

# carenews

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“As we continue to reduce costs, increase revenue generation, maximize care retention, and improve revenue cycle and supply chain functions, we know the work ahead will be difficult.”

Good day!

## In this issue:



As part of the annual process required for our hospital revenue bonds, which we have used historically to finance major capital projects, last week Fitch Ratings issued its annual ratings on Care New England's credit worthiness. There was good news; the reviewers saw positive signs of how we are managing in a difficult environment by reaffirming our BBB rating. Yet, they also saw some storm clouds of possible risk and uncertainty, thereby changing our credit outlook from stable to negative.

Why is this important? This is significant not only because it reflects on our ability to borrow in order to fund needed capital projects now and into the future, but the findings of the rating agencies are an important bellwether from an independent expert source on our overall financial condition and Rhode Island, in general.

Fitch noted Care New England's weakened operating performance since 2013, largely attributing this to the compressed payment rates in Rhode Island as a result of regulations which limit the yearly increases hospitals can receive from commercial payers. They comment that these limits have kept rates at less than 2%, and further, "Fitch believes this level of rate increase is unsustainable." They go so far as to project, that with this situation and other anticipated reimbursement changes on the Medicaid front, Rhode Island's adverse payment environment might be reason enough for a credit downgrade in the future.

So what do we do about this? As Fitch cites, we must continue our work to build a more integrated and physician-driven health care delivery system, capable of managing population health, and to persevere with the initiatives we are undertaking to improve our overall operational performance, to the tune of \$75 to 90 million over the next two to three years.

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“Successful implementation of the plan will be a key driver for sustaining the rating,” says Fitch, “especially given CNE’s strategic plan which requires ongoing investments, and the current challenges to its reimbursements.”

Make no mistake. This is not only about maintaining a credit rating, this is about being a viable organization now and into the future.

As we continue to reduce costs, increase revenue generation, maximize care retention, and improve revenue cycle and supply chain functions, we know the work ahead will be difficult. We know we are not alone in facing challenges, but we can differentiate ourselves in our response and our resolve.

Allow me to use this column to address another item that cropped up last week, news about Care New England and merger talks with another organization. I will shed some light on this matter by letting you know that, under the direction of the Care New England Board of Directors, we have been involved in a thoughtful and deliberative process to scan the environment and evaluate the need for a strategic partner for our system. This has been going on for quite some time, and is neither a new occurrence nor one related to our financial challenges as noted above. As a result, we have been engaged in discussions with a number of organizations. This is the type of thing that is happening all over the country, as the incentives in the Affordable Care Act strongly promote these kinds of relationships for the future. Also, and most typically, this is a highly confidential process, and we will honor the agreements we have made with all other parties not to disclose any of these discussions. Please be assured, if and when our Board determines that we will pursue an affiliation partnership, we will do our best to inform all of you prior to any outside announcements.

Yes, indeed, these are interesting times!

Stay focused on the work—and be good to one another!

*Dennis D. Keefe*

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President and Chief Executive Officer



## Care New England members present panel discussion with Patrick J. Kennedy

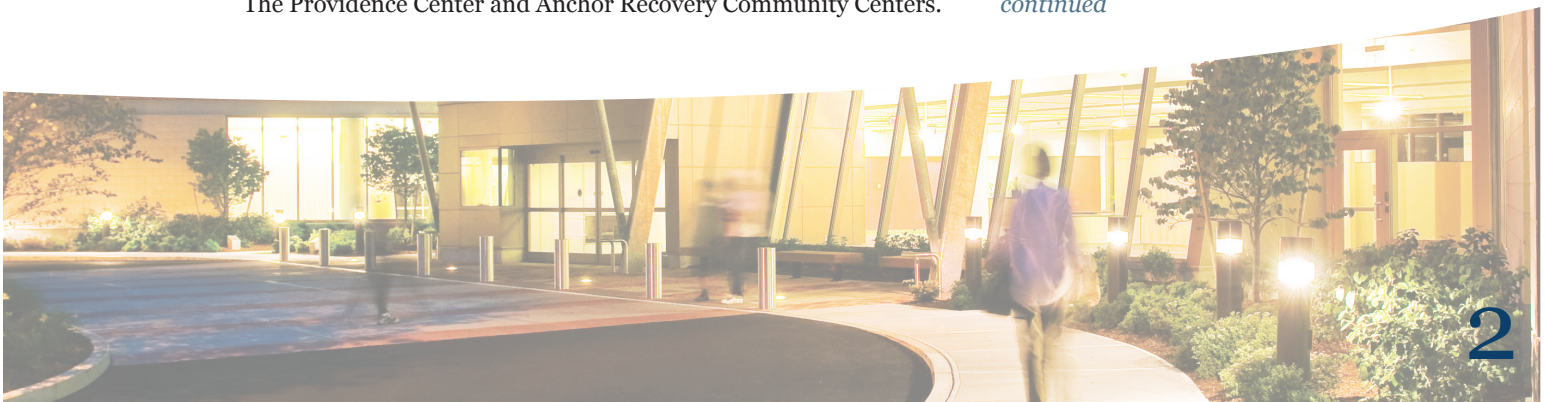
This past Friday, Care New England members Butler Hospital, The Providence Center and Anchor Recovery Community Centers came together with Mental Health Consumer Advocates of RI to present *The Power of Peers*, a roundtable discussion led by former Rhode Island Congressman Patrick J. Kennedy to a full house of more than 100 people at Ray Conference Center on Butler’s campus.

