a sore throat, should stay home and return to work when they are feeling better.
- Hartford HealthCare institutions will follow their protocols related to the masking of patients and family members who have symptoms of respiratory illness. Standard and droplet precautions will be followed as usual.

With our Universal Flu Prevention Program, we have taken an extraordinary step together to safeguard our patients and fellow employees. Let's continue to do everything we can to live our values on behalf of the people we serve.

2016: The Year in Review

Watch the HHC Year in Review video: <https://intranet.hartfordhealthcare.org/news-events/hhc-top-news/hhc-a-year-in-review>

We bet you'll see some familiar faces!

Priority Paging System Introduced

As part of our ongoing work to improve communications between providers, Hartford Hospital will introduce a priority paging system this month. The priority paging language benefits senders and receivers and is available on the Intelliweb home page. The goal is to clarify expectations around returning pages or inquiries and we expect it to be used by all providers.

Messages are categorized as: **STAT**, **urgent**, and **routine** requests. STAT requests are to be returned immediately, urgent requests within 30 minutes, and routine page messages within two hours.

- **Stat:** Immediate return phone call required. This should be utilized infrequently; significant clinical implications if not addressed immediately.
- **Urgent:** High priority item requiring a response within 30 minutes. For example, clinical test results, pain medication adjustment
- **Routine:** Non-urgent, does not require immediate response. Typical return call within 2 hours.

Always include your full mobile phone number (10 digits) in text page

Always TEXT page, don't page via "5-PAGE"

Right Page Example: "Urgent: N11/Katie/860-696-9171/Critical K"

Nursing Units Realigned as Ortho Patients Move to Bone & Joint Institute

The recent opening of the **HHC Bone & Joint Institute** will enable Hartford Hospital to increase capacity in the main hospital as orthopedic cases move to the new facility.

Nursing units are being realigned and the number of private inpatient rooms is being increased, with more than 85 percent of them in surgery and neurosciences.

We plan to expand surgical and neuroscience capacity, update critical care alignment, improve cohorting of heart and vascular patients, and improve greater flexibility for staff.

The project will be completed in July.

Bone & Joint Institute and Hartford Hospital Debut New and Improved Hospital Gowns

The new Hartford HealthCare Bone & Joint Institute has introduced a great advance for patients' comfort and modesty: The Model G hospital gown. This new model of hospital attire features full

coverage of the patient's backside. The gowns are being called the first major-release hospital gown redesign in almost a century.

Introduced at the Bone & Joint Institute, the gowns were funded by a \$35,000 donation from the Hartford Hospital Auxiliary. Next, the gowns will be offered to maternity patients at Hartford Hospital, followed by other hospitals.

Developed at the Henry Ford Innovation Institute in Detroit, the gown features full wrap-around coverage, plastic snaps instead of cloth ties and a thicker cotton-poplin blend. The closed-back design includes a fold-over access panel, with snaps that can turn a size medium into an extra large. The double-breasted front has three snaps, instead of cloth ties, to close the gown. Despite the robe-like fit, medical professionals say the gowns allow full access for IVs and other medical lines. The gowns, like a new drug, were tested in a series of clinical trials at Henry Ford Hospitals.

HHC CEO Elliot Joseph Blogs About His Recent Hip Replacement Surgery

In the latest edition of his blog, *Our Moment*, HHC CEO Elliot Joseph reflects on his recent hip replacement surgery as the new Bone and Joint Institute at Hartford Hospital opens its doors. The institute, he says, will help patients like him get back on their feet and generate economic benefits for our city and our region. [Watch the video.](#)

Joseph would like to hear from you: Have you been a patient? How did the experience influence your work at HHC? E-mail Elliot at: OurMoment@hhchealth.org

Follow Elliot's [Our Moment](#) blog on HHC Connect.

Rehab Team Returns to Peru in April; Appeals for Contributions

Dr. Mani Seetharama, Dreaming and Working Together president

A 23-member rehab team, led by **Dr. Andrew Wakefield**, neurosurgeon, and Hernando Garcia, HH HIM, is expected to treat 62 new amputees as part of the 2017 Dreaming and Working Together mission in Lima, Peru in April. Four prosthetic and physical therapy students from the University of Hartford will join the mission.

Dreaming and Working Together was started in 2003 by Garcia, a native of Peru, who collected more than \$5,000 recycling soda cans and donated it to a children's hospital in Lima, Peru. In 2006, a team of physicians led by Wakefield accompanied Garcia to Peru, and volunteered at a government hospital which serves the uninsured and underserved population of Lima.

In 2007, the team was joined by a physiatrist and a physical therapist, and the following year they established an amputee program there.

The rehabilitation team has made annual trips to Peru since, and has expanded from 5 to 21 volunteers in 2016. Rehab services have expanded to include post-op spine rehab, outpatient musculoskeletal and prosthetic management, and pediatric rehabilitation. They have also been providing education and training to our Peruvian counterparts to improve the continuity of care, and donated funds to an organization in Lima to establish a wellness clinic in Ventanilla county for young women and children. A dentist has also joined the team.

With only three months to go, we are \$6,000 below our operating budget. This will translate to an unreasonable increase in expense per team member, and at this time it appears that some core team prosthetists and rehab therapists may not be able to afford to join us on this trip. We are appealing to your generosity and charitable giving to close the gap.

Please consider logging on to our website (dreamingandworkingtogether.net) and clicking on the donate button.

