

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

**1984: The first successful heart transplant in
Connecticut was done at Hartford Hospital by Dr.
Henry B.C. Low.**

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.

Epic Notice: Patient List Printing

Print routing for patient lists has changed with Epic 2017.

Previously Epic used the workstation or Citrix server printer settings to assign printer destinations. In Epic 2017 internal settings determine to which printer a document is routed. Generally this is the printer that is closest to the workstation, but it may also be the central printer for a specific department or location.

The suggested printer can be changed if desired by selecting "**Click to show available printers.**" Once the printer is changed, Epic will remember this printer for future printing. It is important to note that the Epic printer names may not match the Windows printer names or the labels on the device.

We apologize for any inconvenience this change may cause. Please call the Epic Help Desk at 2-EPIC (3742) with other questions and concerns.

Sepsis BPA for All Users Will Be Removed From Epic on August 1

HHC Sepsis Collaborative Team

We are working on new tools in EPIC to better assist with identification, tracking and treatment of sepsis.

- In order to validate new workflows establish and baseline, we need to remove existing tools
- New training and communication will be coming with the new tools in the fall

SEPSIS is not going away: Please continue to be diligent with identifying and treating sepsis patients.

Thank you for your attention to this important initiative.

ITS Communication: What is UP with Dragon?

Dr. Marc Palter

Beginning in January, Hartford HealthCare (and dozens of hospitals across the country) reported performance issues between Epic and the Nuance Dragon software. These issues continue today and in the best case scenario will be fixed by the end of August.

Nuance has been troubleshooting their software since the issue arose and released the first patch in April to try and resolve the problem. Results were not acceptable and Nuance then released an improved fix on May 30. HHC tested this patch and deployed it to a pilot group of providers in June.

Enhancements and testing continued into July. HHC has been working closely with Nuance developers and in early July Nuance developed the latest and what appears to be the final solution. A small group of our providers have been using this "test version" with very positive results.

As a result, Dragon/Nuance is scheduled to release the final version of their updated software in about 10 days, at which time we will re-validate our testing and begin the process of rolling it out to all HHC providers. If Nuance delivers by the end of July, our plan is to have everyone upgraded by the end of August.

In the meantime you will notice we are continuing to upgrade our equipment and network in order to deliver a consistent environment for all HHC providers.

Thank you for your patience and a special recognition for the many people who have championed the testing of all the versions that have been offered by Dragon/Nuance over the past months. Everyone in ITS is doing everything possible to eliminate the system freezing/reboot as quickly as possible.

We will continue to update you as new information is available. Thank you for your support.

Nuance Dragon Important Information

As we continue to practice medicine without the ability to dictate our documentation with transcription, Hartford HealthCare has undertaken a rapid deployment of Dragon Medical One voice transcription.

Many providers have been using this successfully for a few years. We are well aware of the connectivity and freeze issues that arise intermittently, and are working with Nuance to correct them. This update is not specifically related to those issues. This does pertain to both current and new Dragon users.

The use of Dragon Medical One is different from dictation/transcription. Dragon uses speech

recognition to convert your spoken words into transcribed/typed words in your computer. No one is manually typing your Dragon dictation. In the same vein, no one is editing your dictation, as was done by the transcriptionist. For this reason, it is imperative that you read and correct your documentation before finalizing the note.

Unfortunately, this is not currently being done. Below are actual examples of Dragon Voice Transcription from the past few weeks. Some of these may be humorous, but they may have a significant effect that is not funny. Medically, they can be confusing to other providers-not giving a clear picture of the care being given. Legally: ...well, imagine these dictations being projected on a courtroom screen during a legal action. Fiscally- If this documentation is sent out to payors, it is a perfect cause for denial. They can also delay coding and claims submission, and wastes time with rework. Reputation: Our notes are sent to other providers and even patients. Do you want these examples sent over your signature?

Nuance recommends completing your dictation in Dragon, and then re-reading the entire note to correct and edit. Trying to read the note as it is transcribed can be confusing. Hold the microphone 1-2 inches from your mouth, and dictate in long phrases or sentences. Dragon chooses words from context- the longer the dictation, the more accurate it will be. If an error is caught by Quality, Coding or HIM, it will be sent to your inbasket for correction. Please make these corrections ASAP. We will be monitoring error rates.

Thank you for your cooperation as we work through these issues.

Actual Examples of Dragonspeak

These are actual examples of documentation in Epic. Most are from Dragon Medical One Voice Transcription, but some are contradictions from the inappropriate use of Notewriter and macros.

- ...redness and tenderness where an IV Abdomen was placed
- ...patient refused GU exam, no gross immature area...
- ...Visions denies any active psychiatric complaints.....
- ...contact dermatitis. We'll prescribed steroids and recheck with a Speech physician in 1-2 days.
- ...was admitted overnight for monitoring in the head....despite his level pain he seems to be R.Schmidt well. Her percent on room air.
- ...tonsillar erythema with patchy white discharge. The Yolanda show swelling....But given the humerus swelling... the patient finished the monitor.
- ...Conjunctivitis. Exam shows tonsillitis. The physical exam also shows orchitis external on the right side.
- There is no nausea fluid collection to drain. The mother has been training in the last 1-2 days in the bath...
- ...patient is an 8year old who was playing basketball and accidentally hit his head against a doctor.
- ...facial swelling with tooth pain. Will start M Axson payments and follow-up...
- 49-year-old female comes in with upper bowel pain...Patient reports that she's had an abscess for one week, nausea and vomiting for one week, Patient denies no abdominal pain.
- Bilateral ears shows the attacks impaction.
- Patient has noted flanks for x-ray or MRI
- Normal neurovascular exam of bilateral good studies.
- Normal gait, Normal strength, No deficits. Number perineal sensation
- Lungs-No breath sounds....brought in by father. Child is healthy pneumonitis.
- The patient has a hysterotomy dysfunction (ed.Male Patient)
- ..carried over shoulder for transfer by prescription..
- Plan: admit fire
- Patient is a 22-year-old female comes in with a concern that she may be pregnant, and wants a pregnancy test.....Advise her physician he wants to continue to have intercourse she is continuing....I should follow-up with her primary care doctor.
- Patient does report a headache, but denies any headache.
- She is Deathly more calm...
- ...Richard Irma and itching...
- Patient with numbness in his extremities.....he is also s/p bilateral leg amputations

- Not many prior Mertz Parra visits last March of this year with burns.
- ..untied metastases these have been removed....
- ...flex with some endoscopy then performed...
- Patient will not be transitioned to comfort measures only (ed note--the patient was being transferred to comfort measures only)

From the President of the Medical Staff

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

CME Not Available on HealthStream Until End of Summer

CME topics are temporarily unavailable on HealthStream, but are expected to be up by the end of the summer.

