Connecticut Department of Public Health

Statewide Healthcare Facilities and Services Plan

2016 Supplement

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

STATEWIDE HEALTHCARE FACILITIES AND SERVICES PLAN

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2016 SUPPLEMENT

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LETTER FROM THE COMMISSIONER

Dear Friends of Public Health,

I am pleased to present to you the *Statewide Healthcare Facilities and Services Plan 2016 Supplement* which aims to align with *Healthy Connecticut 2020,* a roadmap for improving the state's health and bringing about health equity to at-risk and vulnerable residents. This document focuses on recent changes in the healthcare environment and assesses the impact on availability of and access to services for at-risk and vulnerable populations in particular.

The 2016 Supplemental plan builds upon the 2012 Plan and 2014 Supplement by updating previous information and discussing the Patient Protection and Affordable Care Act and Certificate of Need-related changes to the delivery of and access to health services. Changes to the current healthcare environment covered in this supplement include health insurance coverage expansion, Certificate of Need updates, increased care coordination, shifts in care settings, access improvements and cost containment efforts. This supplement provides updated analyses of future acute care inpatient bed need, healthcare services utilization trends and where geographic gaps in healthcare services in Connecticut may exist.

This Supplement integrates the results of multiple standards for assessing unmet healthcare needs, incorporating hospital community health needs assessments; federal health professional shortage and medically underserved areas and population designations; indices developed based on social determinants of health, health status and outcomes; and healthcare utilization data.

Finally, this 2016 Supplement identifies key issues and on-going statewide initiatives and community health improvement strategies to improve access to essential healthcare services for at-risk and vulnerable Connecticut residents.

I thank the many individuals and organizations that participated in the planning process. I encourage you to continue to integrate this document into your organization's or community's ongoing planning activities.

Sincerely,

Raul Pino, MD, MPH
Commissioner

TABLE OF CONTENTS

ACRONYMS/ABBREVIATIONS ..... **II**

EXECUTIVE SUMMARY **1**

INTRODUCTION **4**

LEGAL MANDATE AND PURPOSE 4
RELATIONSHIP TO THE CONNECTICUT STATE HEALTH ASSESSMENT AND IMPROVEMENT PLAN 4
GUIDING FRAMEWORKS: POPULATION HEALTH AND HEALTH EQUITY 5
ADVISORY BODY AND ROLE 6

CHAPTER 1 CURRENT HEALTHCARE ENVIRONMENT ..... ERROR! BOOKMARK NOT DEFINED.

PATIENT PROTECTION AND AFFORDABLE CARE ACT: IMPLEMENTATION UPDATE 7
HEALTH INSURANCE COVERAGE AND VULNERABLE POPULATIONS ..... **ERROR! BOOKMARK NOT DEFINED.**
IMPROVING ACCESS TO CARE AND HEALTH OUTCOMES FOR VULNERABLE POPULATIONS ..... **ERROR! BOOKMARK NOT DEFINED.**
ONGOING CHANGES IN AVAILABILITY AND DELIVERY OF HEALTHCARE SERVICES 17
PAYING FOR HEALTHCARE SERVICES 23
IDENTIFYING AND ADDRESSING GAPS IN SERVICES AND UNMET NEED 24
OTHER FACTORS THAT MAY IMPACT THE HEALTHCARE ENVIRONMENT 28

CHAPTER 2 HEALTHCARE FACILITIES AND SERVICES IN CONNECTICUT **32**

SHIFTING CARE FROM INPATIENT TO OUTPATIENT SETTINGS 32
CENTERS OF EXCELLENCE 35
AVAILABILITY OF ACUTE CARE HOSPITAL SERVICES 35

CHAPTER 3 ACUTE CARE, OUTPATIENT SURGERY AND MEDICAL IMAGING, UTILIZATION AND TRENDS **37**

ACUTE CARE UTILIZATION PATTERNS 37
ALTERNATIVE SOURCES FOR URGENT OR IMMEDIATE CARE 58
OUTPATIENT SURGERY UTILIZATION 58
MEDICAL IMAGING SERVICES UTILIZATION 63

CHAPTER 4 IDENTIFYING UNMET NEED FOR AT-RISK AND VULNERABLE POPULATIONS **64**

HEALTH OUTCOMES IN CONNECTICUT 67
HEALTHCARE ACCESS AND UNMET NEED 83
UNMET NEED 89
HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION 96

