carenews

together we are transforming the future of health care

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In this issue:

Good day!

You've heard me talk about Care New England's role in population health—through ensuring that the right care is provided at the right time and at the right place. But did you ever consider the impact of research on the health of our populations?

This week, it was announced that the Rhode Island Center for Clinical Translational Science (RI-CCTS), under the leadership of our own Chief of Pediatrics Dr. Jim Padbury, has received a $19.5-million, five-year grant from the National Institute of General Medicine and Sciences. This grant will allow RI-CCTS "to create the educational and technical infrastructure needed to spur Rhode Island researchers to design, conduct and analyze more medical studies, including treatment trials that build on basic research." As Dr. Padbury explained, this is an opportunity to bring our research from the bench to the bedside to the community and to the population.

The RI-CCTS is a collaboration among Brown University, the University of Rhode Island, Care New England, Lifespan, the Providence Veterans Affairs Medical Center, and the Rhode Island Quality Institute.

Over the next five years, the RI-CCTS will have funding for 20 pilot grants of $75,000 per project, as well as 15 "K" awards for faculty members that cover 75 percent of protected time for research or up to $90,000 per year. The first call for pilot projects will be going out in the next week or so, with announcements of some grant recipients in October and a second round in the spring.

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The grantees will have support available from three service cores, all anticipated to open by September. They are:

- Biostatistics core – This will create "store front" statistical services, mentoring and training, and tools or methods of development for conducting well-designed clinical research.
- Biomedical informatics core – This will provide expertise, training and technological resources to allow for "big data" analyses of medical and genomic data.
- Clinical research core – This will use the Clinical Research Center to share best project management and other practices in clinical research. A clinical research navigator will be available to help researchers through the Institutional Review Board (IRB) submission and approval process.

While we have been very successful with our biomedical research enterprise in Rhode Island, our hope is to move the needle on translational research, which is focused on doing basic research not just for discovery, but to change clinical care, clinical practice and community health.

Take, for instance, the work of Dr. Surendra Sharma, a research scientist at Women & Infants and professor of pediatrics at Alpert Medical School. Dr. Sharma's laboratory has made novel new insights into the pregnancy disorder preeclampsia. Through his team's work, providers have a better understanding not only of preeclampsia, but also of Alzheimer's disease. The protein misfolding found in patients with preeclampsia is also seen in some cases of Alzheimer's. Dr. Sharma's current work is focused on finding the similarities between the two diseases and whether preeclampsia may actually be a risk factor for later development of Alzheimer's. The bench to bedside research is focused on confirming their findings. An important translational aspect of the research is development of a screening tool for pre-symptomatic detection of both preeclampsia and Alzheimer's disease.

We offer our sincerest congratulations to Dr. Padbury and all involved with the Center for Clinical Translational Science, and we look forward to the discoveries that lie ahead for the people of Rhode Island.

Continue to do great things!

Sincerely,

Dennis D. Keefe
President and Chief Executive Officer

Getting to know you: A look at Southcoast Health's commitment to community

Southcoast Health is committed to improving the health of the communities they serve by identifying pressing health needs and collaborating with community partners to prioritize and meet those needs. This is accomplished through many avenues of community outreach in Fall River, New Bedford, Wareham, MA and nearby areas.

SOUTHCOAST HEALTH SYSTEM
www.southcoast.org

Southcoast efforts include:

- Identifying the unmet health needs of the community through a needs assessment process that includes collaboration with our communities.
- Collaborating with local health providers, human services agencies, advocacy groups and others to develop cooperative plans and programs to address pressing community health needs.
- Developing community benefits plans that incorporate the social determinants of health framework, including environmental, social and other demographic factors that may influence health status.
- Adopting meaningful programs and services to address unmet needs and to improve the health of all members of the community.

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The Southcoast community benefits programs work to improve health by addressing health priorities based on their most recent community health needs assessment. These include:

- Reduction of the high rate of cardiovascular disease in the region, as well as other chronic diseases, such as diabetes and asthma.
- Reduction in the incidence of youth risk behaviors, such as high rates of teen pregnancy and substance abuse and low rates of educational attainment.
- Improving access to health care, particularly enrollment in health insurance as a result of the Affordable Care Act.
- Expanding cancer screening and education, with a particular focus on reducing disparities.
- Addressing overall health disparities that exist in the region among certain racial, ethnic and demographic groups.
- Advocacy and program development that addresses "system and environment change" designed to increase healthy lifestyle options and decrease risk factors, such as a high rates of smoking, lack of access to healthy foods and physical inactivity. Efforts here focus on vulnerable populations that face considerable barriers to adopting a healthy lifestyle.
- Addressing homelessness in the region.
- Behavioral health issues that include substance abuse and mental health issues.

