

# carenews

together we are transforming the future of health care

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“If you think the transformation of health care in our community is some futuristic potential, think again. It is happening here, it is happening now. And, we are a part of it.”

Good day!

Next week it will be four years since I started at Care New England—and the work we have accomplished together is nothing short of breathtaking. Among many other significant accomplishments, we established new groups, category teams and councils, we initiated a new commitment to quality following the Baldrige model of performance excellence, we championed system integration as a goal to improve both our effectiveness and efficiency, we invested in new capital projects and new technology with Epic in our ambulatory settings and the Cerner installation at Memorial, we worked with physician partners and formed our Accountable Care Organization Integra, and we embraced the principles of the national Triple Aim as our vision for the health care delivery system of the future.

I am thrilled to see that vision coming one step closer as a statewide aspiration last week with the formation of a new initiative to foster health care innovation by improving patient care and health outcomes while at the same time lowering cost for all Rhode Islanders. Organized by Governor Gina M. Raimondo, along with Senator Sheldon Whitehouse, the Working Group for Healthcare Innovation includes a broad and diverse group of health care professionals, patient advocates, business people and other policy leaders who will be charged to examine and recommend improvements across Rhode Island's entire health care system. I am honored to be among the hospital representatives who will contribute to the group, and I am also proud to report that Dale Klatzker, president of The Providence Center, joins the panel as a provider member, and Dr. Pablo Rodriguez, obstetrician-gynecologist at Care New England, will lend his expertise, also representing the provider community.

In announcing the new group, the Governor said, “We’ve shown that we can come together and take bold action that will keep people healthier, at a more affordable and predictable cost. We have laid a great foundation for reform through Reinventing  
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## In this issue:



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Medicaid, yet too many Rhode Islanders still cannot access the coordinated services they need to be healthy, and rising costs are still a major concern for businesses, families, and the state. As we continue to reform our Medicaid system, we can and must help more people make it in Rhode Island by expanding our focus beyond publicly-funded health care.”

The framework for this initiative comes from extensive work spearheaded by Senator Whitehouse and community leaders, myself included, in 2014. Senator Whitehouse spoke at the press conference and acknowledged this effort. “I was proud to work with Rhode Island Foundation President Neil Steinberg and health care leaders last year to help develop a blueprint to accomplish those goals,” said Senator Whitehouse, “and I thank Governor Raimondo for taking that process to the next step. The Governor has an opportunity to keep our state at the forefront of health care innovation, and I look forward to supporting her and our health care leaders in this effort.”

Drawing off the recommendations of Senator Whitehouse’s group and the action plan of the Working Group to Reinvent Medicaid of which I was a co-chair, the new Working Group will focus on four specific sets of deliverables, due to the Governor in December, that support the Triple Aim:

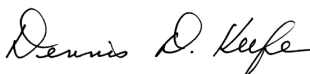
- Develop benchmarks and a plan to establish a global health spending cap for Rhode Island;
- Identify an implementation plan to achieve the “80 by ’18” goals which tie 80 percent of health care payments to quality by 2018;
- Develop a vision for next-generation health information technology systems for all payers to improve care and reduce waste in the system; and,
- Establish performance management frameworks to achieve population health and wellness goals outlined by the Centers for Disease Control and Prevention’s Healthy People 2020 report. In its work, the group will support and coordinate health care reform work already underway in the state.

Chairing the initiative will be Elizabeth Roberts, director of the RI Executive Office of Health and Human Services, who said, “Rhode Island has some of the finest health care services in the country, and great work is being done across our state to rethink the way we deliver and pay for care. We have an opportunity now to coordinate our efforts and build on the momentum of our Reinventing Medicaid initiative to drive effective, sustainable, affordable reform across our health care system.”

So, if you think the transformation of health care in our community is some futuristic potential, think again. It is happening here, it is happening now. And, we are a part of it.

Stay open to innovation, stand prepared for change. Have a great week ahead!

Sincerely,



Dennis D. Keefe  
President and Chief Executive Officer

**ConvergenceRI**

Click [here](#) to view this week's ConvergenceRI



## Seven more days to submit CARE Awards applications!

*The August 3 deadline for the 17<sup>th</sup> annual CARE Awards competition is just days away. Get your project results recognized! Teams are awarded prizes in an award ceremony for their ongoing work in clinical, non-clinical, workforce and future vision categories. To learn more or to submit a CARE Awards application, visit <http://carenet/careawards>. The awards ceremony which will pay tribute to all winner and honorable mention honorees and to the People's Choice award recipient will be held Monday, November 2 at Butler's Ray Conference Center. Don't miss out!*



## Dr. Lally makes her mark here and across the nation

Dr. Kate Lally, Care New England's director of palliative care, hospice medical director for the VNA of Care New England, and clinical assistant professor of medicine at The Warren Alpert Medical School of Brown University, was honored last week by *Providence Business News* as a winner of the 2015 40 under Forty competition. Winners were selected based on career success and community involvement. All the winners are young professionals who have committed to making a difference on a local, national or international scale.



