

carenews

together we are transforming the future of health care

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Good day!

Last Friday *New York Times* Op-Ed Columnist David Brooks quoted the chair of President Obama's Council of Economic Advisers, “Health care prices have grown at an annual rate of 1.6 percent since the Affordable Care Act (ACA) was enacted in March 2010, the slowest rate for such a period in five decades, and those prices have grown at an even slower 1.1 percent rate over the 12 months ending in August 2015.”

Though the political debate around the Affordable Care Act or Obamacare wages on, some would declare that the law enacted five years ago has achieved at least one of its targeted goals: slowing the rate of health care costs.

Is that really good news for all of us in the business of health care delivery?

And, what about the other BHAG (big hairy audacious goal) of the ACA: to keep people well and out of the hospital?

Are we not creating more financial hardship for ourselves by working to avoid hospitalizations or more procedures for patients? Said in another way, isn't the work of our Accountable Care Organization and the move toward population health actually at cross purposes with our hospitals and agencies?

The answer is “yes” and “no.” Right now, as we are straddling both the fee-for-service and the population health worlds, we need to continue to attract business into our organizations and at the same time move toward the brave new world of alternative health care delivery and payment models. And, believe me, it is not so “alternative” any more.

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In this issue:



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According to one of the nation's leading health care think tanks, The Advisory Board Company, one of "The 10 Things CEOs Need to Know in 2015" is "a population health strategy is no longer optional." They go on to say, "So while the Medicare Shared Savings Program provides a pilot to test care management investments, the most successful systems quickly add more covered lives to their contracts, with the hope of spreading the population health infrastructure costs across a larger group of patients. Additionally, increasing covered live, improves actuarial stability and supports further capital investments in the transition to full-scale population health."¹

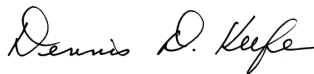
So the good news is that Integra, our own Accountable Care Organization, is showing substantial progress—and promise. A recent retreat in the woods of URI's Alton Jones campus recapped the successes we have seen building our infrastructure, attracting new providers into the mix and amassing more covered lives. We enjoyed an invigorating discussion with Rhode Island's senior health official Secretary Elizabeth Roberts on the transformation of health care and how our work has been instrumental in moving the new vision ahead for our state.

And, while the inexorable journey into the new world continues, we have not lost sight of our traditional business model. We have continued to build new services, recruit talented new providers into our organization, and mount exciting marketing campaigns to heighten awareness of our programs. In the weeks ahead, we will also be sharing information about our 2016 benefit program which will reward our enrollees for making use of our own Care New England facilities and services which has become a predominant practice among health care systems.

Indeed, as we work to bring in more business to our hospitals and agencies and at the same time to keep people well and out of the hospital, we know that we now live in a world of ambiguity where different forces tug us in different directions. It's not necessarily a comfortable place.

As we live through times of uncertainty and difficulty, we will need to keep our eyes on our missions of care—and reach out in support of each other to do the very best work we can.

Sincerely,



Dennis D. Keefe
President and Chief Executive Officer



¹"The 10 Things CEOs Need to Know in 2015," Research Briefing, The Advisory Board Company, 2015

Care New England researchers participate in Harvard Macy Institute

The Harvard Macy Institute Program provides professionals involved in training the next generation of health care providers with the knowledge base and skills to enhance their expertise by conducting an educational project of their own design. Care New England committed to sponsoring two participants for the 2015 program. Last fall, Drs. Neha Hudepohl and Susan Kelly were chosen as Care New England's representatives to the program, and their proposals, initially selected as part of a competitive process within CNE, were then accepted by the Harvard Macy Institute, allowing their research efforts to move forward.