Southcoast serves a large population with behavioral health issues and poorly coordinated care impacts our emergency departments. Needs assessment shows our regional behavioral health system is fragmented and poorly coordinated.

Care New England also conducts a careful review of the local environment in order to develop our community needs assessment and action strategy, as we reported in detail in the June 6 issue of carenews. As our partnership with Southcoast comes to fruition, we will work to maximize opportunities to dovetail our strategies and work toward population health improvement for the greater region.

Kent implants first Subcutaneous Defibrillator System (S-ICD) for patients at risk for sudden cardiac arrest

Kent Hospital recently announced the successful implantation of its first subcutaneous defibrillator (S-ICD) system for the treatment of patients at risk for sudden cardiac arrest (SCA).

The S-ICD system is the only fully subcutaneous (under the skin) implantable defibrillator (S-ICD) that provides protection without placing wires in the bloodstream or connecting to the heart. The first patient implant at Kent Hospital was performed by Bruce A. Koplan, MD, MPH, director of the Cardiac Arrhythmia Service for Care New England. Dr. Koplan, part of Brigham and Women's Cardiovascular Associates at Care New England, is also the first physician in New England to implant the same device in a patient previously at Brigham and Women's Hospital in Boston.

Said Dr. Koplan, "As clinical technology continues to advance, it allows us to provide our patients with excellent options that are best suited to their specific needs while also improving upon safety and long-term results. The first implant of this lifesaving device here continues to show Kent and Care New England's ongoing commitment to providing the best possible cardiac care closer to home."

SCA is a serious, life-threatening condition that happens abruptly and without warning. During SCA, the heart's electrical system malfunctions, and it is no longer able to pump blood to the rest of the body. The lack of blood to the brain causes the person to lose consciousness quickly. If the person does not receive immediate treatment with defibrillation, brain damage and death can occur.

For those at risk of SCA, one treatment option is an implantable cardioverter defibrillator (ICD), which may prevent sudden cardiac death. ICDs are implanted devices that can sense arrhythmias (irregular

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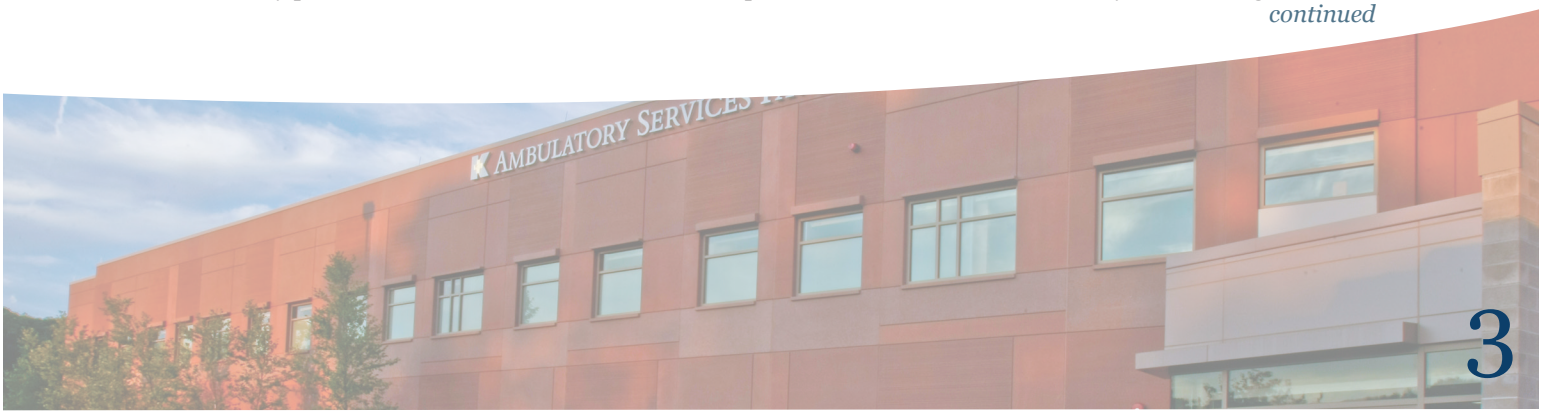

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heartbeats) and deliver strong electrical shocks to the heart to restore a normal heartbeat. ICD therapy has been shown to effectively stop 95 percent or more of dangerously fast heart rhythms. With an ICD device, 19 out of 20 people will survive SCA.