Dr. Paul Thompson Serves as Co-director of First Statin Associated Muscle Symptoms Forum

Dr. Paul Thompson, chief of Cardiology at Hartford Hospital, is the co-director of the First Statin Associated Muscle Symptoms Forum in Bethesda, MD held January 13-14.

Dr. Thompson will also provide several lectures at the symposium on research done at Hartford Hospital. This includes studies done by **Dr. Gualberto Ruano** designed to develop genetic diagnostic markers for statin myalgia.

Beth Taylor, PhD, director of Exercise Physiology Research in Cardiology at Hartford Hospital, will also deliver several lectures on projects she and Dr. Thompson have done collaboratively.

Dr. Thompson also will be Visiting Professor in Cardiology at the University of Colorado, Denver on February 9-10.

IOL's Dr. Hank Schwartz On CBS Evening News

December 15, 2016

Dr. Hank Schwartz, psychiatrist-in-chief for the Institute of Living, appeared on the CBS Evening News Dec. 14, 2016 to discuss the four-year anniversary of the shootings at Sandy Hook Elementary School and the lessons that have been learned in the aftermath.

Dr. Schwartz, who co-authored a comprehensive 2014 report on the shootings, commented on a public service announcement video created by Sandy Hook Promise showing how easy it can be to miss the warning signs of young people who are contemplating carrying out a mass shooting. Twenty-six people were killed in the 2012 Sandy Hook shootings, including 20 first-graders.

"For schoolchildren, we need to try to end the code of silence," said Dr. Schwartz, referring to the reluctance that some young people feel to report signs of troubling behavior on the part of their peers.

The video is being used to help educate young people on how to recognize the signs of a potential shooter. On the surface, the video tells the story of a teenager who has developed a crush on another student, but in the background there is another student who is experiencing the social isolation and revenge fantasies that can lead to a shooting incident.

See Dr. Schwartz on CBS Evening News: <https://www.youtube.com/watch?v=Alo91WYJSJU&feature=youtu.be>

Dr. Kwame Asante Elected to Board of Directors of Brain Injury Alliance

Dr. Kwame Asante was elected to the board of directors of Connecticut Brain Injury Alliance in November. He will serve on the board of governors committee for the 2016-2017 year.

The Brain Injury Alliance provides support groups and resources for concussion patients and their families.

Drs. Fournier and Spillane Present at Quest National Meeting

Dr. Jessica Fournier, Dr. Robert Spillane and Laura Kushner, RN, presented a talk entitled "Quest to Improve Mortality: Our Observations and Expectations," at the Quest national meeting in Orlando, Florida on December 7-9, 2016.

They discussed the success of Hartford Hospital's work on mortality.

HH Staff Members Publish Research in *Journal of Emergency Nursing*

Danette Alexander, DNP, RN, Dr. Lincoln Abbott, Qiuping (Pearl) Zhou, PhD, RN; and Ilene Staff, PhD, published new research in *The Journal of Emergency Nursing* in November, 2016.

Their work was entitled "*Can Triage Nurses Accurately Predict Patient Dispositions in the Emergency Department?*"

Dr. Francoise Roux Presents at International Chest Meeting in LA

Dr. Francoise Roux made presentations at the American College of Chest Physicians Meeting in Los Angeles on October 25, 2016.

She participated in a panel discussion entitled *The Overlap Syndrome: Obstructive Sleep Apnea and COPD*, and also served as moderator at a poster session on sleep disorders.

David Glahn Receives Research Award From The American College of Neuropsychopharmacology

David Glahn, Ph.D., director of the Affective Disorders and Psychosis (ADAPTING) Laboratory at the Olin Neuropsychiatric Research Center at the IOL at Hartford Hospital, was the winner of the Joel Elkes Research Award in recognition of an outstanding clinical contribution to neuropsychopharmacology from The American College of Neuropsychopharmacology.

This award was presented at the 55th Annual Meeting of the ACNP in Hollywood, Florida.

Dr. Glahn has published more than 200 papers and reviews in leading scientific journals, leads a number of research grants funded by the National Institutes of Health, and has played a seminal role in building and leading imaging-genomics consortia to advance the analytic methods for the enormous datasets involved in whole genome sequencing.

He also serves as a professor of psychiatry and co-director of the Division on Neurocognition, Neurocomputation and Neurogenetics at Yale University School of Medicine.

The power of Dr. Glahn's approach is that he uses function to search for structure, utilizing his knowledge of cognitive neuroscience to nominate potential biomarkers to be studied in large pedigree cohorts to assess heritability, reveal disease associations, and identify putative risk genes.

This approach helps to ensure that identified risk genes are likely to have a meaningful impact on the daily functioning of the individual, eliminating the need to conduct a post-hoc search to ascribe function.

In addition, Dr. Glahn served as a Section Editor for Human Brain Mapping and currently serves on the editorial board of three other professional journals. He is a Fellow in the ACNP, and has been the recipient of a number of other professional honors, including the A. E. Bennett Award of the Society of Biological Psychiatry.

Research and Academics

Volunteers Needed for a Research Study Aiming to Detect Cancer Earlier

HHC is conducting a research study to determine if a new blood test can be used to detect cancer earlier than standard screening tests.

We are seeking participants to make a study-related blood donation for laboratory analysis.

Participants may qualify if they:

- are at least 20 years of age
- are not pregnant
- do not feel feverish or have an inflammatory disease
- have never had cancer before (skin cancer other than melanoma is acceptable) or have recently been diagnosed with cancer but have not yet started treatment

Qualified participants will receive a \$25 check card after their blood donation. To participate please contact 860.972.1588.

