



**Facilities and Services Plan
2018 Supplement**

April 1, 2019

OHS

CONNECTICUT

Office of Health Strategy

Formally established in 2018, the Office of Health Strategy (OHS) was created in 2017 through a bipartisan effort of the Connecticut General Assembly to forward high-quality, affordable, and accessible healthcare for all residents. Connecticut re-organized existing state resources into one entity, uniting health policymaking and advancing healthcare reform initiatives that will drive down healthcare costs; close deeply entrenched racial, economic, and gender health disparities; and undertake technology-driven modernization efforts throughout the system.

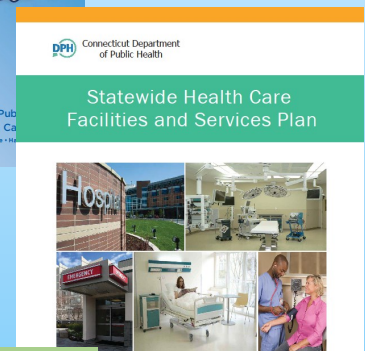
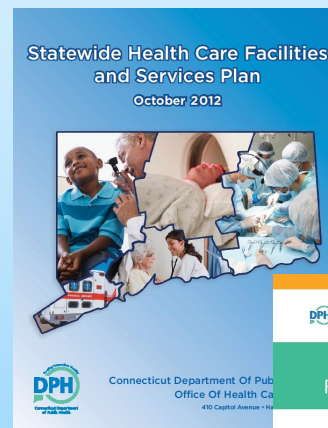
OHS' mission is to implement comprehensive, data-driven strategies that promote equal access to high-quality healthcare, control costs, and ensure better health for residents.

The first Statewide Healthcare Facilities and Services Plan, published in [2012](#), included Certificate of Need (CON)-related standards, guidelines and methodologies for inpatient bed need, cardiac services, outpatient surgical facilities, imaging equipment, and new technology.

The [2014](#) Supplement highlighted the unmet healthcare needs of Connecticut's vulnerable and at-risk populations and recommended the alignment of public health and healthcare initiatives to address those needs.

The [2016](#) Supplement integrated the results of multiple standards for assessing unmet healthcare needs and included indices developed based on social determinants of health status and outcomes.

The 2018 Supplement describes recent Certificate of Need activity, provides utilization data related to inpatient, emergency department, and outpatient surgical facility care and provides a vision for the future of healthcare in Connecticut.



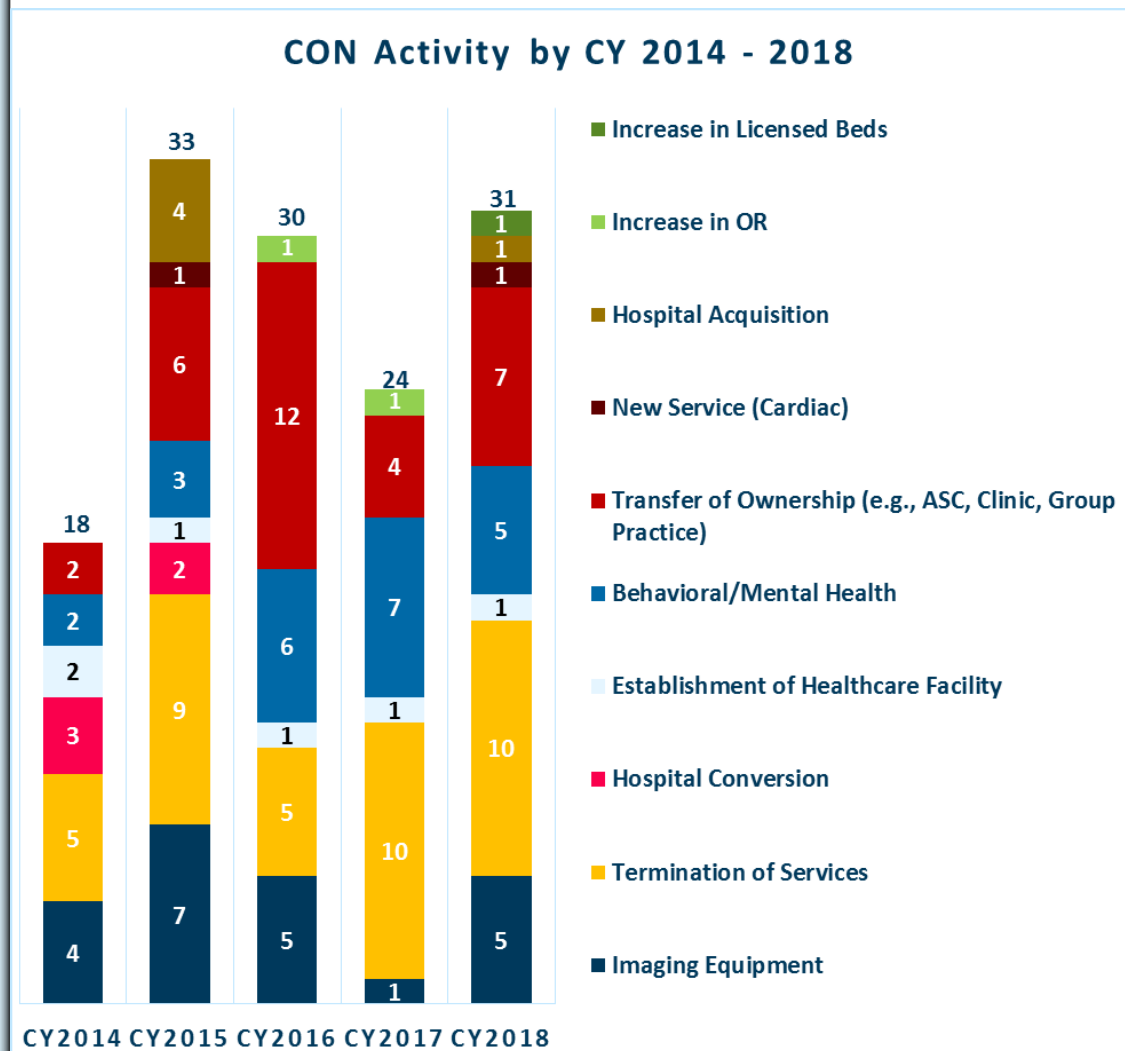
The Certificate of Need program benefits residents and improves healthcare:

