

carenews

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Good day!

Last week was a difficult week for us. We announced our plan to restructure Memorial Hospital, and we saw the pain and the emotion that so many employees, physicians, patients, elected officials and community members experienced as they contemplated changes for an institution they love.

We at the Care New England offices share these feelings. As we look back on the plans we forged in bringing Memorial into our organization, there is deep sadness in all of us that our vision did not come to fruition in the way we imagined. We have invested significantly and we have worked tirelessly over the last three years. Yet, Memorial continues to struggle. Whether owed to declining inpatient volume, increasing competition or diminishing reimbursement rates, the losses being incurred at the hospital are unsustainable and now threaten the financial health of our entire system. There is no other choice, but to act.

As we reported, our restructuring plan calls for Memorial to remain open and serve its community in a newly defined way. This would include the emergency department, family medicine and its residency program, primary care practices, the operating room for orthopedic and outpatient surgery, inpatient and outpatient rehabilitation and a host of outstanding outpatient programs in cardiology, cancer, endoscopy, neurodevelopment and many other services. Yet, the focus is not on what remains, but, perhaps understandably, what will transition.

Without any doubt, the decision to relocate the obstetric service has drawn the most attention and concern. We are not surprised by the response playing out in the community, in news reports, in tweets and Facebook posts, but we are dismayed when the facts and the intentions around our plan are misunderstood. Let me convey a few key points.

In this issue:



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First and foremost, we have always had every intention of fully complying with the necessary regulations and fully cooperating with the Department of Health as they review our plan and, together, we will work toward the best solution for the community, taking into account both public need and patient safety.

Secondly, we respect the champions of the Memorial obstetric program and admire their passion. We are reaching out to the advocates to fully engage with them so they can better understand our position—and we theirs. We believe we can offer them a birth experience that is at once medically safe and emotionally satisfying. We wish we could respond to their needs and wants with the preservation of a service they love. Unfortunately, we do not believe that the era of affordable care permits any hospital to maintain a duplicative service that no longer fulfills the public good with high quality and reasonable cost.

Please be aware that our decision to relocate the service was based on a thorough examination of volume trends (averaging three patients per day), best standard clinical practices and the financial viability of sustaining the Memorial unit. All three of these areas are important, but none more so than our obligation to provide the highest possible quality of care to our patients.

As many of you know, the service at Memorial has been referred to as a “birth center.” This, in fact, is a misnomer. A birth center is a specialized program with strict guidelines for ruling out patients for whom risk exists. The unit at Memorial, because of its geographic position, the socio-economic status of the population, and its appeal to natural birth advocates, represents a diverse universe of patients with a diverse set of needs. How do we best serve these families?

Consider the fact that approximately 30 percent of births deemed no- or low-risk ultimately result in some type of unexpected complication. In view of this, we believe that you provide the mother and baby the best opportunity for a safe delivery and healthy start in life by providing round-the-clock availability of fully trained and experienced obstetricians, 24-7 anesthesia coverage, and access to expert pediatricians who can treat a distressed newborn in the event of a complicated delivery.

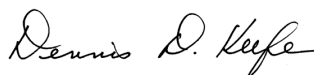
Think now about our quandary. Grappling with Memorial’s flagging economics, which now poses financial risk for our entire network of care, we know it is not possible to maintain the full gamut of infrastructure, staff and support services for three obstetrical services—less than 15 miles apart! Indeed, as we examined our choices, there was a compelling internal imperative to consolidate service and to recognize the external business reality that there are already too many obstetrical beds in Rhode Island.

We know this decision is difficult for many to accept. We will do our best in the weeks ahead to partner with the Department of Health, to reach out to the patient community to address their needs, and to support the Memorial team with our full array of resources.

In the meantime, we all must take consolation that we are not giving up on Memorial or its staff. We’re focusing our services to deliver high-quality care through a restructured program that best meets the needs of the immediate and broader communities and our entire region.

As we work to effect this transition, we will need the understanding and support of everyone at Care New England, particularly those at Memorial, to make our restructuring plan succeed. Divided, we will most certainly fail. But, together, we can accomplish great things.