If you need to take the tests before that time, please check with Deborah Gartley in the CME Office for other options.

Currently, we have three DPH classes that meet the requirements for physician re-licensure available live through HealthStream: Cultural Sensitivity, Domestic Violence, and Sexual Assault. Although there is one listed for Infectious Disease, it does not meet the DPH criteria because it does not cover HIV, and will be removed shortly.

As a reminder, an all-day (Saturday) program will be held in early November in the Central Region that will cover each of the DPH re-licensure requirements.

Join Us at the Medical Staff "End of Summer Event" September 27

6-9 p.m., New Britain Museum of American Art, 56 Lexington Street, New Britain

Join your colleagues from the Hartford Hospital Medical Staff on Wednesday, September 27 for an amazing evening at the New Britain Museum of American Art.

You and your guest are invited to join the Officers and other members of the Hartford Hospital Medical Staff for this special evening as a unique opportunity for members of the Medical Staff to socialize and enjoy each other's company.

You 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 evening will feature appetizers, small plates bursting with bold flavors and sweet endings as well as wine, beer and other beverages. Brought to you by Riverhouse Catering. Cost is \$50 per person.

To reserve your space by credit card: call Cathleen Aquino at 860.972.6167 or Luisa Machado at 860.972.3013.

To reserve your space by check: drop off at 85 Jefferson Street, JB 114, or mail to Medical Staff Office, Hartford Hospital, 80 Seymour Street, PO Box 5037, Hartford, CT 06102-5037.

Please respond by September 10.

From the Hospital President

Growth and Access to Care

Hartford Hospital will add a 26-bed dedicated inpatient rehabilitation unit on CB6 with additional support space on CB4. Having an inpatient rehabilitation unit on our campus will enable patients to leave the acute-care setting faster and healthier. Hartford HealthCare has contributed additional capital for refurbishing CB6 and CB4. We expect the unit to open in the spring of 2018.

Hartford Hospital's Wound Center opened June 1 under the partnership with Healogics, a national provider of wound-care services. The expanded partnership will help ensure that we are providing one standard of wound care to all HHC patients. Healogics also manages the wound-care centers at MidState and the Hospital of Central Connecticut.

Hartford Hospital's state-of-the-art electrophysiology lab opened in July. Last year, HH's EP Lab performed 1,300 procedures for more than 800 patients suffering from heart-rhythm disorders. An estimated 9 percent of people in the United States aged 65 and older have atrial fibrillation. The expanded lab increases space for procedures by more than 60 percent and adds a dedicated, eight-patient suite for pre- and post-procedure care. This includes a third lab, as well as a redesign of the workspace - making care seamless for patients and doctors.

Previously, patients had their pre-op and recovery on the fourth floor while family members waited on the fifth floor. Now, pre-procedure and post-recovery areas are located directly across from the lab for more effective coordination of care.

The EP program is adding clinicians and offering new technology and effective alternatives to existing treatments. A fifth interventional electrophysiology physician will join the staff, and additional nurses are being hired. The new arrangement will help the lab treat patients more efficiently by reducing wait times and hospital lengths of stay.

Top News

More Access and More Convenience at the New HH Imaging Center at the Bone & Joint Institute

Choose the new BJI location for your patient's next imaging study.

- X-ray, ultrasound, CT scan, and 3T MRI offered
- No waiting - next day appointments
- Just walk-in for x-rays
- Valet parking
- Faster results mean faster treatment

Place an order in EPIC using the BJI-AMB prefix located just before the exam you're selecting.

Monday through Friday, 8 a.m. to 4:30 p.m.

Bone & Joint Institute
32 Seymour Street, Suite 204B
860.972.2861

New Electrophysiology Lab Opened July 10

Our state of the art electrophysiology (EP) Lab including Pre and Post Recovery opened on July 10. Our EP patients that currently transition to POLA and PACU will now be going to the new EP Pre and Post Recovery area (CORE 2046) located directly across from the EP labs.

- Physician leader: **Dr. Steven Zweibel**
- Nursing Leader: Noreen Gorero, MA, BSN, RN, CNML
- Hours of operation: 6 a.m. to 9:30 p.m., Monday through Friday.
- Nursing station: 860-972-2500 and 860-972-2501.
- Charge Nurse: 860-249-6967.

Take a virtual tour: <https://my.matterport.com/show/?m=rQw79ymakQS> (right click and select open hyperlink)

New Headache Center Unveiled at Blueback Square

The Hartford HealthCare Ayer Neuroscience Institute Headache Center opened on July 13 in West Hartford's Blueback Square. This state-of-the-art facility offers accommodation and services unique to headache patients: special shades and lighting, a headache psychologist, clinical trials, medication infusion bays and a wide range of related healthcare services all under one roof.

It complements a headache center in Meriden and another planned in Waterford this fall.

The headache center has become a national hub for headache research, including a clinical trial of a phone app for migraine treatment, according to Hartford HealthCare. The headache center is one of just a handful of facilities in the world studying the effectiveness of the Nerivio Migra Neurostimulation device to relieve migraine pain. The wearable device has electrical leads and patches that are applied to the back of the arm. When the phone app turns on the device and adjusts the stimulation, it blocks pain signal transmission to the brain, without using medication.

Open House at Division of Physical Medicine and Rehab August 17

Please join the Division of Physical Medicine and Rehab for an open house on Thursday, August 17 from 5-7 p.m. at 85 Seymour Street, Suite 609.

Come see our new space and learn about the patient care our Physical Medicine and Rehabilitation centers offer. Light hors d'oeuvres will be served.

Please RSVP by August 10 to Katie.Hanson@HHCHHealth.org.

Direct His Bundle Pacing Virtual Preceptorship Program

A Direct His bundle pacing virtual preceptorship program, which is joint venture between **Drs. Eric Crespo and Steven Zweibel** of the division of Electrophysiology, Dr. Gopi Dandamudi of the University of Indiana, and Medtronic, was initiated to provide training in the technique of direct His bundle pacing to physicians across the U.S. (and eventually globally).

Live cases are performed at Hartford Hospital by Dr. Crespo, and teaching/commentary is provided during the cases. Physicians participate in the program via WebX. The first program was held on July 8, and 14 U.S. physicians participated in the training. These training sessions will be held one to two times per month.

Direct His bundle pacing is technique in which the pacemaker lead is directly "plugged in" to the patient's natural heart wiring system. Pacing in this manner results in more normal activation/contraction of the heart than standard pacing techniques, and it is considered the most

“natural” way to pace the heart. The technique is currently only offered a limited number of centers. Dr. Crespo has co-authored several papers on the topic, and Hartford Hospital participated in one of the first randomized trials to evaluate the technique.”