- ◆ Promotes health equity and helps eliminate healthcare disparities
- ◆ Ensures access to high-quality healthcare services for vulnerable populations
- ◆ Improves population health by addressing social determinants
- ◆ Holds public hearings to ensure residents are heard and facilitates engagement through the public comment process
- ◆ Aligns community health priorities and hospital community benefit allocations
- ◆ Monitors impact of hospital acquisitions and consolidations on quality, access, and cost to consumers

STATUTORY MANDATE AND GOALS

[OHS' Health Systems Planning \(HSP\)](#) unit is the former Department of Public Health Office of Health Care Access (OHCA). OHCA's statutes were transferred to OHS by Public Act 18-91. Under Connecticut General Statutes Section 19a-634 (Appendix A), OHS is now responsible for establishing and maintaining the biennial Statewide Health Care Facilities and Services Plan, Utilization Study, and [Inventory of Health Care Facilities, Services, and Equipment](#). With this transition, OHS undertakes the regulatory responsibility for the Certificate of Need program.

Through the Certificate of Need program, OHS improves access to high-quality health services, minimizes unnecessary duplication of services, facilitates healthcare market stability, and helps contain the cost of healthcare.

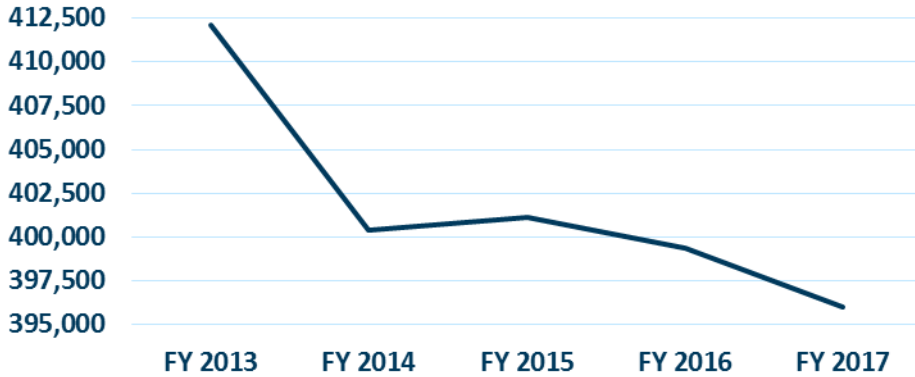


Source: OHS CON Summary Data

The CON program experienced an increase in applications for imaging equipment such as CT and MRI and for ownership transfers of provider practices and healthcare systems in calendar year 2018.

Inpatient Utilization

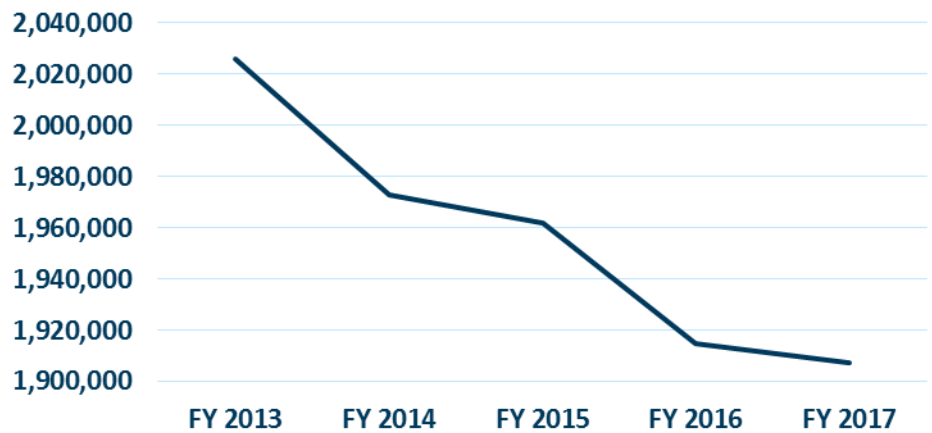
Number of Inpatient Discharges FY 2013 - 2017



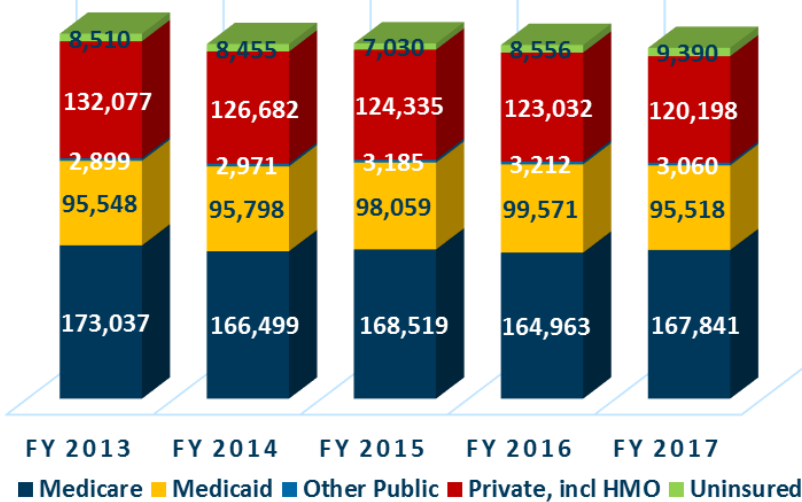
The number of inpatient discharges has generally trended downward since FY 2013. Hospitals discharged about 3,300 fewer patients in FY 2017 than in FY 2016.

Similarly, the number of hospital patient days has decreased steadily over the same time period. FY 2017 had about 7,500 fewer patient days than FY 2016.