Clinical Trials Being Offered at HHC

Research is a critical aspect of our being the destination for innovative and complex care.

Through our membership in the Memorial Sloan Kettering Cancer Alliance, Hartford HealthCare is now offering more than 20 clinical trials to our patients, giving them access to innovative new treatments right here at home.

Our Neuroscience Center also is offering a number of clinical trials in our overall efforts to improve patient outcomes.

Accepting New Patients? We Can Help

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.

Competition Grows in Bone and Joint Care: Q&A talks with Elliot Joseph

Hartford Business Journal, January 3

Q: Hartford Hospital's \$110-million Bone & Joint Institute opened in December. Who will you be competing with and how will the new facility advance orthopedic care in Connecticut?

A: It's not who we're competing with, it's who we're competing for. We're competing for patients who want and need the full depth of orthopedic and joint-health specialties, from sports medicine to injury prevention to activity-specific rehabilitation and, of course, many forms of surgery. This facility is the newest, most innovative and most comprehensive stand-alone center in the entire U.S. It's got a world-class medical team, a unique, multidisciplinary musculoskeletal approach and a world-class facility. It takes its place among the country's best freestanding specialty hospitals.

Q: What does the new facility mean for the cost of these types of healthcare services in our area?

A: At Hartford HealthCare, we have been adopting Lean organizational principles and techniques throughout our organization. We have trained - and continue to train - our managers in the use of Lean as part of our performance quality and innovation platform, which we call 'How Hartford HealthCare Works.' It's really the culture of our entire organization and it means working every day to make health care better and more efficient for everyone, our patients and families.

The Bone & Joint Institute at Hartford Hospital is the first facility that we have designed with Lean principles in mind. It is probably one of the few healthcare facilities in the nation created in this way. While this doesn't immediately translate into affordability, as healthcare costs are affected by many factors, we believe that it will. We know that our focus on prevention, with the state-of-the-art motion lab and other services, will help avoid both serious injuries and also the higher costs of treating those injuries.

And we expect the new facility, over time, to pioneer new efficiencies in orthopedic care that will ultimately result in greater affordability for patients.

Q: What partnerships has the Institute formed with companies or other providers and what do they entail?

A: The partnerships involved in creating and sustaining this one-of-a-kind facility are too numerous and complex to describe briefly. But I can say what it all adds up to: economic development. This is a perfect example of how investment can grow the state's economy. Designing, constructing and outfitting the building involved more than 80 companies, including many small and mid-sized firms that supply everything from furniture and telephones to medical technology.

Our main partner in the Bone & Joint Institute is Orthopedic Associates of Hartford, with nearly a half-century of experience in the full range of orthopedic care. Beyond that, we are tapping into the expertise of our own member organizations, such as the Hartford Hospital Rehabilitation Network and other specialists.

We also will partner for research with our Center for Education, Simulation and Innovation (CESI), which we are expanding. CESI has a range of partnerships with biomedical and biotech firms for testing, training and evaluation. These partners include such companies as Intuitive Surgical and Stanley Black & Decker. Making wise investments and working with the right partners produce advances in patient care. This approach also helps the state's healthcare industry grow as an economic engine and laboratory of innovation.

Q: How will Hartford HealthCare measure success in 2017, the Institute's first full year in business?

A: We will measure success at our Bone & Joint Institute at Hartford Hospital the way we measure success across Hartford HealthCare: one patient at a time. Of course we have targets for numbers of

patients served and we also want to ensure that everything we do in the new facility touches the work of providers and the lives of patients across our system and across Connecticut.

But it comes down to each encounter with every patient - whom we see, truly, as customers. We want to do everything we can to keep them mobile and healthy and happy with the care they receive.

Save the Date for the 2017 Black & Red Benefiting Neuroscience

Save Saturday, January 28, 2017, for Hartford Hospital's annual gala, the Black & Red. The Hartford HealthCare Neuroscience Institute at Hartford Hospital will be honored at the event, which will feature entertainment by Fitz & The Tantrums.

Funds raised through the 2017 Black & Red will help create the platform to further enhance the research and outcome measurements that will elevate the breadth and depth of neuroscience services in Connecticut. Tickets for the hospital's signature fundraiser will go on sale in the coming months.

See our Sponsorship Opportunities Guide to find out about all event sponsorship options. The deadline to sponsor is Friday, December 16. For questions, contact Carla Burgess, director of development, at carla.burgess@hhchealth.org or (860) 972-1932. For event updates, visit giving.harthosp.org/blackandred.

Educational Events and Programs Calendar Available

[Click here to download.](#)

The Hartford Healthcare Cancer Institute has published an Educational Events and Programs Calendar listing all programs and support groups available this fall.

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>

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.

Improving Doctor-to-Doctor Communication: TigerText

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](mailto:Dr.Marc.Palter@hhchealth.org) 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.

Hartford Hospital Media Coverage

Seeking Physician Writers on Women's Health Topics for Our Patient Health News Hub

The HHC Planning and Marketing Department is developing a women's health newsletter, which will be featured on the new "Health Newshub." They are seeking physician volunteers to write and answer FAQs regarding women's health issues.

Called "What you need to know about...", the monthly newsletter will cover a variety of topics. We are looking for physician experts to contribute short explanations on topics such as: diabetes; menopause; family planning; uterine fibroids; heavy or painful menstrual periods; depression; uterine or ovarian cancer; osteoarthritis; high blood pressure; Fibromyalgia; chronic fatigue; neck, back and shoulder pain; exercise; weight loss; and naturopathic remedies.