5-day Course of Antibiotic Therapy is Non-inferior to Longer Course of Antibiotics for CAP

Community acquired pneumonia (CAP) requiring hospitalization is a significant cause of inpatient mortality. IDSA guidelines recommend a minimum of 5 days antibiotic therapy for CAP, with resolution of fever for at least 48-72 hours and no more than one remaining sign of clinical instability.¹

In the absence of an undrained infectious focus or severe immunosuppression, longer durations of treatment have not proven beneficial, even in severely ill patients, and may increase rates of antibiotic resistance and adverse effects. However, significant variations in antibiotic prescribing still exist in clinical practice, with many CAP patients receiving antibiotics for 10-14 days or more.

In a recent multicenter clinical trial, 312 CAP patients were randomized to guideline-concordant treatment durations (intervention group), stopping as early as day 5 versus treatment duration per physician judgment (control group).² Patients in the intervention group received fewer days of antibiotics than the control group (median 5 days vs 10 days, $P < 0.001$) with no differences in clinical success rates (resolution of signs and symptoms) at day 10 (56% vs 49%, $P = 0.18$) or 30 (92% vs 89%, $P = 0.33$) and **fewer 30-day readmissions** (1.4% vs 6.6%, $P = 0.02$).

Summary: 5 days of antibiotic therapy is sufficient for clinically stable CAP patients with fewer readmissions at 30 days.

1. Mandell LA et al. Infectious Diseases Society of America/American Thoracic Society consensus guidelines on the management of community-acquired pneumonia in adults. *Clin Infect Dis* 2007;44 Suppl 2:S27-72.
2. Uranga A et al. Duration of antibiotic treatment in community-acquired pneumonia: a multicenter randomized clinical trial. *JAMA Intern Med* 2016;176(9):1257-65.

Eilliot Joseph Named to Board of CT Hospital Association

Eilliot Joseph, CEO of Hartford HealthCare, was elected chairman of the Connecticut Hospital Association's committee on hospital finance.

Skybridge Cafe Now Open

Hartford Hospital has opened the Skybridge Café on the Sargent Skybridge between the Hudson Garage and the ERC Building. The café offers coffee and other beverages as well as pastries, hot cereal, fresh fruit, sandwiches, salads, soup, and other snacks. The café is open Monday through Friday from 6:45 a.m. to 1:30 p.m. for visitors and staff.

Research Projects Poster Presentations August 11

Poster presentations of research projects completed by the 14 summer pre-med and research students.

Friday, August 11, 9-10 a.m., Hartford Hospital, Education and Resources Building, Formal Lounge, 1st Floor

Danish and coffee will be available.

For more information, contact Rosemarie.portal@hhchealth.org

New Meningitis/Encephalitis PCR Panel For 14 Pathogens

Fast Comprehensive Central Nervous System (CNS) Pathogen Detection

Beginning July 11, the Hartford Hospital Microbiology Laboratory has offered a multiplex PCR panel for detection of 14 pathogens (six bacteria, seven viruses and one fungus) from a single CSF specimen. (Compared to CSF bacterial culture and two PCR assays with bi-directional sequencing for viral and fungal assays.)

The FilmArray Meningitis/Encephalitis Panel (BioFire Diagnostics) is FDA-cleared and provides an overall sensitivity and specificity of 94.2% and 99.8%, respectively.

Rapid and accurate diagnosis of suspected community-acquired CNS pathogens allows for directed antibiotic therapy and more appropriate patient management.

Sample Requirements

Sample type: Cerebrospinal fluid (CSF)

Sample volume: 200 µL

Ordering the FilmArray Meningitis/Encephalitis Panel

Meningitis/Encephalitis PCR Panel

Turnaround Time

From the time the sample arrives in the lab, our goal is to provide results within 4 hours (1st and 2nd shift) and up to 12 hours (3rd shift).

For any questions, please contact **Dr. Jaber Aslanzadeh** at 860-972-4128 or the Microbiology Laboratory at 860-696-8086.

The FilmArray Meningitis/Encephalitis Panel tests 14 pathogens simultaneously:

Bacteria	Viruses	Fungi
<i>Escherichia coli</i> K1	Cytomegalovirus (CMV)	<i>Cryptococcus neoformans/gattii</i>
<i>Haemophilus influenzae</i>	Enterovirus	
<i>Listeria monocytogenes</i>	Herpes simplex virus 1 (HSV-1)	
<i>Neisseria meningitidis</i>	Herpes simplex virus 2 (HSV-2)	
<i>Streptococcus agalactiae</i>	Human herpesvirus 6 (HHV-6)	
<i>Streptococcus pneumoniae</i>	Human parechovirus	
	Varicella zoster virus (VZV)	

Understanding Hepatitis C

Hepatitis C can silently rob the liver of its ability to do its job properly. Many people do not know they have this chronic disease because it has few symptoms in its early stages. Those who do develop symptoms may have fatigue, nausea, loss of appetite, or yellowing of the eyes and skin. These can often be overlooked or confused with other conditions.

Many healthcare providers don't realize liver function tests do not have to be elevated to initiate treatment, and most patients don't know there are oral medications that can cure this disease.

The evolution of oral medications has been one of the most exciting developments in the treatment and cure of Hepatitis C. Treatment can be as short as 8 to 12 weeks and patients no longer have to receive weekly injections of Interferon, which can be associated with significant side effects.

Patients with Hepatitis C can get all of the expert care they need in one place at the Hepatology Clinic at Hartford Hospital's Comprehensive Liver Center.

Patients will be evaluated by a team of experienced professionals all specially trained in the treatment of Hepatitis C including hepatologists, nurse practitioners, registered nurses and medical assistants.

The clinic has provided oral therapies to hundreds of Hepatitis C patients with recognized cure rates of up to 100 percent.

Visit the Hepatology Clinic in Suite 324 of the Medical Office Building or call 860.972.4262.

Tricia Caron, RN, MSN, APRN, is the newest addition to the Hepatology Clinic and her focus is on Hepatitis C. She completed her Master of Science in Nursing at the University of Connecticut's Adult Acute Care Nurse Practitioner Program. Prior to joining the Comprehensive Liver Center/Hepatitis C Clinic, Caron practiced as an APRN at a physician-based office where she treated adults with multiple complex medical problems. Her 15 years of clinical experience includes direct patient care in a city-based outpatient clinic and numerous years as a nurse in a hospital GI endoscopy suite. She is now available and scheduling appointments for Hepatitis C patients.

12th Annual Interdisciplinary Transplant Symposium Nov. 9

Join Hartford Hospital experts as they present cutting edge information in the fields of kidney, liver and heart transplantation. Participants who attend this symposium will be able to apply updated therapies to the care of individuals with end stage organ disease. The program will be held Nov. 9 from 7:15 a.m.-4 p.m.