Number of Patient Days FY 2013 - 2017

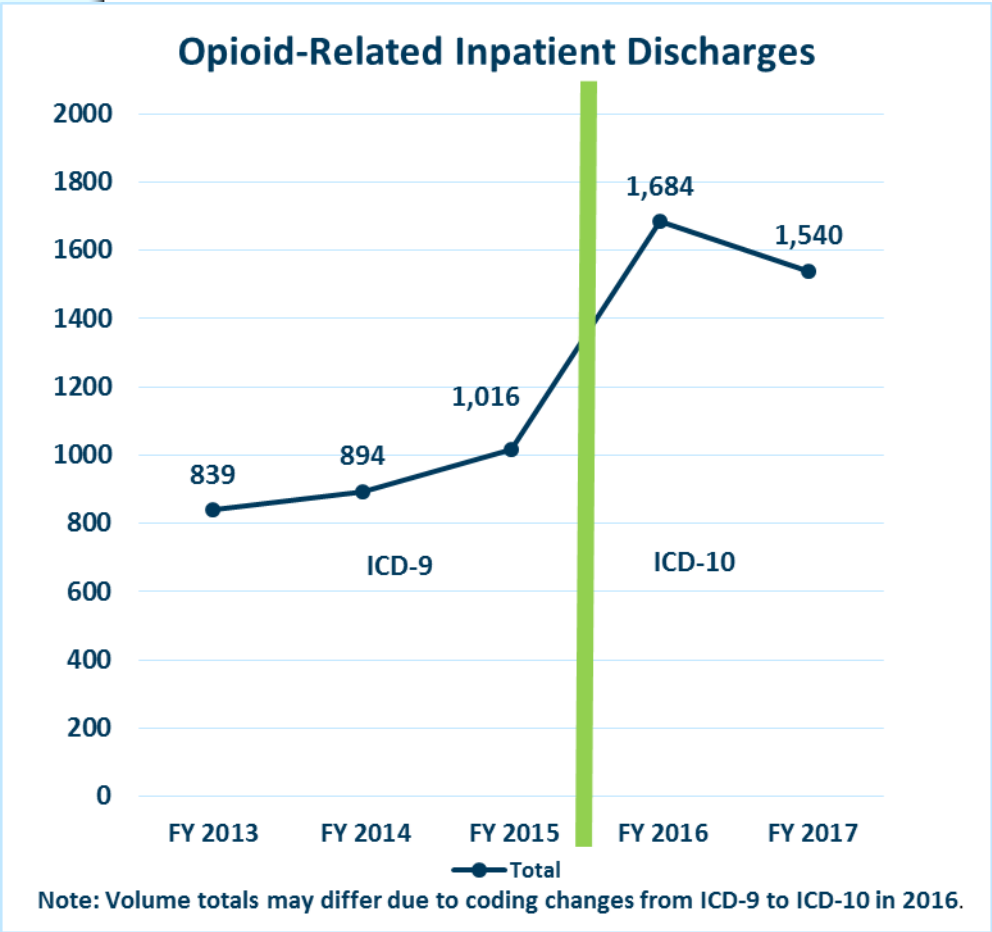


Payer Mix for Inpatient Discharges FY 2013 - 2017



Government payers accounted for two-thirds of all discharges in FY 2017.

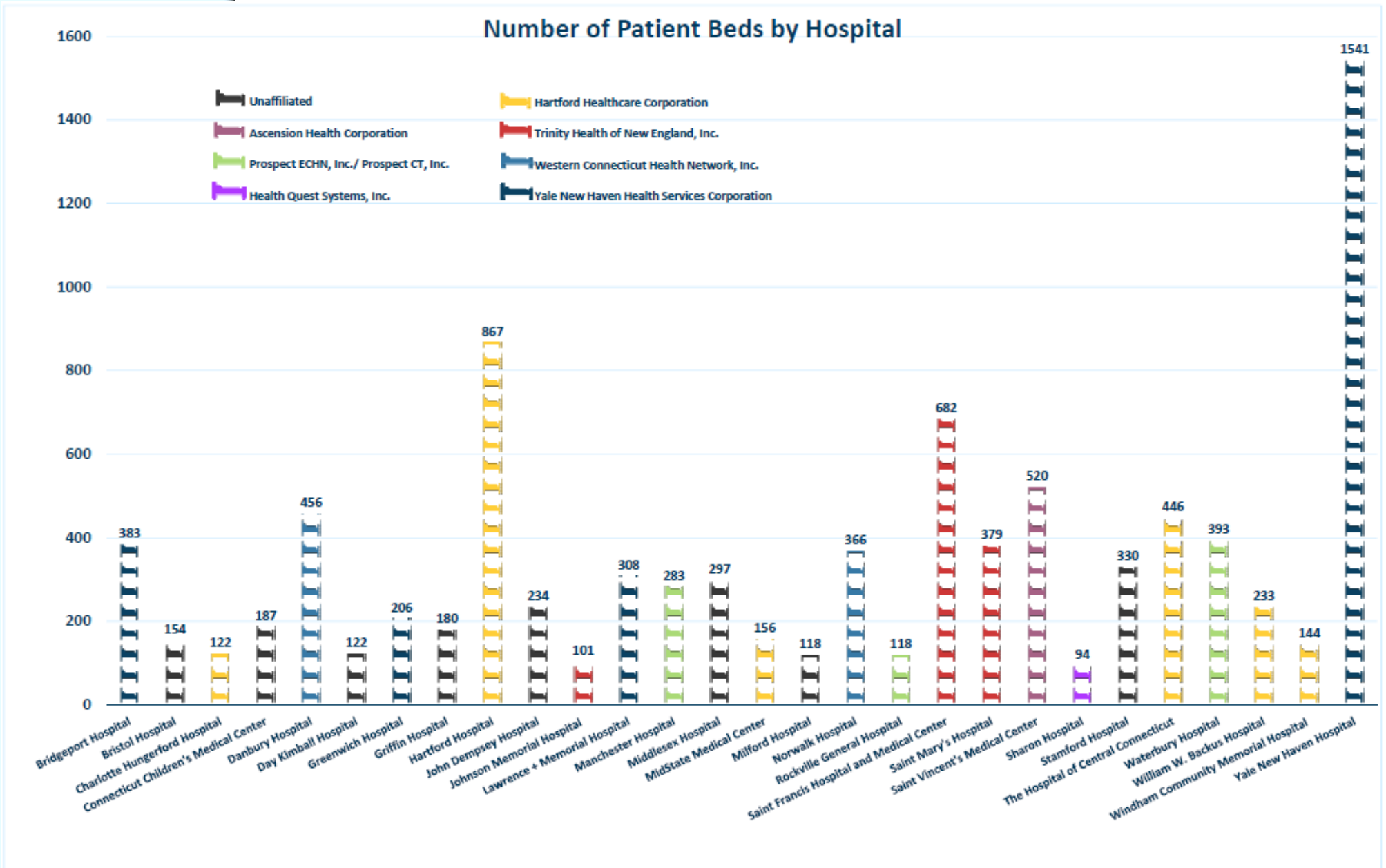
Opioid-Related Inpatient Utilization (continued)



From FY 2016 to 2017, Opioid-Related Inpatient Discharges for the 18-64 age group and the 65+ age group declined slightly.