The S-ICD system is designed to provide the same protection from SCA as traditional transvenous implantable cardioverter defibrillators (ICDs). However, the entirety of the system sits just below the skin without the need for thin, insulated wires—known as leads—to be placed into the heart itself. This leaves the heart and blood vessels untouched, which may result in a less invasive treatment that avoids potentially serious complications associated with leads in the heart. As a second generation S-ICD, the system provides patients with a smaller and thinner device that is projected to last 40 percent longer than the previous version, and is enabled for remote patient management.

The U.S. Food and Drug Administration (FDA) granted regulatory approval for the latest S-ICD system in March 2015.

Women & Infants research: Women trust their own instincts over surgeon, partner input when choosing breast cancer surgery

A research team led by Breast Health Fellow Rebecca M. Kwait, MD, at The Breast Health Center at Women & Infants Hospital, recently presented research indicating that when faced with a decision on the type of surgery to have to remove breast cancer, more women trust their own judgment over the input of their surgeon and even their partner.

Dr. Jennifer Gass

The manuscript—which is scheduled for publication this fall in the Annals of Surgical Oncology and was presented at the New England Association of Gynecologic Oncologists annual meeting—is entitled "Influential Forces in Breast Cancer Surgical Decision-Making and Impact on Body Image and Sexual Function." In addition to Dr. Kwait, the research team included: Sarah Pesek, MD; Michaela Onstad, MD; David Edmonson, MD; Melissa A. Clark, PhD; Christina Raker, ScD; Ashley Stuckey, MD; and Jennifer Gass, MD, co-director of The Breast Health Center and surgeon-in-chief at Women & Infants.

The proportion of early stage breast cancer patients choosing a mastectomy with reconstruction surgery over a lumpectomy has been steadily increasing, prompting the team to wonder what factors are driving the decisions. In addition, while there is substantial research available showing the relationship between surgery and a woman's self-confidence and sexual pleasure, there was nothing identifying who or what influences her surgery-related decisions.

"We know that women feel especially vulnerable when they receive a breast cancer diagnosis and turn to their support system, including their partner," Dr. Kwait says. "We also know that the greater the support she receives from her partner leads to greater relationship satisfaction and less sexual difficulty in the long run. However, the partner's role in treatment decision-making remained nuanced. No studies to date, that we were aware of, had evaluated the influence of a partner in surgical decision-making."

Close to 400 women returned surveys as part of the study. Of those, 67.9 percent had a lumpectomy; 8.6 percent had a mastectomy; and 23.5 percent had a mastectomy with breast reconstruction. More than 77 percent of participants were in a relationship, and almost 75 percent of those women reported that their partner attended their surgical consultation. To the researchers' surprise, the majority of women having a mastectomy identified themselves as the most important influence on their surgical decision (56.6 percent of those having a mastectomy with reconstruction, 46.3 percent having a mastectomy, and 42.7 percent having a lumpectomy). Those women who chose a lumpectomy identified their surgeon as the most influential (44.2 percent having a lumpectomy versus 39 percent having a mastectomy and 23.2 percent having a mastectomy with reconstruction).

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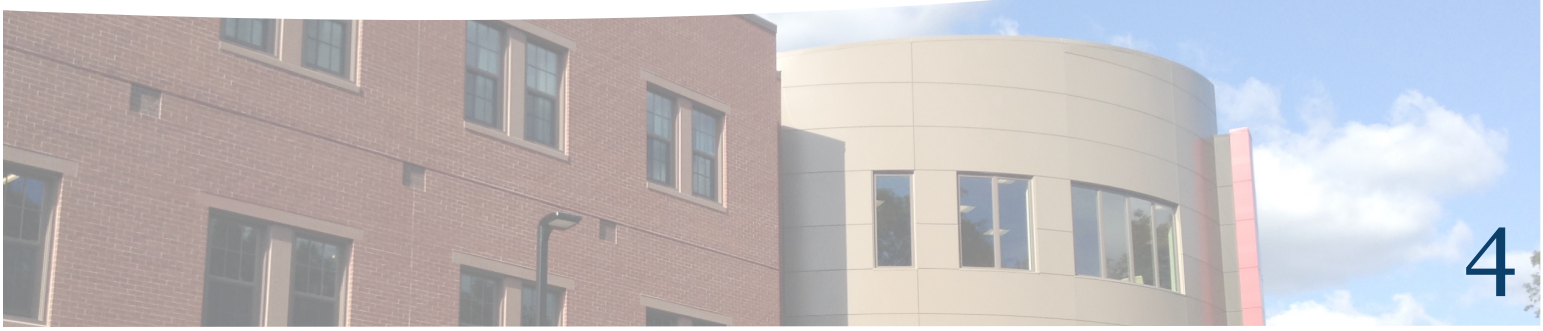

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The researchers also asked about the patients' satisfaction with their breast appearance and the breast's role in intimacy both before and after cancer surgery. All levels of satisfaction dropped dramatically after surgery, with a significantly greater decrease in breast intimacy for women having a mastectomy with reconstruction.

