



**Testimony of the Connecticut Children's Medical Center
to the Human Services Committee regarding
Senate Bill 407 An Act Concerning A Hospital Quality Of Care Initiative
March 11, 2014**

Senator Slossberg, Representative Abercrombie, members of the Human Services Committee, thank you for the opportunity to share my thoughts about *Senate Bill 407 An Act Concerning A Hospital Quality Of Care Initiative*. My name is Dr. Andrea Benin, and I am Senior Vice President for Quality Improvement and Patient Safety at the Connecticut Children's Medical Center. I am submitting this testimony regarding the proposed legislation because we support the need to move towards the health reform objective of improving quality of care and towards the shift from payment for the volume of services to payment for value, focusing on the outcomes and quality of care people receive.

Connecticut Children's is the only hospital in the state that cares exclusively for children and it is a critical asset to all of us in Connecticut. As a center for vital research, a pioneer in new treatments, a trailblazer in advanced technology, and a teacher of future pediatric professionals, Connecticut Children's is advancing the health and wellness of all of our children, and fostering a healthier future for our state.

All children should have the health care they need to grow and learn. Connecticut Children's offers the full spectrum of pediatric medical care to children from each of Connecticut's 169 cities and towns. On a typical day at Connecticut Children's more than 1,200 patients will walk through our doors, more than 153 children will visit the Emergency Department, and more than 40 children will undergo surgery.

Connecticut Children's and Medicaid have a unique relationship and they need a strong partnership in order to meet the needs of the 283,000 children—more than one out of every three statewide—who rely on Medicaid for their health care coverage. With more than half of our inpatient care and nearly two-thirds of our emergency care devoted to children who rely on HUSKY, Connecticut Children's has by far the highest Medicaid percentage of any Connecticut hospital. During the economic downturn, those percentages have increased significantly as children have switched from private coverage to Medicaid. Connecticut Children's Medicaid inpatient days have increased by 20% in the past year alone. In January 2014, 61% of the children receiving care on our inpatient units relied on Medicaid.

Like all hospitals in the State, Connecticut Children's is committed to providing the highest quality, safest care to achieve optimal patient outcomes. We are intensely engaged in building and sustaining an organizational culture of safety, and we employ high reliability strategies and evidence-based practices to prevent patient care complications and ensure the best patient experience. Some of our current priorities include preparation for a safe implementation of our new electronic medical record, eliminating hospital acquired conditions like central-line associated blood stream infections, developing evidence-based clinical pathways, using an early warning system to escalate care for children who are worsening, and delivering the highest level of care for children with asthma and reporting on that data publicly.

We strongly believe in transparency and the sharing of data as well as learning from other children's hospitals. For us to continually verify that we are delivering the best possible care, we benchmark with national registries such as those for babies in the Neonatal Intensive Care Unit, for children undergoing surgery, and for children

with cardiac disease. Through the Children's Hospitals' Solutions for Patient Safety Collaborative Network, we are working with over 50 children's hospitals across the country to institute pediatric-specific, evidence-based "bundles" of care to prevent serious complications in nine different care areas. We are fully dedicated to this important, national collaborative of pediatric providers and its mission of working together to eliminate serious harm across all children's hospitals in the United States.

My personal area of expertise is in measuring metrics of quality, and I have served on the National Quality Forum's Measures Application Partnership (MAP) Committee Hospital Workgroup since its inception in 2011 as the representative of the Children's Hospital Association. I am now additionally on the MAP Population Health Subcommittee. The MAP is a collaboration between payers, consumers, and providers working together to identify the best possible metrics for advancing the value of healthcare; the work directly informs the CMS's rule-making process. I have also served in the past on the CHIPRA National Advisory Council on Healthcare Research and Quality Subcommittee on Quality Measures for Children's Healthcare (SNAC), helping to ensure that the metrics for the SCHIP programs are relevant and appropriate. This council is part of the CHIPRA Pediatric Quality Measures program that was created by AHRQ and CMS to directly address their understanding that nationally we lack a portfolio of metrics appropriate for children. I have spent much of my career building and evaluating metrics of quality of care and know, both first hand as well as from the national perspective, the importance of having metrics that are meaningful for each stakeholder group of payers, consumers, and providers. In my roles in these committees, I have consistently voted to rely on metrics that are rigorously defined with scientific validity, are feasible to gather, have proven track records, and impact patients.

Because of our commitment to value, Connecticut Children's is currently pursuing quality-based, pay-for-performance approaches in our contracts with private payers. In this process, we have acknowledged the deficit of good metrics for pediatrics and are working to creatively define meaningful, appropriate areas of collaboration that can be a model for other programs across the country. I am excited at our ability to lead in this area, and I serve on the newly formed Measures and Standards Subcommittee of the Quality and Performance Committee of the Children's Hospital Association Board of Directors which recognizes the need for leadership nationally regarding the lack of meaningful, well-developed metrics in pediatrics.

With our colleagues in the Connecticut Hospital Association, we will continue to work with the Administration to shape Medicaid system reform. Providing the best care for children with Medicaid is central to our mission, and creating infrastructure to keep these children out of Connecticut's emergency rooms and hospitals is absolutely the right thing to do. Connecticut can be a leader in rewarding hospitals for achieving quality objectives and investing in infrastructure to make care more effective, as well as for participating in programs to improve outcomes and share data.

Given this proposal's reliance on a model that has already been implemented in Medicare, we are concerned about how it will be applied for a hospital like Connecticut Children's that is exclusively dedicated to pediatrics. Some of the measures in this proposal, including COPD, chronic heart failure admissions, and adult asthma admissions, and many of the measures used in Medicare were developed with an older patient population in mind. Thus, they are not relevant to the needs of pediatric patients. Research and development to create rigorously defined metrics for quality outcomes in pediatric medicine have lagged behind those for adult patients. The measures that would meaningfully evaluate quality of care in pediatrics with scientific validity are not the same as those that would be most applicable to adult medicine. We would strongly encourage the Department's work with the Connecticut Hospital Association to include consideration of the unique aspects of pediatrics that may influence the structure of reform for that patient population. Absent this consideration, Connecticut Children's ability to fully participate in this reform effort, and to potentially benefit from its financial incentives, is limited.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Director of Government Relations, at 860-837-5557.