Source: OHS Acute Care Hospital Discharge Database

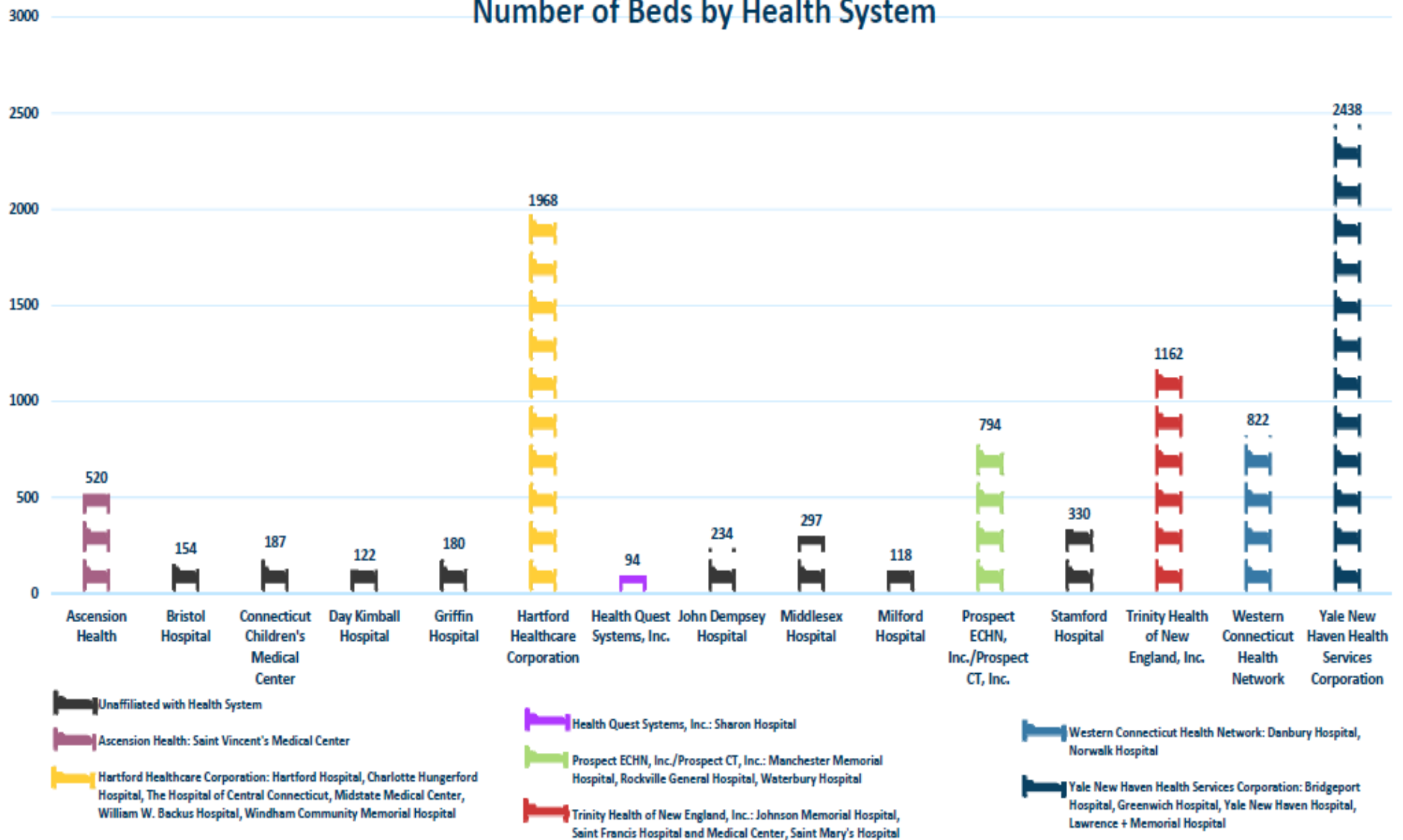
Inpatient Utilization (continued)



Source: OHS Hospital Reporting System Report 400; OHS Annual Report on the Financial Status of Connecticut's Short Term Acute Care Hospitals for Fiscal Year 2017 Appendix Y—Affiliation Chart

Inpatient Utilization (continued)

Number of Beds by Health System



Source: OHS Hospital Reporting System Report 400; OHS Annual Report on the Financial Status of Connecticut's Short Term Acute Care Hospitals for Fiscal Year 2017 Appendix Y—Affiliation Chart

Inpatient Utilization (continued)

In FY 2017, the occupancy rate of available beds ranged from a low of 22.34% at Windham Community Memorial Hospital to a high of 81.28% at Yale New Haven Hospital.

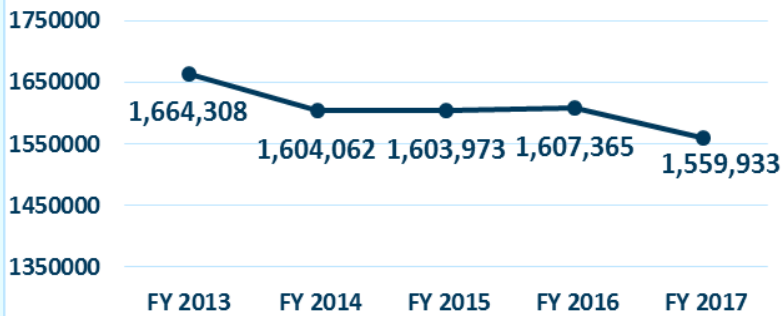
Hospital	Occupancy of Available Beds in FY 2017*
Bridgeport Hospital	79.06%
Bristol Hospital	49.34%
Charlotte Hungerford Hospital	56.89%
Connecticut Children's Medical Center	62.01%
Danbury Hospital	57.98%
Day Kimball Hospital	37.37%
Greenwich Hospital	73.54%
Griffin Hospital	51.10%
Hartford Hospital	76.50%
John Dempsey Hospital	45.88%
Johnson Memorial Hospital	41.88%
Lawrence + Memorial Hospital	65.75%
Manchester Memorial Hospital	40.64%
Middlesex Hospital	63.23%
MidState Medical Center	56.62%
Milford Hospital	24.35%
Norwalk Hospital	52.63%
Rockville General Hospital	37.07%
Saint Francis Hospital and Medical Center	66.85%
Saint Mary's Hospital	73.66%
Saint Vincent's Medical Center	65.12%
Sharon Hospital	31.48%
Stamford Hospital	60.35%
The Hospital of Central Connecticut	59.84%
Waterbury Hospital	50.94%
William W. Backus Hospital	56.79%
Windham Community Memorial Hospital	22.34%
Yale New Haven Hospital	81.28%