Registrations to start on (allow 5 business days for processing: September 7.

\$100 for all providers- nurses, physicians, social workers, dieticians, students
\$50 for medical assistants that are associated with the HH Transplant program.

includes breakfast and lunch.

New Active Staff Physicians - April and May, 2017

Adrienne Allen, PsyD

Psychology

<https://hartfordhospital.org/AdrienneAllen>

Anmarie Golioto, MD

Neonatology

<https://hartfordhospital.org/AnmarieGolioto>

Daniel Freess, MD	Emergency Medicine	https://hartfordhospital.org/DanielFreess
Daniel Veltri, MD	Orthopedics	https://hartfordhospital.org/DanielVeltri
Jean Weigert, MD	Radiology	https://hartfordhospital.org/JeanWeigert
Kadesha Collins-Fletcher, MD	Hospital Medicine	https://hartfordhospital.org/KadeshaCollinsFletcher
Mark Alberts, MD	Neurology	https://hartfordhospital.org/MarkAlberts
Mark Marieb, MD	Cardiology	https://hartfordhospital.org/MarkMarieb
Michael Lim, MD	Orthopedics	https://hartfordhospital.org/MichaelLim
Michelle Mirsky, PsyD	Psychology	https://hartfordhospital.org/MichelleMirsky
Omar Saleh, MD	Hospital Medicine	https://hartfordhospital.org/OmarSaleh
Pawel Pomianowski, MD	Hospital Medicine	https://hartfordhospital.org/PawelPomianowski
Rania Rifaey, MD	Anesthesia Pain Management	https://hartfordhospital.org/RaniaRifaey
Sriharsha Doddaballapur Subramanya, MD	Anesthesiology	https://hartfordhospital.org/SriharshaSubramanya
Stephanie Stoddart, DMD	Dentistry	https://hartfordhospital.org/StephanieStoddart
Ujjwal Gupta, MD	Hospital Medicine	https://hartfordhospital.org/UjjwalGupta

Excellence

Preventive Cardiology Researchers Publish in TIME Magazine

A study conducted by researchers from the Department of Preventive Cardiology at Hartford Hospital was highlighted in the July 19 hard copy issue of TIME Magazine in the “Data, This Just In” section, which describes the week’s most talked-about studies.

The study’s lead author was **Gregory Panza, MS** from Hartford Hospital and UConn, and co-authors were **Beth Taylor, PhD** from Hartford Hospital and UConn, **C. Michael White, PharmD** from Hartford Hospital and UConn, **Paul Thompson, MD** from Hartford Hospital, and **Linda Pescatello, PhD** from UConn.

The electronic version can be accessed with a TIME Magazine subscription which sends a link directly to the published article. Here is a link to the issue: <https://backissues.time.com/storefront/2017/the-swamp-hotel/prodTD20170619.html>

The published article can be accessed here: <http://journals.sagepub.com/doi/abs/10.1177/1359105317691589>

Dr. Paul Thompson and Beth Taylor PhD. Present at Cardiology Conferences

Dr. Paul Thompson, physician co-director of the Cardiovascular Institute, was a faculty member of the American College of Cardiology’s “Care of the Athletic Heart 2017” conference held in Snowboard, Utah on June 22-24. Dr. Thompson lectured on “The Collapsed Athlete” and “Can Exercise Cause Cardiac Disease?”

Dr. Thompson also provided a lecture update on sports cardiology at the American College of Sports Medicine Annual Meeting in Denver. Dr. Thompson and **Beth Taylor, PhD**, director of exercise research in preventive cardiology and associate professor of kinesthesiology at UCONN, lectured in a symposium on veno-thrombo-embolism (VTE) in athletes.

Dr. Thompson lectured on VTE in the general population, and Dr. Taylor presented her work on clotting factors in Boston Marathoners, who either flew or drove to the event. Dr. Taylor presented additional lectures on interactions between statin therapy and physical activity, which highlighted the work she and Dr. Thompson have done on statin-associated muscle symptoms.

Dr. Taylor also gave a tutorial lecture with Dr. Linda Pescatello from UCONN on the state of the literature regarding exercise training studies and cardiometabolic health. Amanda Zaleski, MS, and Greg Panza, MS, doctoral candidates at UCONN and researchers in Preventive Cardiology presented posters on the influence of vitamin D on the blood pressure response to maximal exercise and a meta-analysis examining the effects of exercise on cognitive function among individuals at risk for Alzheimer’s Disease. Paul Parducci, a master’s student at UCONN, presented a poster on a literature review of VTE in athletes that he is completing with Dr. Taylor.

Dr. Taylor received an American Heart Association grant to develop techniques to diagnose statin myopathy. Drs. Taylor and Thompson have had a longstanding association examining the causes and management of statin-associated muscle symptoms. The grant will be used to examine the use of a new, noninvasive technology to assess tissue oxygenation in skeletal muscle before and after statin therapy.

Dr. Thompson also served as one of 3 foreign examiners for **Thijs Brader’s PhD** defense on July 3 at the University of Utrecht in the Netherlands. Dr. Brader’s dissertation was entitled “Cardiac CT in Middle-Aged Athletes”. Dr. Thompson also lectured on “Managing Coronary Artery Disease in Adult Athletes” at a Sports Cardiology Symposium convened in association with Dr. Brader’s dissertation defense.

Dr. Thompson also recently wrote a commentary called “Could My Coffee be A Good Addiction?” for the Practice Commentaries section published weekly by Elsevier. The papers he cited were published July 11, in the Annals of Internal Medicine. Two large observational trials, the Multiethnic Cohort (MEC) study (Park et al. Ann Intern Med. doi:10.7326/M16-2472) and the European Prospective

Investigation into Cancer & Nutrition (EPIC) study (Gunter et al. Ann Intern Med. doi:10.7326/M16-2945), found that coffee consumption is associated with reduced total mortality. MEC enrolled 185,855 individuals of African-American, native Hawaiian, Japanese American or Latino descent. Coffee intake was assessed at baseline and mortality determined after an average of 16.2 years. EPIC enrolled 521,330 individuals from 10 European countries and determined mortality after an average of 16.4 years.

Dr. Edmond Cronin Publishes on Coronary Venous Lead Extraction

Dr. Edmond Cronin, cardiac electrophysiologist and the director of the Lead Management Program within the division of Cardiology, published an invited review paper on "Coronary venous lead extraction" in the Journal of Innovations in Cardiac Rhythm Management.

The review synthesizes the published data and experience on removal of leads used for cardiac resynchronization therapy (CRT), a special type of pacing used in selected patients with congestive heart failure.

