

carenews

together we are transforming the future of health care

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“There is no doubt in my mind, if organizations here or elsewhere are to survive and thrive, a constant reinvention of health care delivery is a requirement for the future.”

In this issue:



Good day!

Later this month, we will go out into the bond market to refinance almost all of Care New England's long-term debt. In doing so, we will be paying off some of our loans, bringing The Providence Center into our obligated borrowing group, and restructuring the provisions around our debt. Like the goals you have in mind when you refinance your home mortgage, we are looking to secure more favorable terms on our borrowing and, therefore, put ourselves on an improved path of financial stability.

This development follows months of exhaustive—and exhausting!—work on the part of our leadership team interfacing with bankers, lawyers, strategic advisors, public agencies, among many others, to prepare for this significant undertaking. A key audience for us were the leading credit rating firms who render opinions on our credit worthiness. This information is used by financial institutions and bond investors to understand the relative strength of an organization and gauge the risk associated with their borrowing. A high rating means better terms in terms of borrowing capacity and interest rates.

While Care New England has seen erosion in our credit profile as a result of unevenness in our operating results over the last several years, I believe we are seeing *continued*

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some light at the end of the tunnel. Last week we were gratified when S&P Global Ratings affirmed our rating on existing debt, but revised its outlook from negative to stable. They reported:

The outlook revision to stable reflects our view of CNE's system-wide recovery plans, currently underway, and its improved quarter-by-quarter financial performance in fiscal 2016. We think that the system's turnaround efforts, while aggressive, are essential for its future financial stability and expect CNE to meet its financial projections over the coming years...

...The 'BB' rating reflects our view of CNE's thin financial profile in recent years, including volatile financial operating performance, an inability to achieve budget expectations and a light measure of days' cash on hand for the rating level. It also reflects our view of CNE's enterprise profile that we have historically viewed as stable but disjointed given its federated model. In recent years, however, the message from senior leadership has been much more in-line with best practices, including management and governance streamlining and right sizing, integration of back office functions, closer alignment of its employed physician base, and significant investment in an integrated technology platform...

...CNE has significantly restructured its board and management in recent years, creating a more efficient organization, in our opinion. A new chief financial officer started with the organization back in 2014 and is leading the current turnaround initiative in collaboration with the entire senior management team. Together, this team also focuses on continued development of its primary care base in Rhode Island and on securing its mental health presence regionally. It is also committed to acting as a local leader in accountable care design and the management of Patient-Centered Medical Homes. We believe CNE's care management strategies overall are prudent and that they follow national industry trends...

Standard & Poor's echoes what we well know:

...Fiscal 2017 will be a pivotal year for the organization, where the benefits of such investments are expected to take hold and the system is expected to generate a profit from operations. If CNE can meet its operating and cash flow targets through the next few years, we expect its balance sheet will strengthen as will its overall credit quality...

As many of you certainly understand, health care across the nation is fraught with peril. We face increased competition, reduced volume, shifts to lower paying health plans, new technology requirements and a host of other demands and challenges. In Rhode Island in particular, the situation is even more severe. For three years, as a result of caps imposed by the Office of the Health Insurance Commissioner, we have seen the commercial insurance rate increases reduced by more than two thirds, making it exceedingly difficult to achieve positive operating margins. So, in spite of many years of hard work at Care New England, including a system balanced score card, the development of our skills and expertise in care management and population health, the establishment of new partnerships with The Providence Center and Rhode Island Primary Care Physicians Corporation, new innovative models of care delivery and payment reform with Blue Cross, among countless other initiatives, it has not been quite enough to stay in step with the staggering pace of change.

Accordingly, we have continued to pursue many strategic pathways. Our installation of Epic information systems, the creation of Integra, our Accountable Care Organization, the formation of our Care New England Medical Group and our planned affiliation with Southcoast Health are all part of our plan to more favorably position Care New England, our partner hospitals and organizations.

