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“Our experience in the past year will underscore that we have elected public policy officials who truly care about our state—and our industry.”

Good day!

In this issue:



Last week we put the finishing touches on a momentous foundation for transforming the future of health care for our community. The Working Group to Reinvent Medicaid made public its four-year plan to improve the state's publicly-funded health care system. It was my honor to be asked by Governor Gina Raimondo to serve as co-chair of this high ranking panel, and it was my privilege to help guide the recommendations for long-term health care reform for Rhode Island.

Clearly at times this was a delicate, if not difficult, position for me. Many different sectors were calling for cutting the cost of care. We on the provider side are not oblivious of the need to bend the cost curve. Yet we also acknowledge that there must be a glide path for reducing the expense of health care, while at the same time fostering innovation, enhancing the patient care experience and improving quality outcomes.

In the end, I am grateful for a role that helped frame the task force's program embracing the national "triple aim" agenda of improving patient care, improving outcomes and reducing cost, with the specific principles of paying for value, not volume; coordinating physical, behavioral and long-term health care; rebalancing the delivery system away from high-cost settings; and promoting efficiency, transparency and flexibility.

We are also most grateful to the Speaker of the House, the Senate President and their respective finance committees for helping restore needed funding to hospitals that improved upon the original budget in view of improved revenue projections for our state as well as the work of the Hospital Association of Rhode Island and our own Care New England advocacy team. We are pleased to report that while the initial budget

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would have produced a substantial negative impact for us, the final budget resulted in a less consequential cut. While any level of reduction at this difficult time is not easy to manage, we realize that we have much work ahead of us to help make the cost of care more sustainable for our community. Fortunately, there will be an opportunity for us to earn back a significant portion of these funds based upon achieving predefined results in system transformation, clinical management and population health as part of the Delivery System Reform Incentive Payment (DSRIP) Program.

Our experience in the past year will underscore that we have elected public policy officials who truly care about our state—and our industry. They are willing to learn, to listen, to work together toward compromise and advance what they believe are laws and regulations that are in the best interest of our state. From our perspective, there were some wins and some losses. But in balance, I would say it was a very good year for the Care New England advocacy efforts. Thanks goes out to our lobbying team and the multidisciplinary group of system and operating unit leaders who work throughout the legislative year to monitor key bills and help represent our views at the State House.

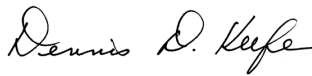
We also count on many of these same individuals to advance our work on the federal level. Care New England has devoted significant time and energy to support the priorities of America's Essential Hospitals (AEH), the leading association and champion for hospitals and health systems dedicated to high-quality care for everyone, including our most vulnerable populations. AEH initiatives are focused on programs and policies that help hospitals such as ours ensure access to care. Key issues this year have included holding off proposed changes to the 340B drug discount pricing program, a repeal of the Medicare sustainable growth rate (SGR) in order to provide stability for physician payments, and a delay in disproportionate share hospitals (DSH) cuts provided to hospitals serving a larger share of Medicare patients.

More specifically, AEH and Care New England are working closely with Senator Sheldon Whitehouse and his staff to secure additional graduate medical education funding for stand-alone women's hospitals. Historically, the formula to determine GME payments has not provided adequate funding to allow specialty hospitals such as Women & Infants to train the next generation of physicians. We appreciate Senator Whitehouse's efforts on this matter, and we believe we are making progress toward a long-term solution.

Taking part in the public discourse and helping shape public policy is a privilege denied to many around the world—and we should always be grateful for the opportunities afforded to us living in a democratic society.

Do all you can to make a difference!

Sincerely,



Dennis D. Keefe
President and Chief Executive Officer

CNE launches “Community Connect” with independent physician practices

Care New England last week announced the implementation of Epic's Community Connect electronic health record (EHR) platform in the Rhode Island Primary Care Physicians Corporation (RIPCPC) practices of Drs. Richard Del Sesto and Al Puerini. The first agreement of its kind in Rhode Island, Community Connect allows independent practices to license an affordable, fully-integrated EHR system to enable seamless and efficient care coordination for patients. Care New England was the first Rhode Island-based provider to go live with Epic Ambulatory Care in 2014.