The paper is available here: <http://www.innovationsincrm.com/cardiac-rhythm-management/articles-2017/june/1048-coronary-venous-lead-extraction>

Dr. Cronin is also featured in a series of Expert Perspective videos created by the Heart Rhythm Society to share insights and developments in cardiac electrophysiology. In the message, he discusses current management of ventricular tachycardia in patients with ischemic cardiomyopathy, including catheter ablation and the results of a recent major trial in this area.

Since Dr Cronin joined Hartford Hospital in mid 2013, the number of ventricular tachycardia ablations performed has more than trebled. The video is available here: <https://vimeo.com/hrsonline/expert-perspective/video/224361016>

Hartford HealthCare Tallwood and Cancer Institutes Raise \$111,000 at ZERO Prostate Cancer Run

Hartford HealthCare Tallwood Urology and Kidney Institute and Hartford HealthCare Cancer Institute raised \$111,000 at a successful ZERO Prostate Cancer Run. ZERO is a national not-for-profit organization with the mission of eliminating prostate cancer.

The Tallwood Institute was the host for the only race in Connecticut. The event was held at the new baseball stadium in Hartford. A significant portion of the funds will support our nationally recognized prostate cancer research and our local prostate cancer education and support programs.

Research and Academics

Management of Complex Aortic Pathology

September 30, IOL, Commons Building, 2nd Floor

The goal of this conference is to provide education to primary care and non-vascular providers on management of complex aortic pathology.

The program includes a multidisciplinary faculty discussing topics from trauma to healthcare policy issues. Faculty will be on hand from vascular/cardiac surgery, trauma, radiology, anesthesiology and

cardiology. The keynote speaker will discuss healthcare policy surrounding development of aortic centers.

Come help us celebrate national aneurysm awareness month, meet and network while learning about aortic pathology.

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.

Operational Update

Systemwide Annual Required Learning Must Be Completed By Aug. 28

For the first time ever, every Hartford HealthCare employee will complete the same online learning courses on a consistent schedule with the same expectations no matter where you work in our system.

Required courses are posted in HealthStream now and **must be completed by Aug. 28, 2017.**

With every HHC employee using **HealthStream** for online learning, it will be easier to ensure that we are always learning and improving together so we can provide the best care to the patients, families

and communities that depend on us.

We are very excited to have finally reached this point in Hartford HealthCare's journey to become the region's most coordinated healthcare system. Here are some important things to know:

- New courses will be interactive and more engaging.
- New courses can be completed much more quickly than before.
- Failure to complete required courses by Aug. 28 will result in suspension and could potentially lead to termination.
- Additional, job-specific courses may be assigned by individual organizations.

To find this year's required courses, visit the [eLearning](#) page of HHC Connect and click the log in button on the right side of the page. Use your network user ID and password to log in. The page includes detailed trouble-shooting instructions for those who may have trouble logging in.

If you have questions, please contact Eric Bennett at eric.bennett@hhchealth.org.

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

Media Coverage Wrap-Up

Dr. Mark Alberts on FOX 61: Study of deceased football players found evidence of brain disease - Chronic Traumatic Encephalopathy (CTE) <https://youtu.be/ki7PjEKadSA> and WFSB, Ch. 3 <https://youtu.be/xfido1eoGGM>

Dr. Craig Allen on FOX 61: Underage Binge Drinking - <https://youtu.be/u80bDokEGVg>

Dr. Andy Caputo on FOX 61 promoting Errace (Everyone Run/Ride Against Cancer Every day) - a bike/walk/run race happening this Saturday to benefit the HHC Cancer Institute. <https://youtu.be/3Gy45AFx18Q>

Dr. Abigail Chua/WTNH, Ch. 8 Migraine Study and HHC Headache Center: <http://wtnh.com/2017/07/13/a-clinical-study-underway-on-non-invasive-device-that-could-spell-relief-for-migraine-sufferers/>

Dr. Jeff Finkelstein on WTIC AM radio - poison ivy, tick season, and the new opening of the HHC/Go Health Urgent Care Center in Glastonbury. <https://soundcloud.com/hartford-healthcare/dr-jeff-finkelstein-wtic-july-20-2017/s-uA42h>

Dr. Brian Grosberg/WFSB, Ch. 3 Grand Opening: <http://www.wfsb.com/clip/13489875/medical-rounds-hartford-healthcare-headache-center>

Dr. Michelle Petrucelli: WFSB, Ch. 3/Dehydration: <https://youtu.be/LbH0Mk4yWN8>; FOX 61: Kids and dehydration, <https://youtu.be/jA295lqGgZE>

Dr. Paul Schwartz: FOX 61/McCain Brain Tumor: <https://youtu.be/qRf6dWthrVc>. The story of a Windham volunteer who has lived with the same brain tumor as McCain for four years: <https://youtu.be/dnmKYELvewM>

Dr. Paul Thompson on NBC CT: The health benefits of drinking coffee - <https://youtu.be/pkvXhiAAusk>

Dr. Peter Yu/WTIC AM radio - cancer on the rise in the U.K.: <https://soundcloud.com/hartford-healthcare/yu-dunaway-07102017-final/s-looTU>

Dr. Jennifer Zajak on FOX CT and WFSB, Ch. 3 discussing the Netflix movie, "To The Bone" - a controversial portrayal of eating disorders. <https://youtu.be/WJqVljl-QDs>, <https://youtu.be/8iSm9Rdd-cl>

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.

New option in orthopedics

Joint degeneration due to osteoarthritis can be debilitating. But patients don't have to live in pain. Newer tools like robotic-assisted orthopedic surgery are helping patients like Frank Sena get their lives back, eliminate pain and get back to what they love to do.

<https://hartfordhospital.org/health-wellness/classes-events/event-detail?id=968>

Bloodless Heart Transplant

This follows the story of Jonathan Henry, a heart failure patient who waited for months at Hartford Hospital for a heart to become available. But what makes his story even more amazing? He had a bloodless heart transplant. Jonathan is a Jehovah's Witness, and because of his faith cannot accept blood products. Only a handful of the most advanced hospitals in the country can perform this complicated procedure.

<https://www.dropbox.com/s/jnkafafwycz71ch/040917%20CTH%20BLOODLESS.mov?dl=0>

<http://media.hartfordhealthcare.org:80/ermweb/player?id=yf8Z3OdW>

This week's NBC CT segment <http://www.nbcconnecticut.com/news/health/Connect-to-Healthier-338800432.html>

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>

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

Kudos to Dr. Joseph Wagner

"Doctor Joseph Wagner and the operating room nurses and doctors were great!"

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 **five business days 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 HHC CME Department at least 6 to 12 months prior to the date of the course in order to begin the planning process.

Please contact the HHC CME Department at ContinuingEd@HHCHealth.org or (860) 972-5816 to schedule an appointment with our team to discuss your CME needs.