We can provide editing services to content expert writers. Physician writers and their practices will be named and highlighted in the newsletter.

If you are interested in participating, either on a one-time or ongoing basis, please contact Christine LaSala at Christine.lasala@hhchealth.org.

Media Coverage Wrap-Up

Dr. Craig Allen was interviewed about opioids on WTNH, Ch. 8 <https://youtu.be/rI2RC1WH6EQ>, and on NBC CT: <https://youtu.be/VbSqvV-S1r0>

Dr. Virginia Bieluch, chief of the division of infectious diseases with the Hospital of Central Connecticut, was interviewed on HOCC/WTIC AM Radio about flu activity In Connecticut.

Jeff Flaks was interviewed on the Ray Dunaway show on WTIC AM about a Salvation Army donation. <https://m.soundcloud.com/hartford-healthcare/jeff-flaks-salvation-army-donation-wtic-am-12142016/s-zBRbf>

Dr. Ken Robinson on NBC CT - Cold weather preparations. <http://www.nbcconnecticut.com/news/local/Doctors-Say-Dress-in-Warm-Layers-When-Temps-Dip-to-Frigid-Levels-406547775.html>

Dr. Carolyn Rochon was interviewed on FOX 61 about living kidney donations: <https://youtu.be/YGxWnBdl8ho>

Dr. Andrew Salner was interviewed on WFSB interviewed on medical marijuana. <https://youtu.be/9zZ7SDG7EyK>

Dr. Jack Ross was interviewed by the West Hartford News on TB cases rise in Connecticut, nationally first increase in 23 years. http://www.westhartfordnews.com/news/tb-cases-rise-in-connecticut-nationally-first-increase-in-years/article_8509de8a-f273-5071-b04b-fddd680e4c84.ht

Dr. Hank Schwartz was interviewed by a medical producer from the 'CBS Evening News with Scott Pelley' about the release of a video and brochure, "knowing the signs" of gun violence by the Sandy Hook Promise.

Cheryl Waltman, a physician's assistant with the organ transplant team at HH, was featured in a Fox 61 report about how her sister's death in 1995 and organ donation influenced her career path in medicine. <https://youtu.be/ZGByREAqddI>

Coverage from the Bone & Joint press conference:

<http://fox61.com/2017/01/10/new-bone-and-joint-institute-showcases-high-tech-sports-equipment/>

<https://soundcloud.com/hartford-healthcare/wtic-radio-bji-story-january-9-2017/s-wtEsQ>

<http://connecticut.cbslocal.com/photo-galleries/2017/01/09/150m-bone-and-joint-institute-opens-at-hartford-hospital/>

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.

TAVR

This segment focused on TAVR, and the first time doctors at HH utilized a new approach through the carotid artery. <https://youtu.be/GtzteutnfUI>

The Gift of Life

They are called "Good Samaritan" donors-organ donors who are unrelated to the recipient, and they are life savers. There is an extensive screening process to ensure all potential donors are medically

and psychologically suitable. This is one woman's story. <https://www.dropbox.com/s/wbmyjt4ciu8evnf/122416%20CTH%20Transplant%20Gift.mov?dl=0>

Resident Wish Come True

This is about making a lifelong dream come true, more than a New Year's Resolution. HHC Senior Services teamed up with a local recording studio to grant a wish for one of their residents who always wanted to make a record. <https://hartfordhealthcare.org/locations-partners/hartford-healthcare-senior-services>

Pain Treatment Center

Debilitating pain can affect every aspect of someone's life. One woman was nearing the end of her rope when she discovered the Hartford Hospital Pain Treatment Center.

<http://media.hartfordhealthcare.org:80/ermweb/player?id=eh6CkUyG>

<https://www.dropbox.com/s/e9nulcag768usi7/120416%20CTH%20PAIN%20TREATMENT.mov?dl=0>

Hartford Hospital Pain Treatment Center

<https://youtu.be/3inFYqT4UMM>

Recap of the Bone & Joint ribbon cutting

<https://youtu.be/S3POcBVx4WM>

Holiday eating and eating disorders

https://youtu.be/eZ_GpjF9QrM

Helping Adult Caregivers

Being a caregiver can be tough, but newer programs like Movies & More are helping adult caregivers connect with their aging parents.

<https://youtu.be/rlwCACcLuRQ>

New Technology to Treat Sleep Apnea

Jaime Fernando Ortiz couldn't stand his CPAP machine and was one of the first in the state to use a new technology to treat sleep apnea. Hypoglossal nerve stimulation or INSPIRE. <https://youtu.be/2xOdLf1VH8>

Running the Marathon With Cancer

Every year, thousands flock to the Hartford Marathon to compete. One man this year- showed us he could tackle anything: 26 miles, even while fighting something else.

John Hayes looks like any athlete training to run a marathon. What you would never suspect is that John has cancer.

<https://www.dropbox.com/s/4mc3qjngt4kd8j1/101616%20CTH%20Marathon%20Runner.mov?dl=0>

<http://media.hartfordhealthcare.org:80/ermweb/player?id=dmw6agYU>

Healing After an Aneurysm

This is the story of one inspirational young woman who made remarkable progress after an aneurysm ruptured and affected her ability to speak. She and her team never gave up.

The patient made a trip all the way from London to visit with the team on the neurointensive floor that saved her life and her voice.