*Occupancy of Available Beds (i.e., available for immediate use): Total Excluding Newborn

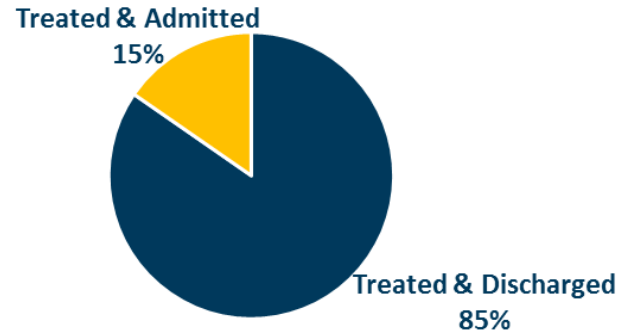
Source: OHS Hospital Reporting System Report 400

Emergency Department (ED)* Utilization

Total ED* Visits



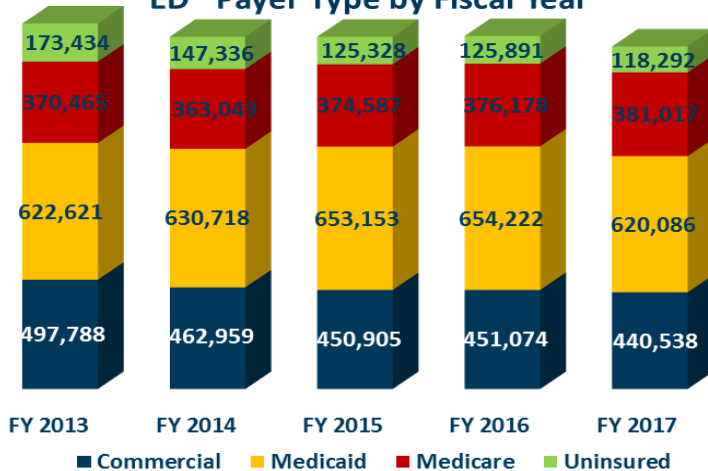
FY 2017 Treated & Discharged/ Treated & Admitted in ED*



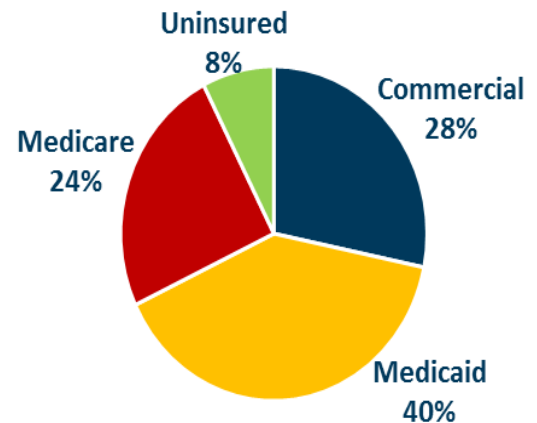
ED utilization in Connecticut has trended down. FY 2017 had approximately 100,000 fewer ED visits than FY 2013.

Approximately 15% of patients presenting at the ED were treated and admitted to the hospital, while 85% were treated and discharged.

ED* Payer Type by Fiscal Year



FY 2017 ED* Payer Mix



ED visit payer mix percentages have remained relatively stable. Government payers account for most (65%) of the visits.

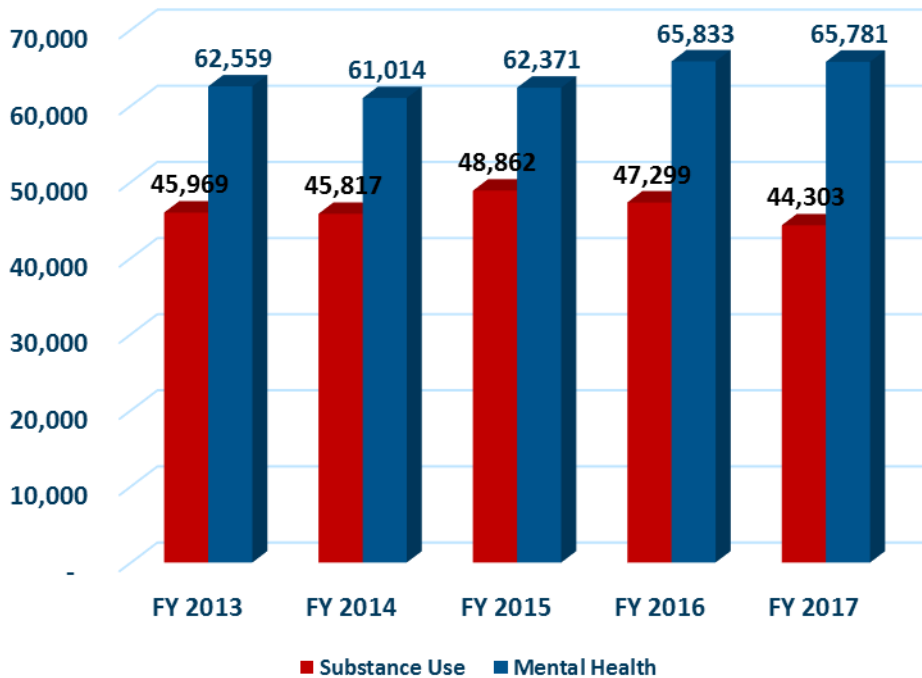
In FY 2017, Medicaid accounted for the largest share of ED visits, followed by Commercial, Medicare, and Uninsured payer groups.