State Mandated CME Available Free To HH Doctors through HealthStream LMS

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

Please note with HealthStream you login using the same username and password that you login to your computer with every day (your network login). If you have other HealthStream questions: Contact Eric Bennett, Eric.Bennett@hhchealth.org.

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. (<https://intranet.hartfordhealthcare.org/human-resources/education-training-and-certifications/elearning-healthstream>)

Once you have passed the post-test and evaluation, you will be awarded a printable CME certificate.

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

HH In the News

Fake News About Statins is Discouraging the Use of These Life-saving Drugs, Expert Warns

LA Times

In a political environment in which charges of puffery, deception and fake news abound, a new controversy has been joined, and it returns to grounds that have long proved fertile for conspiracy theories: medicine.

The newest charge of “fake news” has been lodged against those who would argue that statin medications cause more harm than good, and that fad diets, natural remedies and wishful thinking will protect you better from heart disease than these ubiquitous prescription drugs. They are everywhere on the Internet, says Cleveland Clinic cardiologist Dr. Steven Nissen. Type the term “statin risks” into a search engine, and you’ll get about 3.5 million hits. Those overwhelmingly lodge misleading charges against statins and hawk some alternative whose effectiveness has not been demonstrated by science, says Nissen. Type in “statin benefits,” by contrast, and you’ll get a skimpier 655,000 results, Nissen reported.

Dr. Paul D. Thompson, chief of cardiology at **Hartford Hospital** and professor of Medicine at

University of Connecticut, has long warned that side effects - real side effects - are a problem with statins that must be addressed. He thinks Dr. Nissen may be playing the provocateur with his inflammatory charges.

Nissen's got a point, says Thompson, who was not involved in research published Monday. But doctors cannot easily dismiss their patients' complaints, he adds.

"No, I don't think it's entirely an Internet conspiracy. I do think there's a lot of poorly documented information on the Internet that confuses people," said Thompson. "But that is partly our fault: A patient will take medications if they trust their doctor and think their doctor is doing the best for them."

As for dealing with side effects, Thompson cautions that "it doesn't do any good in my experience to tell people they're full of it or they're nutty."

Physicians need to acknowledge their patients' concerns and stop the medicine to see if symptoms go away, says Thompson. And then they need to try again, either with a lower dose or a different statin medication, and make the case that staying on a statin can make a big difference for the patient, Thompson added.

In the HHC System

Female Surgeons Making Inroads In Male-Dominated Operating Rooms

Hartford Courant

When the lights power on in the operating room at Bridgeport Hospital, more than a half of the acute care team of surgeons peering from behind the masks are women. That's unusual, given that fewer than one-third of all surgeons in Connecticut are female, according to the latest figures from the American Medical Association (AMA).

Hospitals statewide have launched a number of initiatives to help boost the ranks of women surgeons. There's been progress, but gaps persist. In Connecticut, the percentage of female surgeons has grown slightly in recent years, from 23 percent in 2007 to 28 percent in 2013.

Women were under-represented in almost all surgical fields statewide except in obstetrics and gynecology, where they represented a majority - 58 percent. There were no female thoracic surgeons as of 2013, and females comprised 28 percent (10) of colon and rectal surgeons and 8 percent (31) of orthopedic surgeons.

Connecticut's percentage of female surgeons is slightly above the national average of 25 percent. Massachusetts, as of 2013, had 33 percent; New York, 28 percent; California, 27 percent; Pennsylvania, 26 percent; New Jersey, 25 percent; Louisiana, 23 percent and Kentucky, 20 percent, the AMA data show.

The demand for women surgeons in certain specialties is driving **Hartford Hospital** to seek gender diversity, **Dr. Rocco Orlando**, a general surgeon and chief medical officer at Hartford HealthCare, said.

"We're aware that it's really important from a patient standpoint, that if we're going to meet their needs, then we need to have choice," Orlando said.

Both Hartford Hospital and St. Francis Hospital and Medical Center in Hartford are exploring ways to provide leadership roles to women who've earned it. Hartford Hospital's Orlando said progress is being made.

"The majority of trainees [nationally] in OBGYN are now women, but what you were seeing was a lag in some of the surgical sub-specialties [like] gynecological surgery. We've already seen the gap close at Hartford HealthCare although nationally it's slower," Orlando said.

According to the Association of Women Surgeons, women comprise only 8 percent of professors and 13 percent of associate professors in surgery. And studies show that women earn less than men and that the gap widens over time. Even with new incentives and programs, the conflict of family care and career continues to be among the biggest deterrents to women entering surgery.

"There's a bigger time commitment in surgery, and women tend to think about work-life balance more than men," said **Dr. Patricia Sheiner, chief of transplant medicine at Hartford Hospital.**

Hartford HealthCare Announces New Skilled Nursing Initiative

The Day

Hartford HealthCare announced Friday that it recently has introduced a skilled nursing Preferred Provider Network, a partnership that is expected to help quicken recovery times, improve outcomes, provide personalized care plans and reduce hospital readmissions for patients.

The Hartford HealthCare network includes The William W. Backus Hospital in Norwich.

The new program was developed to ensure that patients experience seamless transitions throughout every stage of recovery, Hartford HealthCare said in a news release. Before discharge from the hospital, qualified staff helps patients, family members and caregivers navigate through the often confusing options to develop a personalized care plan.

More than one year in the making, strategic partners were chosen from the top high-performing skilled nursing facilities in Connecticut that have been identified as excelling in clinical quality and staffing, and are recognized by the Center for Medicare Services as 3- to 5-star-rated communities.

within Connecticut, the news release said. Through this partnership, patients can be transitioned to the right place at the right time to ensure the highest quality care following hospitalization or high level of care.

The Hartford HealthCare Preferred Provider Network comprises 33 skilled nursing home providers that represent a large geographical footprint

"Strengthening our partnership with high quality skilled nursing home providers will enable us to better manage data and outcomes, and improve communication," said Liz Connolly, vice president of Hartford HealthCare Senior Services. "This will naturally translate to a better patient experience and safer transition. The Preferred Provider Network is only one prong in a multitude of post-acute care options available to patients, including home care, outpatient rehab, behavior health services, fitness programs, and case management to name a few. All are designed to support safe and cost effective transitions of care."

For more information, visit bit.ly/HHCPPNetwork.

Electric Stim Armband May Reduce Migraine Pain

Electrical stimulation has shown promise in the treatment of migraines and one device worn on the forehead, the Cefaly, has been approved by the US Food and Drug Administration for the prevention of migraines. A recently reported study has found that a second electrical stimulation (electric stim) device that is worn on the arm, rather than the head, provides significant relief during a migraine attack for some people, according to a report in *Neurology*.