Harvard Macy Institute
harvardmacy.org



Dr. Hudepohl, from the Department of Medicine, Division of Women's Behavioral Health at Women & Infants, entitled her proposal "Screening for Perinatal Depression: Does Educational Intervention Change Practice Patterns Amongst Maternal Health Providers?" The project aims to create an innovative, interactive,

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and electronic educational product for maternal health providers to educate on the presentation and risks of depression in the perinatal period, coupled with tools on how to screen and refer for treatment. The long-term goal of this project is to disseminate this product amongst maternal health providers in the CNE system, thereby improving screening rates and referral for treatment with the ultimate goal of improved patient care.

Dr. Hudepohl believes that medical education can and should be presented in a practical, hands-on manner that facilitates integration of knowledge into clinical care practices. Maternal health is a focus within the CNE system, says Dr. Hudepohl, and part of that focus is recognizing mental health issues that arise during pregnancy and the postpartum period. Educating providers at CNE about these illnesses and ways to intervene provides a unique opportunity to make a profound difference in the lives of our patients and their families.

“Residents and the Patient Experience” was the project developed by Dr. Susan Kelly, clinical assistant professor of psychiatry at Brown and unit chief of Delmonico 4, a General Adult Psychiatry Unit at Butler Hospital. The idea for the project came from Dr. Kelly’s work with Butler physicians to develop an appreciation of quality of care from the patient perspective that would be reflected in positive responses to patient satisfaction surveys, such as Press Ganey.

In working with the attending physicians, Dr. Kelly realized that trainees, key people who interact with patients, were not only unaware of patient surveys and the standards upon which physicians are evaluated, but also had little opportunity to reflect upon, evaluate and adapt their practices to meet these standards. Dr. Kelly theorized that the addition of such training in the residency curriculum might be reflected in an increase in patient satisfaction with physician care.

The project began this July with the introduction in the PGY 1 curriculum of three seminars introducing residents to the concepts of the patient experience, collaborative care, and patient-physician evaluation. The curriculum addresses common areas of concern such as how to maximize limited time in patient encounters so patients feel their concerns are heard and considered, convey information about diagnosis and treatment at a level which each patient can understand, and navigate conflict around treatment goals in a professional and courteous manner.

As part of this project, which has been approved by the Butler Hospital Institutional Review Board, residents will also collect data from patients, specific to the care they provide, so they may begin to incorporate patient feedback into their own professional growth and development.

Memorial researcher: Flu shots prevent hospitalizations in elderly

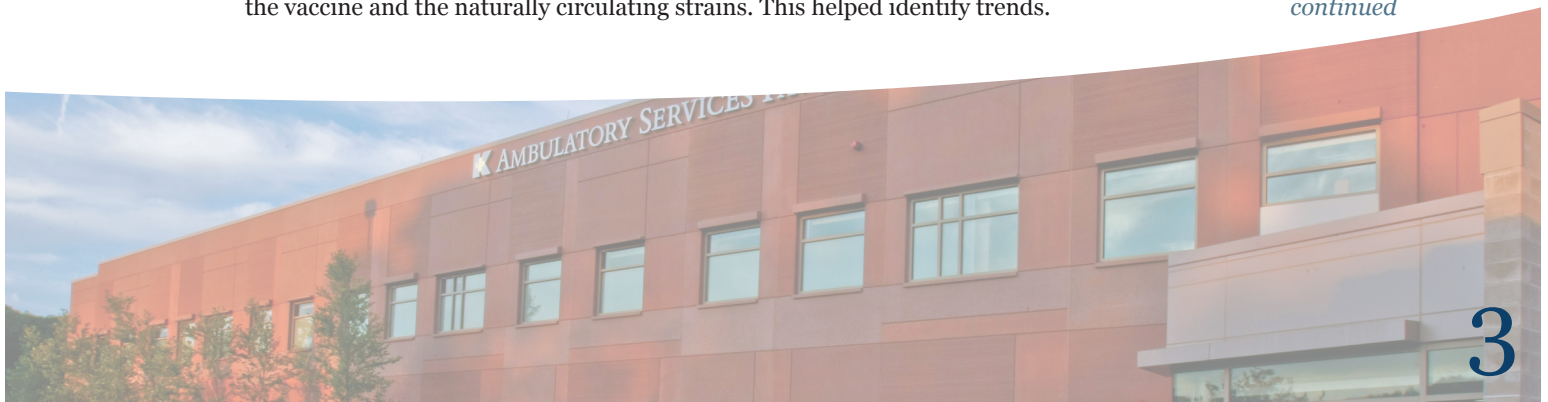
With seasonal flu season approaching, new research authored by an infectious disease physician at Memorial Hospital, in conjunction with a research team from Brown University’s Health Policy Department, reinforces the importance of vaccinations in the elderly to prevent flu and related hospitalization. The authors studied Medicare claims data from more than one million nursing home residents in the United States. Their retrospective cohort study, “Estimating the Effect of Influenza Vaccination on Nursing Home Residents’ Morbidity and Mortality,” was published recently in the *Journal of the American Geriatrics Society*.