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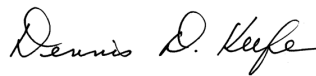
But, one giant step toward a more successful future was the launch of **t3**—Transforming Together Today—which began last summer. Through this initiative, we took a systematic look at our performance in all key aspects of health care strategy and operations. We then targeted major improvements in our physician enterprise, clinical operations, human resources, labor, purchased services, revenue cycle, 340 B/pharmacy, among other areas. Our ambitious goal was to work toward some \$75 to 95 million in sustainable financial improvements. And, as the credit rating agencies have verified, we are well on our way to realizing improved financial bearing.

We know that all of this change has not been easy. It means sacrifice, it means consolidation, and, in some cases, it means reduction. Yet, it also means better quality, improved coordination, reduced redundancy and enhanced efficiency.

There is no doubt in my mind, if organizations here or elsewhere are to survive and thrive, a constant reinvention of health care delivery is a requirement for the future. Our work must never stop. While short-term change is certainly trying and sometimes painful, we need to focus on the long-term goal of keeping our organizations relevant, vital and strong. In doing so, we assure our community that we will continue in our missions of care and offer our workforce the best possible opportunity for sustainability.

Thank you for all your hard work and your support. We are well on our way to a better future!

Sincerely,



Dennis D. Keefe
President and Chief Executive Officer



Memorial service profile: A long way to go for a good night's sleep

Eden Weinmann hadn't had a good night's sleep in 30 years. Scoliosis arcs his spine into a dramatic 103-degree curve, making it difficult to breathe when he would lie down to sleep. When he did drift off, the curvature triggered gastroesophageal reflux disorder (GERD), high blood pressure and a pressing need to urinate several times a night, all of which would disrupt his rest.

Over the years, Weinmann—a Washington, DC, native who lives in Thailand and has worked as a lawyer, writer, economist, urban planner and management consultant—sought medical help for much-needed sleep. He says he found that “every doctor tends to know what's in their specialty, whether it's urology or pulmonology.”

“I went to five major medical centers—four in America, one in Asia—and nine doctors in the last year and a half and none could pull it all together. Many wanted to operate on my back, which is highly dangerous in adults and not very successful,” Weinmann explains.

Called “teenage onset idiopathic scoliosis,” the disease left him unable to sleep more than an hour straight, which made him think he might have chronic fatigue syndrome. Then he noticed that his blood pressure would be elevated when he woke up. He researched the connection and found sleep apnea.

“It was like being waterboarded incessantly all night long, but I saw that and it was like ‘boom!’ Then I found a chapter about diseases of the chest wall in Murray and Nadel's *Textbook of Respiratory Medicine*,”
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Dr. Dennis McCool, left, director of the sleep labs at both Memorial and Kent hospitals, was able to diagnose Eden Weinmann, right, with sleep apnea and prescribe treatment that has radically improved his sleep and, as a result, his life.



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Weinmann says of the piece written by F. Dennis McCool, MD, interim chief of pulmonary, sleep and critical care medicine at Memorial and medical director of the sleep labs at both Memorial and Kent hospitals.

“In the chapter, Dr. McCool connects chest wall disease with sleep apnea.”

Sleep apnea closes the throat when the person is asleep, interrupting the flow of air to the lungs. Dr. McCool wrote that he had seen significant improvement when patients with chest wall diseases use a bipap machine that uses pressure to get the air into the lungs. Weinmann bought his own machine, but didn’t know what pressure setting to use. As a result, his lungs weren’t fully inflating and there was little difference in his sleep. Needing to get an expert’s help, he made an appointment in January and took the long transcontinental trip to see Dr. McCool.

The doctor scheduled a sleep study. Based on the numbers from Weinmann’s machine, Dr. McCool says he was able to start the machine on a high pressure and inch backward until he reached the right setting.

After trying five categories of urine remedies, cognitive behavior therapy, GERD medications, and limiting caffeine during the day, Weinmann says his night in the Memorial Hospital Sleep Lab was “great.” Once he was able to get more sleep, he found his daytime work schedule improved as he was able to concentrate more on work and did not need naps.