The pilot study used the Nerivio Migra device (Theranica, Ltd.), a wireless patch that is worn on the arm and can be controlled by a smartphone app. The device was studied in Israel in 71 people with episodic migraine, who had 2 to 8 migraine attacks per months. They were asked to apply the device to their upper arm as soon as possible after the start of a migraine and keep it on for 20 minutes (299 treatments). They were not taking any preventative medications and were told not to take any rescue

medications for 2 hours after the onset of the migraine.

For those with moderate to severe pain, 58% said their pain was reduced to mild or no pain with the highest level of stimulation compared to 24% who received sham stimulation (30% said they had no pain, compared to 6% receiving sham stimulation).

"These results nearly approximated that of a triptan," said **Brian Grosberg, MD, director of Hartford HealthCare Headache Center** in Hartford, Connecticut. Dr. Grosberg is the principal investigator of a large multi-center randomized controlled trial that is now underway in an effort to seek FDA approval for the device. "It's actually very impressive. On acute treatment, triptans probably work for 70% of migraine sufferers," he added. No adverse events were reported in the pilot study, and treatment was well tolerated by participants.

Hospitals Paid More In State Tax In 2016 Than They Made From Operations

Hartford Courant

Connecticut's 28 acute-care hospitals collectively saw their gain from operations fall by 17 percent in the fiscal year that ended Sept. 30, to a level that's not sustainable for the system as a whole over the long haul.

One big reason for the decline: For the first time, a state tax on health care providers that started in 2012 exceeded the total amount of operating surplus the hospitals had after they paid the tax.

The hospitals posted a \$353 million gain from operations in fiscal 2016, down from \$422 million the year before, according to filings with the state Office of Health Care Access. The tax, after rebates, amounted to \$438 million, up from \$253 million in fiscal 2015.

That bald fact - a tax bill bigger than the post-tax surplus - is coloring a debate behind closed doors as top lawmakers and Gov. Dannel P. Malloy try to craft a state budget that's \$5 billion in the hole. Malloy favors even higher taxes on the hospitals, saying they can afford it.

That's an outrage, executives at the hospitals and the Connecticut Hospital Association say. And it's happening as Medicaid reimbursement rates decline.

The result: Hospitals warn of longer wait times, scaled-back services, new rounds of layoffs and even possible closings if their tax bills rise. "The hospital tax has resulted in a mass redirection of funds intended by the federal government to pay for the cost of hospital care for those on Medicaid to balance the state budget," said Stephen Frayne, senior vice president of policy for the association.

It's also a lost opportunity for Connecticut. The tax started in 2012 with the idea of handing all the money back to the hospitals, and then some. That made the state eligible for higher federal Medicaid payments just by moving cash back and forth.

Connecticut - like other states - collected free money. Now, in a fiscal crisis caused by long-term obligations, the state is keeping most of the tax dollars even though that means forsaking federal dollars.

The picture varies widely by hospital. Last year's \$353 million average operating surplus was 2.98 percent of total revenues - down from 3.9 percent in 2015, which was also the average of the previous five years.

Last year marked the first time since 2010 that the hospitals fell below 3 percent. Hospital executives say they need at least 4 percent margins to buy expensive medical equipment and to maintain and upgrade their buildings and maintain rainy-day funds.

Looking at the individual hospitals, more than half the 2016 total operating surplus came from three of them - \$86 million at Yale-New Haven, \$55 million at **Hartford Hospital** and \$40.5 million at Bridgeport Hospital.

Ten lost money in operations, same number as in 2015, up from four in 2014. Four hospitals accounted for \$55 million in operating losses: Waterbury, (the biggest, at \$20 million); and Manchester Memorial, Rockville General and **Windham**. By percentage, the biggest losers in 2016 were Rockville General, which reported a 17.6 percent loss from operations, or \$10.2 million. Windham was barely better at 17.3 percent and Waterbury posted a 9.2 percent operating loss.

Health Care News In the Region

Conn. Hospitals, Tech Firm Coordinate Patient-Sharing Information

Hartford Courant

The Connecticut Hospital Association and a health technology company announced Tuesday a joint initiative to coordinate real-time information on patients' treatment. The hospital group and PatientPing allows thousands of providers to better coordinate patient care.

Jennifer Jackson, chief executive officer of the Connecticut Hospital Association, said the system "empowers providers to manage patient care in a way that ensures patients get the right care in the right place at the right time."

It's touted as ensuring patient privacy while giving providers real-time information about where a patient is being treated. The platform also allows providers to see the patient's full information upon arrival at a health care facility, including details about previous visits, care instructions from other providers and health care programs to which the patient belongs.

The information is shared in real time with other members of care teams - acute, ambulatory and post-acute facilities - regardless of provider network or the state. Since May 2016, PatientPing has partnered with 25 Connecticut hospitals to send more than 455,000 notifications to about 300 post-acute providers, accountable care organizations and provider organizations across 10 states.

Tens of thousands of providers nationwide participate in PatientPing, the company said. PatientPing says using its platform helps extend care beyond the provider network and saves money.

Report: ACA Reduces CT's Uninsured Rate 45%

Hartford Business Journal

The Affordable Care Act is responsible for a 45 percent reduction in Connecticut's uninsured rate, and new consumer protections for about 1.9 million residents with employer-sponsored coverage and nearly 600,000 with Medicare, according to a new report from the Connecticut Health Foundation.

The report is intended to offer context on what could be at stake as federal lawmakers consider changes to the health law, the foundation said. The Senate this week dropped immediate plans to repeal and replace the ACA after too few senators voiced support for such a move.

The report is based on an analysis by the Urban Institute's Health Policy Center. The report's key findings:

- Connecticut's uninsured rate would be almost twice as high without the ACA and the state's four largest cities have seen significant drops in uninsured residents due to the ACA. Hartford's uninsured rate for nonelderly residents would be more than 60 percent higher without the ACA.
- People of color, residents without a college education, workers and young adults are disproportionately represented among those who gained coverage under ACA.
- The ACA affected the health benefits of nearly all state residents, with all insurance plans and Medicare now covering check-ups and other preventive services with no out-of-pocket costs;

- and insurance plans cannot impose annual or lifetime coverage limits.
- The ACA cut uncompensated care delivered to the uninsured by hospitals, doctors and other providers by 61 percent.

Hot Topics in Health Care

Work-life Balance for Physicians: The What, the Why, and the How

Burnout rates and physician dissatisfaction are at an all-time high. Work-life balance is the buzzword answer often cited to solve these problems, but incorporating "life" into a physician's career is easier said than done.

<http://www.medicalnewstoday.com/articles/318087.php>

Amazon is Showing Interest in Health Care, and It's Making Industry Players 'Nervous,' Says Investor

Amazon is sending all kinds of signals that it's interested in the health-care industry.