<http://media.hartfordhealthcare.org/ermweb/player?id=9ED911ul>

Featuring A Roundup of HHC News

A remarkable achievement for Dr. Brian Grosberg; a grand opening for HHCMG in Bloomfield; and Breast Cancer awareness month. <https://youtu.be/9ztEDTzSOi8>

Sunday's Connect to Healthier segment on NBC CT highlighted the following events/accolades across HHC:

A remarkable achievement for Dr. Brian Grosberg, a grand opening for HHCMG in Bloomfield and Breast Cancer awareness month.

<https://youtu.be/9ztEDTzSOi8>

Introducing Hartford HealthCare's News Hub

Hartford HealthCare's new online health news site delivers lively, informative and useful health news in a whole new way. Look for print, video and audio stories produced by HHC's News Service, as well as timely tips on nutrition, fitness, health and wellness, and medical innovations.

<http://healthnewshub.org/p/health-news-hub/>

Read the latest health news or sign up for our e-newsletter at: healthnewshub.org

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>

[Link to contact information across the system: Hartford HealthCare Media Relations Team](#)

Voices of Our Patients

Every Moment Matters - The Essential Behaviors of Listening: Tips to Improve Each Patient's Experience

Patients respond positively to physicians who encourage the disclosure of feelings, elicit and respect concerns and acknowledge patients' fears. Patients respond negatively to physicians who interrupt them, ignore them or seem uncomfortable with patients' emotional expressions.

Examples of essential behaviors that physicians can use to demonstrate that they are carefully listening to patients include:

- Communicate at the patient's level by sitting on a chair or stool.
- Use body language that demonstrates careful listening, such as nodding and eye contact.
- Confirm that you understand what a patient is saying by using verbal cues as they speak, such as "I see" or "Okay," and by summarizing what the patient has said once he or she has finished.
- Avoid interrupting. Out of concern, care providers often jump in with a solution before a patient has finished expressing him or herself. When a patient is interrupted regularly, or when the solutions offered do not meet a patient's needs, anxiety may increase. Give each patient time to finish talking before responding. Acknowledge what the patient said, empathize with his or her feelings, and respond accordingly.
- Be inquisitive about the patient *and* the person. Ask patients questions about their health, what caused the hospitalization and how they feel about being in the hospital. Moreover, demonstrate caring that goes beyond the diagnosis by engaging patients in conversations about their lives. Refer back to these responses in future conversations with patients. Create rapport with a patient by asking questions beyond diagnosis:
 - Inquiring about appropriate aspects of the patients' personal lives (e.g., if the patient caught last night's game, will be taking any vacations this season, etc.).
 - Stating your observations about the way a patient may be feeling (e.g., "That must have made you very anxious.").

By establishing rapport, a patient will be more likely to open up with questions and concerns during the visit. Therefore, physicians will have a greater opportunity to listen to the concerns and questions at the heart of the patient's medical issues.

The above essential behaviors are based upon Press Ganey best practices and can help to improve each patient's experience. Look for next month's tips on the essential behaviors of how to explain things to patients in a way they understand.

Kudos to Drs. Maria Johnson and Mario Katigbak

I was very lucky with the team I had taking care of me.

Dr. Maria Johnson was amazing and Dr. Mario Katigbak was amazing and I have a follow up

with him.

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 HHC 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 HHC CME office at ContinuingEd@HHCHHealth.org or (860) 972-5816 to schedule an appointment with our team to discuss your CME needs.

CME Offerings on HealthStream Temporarily Unavailable

As we continue to enhance our eLearning through our new system-wide version of HealthStream, we will also be enhancing our online CME offerings.

As of December 1, the current CME programs are no longer available via HealthStream. Once we have completed the upgrade, we will announce their availability and instructions on how you can access them.

We appreciate your patience during this transformation.

HH In the News

PCSK9 Drug Could Be in Legal Limbo into 2018: Cardiologists worried about alirocumab availability, but long appeal is likely

Medpage

After a U.S. District Court judge issued an injunction late last week barring the sale of alirocumab (Praluent) by Sanofi and Regeneron on grounds of infringing Amgen's patent on evolocumab (Repatha), cardiologists worry that it could make an already difficult drug even harder to prescribe.

Dr. Paul Thompson said he was "very concerned." As the two drugs have a similar impact on LDL cholesterol, insurance has been a key deciding factor in prescription, he noted.

"If there is only one of these agents on the market, there is the risk that the remaining agent will be

more expensive," he said in an email to *MedPage Today*. "It is already arduous to get these drugs approved even for patients who clearly meet the criteria because they are so expensive as it is. I am concerned that if there is a monopoly and the cost goes up that obtaining approval will be even more difficult.

"We have about 150 patients on these drugs so this is quite an investment in time. I am not enthusiastic about the effort that will be required to switch half of these patients from the Praluent to Repatha."

The crisis, if it turns out to be one, was precipitated by Amgen's successful lawsuit arguing that Praluent infringed on its patents. A jury had ruled in Amgen's favor in March 2016, but the presiding judge didn't immediately order Praluent off the market. She only did so last week after reviewing arguments from both sides.

While an injunction typically is immediate, the judge acknowledged the public interest in having alirocumab -- which was first to market and has some differences in dosing -- remain available while the case is under appeal. She allowed 30 days before the injunction would take effect, noted Daniel Monaco, JD, an intellectual property lawyer at Drinker Biddle in Philadelphia, giving Sanofi and Regeneron time to file their expected appeal.

The lawsuit wasn't over whether patent infringement occurred -- Sanofi and Regeneron did not dispute that their drug did so -- but, rather, centered on validity of Amgen's patent claims for its monoclonal antibody.

"There is no obligation for these parties to sit down and work out a deal," Monaco told *MedPage Today* in an interview. "Amgen is entitled now to be the sole source of a product that falls within their patent claims."