Data source: OHS Inpatient Discharge Database System (HIDS), Sharon Hospital Emergency Department Database and Connecticut Hospital Association (CHA)/CHIME Emergency Department Database System

*Note: For technical reasons, OHS only included FY 2017 Q1 data for Sharon Hospital.

Emergency Department* Utilization (continued)

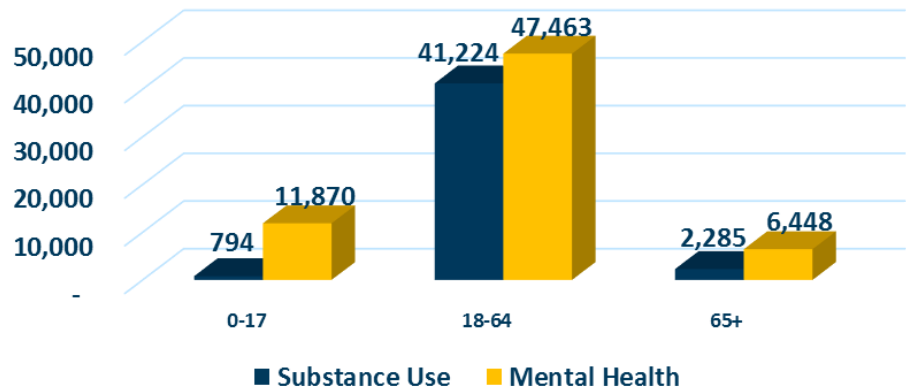
CT Residents Behavioral Health ED* Visits



Both mental health and substance use ED visit volumes remain consistent over FY 2013 - 2017.

The majority of behavioral health ED visits are for the 18-64 age group.

FY 2017 CT Resident Behavioral Health Emergency Room* Visits by Age Group

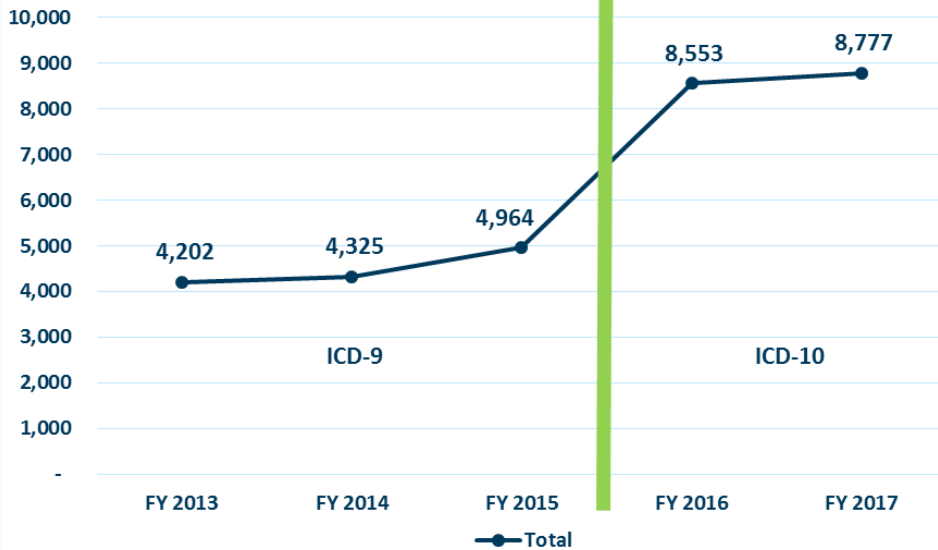


Data source: OHS Inpatient Discharge Database System (HIDS), Sharon Hospital Emergency Department Database and Connecticut Hospital Association (CHA)/CHIME Emergency Department Database System

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Opioid-Related Emergency Department* Utilization

Opioid-Related Emergency Department Visits

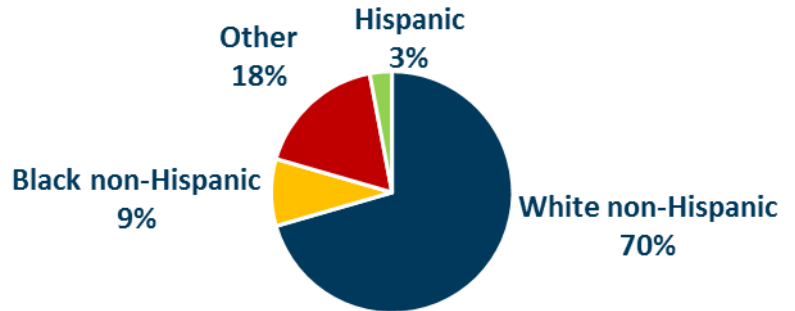


Note: Volume totals may differ due to coding changes from ICD-9 to ICD-10 in 2016.

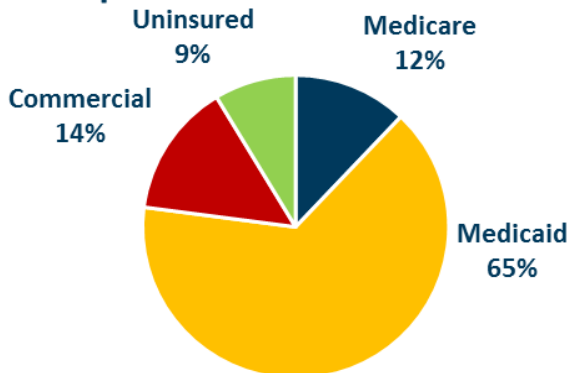
Opioid-related ED visits increased slightly in FY 2017 and occur most frequently among the 18-64 age group.

White non-Hispanic individuals made up the largest percentage of opioid-related ED visits in FY 2017.