Moderated by Alison Bologna, from WJAR, Kennedy was joined by Alicia Acevedo, peer recovery specialist, Continuum Behavioral Health/HealthPath; Thomas F. Joyce, associate director of Recovery, Support Services, The Providence Center/Anchor Recovery Community Centers; Dale Klatzker, PhD, president, The Providence Center; Rev. David Martins, director, Rhode Island Communities for Addiction Recovery Efforts; James McNulty, executive director, Mental Health Consumer Advocates of Rhode Island; and Roxanne Newman, peer recovery specialist, The Providence Center.



The discussion centered on the power of peer-to-peer addiction counseling services and the role Rhode Island, in particular, can play in the national discussion, in large part, due to the success of Care New England members, The Providence Center and Anchor Recovery Community Centers.

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Talking points included education, political reform and community buy-in.

“We have lots of opportunities to change the dialogue,” said Kennedy. “My goal is that Rhode Island can be number one in this space. I look forward to being part of it.”

Kennedy’s presence is the only Rhode Island stop on his national book tour, promoting his *A Common Struggle: A Personal Journey through the Past and Future of Mental Illness and Addiction*. Copies were available for purchase and Kennedy spent time signing copies before and after the event.

“This is an important event for Rhode Island, as almost 50,000 people each year in our state are diagnosed with serious mental illness, and nearly half do not seek treatment, either out of fear or because our system is not adequately set up to address their needs,” said Dr. Larry Price, president and COO of Butler Hospital.

For those who couldn’t attend, the event was broadcast live on Butler’s Periscope account and a full recording will be posted to the Care New England YouTube (<https://www.youtube.com/user/CareNewEngland>) channel in the near future.

## Memorial researchers study connection between sleep apnea and nighttime urination in postmenopausal women

Thousands of postmenopausal women have obstructive sleep apnea (OSA) and researchers with the Center for Primary Care and Prevention (CPCP) at Memorial Hospital have now connected the risk factors for OSA with nocturnal enuresis, or waking to urinate at night. Treatment for one condition, they claim, will help both.



The CPCP research team—which includes Patrick Koo, MD, F. Dennis McCool, MD, Lauren Hale, PhD, Katie Stone, PhD, and Charles B. Eaton, MD, MS—recently published “Association of obstructive sleep apnea risk factors with nocturnal enuresis in postmenopausal women” in *Menopause: The Journal of the North American Menopause Society*.

The team mined the data made available by the landmark national study Women’s Health Initiative (WHI), which maintained a clinical presence at Memorial from 1993 to 2005, and created a cohort of 2,789 women aged 50 to 79 years of age for this study.

“What we found suggests that a history of nighttime urination, including leakage, in postmenopausal women places them at increased risk of OSA,” explains Dr. Koo, who is also an assistant professor of medicine (clinical) at The Warren Alpert Medical School of Brown University. “Therefore, primary care providers should consider assessing for OSA risk factors in at-risk postmenopausal women with nocturnal enuresis.

“Most importantly, postmenopausal women with nocturnal enuresis should report it to their physician.”

The connection between OSA and nocturnal enuresis is as basic as understanding that apnea-associated changes in a person’s intrathoracic pressure causes increased urine output. Although it is typically more common in men, OSA increases in women after menopause. If it is left untreated, OSA can lead to the development of high blood pressure and cardiovascular disease. Treatment of OSA with a continuous positive airway pressure (CPAP) machine not only improves blood pressure control and cardiovascular health, but, as the CPCP research team discovered, nocturnal enuresis as well.

“The incidence of nocturnal enuresis increases with age but not necessarily after menopause. The fact that

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women think this an expected sign of aging means that they do not mention it to their primary care providers,” Dr. Koo says. “In our research, however, we found that OSA risk factors—such as obesity, snoring, poor sleep quality, sleep fragmentation, daytime sleepiness, and hypertension—are clearly associated with nocturnal enuresis in post-menopausal women.”

As a result, the CPCP researchers are urging primary care providers to ask post-menopausal patients about nocturnal enuresis as a symptom when screening them for OSA. In turn, they suggest women who present with nocturnal enuresis be questioned about other OSA factors so their treatment can be all-encompassing.

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.