Sincerely,



Dennis D. Keefe
President and Chief Executive Officer



Research shows use of steroids reduces risk of neonatal respiratory distress

Current recommendations are for all women who go into labor prior to 34 weeks gestation to be given antenatal corticosteroids (betamethasone) to help the baby's lungs mature. However, many babies born in the late preterm period—between 34 and 36 weeks gestation—require respiratory support at birth. A recently completed study asked the question, “Would neonates born at these later gestational ages also benefit from antenatal corticosteroids?”



The answer is “yes” and is detailed in “Antenatal Betamethasone for Women at Risk for Late Preterm Delivery,” a study from the Eunice Kennedy Shriver National Institute of Child and Human Development Maternal Fetal Medicine Units Network (MFMU) with co-sponsorship from the National Heart, Lung and Blood Institute. The research was recently published in the *New England Journal of Medicine*.

Dwight Rouse, MD, of the Division of Maternal-Fetal Medicine at Women & Infants Hospital, a professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University, and the Brown/Women & Infants principal investigator for the MFMU, said, “For many years, obstetric and pediatric providers have known that steroids administered in preterm labor help speed the development of the preterm baby's lungs at 34 weeks gestation or earlier. This new research has shown that these same steroids when given to women who are at risk for late preterm delivery can significantly reduce the rate of neonatal respiratory complications.”

The multicenter, randomized trial involved approximately 2,800 women who were pregnant with one baby at 34 weeks to 36 weeks five days gestation and at high risk for late preterm delivery. The participants were randomly assigned to either receive two injections of betamethasone or placebo 24 hours apart. Researchers then looked at whether the infants needed respiratory treatment during the first 72 hours after delivery. In the placebo group, 14.4 percent of babies required respiratory treatment as compared to 11.6 percent of the babies in the betamethasone group. Further, severe respiratory complications, including prolonged oxygen supplementation, surfactant use, mechanical ventilation, and a form of chronic lung disease in newborns called bronchopulmonary dysplasia also occurred significantly less frequently in the betamethasone group.

“This research supports the use of known medications that will allow us to help even more babies get the healthiest start at life,” explained Dr. Rouse. “I am proud of our hardworking MFMU Network research team for their dedication to this project. I am also very grateful for the contribution of Women & Infants’ obstetricians and midwives, who gave their ongoing support to this study and encouraged their patients—to whom I am also profoundly grateful—to participate. As a result, Women & Infants contributed more than 10 percent of the patients enrolled in this large trial, more than any other participating hospital.”

Dr. Diaz named chair of diversity initiative



Joseph Diaz, MD, chief of Medicine at Memorial Hospital and interim associate dean for Diversity & Multicultural Affairs at The Warren Alpert Medical School of Brown University, is now chairing a new task force for diversity for the American Medical Society (AMS) at Brown. As part of the Brown University's Pathways to Diversity and Inclusion Initiative (<http://bit.ly/1U7b36I>), each department within the university will come up with department specific diversity and inclusion plans. Dr. Diaz is chairing the task force responsible for drafting an AMS-specific plan. The task force, which had its first meeting on March 1, consists of students, residents, faculty, and alumni.



340B Program benefits vulnerable patients throughout Care New England

In 1992, in a bipartisan fashion, Congress created the 340B Drug Pricing Program to lower drug costs for hospitals that care for a disproportionate share of low-income patients. Under the program, drug makers agree to give eligible providers discounts on outpatient drugs as a condition of participating in the large Medicaid and Medicare Part B markets. These providers include essential hospitals such as Kent, Memorial and Women & Infants, as well as community health centers, AIDS clinics, and others.

In 2015, however, the Health Resources and Services Administration (HRSA), which administers 340B, released proposed guidance that would substantially limit the 340B program. While the hope was it would provide clarity on program oversight and offer clear guidelines for hospitals, the guidance instead serves to restrict and add burden to the program. Many providers, including Care New England, have expressed significant concerns about the guidance—in particular, a patient definition that jeopardizes 340B access for uninsured and low-income patients. As part of a national 340B coalition, Leslie Pires, MS, PharmD, and the 340B Program manager for Care New England, visited all four members of the Rhode Island delegation in Washington, DC, last week to ask that the HRSA “mega-guidance” be withdrawn and that a policy be crafted to meet everyone’s common interests without harming the most vulnerable patient populations.