“Influenza causes almost 40,000 deaths each year, mostly among the elderly. Those who live in nursing homes are especially vulnerable because of the natural weakening of the immune system due to the aging process, other health issues, and living in close institutional quarters,” explains Aurora Pop-Vicas, MD, of Memorial Hospital.

Flu vaccines are tailored to the anticipated strain of flu each year, so the research examined nine years of data to fairly compare vaccine-derived benefits in years with varying degrees of accuracy of match between the vaccine and the naturally circulating strains. This helped identify trends.

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“What we found was that even in years when the vaccine match was insufficient, influenza vaccination was an important primary prevention strategy for nursing home residents,” Dr. Pop-Vicas says. “This is in contrast with recent literature suggesting that there are limited or no benefits to the elderly from influenza vaccination.”

Vaccinating the younger, healthier population and health care workers for flu, she adds, is an additional measure to help the vulnerable elderly by decreasing their exposure to people sick with the flu.

Flu vaccines are available at primary care physician offices, including those at Memorial Hospital. For the name of a primary care physician accepting new patients, call 800-647-4362 or go to <http://mhri.org>.

W&I team published on cover of journal

Dr. Barbara Stonestreet and co-author, Grazyna Sadowska, DVM, were chosen for publication in the *Journal of Cerebral Blood Flow and Metabolism* for the September 2015 issue. The article, “Interleukin-1beta Transfer across the Blood-Brain Barrier in the Ovine Fetus,” addressed those premature babies exposed to infections, in whom lung injury and bowel damage can often predispose these babies to brain damage.



“Researchers and neonatologists thought that this could be because special proteins termed cytokines might be able to enter the brain to cause damage to the brain in fetuses and premature infants. However, information that this actually occurred was not available until our recent paper. In this study, we proved that these potentially toxic substances do enter the brain of the immature fetus,” explained Dr. Stonestreet. The results explain why babies who have elevations in these proteins in the blood are predisposed to brain injury.

Xiaodi Chen, MD, PhD, a co-author, had his figure from the study chosen to be the featured cover art for the issue.

Kent Hospital Auxiliary reaches \$1 million pledge

Well ahead of its five year schedule, the Kent Hospital Auxiliary has reached its \$1 million pledge made to the hospital to help support important clinical services and advancements, including the Ambulatory Service Pavilion, Dialysis Unit and renovations to the 3 North patient floor. Through the Auxiliary’s annual golf tournament, the Hospitality Shop revenue, and numerous fundraisers, this pledge was reached in about three and a half years. Auxiliary members recently presented the check during their annual luncheon.

For more than 60 years, the Kent Hospital Auxiliary has acted as Kent Hospital’s champion, supporter, and one of its most important fundraisers. Since 1951, the Auxiliary has raised millions of dollars for activities and building programs ranging from instructor textbooks, new hospital beds, to the funding of the Women’s Diagnostic Imaging Center and Emergency Department. Through all its years of growth, through changing community needs, and through crises and changes in health care delivery, the Auxiliary has remained steadfast in its mission of positive, hard-working volunteers who willingly and creatively respond to every challenge asked of them.