“Going live with Community Connect is a crucial step as RIPCPC continues to strive to deliver better health care and improve communication throughout the health care system,” said Dr. Puerini, president of RIPCPC and vice chairman of Integra Community Care Network. “Community Connect allows physicians to easily communicate with colleagues,

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emergency rooms, hospitals and patients in real time, the value of which cannot be understated. Community Connect facilitates the improved coordination of care that providers and patients have wanted and needed for many years.” According to Dr. Puerini, RIPCC will transition all of its 140 primary care physicians to Epic’s EHR through Community Connect over the next nine months.

“Epic is a versatile, state-of-the-art system which will afford my patients the ability to be more involved in their own health care,” said Dr. Del Sesto. “It allows for more interaction between the patient and provider. From a clinician’s standpoint, I can more easily see the patient’s total health care picture because of Epic’s ability to gather clinical information across the entire care continuum. It all boils down to patients benefiting from a more coordinated care experience.”

With Community Connect, independent physicians have the benefits of a shared record at a lower cost than implementing a free-standing EHR. In addition, by utilizing the technical resources offered by Care New England, independent practices benefit from the confidence of a large scale implementation while avoiding the risks of developing an EHR from scratch. Community Connect also solves many of the challenges community providers have with the federal mandates of Meaningful Use and interoperability.

Community Connect practices are integrated with CurrentCare through Epic’s CareEverywhere platform. CurrentCare is a free service developed by the Rhode Island health care community and run by the Rhode Island Quality Institute. CurrentCare is based on a secure electronic network that gives authorized medical professionals access to their enrolled patients’ most up-to-date protected health information from multiple sources in one place. More information about CurrentCare is available at currentcareri.org.

Care New England has installed Epic Ambulatory in more than 40 practices, offering more than 50,000 patients in Rhode Island and southern New England an opportunity to partner with doctors to manage their health through MyChart, Epic’s online personal health record.

Memorial researcher part of team focused on reducing obesity in Hispanic children

Childhood obesity is more prevalent among Hispanic children than children of other ethnic groups, a problem that has been steadily increasing in the United States over the past decade. An anthropologist and researcher with the Center for Primary Care and Prevention at Memorial Hospital is part of a team that conducted focus groups to best determine a plan for reducing risk factors for obesity in Hispanic children.

The study entitled “Reducing Hispanic Children’s Obesity Risk Factors in the first 1,000 Days of Life: A Qualitative Analysis” was published in a recent issue of the *Journal of Obesity*. Roberta Goldman, PhD, of Memorial, was one of its authors.