“It was a huge weight being lifted off my shoulders, like a major black cloud of the quality of my life going away and the sunshine coming back out!” says the Columbia and Massachusetts Institute of Technology graduate. “I’m in heaven!”

Dr. McCool, who is also a professor at the Warren Alpert Medical School of Brown University, says he believes in blending clinical acumen with knowledge of respiratory physiology. This allows one to make better connections between a specific disease or condition with other possible symptoms.

“People don’t have the time to think about the physiological side of things, but they need to because there are so many answers in the overlap,” he says.

Weinmann, who remains temporarily in Rhode Island to continue seeing Dr. McCool, says he is so pleased with the comprehensive approach taken in caring for him at Memorial that he would like to “find a way to extend ‘Pawtucket care’ over the rest of my medical treatment, including outside Pawtucket, both now and into the future, in this country and also in Asia.”

There is a clinic at Memorial Hospital that specializes in treating patients with chest wall diseases such as kyphoscoliosis.

To make an appointment with Dr. McCool or other physicians in the Memorial Division of Pulmonary and Sleep Medicine, call (401) 729-2635 or visit <http://www.mhri.org/pulmonary-and-sleep-center/sleep-center.cfm>.

How effective can a smartphone be in teaching sexual health to adolescent girls?

Across the globe, there is increased focus on developing interventions related to comprehensive sexual health education for adolescents, with the ultimate goal of combatting unintended pregnancy and sexually transmitted infections. The challenge has been how best to reach this audience in a way that is meaningful, relevant and easy to understand.

A research team led by Lynae M. Brayboy, MD, reproductive endocrinologist in the Division of Reproductive Endocrinology and Infertility at Women & Infants Hospital and at The Warren Alpert Medical School of Brown University, found that using a smartphone application vs. traditional methods can potentially connect teenage girls to more information



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about sexual health. The research, entitled “Girl Talk: A Smartphone Application to Teach Sexual Health Education to Adolescent Girls,” was recently published in *The Journal of Pediatric and Adolescent Gynecology* ([http://www.jpagonline.org/article/S1083-3188\(16\)30092-4/pdf](http://www.jpagonline.org/article/S1083-3188(16)30092-4/pdf)). The article was co-authored by Carol Wheeler, MD, also of Women & Infants/Brown University.

“We found that a smartphone application is a feasible sexual health educational tool that is appealing to teenage girls,” said Dr. Brayboy. “In fact, our participants recommended the application as a valuable resource to learn about comprehensive sexual health.”

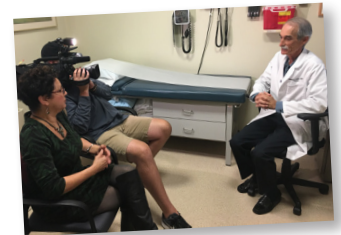
For their research, Dr. Brayboy and her team recruited 39 girls ages 12 to 17 from Rhode Island to participate in a two-phase prospective study. In phase one, 22 girls assessed a sexual health questionnaire in focus groups. In phase two, 17 girls with iPhones used the Girl Talk application for two weeks and answered the revised sexual health questionnaire and interview questions before and after the application use. The participants’ responses to the sexual health questionnaire, interviews and time viewing the application were used to determine feasibility and desirability of Girl Talk.

Dr. Brayboy explained that Girl Talk was used on average for 48 minutes during participants’ free time on weekends, generally in 10 to 15 minute intervals. The reported usefulness of Girl Talk as a sexual health application increased significantly from baseline (35.3%) to follow-up (94.1%). “More than three-quarters of the participants were exposed to sexual health education before using Girl Talk, but 94.1% of participants stated that the application provided new and/or more detailed information than health classes.”

Dr. Brayboy and her team will be seeking opportunities to perform additional trials to determine if Girl Talk improves sexual health knowledge, increases contraception usage and decreases sexually transmitted infections and unplanned pregnancy.