Back row: Michael J. Dacey, MD, MS, FACP, president and chief operating officer, Kent Hospital; Joseph W. Spinale, DO, FACC, FACP, senior vice president and chief medical officer; Jim Burke, vice president, finance. Front row: Judith Laurence, manager, Hospitality Shop; and Mary Jane Sweetland, president of Kent Hospital Auxiliary.



'On Broadway' event raises \$502,368 for Women & Infants Labor, Delivery Recovery Suite

On Saturday, October 24, Women & Infants Hospital raised more than \$500,000, at On Broadway, an evening of live Broadway musical entertainment at Café Nuovo in Providence. Approximately 370 guests attended. The event launched the campaign for a new Labor, Delivery and Recovery Suite at the main hospital.

"As we continue to ensure we deliver care in the best environment, the LDR suite comes to mind. Providing above and beyond accommodations to not only the mother, but her support team is critical for such a significant experience," said Mark R. Marcantano, president and chief operating officer of Women & Infants.

The evening's top contributors included: Presenting Sponsor CVS Health; Alex and Ani, LLC; Lisa G. Bisaccia and Robert P. Naparstek, MD; Malcolm G. Chace Jr.; Cox Business; Hinckley Allen; Douglas L. Jacobs and Constance R. Pemmerl; Cynthia B. Patterson; Providence Journal Charitable Fund; Jack and Judith Remondi; Rhode Island Medical Imaging; Joan and Paul Sorensen; Anne and Michael Szostak; the Women & Infants Departments of Obstetrics and Gynecology and Pediatrics; and Women & Infants' Medical Staff Association.



Pictured here, left to right are: Doug Jacobs, Lisa Bisaccia, Mark Marcantano, Deborah Marcantano, Connie Pemmerl, and Dr. Robert Naparstek.

Proceeds from On Broadway will be the first gifts of support for a new Labor, Delivery and Recovery Suite. Each year, about 8,400 babies—more than 75 percent of babies born in Rhode Island—are born at Women & Infants Hospital, most of them in one of 19 private rooms or one of three dedicated Cesarean birth rooms. The exceptional staff of nurses, midwives and physicians provides a wide range of services, ranging from a home-like experience in the Alternative Birthing Center to intensive monitoring by specialists for high-risk pregnancy and delivery.

The evening was enlivened by some of Broadway's best songs as performed by actors from Trinity Repertory Company in Providence and Reagle Music Theatre in Boston.

Road race to benefit Women & Infants Integrative Care Program

Each year, runners and walkers take to the streets of Newport to help raise money for women with cancer who are treated through the Program in Women's Oncology at Women & Infants Hospital. The 32nd annual Christmas 10K Run & 5K Walk will step off from Rogers High School at 10 a.m., on Sunday, December 13, 2015. The race has been organized for years in memory of Tricia Lovett Stallman and in honor of all women who have been touched by cancer.

"This event is beautiful for many reasons. The course in Newport, at Christmastime, is decorated and festive. We have people in holiday costumes and enjoying being outside in the crisp December air. But, the most beautiful part of this event is seeing so many people—young and old, men and women—running and walking to help women with cancer," said Sandra Scuncio, director of the Integrative Care Program in the Program in Women's Oncology.



"Proceeds from the race help us provide various forms of therapy to patients in the hospital and those coming for outpatient care at the Program in Women's Oncology. This includes reiki, therapeutic massage, acupuncture, lymphedema therapy, and yoga. Without the help of these runners and walkers, we would not be able to offer services for free to our hospitalized patients." Race participants are encouraged to seek sponsors. Online registration is available at <http://coolrunning.com> or by calling (401) 846-0042. 