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Care New England is taking an active role in the deliberations and decisions around vital issues that will affect health care delivery and payment reform now and into the future.

Good day!

I don't need to remind anyone that this is a volatile time in health care. The impact of what we do—and how it is paid for—has taken center stage in the public policy arena both at the state and national level. I am pleased to report that Care New England is not simply in the audience as an observer, but is taking an active role in the deliberations and decisions around vital issues that will affect health care delivery and payment reform now and into the future.

Our advocacy efforts are organized around a committee structure which meets every few weeks during the state legislative season. In addition to our lobbying team, our senior executives and hospital presidents come together to develop strategy, formulate positions and monitor key pieces of legislation. That committee discussion frames our action plan up at the State House, but we continue to collaborate with the team from the Hospital Association of Rhode Island, others in the provider community and key stakeholders to advocate on key public policy issues. Often the most important local issue we face revolves around the creation of the state budget. This is important because we continue to rely on state payments for a significant portion of our revenue.

Last week, for example, I submitted testimony to the Senate Finance Committee on one of the important budget articles contained in the draft budget. I wrote as President and Chief Executive Officer of Care New England, the Chair of the Board of Directors of the Hospital Association of Rhode Island, and Co-Chair of the Governor's Reinvention of Medicaid Work Group. It is my honor to serve in these capacities, and, on behalf of all of us at Care New England, be in a position to help determine the direction that health care delivery and payment reform are heading in Rhode Island.

The crux of my position is that we will need sweeping and systematic change to usher in a new environment of care, and we must be willing to re-imagine how health care is delivered and paid for. For us, the answer is not through an ongoing series of random cuts. In this budget alone, the hospital industry faces additional \$54 million in

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payment reductions which will only exacerbate the precarious condition of our health care institutions. Last fiscal year, Rhode Island's two largest health care systems, Lifespan and Care New England, both achieved operating margins of less than one percent. This is in spite of the broadened coverage made available through the Accountable Care Act which has reduced our uncompensated care burden, but altogether not sufficiently to compensate for the overall reductions we are incurring in federal Medicare payments, that will ultimately exceed \$1 billion in Rhode Island alone, and state Medicaid payments reductions of \$54 million as specified in this year's proposed state budget.

As we all know, the great expectations for our health care system go well beyond our role as care providers. We are a bright spot in Rhode Island's economy as a source of jobs and as an incubator for industry and innovation. If we are to maximize the opportunities around the medical-educational hub of our knowledge economy, we cannot continue to inflict thousands of tiny cuts and expect this industry to thrive. With our razor-thin operating margins that pale in comparison to health care organizations across the country, we cannot make the needed investments in facilities, technology, programs and people in order to realize the true potential of this economic engine for our state.

I also wrote that the best solutions will be through bold and creative approaches that encourage stronger performance, improve patient outcomes and satisfaction, and, at the same time, reduce costs. This is the promise of health care reform, and it is why at Care New England we are partnering with physicians and payers to develop new population health arrangements. We must similarly partner with government to explore innovative models of health care delivery to bring down the cost of care while at the same time providing needed services to some of our state's most vulnerable. I advocated for consideration of a specific payment scenario that would be more favorable to hospitals and consideration of a new pool of funding that would enable hospitals to share in the state's cost savings from Medicaid reductions if we could demonstrate achievement of select quality metrics.

That was not the only time our CNE leadership team took an active role up at the State House last week. Some of our system and hospital executives appeared before the Senate Health and Human Services Committee and provided testimony related to several bills that would affect nursing care and impose nurse staffing ratios. It was a lively session to say the least, and part of the contingent that fueled the debate on the other side of the issue came from our own nursing ranks. We respectfully disagree with some of their positions, but we totally support their right to get out there and engage in the public discourse. This is Care New England in action!

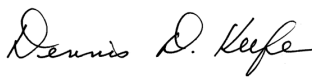
Of course, we are not limiting ourselves to the local sphere. In addition to our ongoing work with the American Hospital Association and its numerous committees, we have taken an active role with America's Essential Hospitals (AEH) and have a number of representatives from Care New England working on key issues, including GME funding for Women & Infants Hospital, through the very able advocacy team that exists within AEH.

They say it is better to light one candle than to curse the darkness. I am proud of each and every one of you that takes up a cause and works toward improvements for the public good! Keep on keeping on!