CNBC reported in May that the company was on the hunt for a general manager to lead a new pharmacy unit. Since then, it has brought on a slew of health experts to bolster its cloud offering, Amazon Web Services, and rallied the industry to build applications for its Alexa voice technology. Amazon has also been selling medical supplies online for some time.

That interest is making some players in the health-care industry nervous.

"I get asked all the time what Amazon is doing," said Tom Rodgers, managing director of McKesson Ventures. McKesson, a medical distribution giant, is one of the companies that analysts suggest would be poised for disruption by Amazon.

Rodgers expects that Amazon will roll this out in a quiet way by developing strategic partnerships and building its own internal tools. Someday, he said, users will wake up and realize that Amazon has access to a huge repository of health data, which will be easily accessible in the cloud. That might pave the way for Amazon to get into other areas of health care, including pharmaceutical distribution.

<http://www.cnn.com/2017/07/24/amazon-showing-interest-in-health-care-supply-chain-nervous.html>

Pushing Hospitals To Reduce Readmissions Hasn't Increased Deaths

WNPR

The goal was to make sure hospitals didn't send patients home too soon, without a plan for following up or without enough support at home to recover completely. Too often, people return home from the hospital only to find themselves heading back soon after. Sometimes the need arises because, despite the best care, it is difficult to slow the progression of disease. But other times, it's because we in the health care system fail to communicate, coordinate and orchestrate the care that people need to successfully make the transition from hospital to home.

Historically, U.S. hospitals have had little incentive to keep patients healthy following discharge. Hospital discharge indicated success, and we paid little mind to what happened on the other side. Meanwhile, 1 in 5 patients returned to the hospital within 30 days of discharge, and the health system largely felt it had no responsibility for that. Hospitals were paid each time a patient was readmitted.

Over time, it became clear that the risk for readmission could be reduced with improved quality

of care. For this to happen, hospitals would have to institute programs that would take into account the challenges of managing the recovery period. They would also have to be sure people were strong enough to leave the hospital - and had the support they needed after discharge. And mistakes that were all too common, like sending people home with the wrong medication list, would need to be addressed.

The Affordable Care Act sought to make all of that happen by changing hospital incentives. Hospitals with higher than average readmission rates would be penalized financially. These penalties began in 2012 and have increased over time.

With these new incentives in place, and some investments by Medicare to help places with the highest readmission rates, hospitals across the country have focused on improving care for patients as they transitioned from the hospital to home. More attention was placed on ensuring the inpatient and outpatient medication lists matched. Hospitals found ways to integrate caregivers and family members in the discharge planning. They scheduled follow-up visits after discharge and improved communication between the hospital and outpatient teams.

With these changes, readmission rates dropped dramatically across the nation. Rates declined almost 20 percent for patients hospitalized with heart attacks, heart failure and pneumonia, the conditions included in the Affordable Care Act. Readmission rates also declined for many other conditions not specifically targeted in this part of the Affordable Care Act, though to a lesser degree. In total, hundreds of thousands of patients avoided a return to the hospital.

The drop in readmissions was so significant, it led some researchers and advocacy groups to worry about unintended consequences. Might hospitals, wary of financial penalties, choose not to readmit patients who need inpatient care? Could keeping people out of hospitals lead to more deaths? We examined those possibilities in a study published Tuesday in *JAMA*, the Journal of the American Medical Association, and found the answer is no.

After studying more than 6 million hospitalizations from over 5,000 hospitals over a seven-year period, we found no evidence that the reduction in hospital readmissions resulted in greater risk of dying for patients recently discharged. In fact, hospitals that reduced readmissions the most were, if anything, *more* likely to reduce mortality after hospitalization. These findings held even for patients with heart failure, who had rising mortality over time as the least sick patients were increasingly treated as outpatients.

How did this happen? To lower readmissions, hospitals needed to better prepare patients and families for discharge and improve the integration and coordination of care from hospital to home. These interventions likely also reduced the risk of death. Amid the noise of the health care debate, it is useful to reflect on a success such as this. (These incentives would not be affected by the repeal measures under consideration in Congress.)

These better outcomes came about not from new medicines or devices, but from a willingness of hospitals and health care professionals to engage with patients and families to promote truly patient-centered, high-quality care. The idea was to stop focusing on the venue of care and instead recognize the journeys patients are on, and also to stop paying for bad outcomes and instead reward improvements in care. Finally, there was a need recognize that we in health care were not doing as well as we could.

Coming Events

Connecticut Science Center Corporate Member Appreciation Weekend

August 5-6 (Saturday-Sunday), Connecticut Science Center, Columbus Blvd., Hartford

On these days, all Hartford HealthCare employees will enjoy free general admission AND their family members visiting with them will receive 50% off general admission.

Save the Date: Medical Staff End-of-Summer Event

September 27 (Wednesday), 6-9 p.m., New Britain Museum of American Art

Join your colleagues from the Hartford Hospital Medical Staff for an amazing evening at the New Britain Museum of American Art.

You will have exclusive admission to the gallery spaces including the works of Howard Pyle, Frederic Rodrigo Gruger, N. C. Wyeth, Norman Rockwell, and more.

Food will be provided by Riverhouse Catering. 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.

September 30

Management of Complex Aortic Pathology

Commons Building, 2nd Floor at the Institute of Living

The goal of this conference is to provide education to primary care and non-vascular providers on management of complex aortic pathology. The program includes a multidisciplinary faculty discussing topics from trauma to healthcare policy issues. Faculty will be on hand from vascular/cardiac surgery, trauma, radiology, anesthesiology and cardiology. The keynote speaker will discuss healthcare policy surrounding development of aortic centers.

Save the Date: Wednesday, October 4

33rd Annual Cardiovascular Symposium

7:30 a.m.-3:30 p.m.

Connecticut Convention Center, 100 Columbus Boulevard, Hartford

Information and registration: hartfordhospital.org/CVSymposium

Please register for this event by calling 1.855.HHC.HERE (1.855.442.4373)

Save the Date: Thursday, November 9

12th Annual Interdisciplinary Transplant Symposium

Sheraton Hartford South Hotel, Rocky Hill

Medical Staff Meetings

PLEASE SAVE THE DATES. MORE INFORMATION WILL BE SENT TO YOU FOR EACH EVENT.

Questions may be directed to Luisa Machado, physician navigator, at Luisa.Machado@hhchealth.org or by phone at 860-883-8497.

DATE	TIME	EVENT	LOCATION
Thursday, September 14	6:45-7:45 a.m.	Town Hall Medical Staff Meeting	Gilman Auditorium (Continental breakfast 6:15-6:45 a.m.)
Wednesday, September 27	6 p.m.	End of Summer Event	New Britain Museum of American Art
Thursday, December 14	6:45-7:45 a.m.	Annual Medical Staff Meeting	Gilman Auditorium (Continental breakfast 6:15-6:45 a.m.)

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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