## Women & Infants introduces Menopause Program

Women & Infants has introduced The Menopause Program to promote the health and quality of life for all women during midlife and beyond through an understanding of menopause and health aging.



Under the leadership of Dr. Renee Eger, director of The Menopause Program and the Women’s Primary Care Center, the multidisciplinary team of providers includes Drs. Ruben Alvero and Carol Wheeler, Division of Reproductive Endocrinology and Infertility; Dr. Ken Chen, Division of Obstetric and Consultative Medicine; Drs. Heather Hurlburt and Alice Kim from Women’s Heart Health of Women & Infants; as well as providers with the Center for Women’s Behavioral Health and the Center for Primary Care.

“Women & Infants Hospital is committed to providing services to women at all ages and stages of their lives. And while we have for years offered programs to menopausal women, this new program allows us to better coordinate care across disciplines,” said Dr. Maureen Phipps, chief of obstetrics and gynecology.

Dr. Eger said, “Menopause can be a very challenging time in a woman’s life, affecting many aspects of her physical and emotional well-being. Postmenopausal women are at increased risk for heart disease and osteoporosis, so it is vital that they not only be treated for their menopausal symptoms, but that they also maintain a strong relationship with their own primary care provider to ensure that health problems can be discovered and treated early. We will be working closely with each patient’s primary care provider to ensure continuity of care.”

The Menopause Program offers evaluation and treatment of vasomotor symptoms such as hot flashes and night sweats, as well as vulvovaginal problems such as vaginal dryness, pain, burning and painful intercourse. The multidisciplinary team also provides preventative care services for midlife women, including breast health, bone health, emotional and psychological health, and cardiovascular screening.

Patients of Women & Infants’ Menopause Program will be seen at two locations on the hospital’s Providence campus—Women’s Primary Care Center, 2 Dudley Street, 5<sup>th</sup> floor, and Division of Reproductive Endocrinology and Infertility, 90 Plain Street, 4<sup>th</sup> floor. Appointments may be made through a woman’s own primary care provider or by calling (401) 274-1122, ext. 42721. For information, visit <http://womenandinfants.org/menopause>.



## Memorial physician named editor-in-chief of the fmCASES educational tools

David Anthony, MD, a family medicine physician at Memorial Hospital, was named editor-in-chief of Family Medicine Computer-Assisted Simulations for Educating Students (fmCASES) used by more than 100 medical schools to teach the Society of Teachers of Family Medicine (STFM) Family Medicine Clerkship Curriculum.



The content for fmCASES's 40 interactive virtual patient cases draws heavily from other STFM projects including Family Medicine Curriculum Resources and the Future of Family Medicine.

An fmCASES subscription includes cases that help cover the family medicine core learning objectives. These cases help build clinical competency, fill educational gaps, and instill the core values and attitudes of family medicine. fmCASES fosters self-directed and independent study, builds clinical problem-solving skills, and teaches an evidence-based and patient-centered approach to patient care.

Dr. Anthony is also director of Predoctoral Education and an associate professor of family medicine at the Warren Alpert Medical School of Brown University.

## Breast Health Center at Kent to host breast screenings

Kent Hospital's Cancer Program and the Women & Infants Breast Health Center at Kent are providing a breast health screening program which consists of a mammogram and clinical exam for women 40 and over. In recognition of Breast Cancer Awareness Month, Kent Hospital is partnering with the RI Department of Health Women's Cancer Screening Program to provide free breast health exams to women 40 and over who do not have insurance, have income below the generous income guidelines or who do not have health insurance that covers breast health screening services.



The mammogram followed by the clinical exam will be performed at the Women & Infants Breast Health Center at Kent. Appointments can be scheduled starting in October 2015 by calling (401) 736-1988. All participants must be Rhode Island residents.

The Women & Infants Breast Health Center at Kent draws on the expertise of specialty-trained physicians who are national leaders in breast health. This collaboration with Women & Infants Hospital enhances and broadens Kent Hospital's commitment to providing its patients with access to the best possible care in this region. For more information log onto the website at <http://kenthospital.org/breasthealth> or call the Breast Health Center at (401) 736-3737.

## 2015 March of Dimes Prematurity Summit slated

The 2015 March of Dimes Prematurity Summit will take place on Thursday, November 5<sup>th</sup>, 2015 from 7 to 10 a.m. at Women & Infants Hospital, the Malcolm and Elizabeth Chase Education Center. The Summit grand rounds, "Latrogenic Multiple Birth: The Case for Professional Responsibility," will be delivered by Brad Van Voorhis, MD, professor and executive vice-chair of the REI Division and IVF program director at the University of Iowa Carver College of Medicine. Please RSVP to the March of Dimes by phone (401) 228-1931, by email [ri440@marchofdimes.org](mailto:ri440@marchofdimes.org) or on the website <http://marchofdimes.com/rhodeisland>.