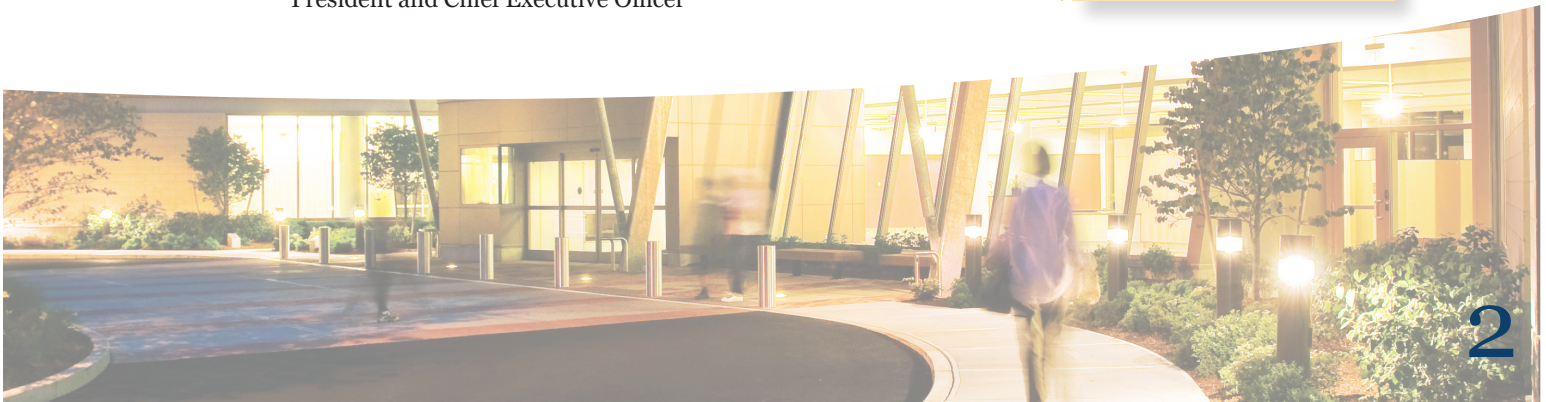
If you have questions about our advocacy work here at Care New England, please contact May Kernan at mkernan@carene.org or Jeremy Milner at jmilner@carene.org. They staff the function for us.

Have a great week ahead!

Sincerely,



Dennis D. Keefe
President and Chief Executive Officer



A case for caregivers



In a recent essay authored by Butler psychiatrist Gary Epstein-Lubow, MD, the geriatrics specialist discussed the importance of caregivers in the patient care equation. In the article, which was featured by The John A. Hartford Foundation, Epstein-Lubow recounts his experience early on in his career when he quickly recognized that caregivers played an integral role in the patient population he cared for—older adults. He goes on to describe current initiatives by organizations like the Institute of Medicine (IOM) to encourage the advancement of caregiver involvement in patient care. Two initiatives out of the IOM are a series of public meetings as part of a study on Family Caregiving for Older Adults, as well as a report which will provide a comprehensive description of the barriers and challenges that family caregivers must overcome to aid older adults. The report, due out in spring 2016, will deliver national-level direction toward effective solutions that span health care, behavioral health, and social supports and services. Epstein-Lubow concludes by saying that in anticipation of the IOM report, the Hartford Foundation, in partnership with the Gerontological Society of America (GSA), has provided funding to implement the recommendations of the report, noting how hopeful and beneficial this will be to health care and the community of patients he serves. Read the full essay at <http://bit.ly/1E16mUM>.

Memorial now offers low-dose chest CT screening for lung cancer

Noting that lung cancer is a leading cause of cancer deaths in the United States and low-dose computed tomography (LDCT) scans can detect even very small cancerous nodules in the lung, Memorial Hospital has begun offering LDCT scans of the chest.

“Screening high-risk patients with low-dose CT scans is especially effective for diagnosing lung cancer at its earliest, most treatable stage,” explains David W. Rowe, MD, a radiologist at Memorial Hospital.



Approximately 85 percent of lung cancer occurs in current or former smokers, Rowe continues. There are an estimated 94 million current and former smokers in the country, many of whom are at high risk of developing lung cancer.