CHAPTER 5 CONCLUSIONS AND NEXT STEPS **103**

CURRENT HEALTHCARE ENVIRONMENT 103
GAPS AND UNMET NEED 104
LIMITATIONS 104
NEXT STEPS 104

APPENDICES **106**

APPENDIX A. CONNECTICUT GENERAL STATUTE SECTION 19A-634 106
APPENDIX B. CONNECTICUT GENERAL STATUTE SECTION 19A-7 107
APPENDIX C. ADVISORY BODY 108
APPENDIX D. ACUTE CARE BED NEED BY COUNTY 109
APPENDIX E. ACUTE CARE BED NEED BY HOSPITAL 117
APPENDIX F. UNMET NEED AND HOSPITAL COMMUNITY HEALTH NEED ASSESSMENT BY TOWN, 2011-2016 145
APPENDIX G. HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENTS PRIORITY HEALTH NEEDS, 2012-2016 150

REFERENCES **153**

ACRONYMS/ABBREVIATIONS

AAMR	Age-Adjusted Mortality Rate
ACO	Accountable Care Organizations
AHA	American Hospital Association
AN	Advanced Networks
APCD	Connecticut All Payers Claims Database
BRFSS	Behavioral Risk Factor Surveillance Survey
CBO	Community Based Organizations
CCI	Community and Clinical Integration
CDC	Centers for Disease Control and Prevention
CGS	Connecticut General Statutes
CHIP	Community Health Improvement Plans
CHNA	Community Health Needs Assessment
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare and Medicaid
CON	Certificate of Need
CORE	Connecticut Opioid REsponse
DCF	Connecticut Department of Children and Families
DPH	Department of Public Health
DSS	Department of Social Services
ED	Emergency Department
FQHC	Federally Qualified Health Centers
Access Health CT	Connecticut Health Insurance Exchange
HIE	Health Information Exchange
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health
HITO	Health Information Technology Officer
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
HSS	Department of Health and Human Services

LHD	Local Health Departments/Districts
MQISSP	Medicaid Quality Improvement and Shared Savings Program
MUA/P	Medically Underserved Areas and Populations
OHCA	Office of Health Care Access
OSD	Office of Shortage Designation
PA	Public Act
PCMH+	Patient-Centered Medical Homes
PCO	Primary Care Office
PHP	Population Health Plan
PPACA	Patient Protection and Affordable Care Act
PSA	Primary Service Area
SAMHSA	Substance Abuse and Mental Health Services Administration
SES	Socioeconomic Status
SHA	Healthy Connecticut 2020 State Health Assessment Plan
SHIP	Healthy Connecticut 2020 State Health Improvement Plan
SIM	Connecticut State Innovation Model
The Plan	Statewide Healthcare Facilities and Services Plan
US	United States
VCA	Value Care Alliance

EXECUTIVE SUMMARY

OVERVIEW

The goals of the Department of Public Health (DPH) Office of Health Care Access' (OHCA) planning and regulatory activities are to improve Connecticut residents' access to quality health services; minimize unnecessary duplication of services, provide financial stability and contain healthcare system costs. As part of this endeavor, Connecticut General Statutes (CGS) section 19a-634 authorizes OHCA to develop and maintain a Statewide Healthcare Facilities and Services Plan (the Plan), an inventory of all Connecticut healthcare facilities, equipment and services. Furthermore, OHCA is required to conduct a biennial healthcare facility utilization study.

The 2012 Plan and its 2014 and 2016 Supplements are intended to be a resource for policymakers and those involved in the Certificate of Need (CON) process. The 2016 Supplement presents information, policies and projections of need to guide planning for specific healthcare facilities and services. Its primary focus is to assess the impact of system changes on at-risk and vulnerable populations and to uncover areas of unmet healthcare need in the state. Therefore, this Supplement provides an updated analysis of acute care inpatient bed need, as well as the availability and utilization of select healthcare services.

The 2016 Supplement also incorporates current information on: health insurance coverage and system changes related to healthcare reform; health status and outcomes; community health needs assessments (CHNAs); and federal health professional shortage area (HPSA) and medically underserved areas and populations (MUA/P) designations. These data, together with updated information on geographic areas and populations with unmet health needs and gaps in healthcare services, serve as a foundation for projecting future healthcare needs.

KEY ISSUES

The Plan identifies key issues surrounding the delivery of healthcare in Connecticut:

Healthcare Reform

- Connecticut's healthcare system landscape continues to transform under the Patient Protection and Affordable Care Act (PPACA). The Act's transformative impact can be seen in the type of CON applications OHCA receives. As providers focus on creating new delivery models that improve continuity of quality care and lower costs, the number of applications for transfers of ownerships -- particularly for group practices -- increased dramatically.