"Nearly half of the patients—or 48.6 percent—who chose a mastectomy with reconstruction devalued the breast in intimacy post-operatively," Dr. Kwait says. "Comparatively, only 20.4 percent of patients who chose lumpectomy experienced this change."

The reason, she says, is simple. "The breast relates to attraction, intimacy and sexuality. A woman must define a new normal for herself and her breasts in survivorship."

"Our findings highlighted a need for clinicians to mention specific things as part of the informed surgical consent discussions they have with their patients," Dr. Kwait notes.

Dr. Kristin Jacobs elected to serve as president of Fellows' Pelvic Research Network

Kristin Jacobs, MD, a fellow in the Department of Urogynecology and Reconstructive Pelvic Surgery, has been elected to serve as president of the steering committee for the Fellows' Pelvic Research Network® (http://www.sgsonline.org/fellows-pelvic-research-network-fprn-) of the Society of Gynecologic Surgeons (SGS).

The Society of Gynecologic Surgeons sponsored the creation of the first fellows multi-center research network, the Fellows' Pelvic Research Network (FPRN®), to promote research training and expose fellows to multi-center studies. The idea for this research network was suggested by a fellow in 2007. SGS considers the FPRN® an important initiative within the context of its mission statement to promote education and research in gynecologic surgery.

The purpose of the FPRN is to enable fellows to work together cooperatively and conduct multi-center research projects. The FPRN and its research projects are operating under the mentorship and supervision of a senior advisory board which includes established researchers in gynecology from across the country.

As president of the steering committee, Dr. Jacobs is responsible for overseeing the administrative logistics of national, multi-site research being conducted within the FPRN by gynecology fellows from more than 20 participating medical centers in the U.S.

A graduate of North Central College in Illinois, Dr. Jacobs earned her medical degree at Rush Medical College in Chicago and completed a residency in obstetrics and gynecology at Loyola University Medical Center. Her current research focuses on painful bladder syndrome, female urinary microbiom, and patients' knowledge and preferences regarding hysterectomy procedures.

Butler Hospital welcomes new physician Dr. Jose Rengifo

Jose M. Rengifo, MD, has joined Butler Hospital as the newest member of the medical staff, working in the partial hospital and outpatient settings. He comes to Butler from Cambridge Health Alliance where he completed postgraduate training as a resident in adult psychiatry. Dr. Rengifo earned a medical degree at Rush Medical College in Chicago, IL, and a bachelor's degree from Cornell University, in Ithaca, NY, where he majored in biological sciences and minored in French. In addition to speaking fluent French, Dr. Rengifo speaks fluent Spanish, conversational Portuguese, German, American Sign Language, and beginner Mandarin Chinese and Japanese.

Providence Business News features Q&A with CNE's chief nursing officer

Angelleen Peters-Lewis, RN, PhD, senior vice president and chief nursing officer for Care New England, was interviewed by the Providence Business News for its "Five Questions" segment earlier this month. The questions focused on the strategy behind CNE's creation of a system-wide chief nursing officer position, how decreasing enrollment in nursing programs is having an impact on CNE, and the legislative challenges Care New England faced this year around the use of traveling nurses and proposed implementation of nurse staffing ratios. The full Q&A can be viewed at http://bit.ly/29ykUja. For more information on the nurses at the forefront of care our organizations provide to the patients, families and communities we serve, visit http://carenewengland.org/nursing.

TPC manager appointed to state board

The Providence Center's Walter Orellana, LICSW, QMHP, ACSW, clinical manager of TPC's Prairie Ave. Outpatient Clinic, was recently appointed to the Board of Social Work Examiners for the State of Rhode Island. The seven-member board acts in an advisory capacity to the RI Department of Health in all matters that pertain to clinical and independent social workers. Their mission is to ultimately ensure that only the most qualified individuals enter the social work profession through duties like approval of applications and formulation of rules and regulations.

"I'm honored to accept this position on the Board," said Orellana. "I also hope that this brings some attention to all the talented social workers all over TPC who are doing great work every day."