Total Opioid-Related Emergency Department Visits FY 2017



Total Opioid-Related Emergency Department Visits FY 2017



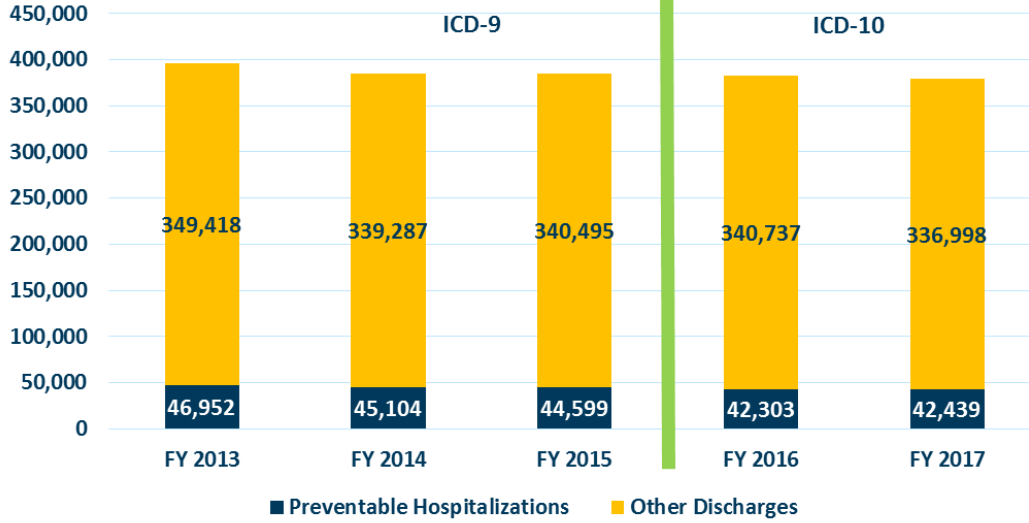
FY 2017: Medicaid was primary payer for the majority of opioid-related ED visits.

Data source: OHS Inpatient Discharge Database System (HIDDS), Sharon Hospital Emergency Department Database and Connecticut Hospital Association (CHA)/CHIME Emergency Department Database System

*Note: For technical reasons, OHS only included FY 2017 Q1 data for Sharon Hospital.

Preventable Hospitalizations*

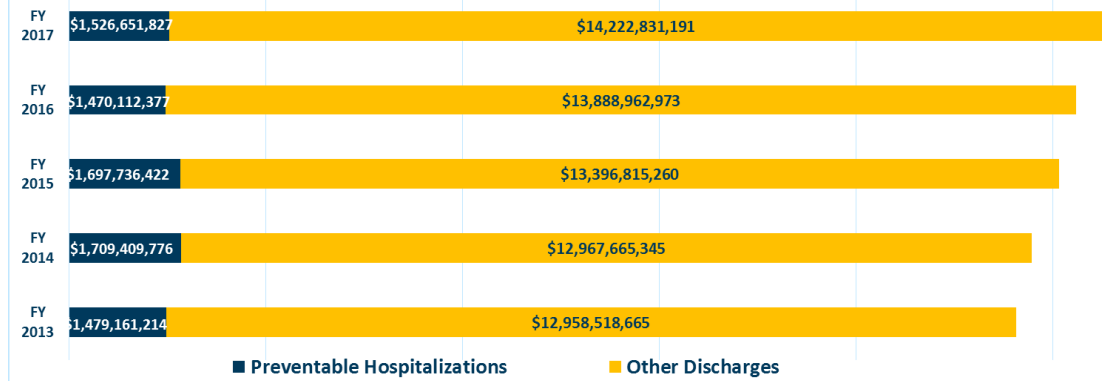
Preventable Hospitalizations by Discharge for CT Residents



Preventable Hospitalizations, hospitalizations that may have been avoided if conditions or illnesses were successfully managed in other healthcare settings, have remained stable over the past two years at just over 11% of all resident discharges.

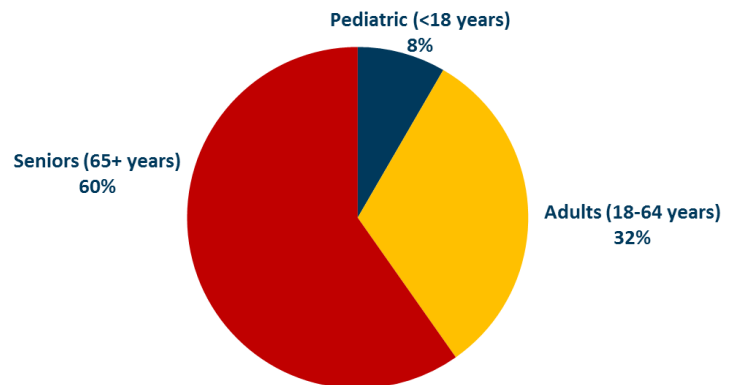
In FY 2017: Preventable Hospitalizations accounted for more than \$1.5 B in charges.

Total Charges by Fiscal Year for CT Residents



Six out of ten Preventable Hospitalizations are patients age 65 and older.

FY 2017 CT Resident Preventable Hospitalizations Discharges by Age Group

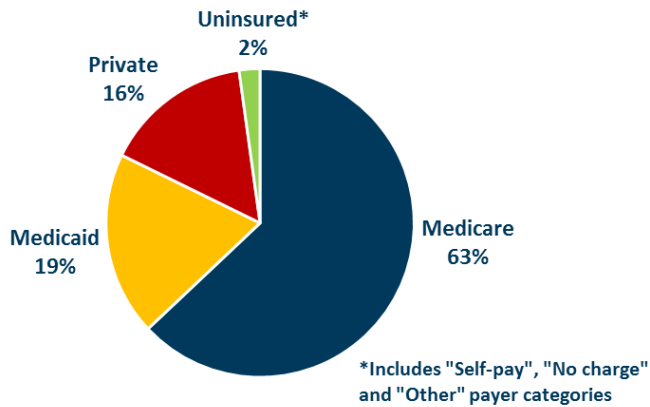


Data source: OHS Acute Care Hospital Discharge Database

*Preventable hospitalizations were determined using the Agency for Health Research and Quality Prevention and Pediatric Quality Indicator tools WinQI v.6.0 for ICD 9 codes (2012-2015) and v.2018 for ICD 10 codes (2016-2017)

Preventable Hospitalizations* (continued)

Preventable Hospitalization Discharges CT Residents by Primary Payer Type



Medicare is the primary payer for preventable hospitalizations.