TPC joins in effort to provide behavioral health support to Providence schools

Last week at George J. West Elementary School, officials gathered to announce a partnership that will help students access the behavioral health care they need. The School Counseling and Support Program is a private-public partnership between Providence schools, The Providence Center and Behavioral Health Solutions that will put Providence Center clinicians in six elementary and middle schools in Providence to provide a range of services to students and families at no cost to the district.

Mayor Jorge Elorza remarked on the need to “embed these necessary behavioral health services directly in our schools, and at hours that are convenient for students.” He also indicated that he hopes this will mark the beginning of more behavioral health treatment options in schools.

Supt. Chris Mahar addressed the importance of the program. “Our traditional school district model wasn’t designed to meet the social-emotional needs of every child. With this partnership, we can offer our students the mental health and social service supports they need to overcome obstacles that are holding back their ability to be fully engaged and ready to learn,” said Mahar.

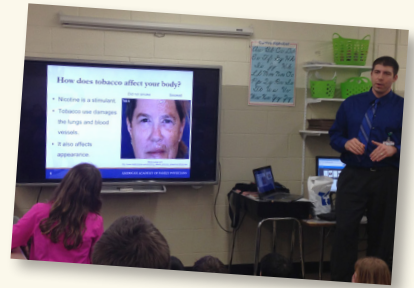
Also present were George J. West Elementary Principal Sandra Stuart, Mark Dumas from Behavioral Health Solutions, TPC’s Community Relations Manager Lisa Tomasso, Providence School Board President Nina Pande, and City Councilman Michael Correia.



Kent Hospital Resident educates students about smoking dangers

Kent Hospital family medicine resident Justin Etter, DO, of Somerset, MA, presented Tar Wars® at Fishing Cove Elementary School in North Kingstown, RI. Tar Wars® is a national tobacco-free education program organized by the American Academy of Family Physicians (AAFP).

Dr. Etter, currently a third-year resident in the Family Medicine Program at Kent Hospital, has participated in this instructional program for the past three years. Tar Wars® focuses on educating and preventing students from smoking by sending family physicians and pediatricians into 5th grade classrooms, to help educate students on the benefits of not smoking and living a healthy, tobacco-free lifestyle.



Butler performs active shooter drill

After nearly a year of research, planning and collaboration with the Providence Police Department (PPD), Butler conducted an active shooter drill on Saturday, February 27. Organized and lead by the Emergency Management Team at Butler, more than 50 staff volunteers from across the hospital gathered the morning of the drill and took their places in the outpatient services area of the hospital, which was closed at the time of the event.

Staff were instructed to go about their day as they normally would and react to the situation as they were trained to do at a training in January. Butler Security Officer Brian Lacerda acted as the gunman entering the building to simulate a real-life shooter situation. A staged 911 call activated members of the PPD SWAT team and medics from the Providence Fire Department to practice as a team and demonstrate to Butler staff how they respond and gain control of this type of situation.

The drill left staff buzzing about how intense and insightful an experience it provided, precisely its intention. The entire drill was captured on video and will be compiled to use as a training tool for staff in the future. The Butler Hospital active shooter drill was the first for Care New England, with a second drill planned at Kent Hospital later this month.



Care New England supports community through Lunch on Us program at McAuley House

What does March mean to you? For many, you think spring. Yes, that's something to look forward to, but even more importantly, it's Care New England's commitment to give back to our community. Once again, CNE will be part of the Lunch on Us program at the McAuley House. As you may recall, McAuley House is a program that provides food, shelter, clothing and support services to needy individuals and families in the greater Providence, Central Falls and Pawtucket areas. We will be staffing the meal site during the last two weeks of March.



Based on the fantastic response we received last year we are sure to have no problem filling these two weeks with volunteers.

If you are interested in volunteering, please contact Stephanie Regine at sregine@carene.org. Look for an email later this week with further details. 