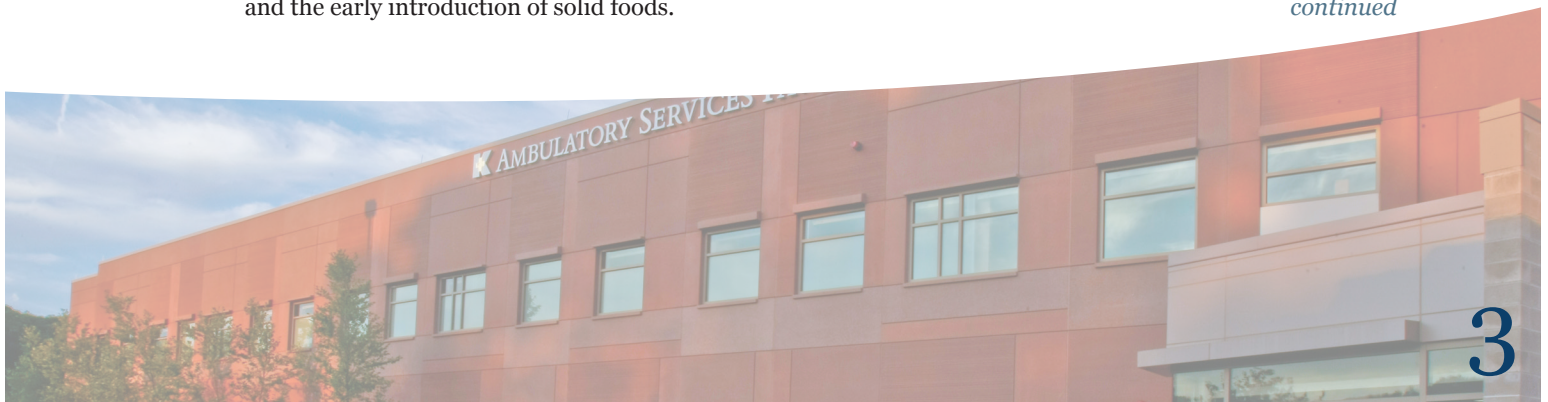


“According to the CDC (Centers for Disease Control), one in three Hispanic children is overweight or obese,” Dr. Goldman notes. “The obesity epidemic in Hispanic communities has become a crisis, and Hispanic children are becoming obese earlier in their lives than ever before.”

The researchers’ goal was to examine underlying reasons for early life obesity risk factors and identify potential early intervention strategies. Through seven focus groups gathering almost 50 pregnant or new mothers, the following reasons for early life obesity were identified:

- Some mothers’ attempts to cope with the physical changes of pregnancy trumped healthy eating and physical activity, even among women who believe good nutrition and exercise are important.
- Women believed excessive gestational weight gain negatively impacted their baby’s health, but they did not think it would lead to childhood obesity.
- Women understood that chubby babies are not necessarily healthy, but did not connect that to later life obesity.
- Mothers felt responsible for ensuring that their babies felt full. Fear of infant hunger can drive bottle use and the early introduction of solid foods.

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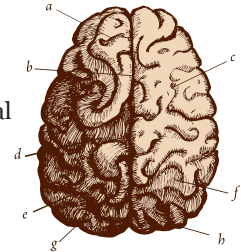
- Mothers felt compelled to offer early solids and sugary drinks based on their belief that their babies did not like anything else.
- Mothers did not see the harm in television viewing, and some actually felt that screen time promotes infant learning and visual development.

In terms of possible interventions, Goldman says the study participants identified physicians and nutritionists as key resources, and many expressed interest in mobile technology and group or home visits. “What we found is that there are opportunities to improve Hispanic mothers’ understanding of the role of early weight gain in childhood obesity and other obesity risk factors. This can be done in the first 1,000 days of a baby’s life,” the researchers explain in summation. “Interventions that link health care and public health systems, and include extended family, may help reduce obesity among Hispanic children.”

The Center for Primary Care and Prevention is dedicated to promoting research, knowledge enrichment, and improving practice in primary care and prevention. Research conducted by its faculty members aims to help providers in the prevention, diagnosis and treatment of various illnesses.

Save the Date: CNE Behavioral Health Quality Conference slated

The third annual CNE Behavioral Health Quality Conference will take place in the Ray Conference Center on the Butler Campus on Thursday, October 8 from 2 p.m. to 5 p.m. The conference, titled “The New Era of Care Delivery: Measures that Matter,” is sponsored by the Care New England Behavioral Health service line. Keynote speakers include Dr. Kathleen McCann, director of Quality for the National Association of Psychiatric Health Systems, who will discuss measurement development and what should be included in behavioral health measures; and Dr. James Fanale, CNE’s chief clinical integration officer and Integra Community Care Network chief clinical officer, who will discuss the role of behavioral health in population management and accountable care organizations.



A poster session will be held between the two speaking sessions, allowing attendees to learn about the varying patient populations cared for throughout the system, as well as the current measures now in place across the system. This program will offer continuing education credits for physicians, nurses and social workers. For more information and to register call (401) 455-6286 or email qualityconference@butler.org.