- Connecticut's hospitals continue to apply for regulatory approval to become members of larger umbrella corporate healthcare systems. These affiliations and mergers may be attributed to factors such as healthcare market competition, shifting settings of care, outstanding debt, mounting pension liabilities, federal healthcare reform requirements, payment reforms as well as uncertainties associated with the new presidential administration and Congress. In addition, some hospitals that are not part of larger systems are opting to partner and/or participate in advanced networks to better coordinate patient care. Primary and specialty care group practices are also consolidating more frequently.

- The PPACA-facilitated increase in access to health insurance coverage, coupled with the state's aging population, suggest Connecticut will experience an increase in access to and demand for healthcare services. Disparities in access to and outcomes of care for at-risk and vulnerable populations, however, will remain. Consequently, the state is actively pursuing and implementing evidence-based strategies in a variety of settings to advance health equity.

Gaps in Services

- Updated acute care bed need projections for 2020 indicate Connecticut still has an adequate supply of acute care inpatient beds but will require an additional number of staffed beds to meet future need.
- Medicaid beneficiaries continue to account for the largest proportion of all emergency department (ED) visits (50%) and nearly a quarter of hospitalizations.
- One in ten ED visits by adults is for psychiatric, drug or alcohol-related mental disorders.
- ED visits by children for behavioral health treatments are overwhelmingly for psychiatric disorders such as depression, episodic moods, anxiety, attention deficiency and disruptive behaviors.
- In the last three years, 13,000 ED visits for all ages were primarily due to opioid overdose/dependence.

Unmet Need

- The self-reported poor health status rates of Connecticut's at-risk and vulnerable populations have declined for older adults, less educated, unemployed, racial/ethnic minorities, immigrants and uninsured groups but increased for persons with incomes below the federal poverty level or with a disability.
- In general, the state's at-risk and vulnerable populations continue to have higher chronic disease prevalence rates than the overall population and relatively higher rates of potentially preventable hospitalizations, avoidable ED visits or overuse.
- While all 169 Connecticut towns are covered by at least one hospital's community health needs assessment (CHNA), the Unmet Healthcare Need Index identified 21 Connecticut towns as possibly at-risk for unmet healthcare need or gaps in services.
- Twenty-six Connecticut towns have federally designated geographic areas or populations that have health professional shortages or are medically underserved with respect to primary, behavioral health or dental care.
- Four of the towns identified by the index as most likely to have unmet healthcare needs -- Bloomfield, Derby, West Haven and Putnam -- did not have any federal designations.
- Nearly all recent CHNAs still identify chronic disease, overweight, obesity, nutrition and physical activity as overlapping and major health issues in the state.
- Regardless of socioeconomic status, outpatient substance abuse and mental healthcare are the priority health needs in most Connecticut towns.

NEXT STEPS

- Continue to analyze outpatient surgical data for planning purposes as healthcare resources continue to shift from inpatient to outpatient care;
- Delve further into ED use to identify the factors such as specific day of use and type, severity and number of co-morbidities, that drive utilization and readmissions to help determine the appropriate interventions;
- Analyze data from the All Payers Claims Database to identify any disparities in healthcare availability and delivery;

- Further study the 21 towns that have been identified as exceeding the state unmet need composite index; and
- Monitor current initiatives in the state that seek to improve care coordination and delivery, and link healthcare to community assistance, such as the Person-Centered Medical Homes-Plus (PCMH+) Initiative. Explore opportunities to scale up and spread success.

In future planning efforts, OHCA will continue its examination of available data to determine how best to address the unmet needs of residents and to assist providers in their transformations to meet those needs.

INTRODUCTION

LEGAL MANDATE AND PURPOSE

Section 19a-634 of the Connecticut General Statutes (see Appendix A) requires the Department of Public Health (DPH) Office of Health Care Access (OHCA) to conduct an annual statewide healthcare facility utilization study; establish and maintain an inventory of all Connecticut healthcare facilities, services and certain types of medical equipment; and to develop and maintain a Statewide Healthcare Facilities and Services Plan (the Plan). In addition, the statute requires DPH to encourage hospitals to incorporate the Plan into their long-term plans. The Plan and its Supplements are the blueprint for healthcare delivery in Connecticut and serves as a resource for providers of specific healthcare facilities and services.