Butler’s research focus on Alzheimer’s in the media spotlight

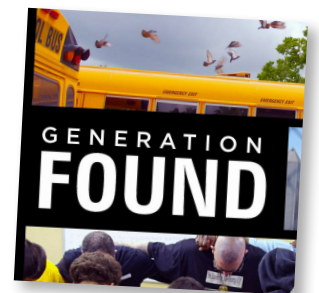
In a segment on WJAR NBC 10 last week, a participant in a research study in Butler’s Memory and Aging Program received critical results from a PET scan. The scan measures the presence and amount amyloid plaque in the brain, a major indicator of the risk for developing Alzheimer’s disease. The Memory and Aging Program and the field of Alzheimer’s research as a whole has a strong focus on prevention, and needs participants like the one in this segment who have not yet developed the disease.



In this report, Dr. Stephen Salloway refers to the A4 clinical trial, an international prevention trial enrolling participants ages 65 to 85 who have not yet developed Alzheimer’s. In one of the initial steps of the trial, participants receive a PET scan to determine if amyloid plaque is present in the brain. If the test is positive, the participant would then receive monthly IV infusions of a novel antibody called solanezumab, or placebo. For this one participant, the test was negative, resulting in great news for this woman and her daughter. Watch the full segment on WJAR NBC 10 at <http://bit.ly/2cfMyVV>.

Anchor hosts screening to kick off National Recovery Month

On Wednesday, August 31, 100 people gathered at the Providence Place Mall for a screening of “Generation Found,” a documentary about recovery high schools in Houston, TX. Anchor Recovery Center organized the event as a kickoff for National Recovery Month, and it featured remarks by The Providence Center President Dale Klatzker, PhD, and Community Relations Manager Lisa Tomasso. August 31st is also International Overdose Awareness Day, and Father Dave Martins led attendees in a prayer to remember those lost to the disease of addiction. Thank you to all the allies of recovery who joined in this event.



Kent Hospital's September 2016 DAISY Award recipients

Kent Hospital recently presented Maggie Yatsko and Amira Jackson, RNs on 3 South, with the September 2016, DAISY Award. This award is part of the DAISY Foundation's program to recognize the above-and-beyond efforts performed by nurses every day.

Maggie and Amira were nominated by the family of a patient, who wrote, "I would like to nominate two nurses as it would be impossible to choose just one. Maggie and Amira provided care to not only my ailing husband, but our entire family. Maggie and Amira are extraordinary nurses with the ability to consistently assess and provide the care needed as if it was second nature. They left us with a sense of peace through my husband's last hours that would not have occurred had they not entered our lives at this time. I will be forever grateful for them, thank you."



Amira Jackson, RN; Mary Beth Taub, family member of patient; and Margaret Yatsko, RN.

Congratulations Maggie and Amira for your continued dedication and compassion to your patients and their families!

If you would like to nominate an extraordinary nurse who you have encountered at Kent Hospital, you can submit an application to <http://www.kentri.org/daisyaward> or in person. Fellow providers and patients may also nominate a nurse for the award.

Women & Infants hosting 13th Annual Tickled Pink event

It's almost time to celebrate breast cancer survivors and to celebrate women with an evening of comedy and camaraderie. Tickled Pink XIII will be held on Friday, October 28, at 6 p.m. at Rhodes on the Pawtuxet in Cranston. Don't miss out on a great night of laughter, fun, shopping, and entertainment. We are bringing back Loretta LaRoche, acclaimed speaker, author and international stress management and humor consultant! As always, we will have Tickled Pink signature items to purchase along with several fun vendors.



In an effort to make registration easier, you can now purchase your tickets online (credit card only) by going to <http://www.womenandinfants.org/tickledpink/> (please use an updated browser) or if you would like to purchase tickets by check, please contact Jennifer Kilduff at jkilduff@carene.org or call (401) 681-2819. Tickets are \$45 each, or you can reserve a Pink Ribbon table of 10 for \$550. All tickets must be paid for in advance. Checks can be made payable to Women & Infants Hospital Foundation. A portion of the proceeds from Tickled Pink will go to the Women & Infants Breast Health Center. We look forward to seeing you at Tickled Pink XIII! 