Adult Preventable Hospitalizations Rates - Top 5 Conditions, Connecticut, FY 2017

Condition	Rate per 100,000
Heart Failure	421
Chronic Obstructive Pulmonary Disease/Asthma in older adults	400
Community Acquired Pneumonia	145
Urinary Tract Infection	135
Dehydration	131

Heart failure and COPD/asthma were the two most preventable hospitalization conditions among adults.

Asthma is the top preventable hospitalization condition among children.

Pediatric Preventable Hospitalizations Rates - Top 5 Conditions, Connecticut, FY 2017

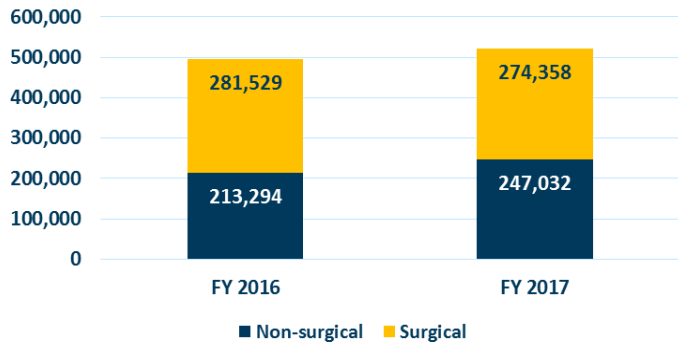
Condition	Rate per 100,000
Asthma	89
Gastroenteritis	37
Perforated Appendix	23
Urinary Tract Infection	14
Diabetes Short-term Complications	10

Data source: OHS Acute Care Hospital Discharge Database

*Preventable hospitalizations were determined utilizing the Agency for Health Research and Quality Prevention and Pediatric Quality Indicator tools WinQI v.6.0 for ICD 9 codes (2012-2015) and v.2018 for ICD 10 codes (2016-2017)

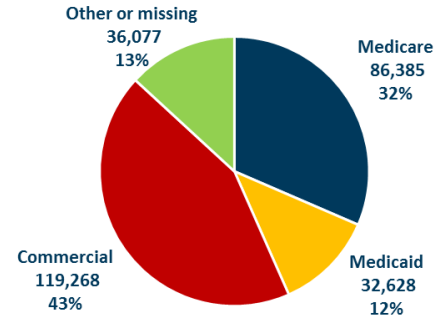
Outpatient Surgery

Outpatient Surgery Encounters



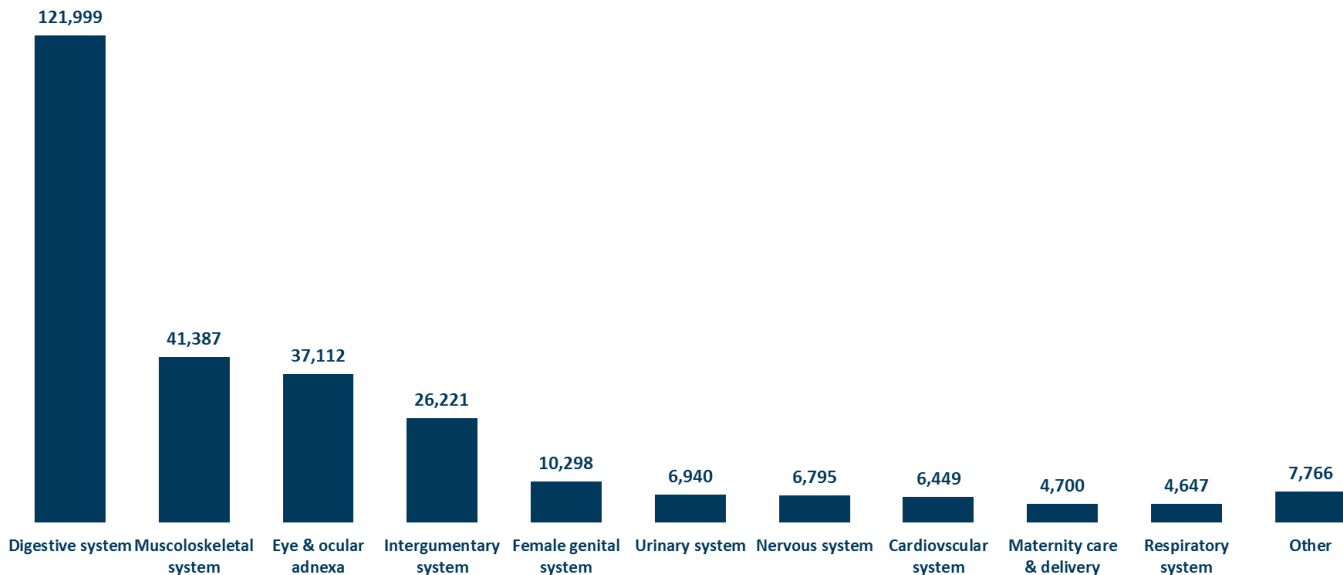
Outpatient surgery encounters increased by 5.4% from FY 2016 to FY 2017.

FY 2017 Primary Payers for Outpatient Surgery Encounters



In FY 2017, commercial payers were the primary payers for outpatient surgery.

FY 2017 Outpatient Surgery Encounters by Surgery Service Lines



The vast majority of outpatient surgical encounters relate to digestive system (colonoscopy/endoscopy), orthopedic, and eye related health concerns.

Improving the Future of Healthcare in Connecticut



OHS Executive Director
Victoria Veltri

Healthcare is changing very quickly. Connecticut must have a clear and cohesive long-term vision for healthcare that ensures better, more equitable health outcomes, lower costs, and creates a more efficient healthcare system for patients and providers.

The Certificate of Need program is one of the initiatives that helps Connecticut meet its healthcare goals by ensuring the healthcare system fulfills the needs of our communities. It protects access to medical, dental, behavioral health, and other services for underserved communities; promotes health equity; and gives the public the opportunity to weigh in on the healthcare decisions being made in their communities.

Coordinating state healthcare planning and reform initiatives preserve the investments Connecticut has already made in building a strong, high-quality healthcare system committed to serving all residents.

OHS implements comprehensive, data-driven strategies that promote equal access to high-quality health care, control costs, and ensure better health outcomes for all Connecticut residents.

The Office of Health Strategy [website](#) is an excellent resource for healthcare policymaking in Connecticut. We are social, @OHS_CT on Twitter and State Of Connecticut Office of Health Strategy on You Tube.