In 2012, OHCA issued the first Plan. The Plan focused on standards, guidelines and methodologies, which are currently being codified into regulation for use in the Certificate of Need (CON) review process. OHCA subsequently published an update to the Plan, the 2014 Supplement. This 2016 publication builds upon the 2014 Supplement and discusses changes to the healthcare environment in Connecticut and their impact on socially or economically disadvantaged residents, as well as those who are vulnerable and at risk of being underserved. The ultimate goal of the Plan and its Supplements is to facilitate the alignment of public health resources and healthcare initiatives with identified areas of unmet health needs in Connecticut. The planning process also involves updating the inventory of existing healthcare facilities, services and equipment, available at http://www.ct.gov/dph/cwp/view.asp?a=3902&q=557560&dphNav=|

RELATIONSHIP TO THE CONNECTICUT STATE HEALTH ASSESSMENT AND IMPROVEMENT PLAN

DPH is the lead agency for public health planning and assists communities in their development of collaborative health planning activities to address regional and statewide public health issues, (see Appendix B). DPH also prepares a multiyear state health plan which assesses the health of the state's population and availability of health facilities; makes policy recommendations on resource allocation; identifies public health priorities; provides quantitative goals and objectives for the appropriate supply, distribution and organization of public health resources; and identifies and evaluates community assets that can support health improvement. Additionally, as part of its statewide facilities and services planning, DPH evaluates the implications of new technology for the delivery and equitable distribution of services.

DPH's Healthy Connecticut 2020 is Connecticut's interpretation of the national initiative, Healthy People 2020. Connecticut's initiative was shaped by the national framework, particularly in its creation of targeted health-related outcomes for 2020 and its focus on evidence-based strategies to reach these targets. Its triple aim is of improving the individual experience of care, improving the health of populations and reducing the per capita costs of care for populations.

The 2013-2014 Healthy Connecticut 2020 assessment was composed of the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP) and is available at http://www.ct.gov/dph/hct2020. Together the SHA and SHIP identify priority public health needs to facilitate public health planning in Connecticut.

Key findings from the SHA include:

- Chronic diseases and injuries are the leading causes of premature death and morbidity;
- Racial/ethnic minority groups suffer from many conditions at disproportionately higher rates;
- Specific age groups such as youth/young adults and older adults are disproportionally at risk for certain conditions;
- Unhealthy behaviors such as binge drinking and prescription drug misuse have increased over the last decade; and
- HIV, smoking and teen pregnancy rates have declined over the last decade.

The SHIP provides an integrating framework for agencies, coalitions, individuals and groups to use in leveraging resources, coordinating and aligning efforts at the community and state levels and sharing data and best practices to improve the health of the citizens of Connecticut in a focused and purposeful way.

The Plan and its Supplements aim to align with Healthy Connecticut 2020 by taking a population health approach to how access and services within the healthcare system affect a community's health, particularly among vulnerable and at-risk populations.

GUIDING FRAMEWORKS: POPULATION HEALTH AND HEALTH EQUITY

Health -- and opportunities to promote health -- are not equally distributed across populations or across the life course. Racial or ethnic minorities, low-income populations, residents of urban or rural regions, homeless persons, persons with disabilities, veterans, and gender/sexual minorities[1] may experience barriers to the opportunities to live a healthy life. The social, physical and economic environments in which Connecticut's residents live often influence access to resources such as money, knowledge, power, social relationships and health-promoting advancements.

This report updates health and healthcare patterns in Connecticut and for particular population groups, vis-à-vis a changing healthcare landscape, to facilitate formulation of public health policies and programs to advance health equity.

The Plans have identified the following key issues pertaining to the delivery of healthcare in Connecticut:

- Major changes to Connecticut's healthcare system to improve healthcare efficiency, integration and quality in response to the 2010 Patient Protection and Affordable Care Act (PPACA);
- A need to continue to assess whether health professional shortages and medically underserved areas or populations designations adequately identify the supply of medical, dental and mental health services needed to meet demand across the State following changes to Connecticut's healthcare system under the PPACA;
- A need to investigate whether there is unmet bed need in particular regions of the state and an adequate supply of inpatient beds in the aggregate;
- A need to determine whether care is coordinated effectively among levels and settings of care, especially between emergency departments (EDs) and community based behavioral health services as behavioral health needs are increasingly being treated in EDs due to limited access to these services; and
- A shift in behavioral healthcare to focus on treatment, recovery assistance and resilience enabling: a) the provision of some behavioral health services by primary care providers and some primary care services by behavioral health providers; and b) an assessment of the demand for primary care

services following changes from the PPACA, which are expected to increase demand for primary care.

The goal of the 2016 Supplement is to build on the 2012 Plan and 2014 Supplement by updating information on the healthcare environment, revisiting previous recommendations and developing next steps for the future. OHCA will continue to develop supplemental updates every two years.

ADVISORY BODY AND ROLE

The Advisory Body continues to provide invaluable insight about the evolving healthcare system, operations of healthcare facilities and providers, delivery of services and access to care in the state. The participants reviewed this Supplement and supplied additional material or provided suggestions on areas to include or clarify to aid better understanding of the delivery of and access to care environment. Advisory Body participants can be found in Appendix C.