“LDCT screening is fast, non-invasive and performed without the need for intravenous contrast,” Rowe says. “Moreover, low-dose CT scans of the chest use up to 70 percent less ionizing radiation than a conventional chest CT.”

Lung cancer screening with LDCT has been proven to reduce the number of deaths from lung cancer in patients at high risk. When a screening detects lung cancer, patients can more often undergo minimally invasive surgery and have less lung tissue removed.

Medicare now covers LDCT lung cancer screening once a year for its beneficiaries who:

- Are aged 55 to 77.
- Are a current smoker or quit smoking within the last 15 years.
- Have a tobacco smoking history of at least 30 “pack years” (an average of one pack a day for 30 years).
- Receive a written order from a physician or qualified non-physician practitioner.

Primary care physicians and patients can schedule appointments for a low-dose computed tomography scan by calling (401) 729-3900.



Women & Infants Comprehensive Program for Retinopathy of Prematurity published in *NICU Currents*

Abbot Laptook, MD, medical director of the Neonatal Intensive Care Unit (NICU) at Women & Infants Hospital, along with Mary Hanlon-Walker, BS, BA, and Janet E. Baker, CNA, were recently recognized and published in *NICU Currents*, a continuing education periodical published for neonatal providers, for the hospital's Comprehensive Program for Retinopathy of Prematurity (ROP). ROP is an important, potential complication of extreme prematurity and is the leading cause of early childhood vision problems, ranging from strabismus to blindness. ROP occurs late in the hospitalization of the preterm infant and may continue and worsen even after discharge to home. Fortunately there are treatments. In 2009, a new position, ROP coordinator, was created to identify infants at risk for ROP, monitor all in-patient exams and ensure outpatient follow-up. This comprehensive program at Women & Infants has helped make strides nationally in tackling the challenges of treatment goals for at-risk infants, specifically having all infants examined in a timely manner and ensuring that all infants (in-patients or out-patients) receive therapy that could preserve their sight in the future.



Women & Infants' Bigsby honored for contributions to neonatal care

Rosemarie Bigsby, ScD, OTR/L, FAOTA, has been elected as a recipient of the National Association of Neonatal Therapists (NANT) inaugural Pioneer Award for Neonatal Therapy. Bigsby is a clinical professor of pediatrics, psychiatry and human behavior at The Warren Alpert Medical School of Brown University and coordinator of neonatal intensive care unit (NICU) services at the Brown Center for the Study of Children at Risk/Center for Children and Families of Women & Infants Hospital. Bigsby was honored with the award at the 5th Annual NANT Conference (<http://nantconference.com/2015>) this month in Phoenix, AZ.



The Pioneer Award was created to honor neonatal occupational therapists, physical therapists and speech-language pathologists who contribute tirelessly to establish and advance the specialized field of neonatal therapy. This inaugural presentation of the award reflects decades of largely unrecognized work by those who established the art and science of neonatal therapy.

New website launched for Care New England

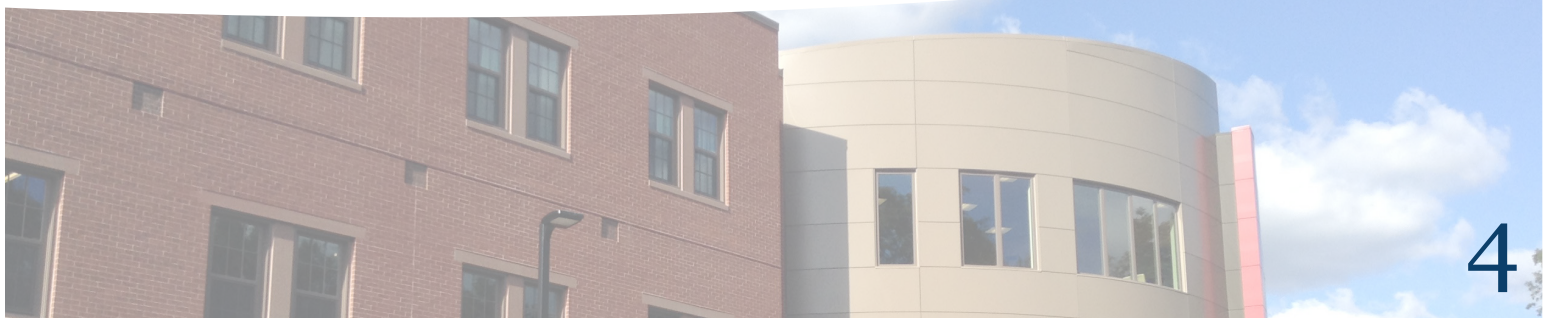
Care New England recently unveiled a newly designed website featuring responsive functionality that enables an improved user experience and easy access to the Care New England services and physicians. Using the new web architecture, the site features:

- A fresh, user-friendly layout.
- Faster search capability within the site and, over time, better results in online search engines.
- Improved navigation that focuses on key service lines, a physician finder and referral, cross-section services, and other useful patient information.
- Responsiveness that means the site can adapt to the size of any online device, including smart phones and tablets.
- Connections to social media.



The site showcases the strengths of the system, with robust sections focusing on highlighted services lines, the steps CNE is taking to transform the future of health care, and an all-new section called "For Physicians." The site serves as a portal for web browsers to quickly find the information they need on each of the operating unit's websites.

The plan is to migrate the other CNE websites into the new design as was done for Memorial Hospital's site last fall. To experience the full functionality of the new web architecture, a person's computing device will require an updated web browser. Our research indicates that 90 percent of external users of the web who access the site from desktop computers have the updated browser and that up to 60 percent of web users access the web from their smartphone or tablets. Plans are underway to upgrade any browsers within CNE that need an upgrade to enable employees across the system to experience the full functionality of the new site. The planning team recognizes that some computers within the system still require older web browsers to operate older legacy applications. Still, please be assured that the browser upgrades will occur in a well communicated, measured approach across each campus.



Kent and Rotary Club to host May breakfast

Kent Hospital will partner with the Rotary Club of Warwick to host a traditional May Breakfast, Friday, May 1, 6:30 to 10 a.m. at Kent Hospital. The proceeds will benefit Rotary charities. Kent previously hosted the Rotary May Breakfast in the mid-1980s through the 1990s, and is pleased to again partner with the club to partake in a Rhode Island tradition begun in 1867 at the Old Quaker Meeting House in the Oaklawn section of Cranston.



This year's May Breakfast includes scrambled eggs, bacon, sausage, home fries, French toast with warm maple syrup, oatmeal, johnny cakes, juice and coffee. Tickets for the breakfast may be purchased at the door for \$8 per person, from all Warwick Rotarians, or at the *Warwick Beacon* office located at 1944 Warwick Ave., Warwick.

The Rotary Club of Warwick is part of Rotary International whose purpose is to bring together business and professional leaders to provide humanitarian services locally and throughout the world. Local beneficiaries include Elizabeth Buffum Chace Center, Warwick Boys & Girls Clubs, RI Family Shelter and Honor Flight RI, the Warwick schools 3rd grade dictionary project and annual scholarship funds for one senior at four Warwick high schools—Hendricken, Pilgrim, Toll Gate, and Warwick Vets.

Medical Laboratory Professionals Week is April 19 – 25, 2015

Medical Laboratory Professionals Week is an annual celebration of the pathologists and other laboratory professionals who play a vital role in every aspect of health care. Since they often work behind the scenes, few people know about the critical testing they perform every day. Lab Week is a time to honor the more than 300,000 medical laboratory professionals around the country who perform and interpret more than 10 billion laboratory tests in the U.S. each year. Here at Care New England, we have 435 laboratory professionals interpreting more than 3.1 million tests each year. Thanks to all of our wonderful lab professionals!



Earth Day is Wednesday April 22

In support of Earth Day, Care New England is kicking off an awareness campaign to reduce print output across the system. By making a few simple changes to the way we print, we can reduce our carbon footprint, as well as achieve significant savings. Did you know a 50 percent reduction in color output would achieve more than \$100,000 in cost savings for Care New England? What can you do to help?

- Reduce your overall printing; be aware of what you print and only print what is absolutely necessary.
- Print black and white instead of color.
- Print on both sides of paper.

Starting on April 22, and for the next 30 days, we will be measuring and comparing our print output from the previous months. We can make a big difference by making a few simple changes. We will be reporting the results toward the end of May. If you have any questions on how to reduce your print output please reach out to your CNE IS Site Management Teams. 