Here is a portion of the statement submitted by Dr. Lally which supported her winning nomination:

*I have spent the last three years as director of palliative care at Care New England (CNE) and hospice medical director at the VNA of Care New England. I continue to be passionate about palliative care and have had amazing opportunities for growth while at Care New England. Palliative care provides symptom management for patients with serious illness, no matter the diagnosis or prognosis. Having spent much of my training working with critically ill patients, I observed the limits of what medicine can do and saw how important it is to talk with patients about their end-of-life wishes. I also saw the importance of being honest with patients and families about their prognosis, and the value of helping them choose treatments most likely to benefit them and least likely to prolong their discomfort. It is with this background that I came to CNE and started the Palliative Care Program.*

*In the past three years, I have led the effort to create a Palliative Care Program that is now integrated into all aspects of care at Care New England, which provided few of these services before my arrival. CNE's Palliative Care Program has grown into a six-member team providing consults at four hospitals and providing more than 1,000 new consultations during the past year alone. In addition, we have significantly expanded the hospice services offered by Care New England and developed an Advanced Illness Management Program providing home-based palliative care.*

*In addition to the work I have done at CNE, I have also developed a national reputation as a faculty member with the Institute for Healthcare Improvement (IHI), which works to improve the quality of health care nationwide. I became a faculty member at the IHI as a result of CNE's participation in The Conversation Project, which CNE became involved in soon after my arrival in 2012. CNE joined The Conversation Project as a Pioneer sponsor and we have worked extremely hard over the past three years to improve our ability to engage with patients and families in discussions about their end-of-life wishes. As part of this effort, we have pioneered the role of the "Conversation Nurse" to expand the number of providers talking with patients and families about their wishes and to demonstrate that providers other than physicians have a leading role. The IHI has asked me to be on the faculty for the last two years to teach other health systems about the work being done at CNE and I have participated in many national presentations about our work with The Conversation Project. The IHI recently asked me to take on a larger role as lead faculty on an "Expedition," which is a web-based curriculum about palliative care across the continuum.*

*In summary, I believe I am a strong clinician who has had significant professional accomplishments since my arrival at Care New England. I have been blessed to be active in many aspects of palliative care, being involved in the delivery of care every day as well as the policy aspect through my work with Senator Whitehouse. I have enjoyed the academic side of palliative care through my work with residents and medical students, and the administrative side by maintaining a close relationship with the senior management of Care New England.*

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*I am most proud, however, of my work educating other providers about the importance of having end-of-life conversations. As a faculty member at The Warren Alpert Medical School of Brown University, I have taught extensively on improving the quality of end-of-life conversations as well as how to effect change in an organization. While I have lectured to every level of professional, my particular interest remains in raising the skill set of both physician and non-physician members of the palliative care team. There is a severe shortage of clinical staff trained in having conversations about patients' end-of-life wishes. I continue to work with the nursing staff at both our inpatient hospitals and the VNA of Care New England to increase the competence of our nurses in having these conversations.*

This work of Dr. Lally was recently featured in a new interview posted to the IHI Blog. "Dr. Lally—faculty for IHI's Advancing Palliative Care in the Era of Value-Based Care Expedition" describes how a multidisciplinary team, focused on better symptom and pain management, can improve the quality of care, make it more patient- and family-centered, and reduce costs. Dr. Lally also describes the general state of palliative care in the US, and how palliative care can add value to accountable care organizations (ACOs). Link to the video at <http://bit.ly/1HY4HoT>.

## Butler's Alzheimer's program selected as GAP site

The Butler Memory and Aging Program has been selected as one of the original 10 Alzheimer's Disease (AD) clinical research centers in the United States to participate in the Global Alzheimer's Platform (GAP) Site Network.



GAP is closely aligned with the G8 and US goal of developing a treatment breakthrough for Alzheimer's Disease by 2025 and is working in close partnership with the European Prevention of Alzheimer's Disease project. The GAP team is planning a submission to National Institutes of Health in October for major support to develop a registry of eligible clinical trial participants and a registry to cohort proof of concept clinical trial for AD prevention and early intervention.