Women & Infants’ Warm Line honored by Families First

Congratulations to the nurses and lactation consultants from the Women & Infants’ Warm Line who were honored by Families First RI, a non-profit organization that provides mothers of newborns with trained and supervised mentors for the year following the birth of their child.

According to Jamie Puleo, executive director of Families First RI, “Due to the high level of support and service to the new mothers of our community and to the mothers in Rhode Island, the board of directors of Families First of RI has chosen to nominate the nurses of the Warm Line as the honorees at our annual spring event. Part of the mentoring process involves helping these new moms connect with resources in the community, and one of those resources is the Warm Line. We have referred our mothers on countless occasions with their questions, and they have always been received with open arms.”

The Warm Line is a free community service of Women & Infants, providing new parents with telephone support services by nurses who offer helpful information regarding new babies, breastfeeding and postpartum issues. The Warm Line number is 1-800-711-7011.



Memorial lactation consultant first in the nation to be state licensed



In the 2014 legislative session, the Rhode Island General Assembly became the first in the country to pass a law authorizing the director of the Department of Health to write the rules and regulations to license lactation consultants. That was accomplished recently, and Michael W. Fink, MS, ICCE, IBCLC, of Memorial Hospital, became the first lactation consultant in the country to be state licensed.

Fink began her career as a lactation consultant with the Providence Community Health Centers in the late 1980s, started making breastfeeding rounds on her class participants and was certified as an International Board Certified Lactation Consultant (IBCLC®) in 1991. She now directs the prenatal education program and serves as a lactation consultant at Memorial. She also still makes lactation rounds for WIC (Women, Infants and Children Program) participants at Women & Infants.

“The Rhode Island law is an important step in ensuring that new mothers have the highest quality of care and guidance as they learn to breastfeed their babies, that women have increased access to lactation consultants, and that insurance covers the visits,” Fink says.

Fink is one of the original members and a past chair of the Rhode Island Breastfeeding Coalition. She served on the licensure committee that helped pass the recent law in Rhode Island.

“Michael has been an ardent supporter of breastfeeding and a woman’s right to provide breast milk to the child. This milestone she has achieved is admirable and evidence of her dedication she and other lactation consultants show their patients each day,” says Michael Pepi, MD, chief of obstetrics and gynecology at Memorial Hospital.

‘Spring into Action’ results are in

Congratulations to all who participated in the Flex for Life “Spring into Action Exercise Challenge” which ended on June 29. Winning team members were entered into a raffle to win one of 14 movie ticket gift packs—four movie tickets each. Here are the final standings of the teams:

CNE winning team—CNE Climbers

Place Team Name

First	CNE Climbers
Second	Butler Joggers
Third	VNA Yogis
Fourth	Kent Swimmers
Fifth	Women & Infants Hikers



Memorial Hospital winning team—Excess Baggage

Place Team Name

First	Excess Baggage
Second	FM Ladies
Third	MHRI Olympians
Fourth	Team ICU
Fifth	Chaplain Challenge


A new Flex for Life Nutrition Challenge will be introduced in September. Watch for more details! Continue achieving your exercise goals and working toward better fitness!



Third Annual CNE Take Me Out to the Ballgame set



Come celebrate Care New England night at McCoy Stadium and meet up with friends and colleagues throughout the CNE system. The event will be held on Wednesday, July 29, and will include a barbecue beginning at 5 p.m., and an evening game between the PawSox and Norfolk starting at 7 p.m. Also, don't miss your chance to make it to the pitcher's mound! Tell us what makes you an all-star sports fan in 25 words or less and you may be selected to throw out the ceremonial first pitch. Two hundred tickets are available and will be given out on a first-come, first-served basis. To reserve two tickets for July 29, and to enter your submission to throw out the first pitch, please email pawsoxtix@carene.org by July 24.

Care New England also has flex tickets available for any game throughout the 2015 season. Tickets are good for general admission seats based upon availability. If you would like two flex tickets please email pawsoxtix@carene.org by July 17. Tickets will be given out on a first-come, first-served basis. 



Care New England