And that might be Amgen's preference. "Amgen has the ability to supply all potential Repatha patients and will work to ensure a smooth transition for patients who wish to switch to Repatha," a statement from the company said.

Amgen pointed to protection of intellectual property as essential to the pharmaceutical industry, "as it reinforces the incentives for the large and risky investments we make in innovation to bring forward new medicines to treat serious diseases."

"However, I think it would be a mistake for alirocumab to be removed from the market. This could compromise competitive pricing as well as interactions with both doctors and services to patients," argued Howard Weintraub, MD, who said he has many patients on both drugs as clinical director of the NYU Center for the Prevention of Cardiovascular Disease.

But, "since neither the Amgen product nor the Sanofi-Regeneron product offered a price advantage, there will be probably little change in the market place," said Peter A. McCullough, MD, MPH, of Baylor Heart and Vascular Institute in Dallas. "This event would have been more meaningful if the ruling meant a shift to a more expensive product, which it does not."

The companies could still decide to reach a settlement that would leave alirocumab on the market while giving Amgen royalties on its sales.

"The prevailing party has an awful lot of leverage to extract terms for licensing to allow the accused drug to stay on the market," Monaco noted.

But that quick solution might be unlikely, as Sanofi and Regeneron have said they plan to continue fighting.

"It is our longstanding position that Amgen's asserted patent claims are invalid, and we will request a stay (suspension) of the injunction pending appeal," the two companies said in a joint statement sent to *MedPage Today*. "We will also appeal the injunction ruling as well as the jury's earlier verdict upholding the validity of Amgen's asserted patent claims."

If an appeal is filed, the process of filing briefs, appendices of evidence, and scheduling would likely extend beyond 2017, Monaco said.

"I think there will be an appeal," he told *MedPage Today*. "I would be surprised if there wasn't."

That delay would take the process past the point when cardiovascular outcomes trial results are due.

"I believe that we should have access to both drugs until the results of the outcome studies are known," Weintraub said. "I fully anticipate that both trials will be positive. However, it would be very unfortunate (and unexpected) if alirocumab had positive results in the ODYSSEY study while the data from evolocumab was negative."

Meanwhile, Carl "Chip" Lavie MD, said he might hedge his bets for patients at the Ochsner Heart and Vascular Institute in New Orleans.

"I would probably try to prescribe Repatha until I hear resolution, but some insurances only allow Praluent now so this is not always possible," he said in an email. "It will be a problem for the many patients on Praluent and the practices using this if this issue is not resolved, although hopefully most patients would be quickly converted to Repatha, either monthly or every 2 week dosing regimens."

In the HHC System

State regulators OK closure of orthopedic practice in Waterford

The Day

The state Office of Health Care Access has determined that Hartford HealthCare's decision to close an orthopedic practice in the Crossroads Professional Building did not require the agency's permission.

In a decision released Tuesday, OHCA said that based on information provided by **Hartford HealthCare and Backus Physician Services**, the physicians group managed by a subsidiary of Hartford HealthCare, the Dec. 31 closure of Backus Physician Services Orthopedic Surgery "does not constitute a termination of inpatient or outpatient services by a hospital over which the Office of Health Care Access has regulatory authority." Backus Physician Services is an independent legal entity, separate from The William W. Backus Hospital, which is affiliated with Hartford HealthCare, OHCA said. If it was a hospital-based practice, a certificate of need from OHCA would have been required.

Shawn Mawhiney, spokesman for Hartford HealthCare, said the decision validates the hospital network's actions.

"We are pleased that the state Office of Health Care Access ruled that a certificate of need was not required in this matter, and we look forward to continuing to provide high quality healthcare services in southeastern Connecticut - at our Crossroads location and beyond," he said.

Backus and Hartford HealthCare recently received approval from OHCA to purchase a 51 percent ownership share in the Constitution Surgery Center East, a 21-physician ophthalmic and orthopedic surgery center at 174 Cross Road. Shortly after the approval, plans for a new, 19,000-square-foot building at a nearby location were announced. The current building is 7,000 square feet. OHCA's inquiry into Hartford HealthCare's closure of the smaller orthopedic practice, where four orthopedic physicians provided care, was prompted by a complaint last month from a Griswold resident who was a patient of one of the doctors, Dr. Frank Maletz.

Another of the four orthopedists, Dr. Jeffrey Salkin, said that even though state regulators did not find the Hartford HealthCare violated regulations, the hospital network's actions should not be condoned.

"Just because it was within their legal boundaries, doesn't mean what they did was right," he said. Asked about his current status, he said that because of the way he and the other doctors were treated, he is "in no rush to sign up with another big institution.

"I think the story serves as a warning to those physicians who are willing to become employees and forfeit their independence," he said. "Our story shows this kind of thing can and does happen."

State Physicians Panel Urges Four More Conditions Be Qualified For Medical Marijuana

Hartford Courant

Patients suffering from painful ailments that include fibromyalgia, muscular dystrophy, shingles and rheumatoid arthritis should be able to get medical marijuana in Connecticut, a state panel of doctors urged Wednesday.

The proposed expansion of Connecticut's medical marijuana program to cover more types of diseases and conditions is part of a national surge toward making pot more available to help ease severe medical problems.

South Carolina lawmakers are now looking at legalizing medical marijuana. In Arkansas, a state commission has just proposed authorizing 32 dispensaries for medical marijuana. A New York licensed marijuana grower announced Wednesday its plans to provide home deliveries in New York City, Westchester County and on Long Island.