GAP will provide support for research infrastructure at highly productive clinical research centers to enhance recruitment and streamline regulatory procedures to greatly reduce the time required to test new AD medications. GAP hopes to have many innovative features including use of an adaptive design and the use of a national IRB to help guide the growing field of AD prevention.

Dr. Stephen Salloway, director of neurology and the Memory and Aging Program at Butler Hospital, is serving on two of the GAP site planning committees to help develop the GAP program.

"The selection of our program as one of the original 10 GAP sites is a wonderful tribute to the hard work of our dedicated staff, the support of our donors, and the high regard this has generated among our colleagues and funders," says Dr. Salloway.

## Mouradian named acting SVP of philanthropy

Susan Mouradian has recently been appointed acting senior vice president for philanthropy at Care New England. She currently serves as the senior philanthropy officer for corporate services, a position she has held since the Care New England philanthropy departments were consolidated in January 2014. Previously, she was the philanthropy officer for major gifts at Women & Infants. A highly regarded professional in philanthropic circles, Susan has 30 years of progressive fundraising experience, including positions at Wesleyan University, Rollins College and The Warren Alpert Medical School of Brown University. She succeeds Karen Davie, senior vice president of philanthropy and governance, who transitions on August 3 to retired life and volunteer and consulting work, including some ongoing assignments for Care New England. Congratulations Susan, best wishes Karen!



## Kent laboratory awarded CAP accreditation

The College of American Pathologists (CAP) has once again awarded accreditation to the Kent Hospital laboratory and Wickford Junction laboratory based on results of a recent on-site inspection as part of the CAP's accreditation programs. This is a two-year accreditation.



"We are very pleased to maintain our CAP accreditation here," said Dr. Michael Dacey, president and COO, Kent Hospital. "The laboratory clinical leadership and dedicated staff work extremely hard to achieve the highest standards for our patients and to provide the excellence of care they deserve. Meeting and exceeding these rigorous standards is an important achievement we continually strive toward."

During the CAP accreditation process, designed to ensure the highest standard of care for all laboratory patients, inspectors examine the laboratory's records and quality control of procedures for the preceding two years. CAP inspectors also examine laboratory staff qualifications, equipment, facilities, safety programs and records and overall management.

The Kent Hospital laboratory performs more than 1.5 million tests annually.

## Memorial and Women & Infants pharmacists represent Rhode Island at national meeting

Ewa Dzwierzynski, PharmD, pharmacy site manager, Memorial Hospital and president of the Rhode Island Society of Health-System Pharmacists, and Linda Nelson, PharmD, clinical pharmacy specialist, Women & Infants Hospital, served as the Rhode Island delegates in the American Society of Health-System Pharmacists (ASHP) House of Delegates at the 2015 Summer Meetings & Exhibition held in Denver, CO. ASHP is the national professional organization whose more than 40,000 members include pharmacists, student pharmacists, and technicians. The ASHP House of Delegates is the ultimate authority over ASHP professional policies, which express the Society's stance on important issues related to health-system pharmacy practice and medication use in society. The House of Delegates meets annually at the ASHP Summer Meetings, where it reviews policy proposals that have been approved by the Board of Directors; most professional policies are initially drafted by ASHP councils or the executive committees of sections and forums. Thirty-five policies were reviewed by the ASHP House of Delegates this year—a new record.



Additionally, the results of a state-wide medication use evaluation were presented at the ASHP Summer Meeting. CNE pharmacists Michelle Kelley, PharmD (Kent), Marco DelBove, PharmD (Memorial), and Linda Nelson, PharmD (Women & Infants), participated in this statewide medication use evaluation of targeted anticoagulants. The poster was entitled "Statewide collaboration to review targeted oral anticoagulant use." The review demonstrated that the use and dosing of these agents was appropriate during the survey time period of January 1 to March 31, 2013. Pharmacists contributed to optimizing therapy in more than 20 percent of patients. Nelson was one of two presenters at the meeting.

## VNA to provide at-home doula services to BCBSRI patients at Women & Infants

Through the Win4RI Partnership, Blue Cross Blue Shield of Rhode Island (BCBSRI) and Care New England have developed a program that will enhance the delivery experience and support the healthy transition home for mothers and babies. Part of the partnership, the new Home Visit Program offers visits with certified nursing assistants who have been trained as doulas from the HealthTouch program at the VNA of Care New England. All BCBSRI members who deliver at Women & Infants are now eligible for one, three-hour visit as part of their benefits—additional visits may be purchased following the initial visit. This further demonstrates CNE's commitment to helping mothers and babies on their breastfeeding journey by offering new mothers support at home with breastfeeding, self-care and baby care. [cne](#)