Connecticut Consumer Protection Commissioner Jonathan Harris said Wednesday that the state's medical marijuana program "is growing, maturing every single day." Connecticut's program now has more than 593 doctors certified to prescribe medical pot to more than 15,100 registered patients, Harris said, and the state's six marijuana dispensaries will soon grow to a total of nine.

Flu cases seen as 'widespread' in Connecticut

New Britain Herald

State health officials continue to keep an eye on the rising number of reported influenza cases, a figure now seen as widespread in Connecticut and other regions of the U.S.

According to the state Department of Health, flu activity is rapidly increasing in Connecticut, with emergency department visits attributed to flu-like symptoms up from 5 percent to 6.7 percent. Meanwhile, the percentage of outpatient visits with an flu-like illness has recently increased above 2 percent, well above the 1 percent that is generally considered the baseline when there are increased influenza-associated visits to outpatient facilities.

According to the Center for Disease Control and Prevention, reported flu cases spiked as 2016 came to a close. As of last week, all but one of 10 U.S. regions designated by the agency are witnessing elevated influenza reports. Since October, more than 3,000 confirmed cases of the flu have been tallied by the CDC.

Closer to home, physicians and medical facilities are working to prevent the spread of the virus the best way they know how - by encouraging patients to get a flu shot. Several pharmacies, physicians' offices and urgent care and walk-in clinics in the region, including those operated by the Hartford HealthCare Medical Group, have the flu vaccine on hand.

"The mainstay of flu prevention remains vaccination," said **Dr. Jack Ross, chief of infectious disease at Hartford Hospital**, a facility in the Hartford HealthCare system.

Ross said children in particular are susceptible to the flu and should be considered priority vaccine candidates.

It may be a bit more unnerving for youngsters this year, the doctor pointed out, since for the first time in more than a decade the vaccine in nasal spray form is no longer available.

The CDC has prohibited the spray because in recent years it proved increasingly ineffective in protecting against a potentially dangerous influenza virus. Actually, it was worse than ineffective last

year, Ross said, as federal health officials said it was useless.

The spray, best known by the brand name FluMist, was no match for last year's predominant strain, H1N1 - which affects children most adversely - effectively ending its run as the go-to, needle-free flu vaccination, Ross said.

In addition to the flu shot, the leading ways to avoid getting infected lie in daily activities, according to Dr. Virginia Mary Bieluch, chief of infectious diseases at the Hospital of Central Connecticut. In a recent radio interview, Bieluch recommended practicing good hand hygiene, coughing or sneezing into your elbow and staying home if you're sick.

Hot Topics in Health Care

Year in Review: Top 10 Health Stories of 2016

Wall Street Journal

The frightening spread of the Zika virus through the Americas. Outrage over soaring EpiPen prices. And more deaths in the U.S. from addictive opioid painkillers. Those are among the past year's big health stories. Here are my choices for the top 10:

1. Zika virus

The mosquito-borne Zika virus exploded in Brazil, where it was found to cause birth defects in the fetuses of infected women, especially microcephaly. That causes babies to be born with a smaller than normal head and often leads to intellectual disability. As the virus spread across the Americas, public-health officials issued travel advisories for pregnant women. Mosquito-control efforts were stepped up as the virus made inroads in Florida and Texas, prompting fear in many communities. The World Health Organization in November said Zika is no longer a global health emergency, but still a long-term priority. And scientists continue efforts to formulate a vaccine.

2. EpiPen prices

Perhaps nothing drew the public's attention to the dramatic rise of prescription drug prices more than a huge jump in the cost of the allergy treatment, which topped \$600 this year. That's up 550% since Mylan NV began selling the product in 2007. Anger, including from families of children who must always carry the EpiPen lifesaving drug, spurred congressional hearings. Mylan agreed in October to pay \$465 million to settle allegations it overcharged the government and recently launched a \$300 generic version of EpiPen.

3. Life expectancy

A seeming setback in public health came with the surprising news that the nation's mortality rate rose for the first time in four decades, mainly due to higher deaths from heart disease and stroke. Americans can now expect to live 78.8 years, down from 78.9 the previous year, the Centers for Disease Control and Prevention said earlier this month. It was the first decline since 1999, and experts pointed to the obesity epidemic and a rise in diabetes rates as factors behind more heart-disease-related deaths.

4. Painkiller addiction

The opioid crisis continued this year with overdose deaths from the highly addictive prescription painkillers reaching all-time highs. Fentanyl, a synthetic, cheap opioid 50 times as powerful as heroin, helped fuel the crisis this year. The epidemic has left an increasing number of children in foster care,

strained law-enforcement departments and destroyed families. Federal prosecutors are going after drug companies and doctors that have contributed to the crisis.

5. Gene editing

CRISPR-Cas9, a genetic-engineering tool to edit DNA in living organisms, shows promise for developing treatments for diseases, a research effort that is getting funding from the National Academy of Sciences. The technology is also being explored for public-health uses such as killing off disease-carrying mosquito populations and breeding animals whose organs can be used in human transplants. As with many lucrative discoveries, investors are pouring money into the technology and controversy over who owns the intellectual-property rights has led to a patent dispute.

6. Tainted water

Tap water with dangerously high lead levels created a public-health crisis in Flint, Mich., and sparked fears around the country. Blood tests showed elevated lead levels in many children in Flint, which had changed its water source in 2014. The Michigan attorney general has lodged criminal charges related to the crisis against 13 former and current local and state officials. The city has since switched water sources and the percentage of children with high lead levels has declined sharply.

7. Transgender health

Medical services and support for transgender people expanded last year. Groups like the American Academy of Pediatrics expressed support for transgender youth. A study in the journal *Pediatrics* in March found that transgender pre-adolescents have good mental-health outcomes after they transition socially to the gender they identify with. And major hospitals and academic centers have begun offering surgery and other services to transgender people that are increasingly covered by insurance plans.

8. Obamacare woes

It was tough going for the Affordable Care Act, the president's signature health program known as Obamacare. Insurers continued to pull out of the program, leaving one-third of U.S. counties with just one insurance company to be listed next year on exchanges where people go to purchase their plans. With president-elect Donald Trump threatening to overturn the ACA, there is widespread uncertainty over how millions of people enrolled in plans will get health care.

9. Screen-time benefits

Screen time may have some benefits after all. The popular Pokémon Go game that captured the country's attention this summer led to users taking 1,500 more steps a day than usual, according to a study in the *Journal of Medical Internet Research*. The average player saw significant boosts in physical activity for 30 days. Other research shows that making social connections through activity-tracking apps, such as Argus by Azumio, also gets people to move more.

10. Sleep

Sleep has increasingly become a public-health issue. Sleep deprivation causes us to gain weight and become less emotionally stable, and makes it harder to read other people's facial expressions, research shows. We got even less sleep than usual at times this year due to the stressful campaign for U.S. president. For people with insomnia-one third of the population-new recommendations this year called for managing it with cognitive behavioral therapy rather than medications.

Hospital industry warns of 'crisis' if health law is repealed

Hartford Courant

The nation's hospital industry warned President-elect Donald Trump and congressional leaders on Tuesday that repealing the Affordable Care Act could cost hospitals \$165 billion by the middle of the

next decade and trigger "an unprecedented public health crisis."

The two main trade groups for U.S. hospitals dispatched a letter to the incoming president and Capitol Hill's top four leaders, saying that the government should help hospitals avoid massive financial losses if the law is rescinded in a way that causes a surge of uninsured patients.

The letter, along with a consultant's study estimating the financial impact of undoing the Affordable Care Act, makes hospitals the first sector of the health care industry to speak out publicly to try to protect itself from a sharp reversal in health policy that Trump is promising and congressional Republicans have long favored.

When it was enacted in 2010, the health care law was a product of a delicate balancing act among various parts of the health care industry. Each essentially agreed to sacrifices in exchange for the prospect of millions of Americans gaining insurance to help cover their medical expenses.

Since Trump's election last month, most health-industry sectors have quietly been trying to glean - and influence - the thinking within Congress' GOP majority and the president-elect's transition team.

America's Health Insurance Plans (AHIP), the insurers' main lobby, has been holding private meetings with members of Congress. According to an AHIP spokeswoman, the group is urging that a repeal of the Affordable Care Act avoid disrupting newly gained coverage, eliminate certain taxes the law placed on insurers and replace the requirement that most Americans carry insurance with strong financial incentives for coverage.

In contrast, the American Hospital Association and the Federation of American Hospitals (FAH) convened a news conference Tuesday to release the study's findings and draw attention to their concerns.

Charles "Chip" Kahn III, president of FAH, a for-profit group, said the amount of money that hospitals could lose under a repeal of the Affordable Care Act was "unsettling."

Joann Anderson, president of Southeastern Health, a financially fragile rural hospital in Lumberton, N.C., one of that state's most economically depressed areas, said the prospect of repealing the health law without a replacement to keep people insured is "gut-wrenching. ... We cannot take additional cuts."

The study, by the health economics consulting firm Dobson DaVanzo, used as its starting point a bill that is the only Affordable Care Act-repeal legislation that Congress has produced. It was vetoed early this year by President Barack Obama. That legislation would have eliminated crucial parts of the health law - among them, federal subsidies for health plans people buy through insurance marketplaces created by the law, penalties for violating its insurance requirements, and the expansion of Medicaid that 31 states have adopted.

Borrowing from Congressional Budget Office estimates, the study says a similar repeal would cause an additional 22 million people to be uninsured by 2026. By then, it predicts, hospitals would lose \$165 billion as a result - and \$102 billion more unless the government reverses certain payment cuts the law made to hospitals that treat many uninsured patients.

The hospital groups say that if Trump and Congress repeal the Affordable Care Act without replacing it right away, they should also restore government payments for hospital care of Medicare and Medicaid patients to what they were before the 2010 law. When it was enacted, the premise was that hospitals could absorb lower payments if more people were insured.

A spokeswoman for House Speaker Paul Ryan, R-Wis., noted that Ryan has said he favors a transition period to phase out the law but has not specified how long he prefers. A spokesman for Senate Majority Leader Mitch McConnell, R-Ky., said the senator has held over 100 meetings with hospital leaders, employees and patients "to hear firsthand about the damage the law is doing."

Spokesmen for the Trump transition team did not answer repeated requests for a reply, except for a note that said: "We have received your request. Due to the volume of requests coming in, response time may be slower than usual."

Coming Events

2017 Black & Red Benefiting Neuroscience

Saturday, January 28

Save Saturday, January 28, for Hartford Hospital's annual gala, the Black & Red.

The Hartford HealthCare Neuroscience Institute at Hartford Hospital will be honored at the event, which will feature entertainment by Fitz & The Tantrums.

Business After Hours at the Bloomfield HHC Family Health Center and Medical Group Office

Wednesday, February 1

5-7 p.m.

2 Northwestern Drive, Bloomfield

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 harthosp.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.

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