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“Is it ok for a hospital with a national reputation for excellence to be a market leader? Is it time for more competition to be introduced into the marketplace? Will competition drive up quality and drive costs down, or just the opposite?”

Good day!

In this issue:



When I'm faced with a difficult decision, I like to gather the facts, look at the potential outcomes from all angles and focus on the solution. Such is the case in the coming weeks and months for the Department of Health (DOH) and its Health Services Council, as leaders at each will be making very important decisions about the future of obstetric services in our state. Things they will certainly consider: Is it okay for a hospital with a national reputation for excellence to be a market leader? Is it time for more competition to be introduced into the marketplace? Will competition drive up quality and drive costs down, or just the opposite?

Earlier this month, Women & Infants Hospital submitted a [Certificate of Need \(CON\) application](#) with the DOH for a proposed renovation of its labor and delivery suite, referred to as the WIH Birth Center in the application.

It's important to understand the importance of and need for this critical work while also understanding the clinical landscape surrounding this service. Simply put, the need exists and is urgent. The current labor and delivery unit at Women & Infants opened 30 years ago and is in desperate need of renovation. Back in 1986, it was a state-of-the-art design; however, it no longer meets today's architectural standards or patient and family expectations. We identified this need in our 10-year strategic facilities plan, and it was further emphasized with the transfer of the Memorial Hospital obstetrics service to Women & Infants last year. At that time, DOH leadership made it clear that we needed to replicate the culture of care at Memorial's Birthing Center elsewhere within Care New England. In order to optimally fulfill this state-mandated requirement, these renovations are key.

As I am sure you know, Rhode Island Hospital (RIH) also submitted a [CON application](#) to build a new obstetric service. According to that application, "This program will offer new options for patients in the Providence area as well as complement services that already exist by providing needed care for all pregnant women; women who require a low complexity of care and desire a holistic, high touch experience; as well as for women who are medically complex and require the comprehensive, integrated medical, surgical and intensive care services available at RIH."

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We believe that this proposal is costly and duplicates services that are already offered one block away at Women & Infants. The question is whether or not the DOH will approve one, both or neither of these proposals. To help with its decision-making process, the DOH constructed a framework of guiding principles to be used to evaluate CON applications. These include:

1. Needs of the population – Will the new service improve the health of Rhode Islanders? Does it take into consideration volume and utilization in existing facilities, including limiting and reducing excess capacity where it exists? Will the new services address social and environmental factors affecting health outcomes?
2. Health reform goals – Will the new service align with the state's broader health reform goals of the Triple Aim—improving the patient experience, improving the health of populations and reducing cost? Does it consider the shift to alternative payment models, the establishment of systems of care, and reduction in waste and overcapacity?
3. Quality – Will the new service provide high-quality services to Rhode Islanders, with sufficient volume to ensure providers maintain skills for high-quality patient outcomes, while not unduly adversely affecting such services by other providers?
4. Affordability – Can the state afford this new service while also ensuring that all Rhode Islanders have access to high-quality, affordable care?
5. Accessibility – Will the new service improve health equity and eliminate disparities of health? Will it assist the underinsured who are disproportionately impacted by medical costs?
6. Innovation – Will the new service support innovation in health care? Will it align new services in supporting clinical research, professional education and training, and other academic activities?

I firmly believe the Rhode Island Hospital proposal does not meet these guiding principles. Our opposition is not about competition and choice. It is not about the financial impact that a competing service would have on Women & Infants and all of Care New England.

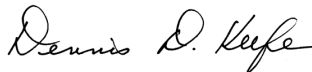
Our opposition is based on *need* and *quality*.

Women & Infants provides a full complement of obstetric services for the most high-risk, fragile pregnancies to the lowest intervention births and everything in between. The market leader in quality and patient outcomes, Women & Infants has an incredible team of nationally- and internationally-renowned experts in maternal child health—physicians, midwives, nurses, allied health professionals. We must preserve this special gem. The debate is already being discussed in the local news and across social media sites. Rhode Island Hospital will make its case, as will we in the coming weeks. I assure you we will present a vigorous argument for the work outlined here. We will work with patients, providers, community leaders and each of you in ensuring that our voice is heard, loud and clear.

We will make sure that patients like Tina, who shared her story on the Women & Infants [Facebook page](#) (you might need to view on your home computer or personal device), continue to receive the best care by the best providers. Tina wrote, "I have been to this hospital numerous times, but I had my first daughter here at 29 weeks and I am so grateful for this hospital and staff...they are all wonderful! I lived in the NICU for 56 days and my daughter was the patient but they also cared about me and my well-being. They made sure I understood everything and helped me whenever they could. I am now going to have my second daughter here soon and since I am still high-risk I met with the director of one department last night. I did not feel rushed, I left feeling I had a good understanding of what was or could happen and again I feel we will be in the best hands possible. Thank God again for this hospital and staff!"

I couldn't agree more! Have a great week ahead.

Sincerely,



Dennis D. Keefe
President and Chief Executive Officer

ConvergenceRI 
[Click here](#) to view this week's *ConvergenceRI*



Integra to Participate in Medicare Next Generation Accountable Care Model

The Centers for Medicare & Medicaid Services (CMS) announced today that Integra Community Care Network, LLC (Integra), will participate in the Next Generation Accountable Care Organization (ACO) Model effective January 1, 2017. Up until now, Integra has been participating in CMS's payment and delivery reform as a certified Medicare Shared Savings Program with approximately 19,000 Medicare beneficiaries. Its participating provider network includes the Rhode Island Primary Care Physician Corporation (RIPCPC), Care New England Health System (CNE), South County Health System, and their employed and affiliated physicians.



The CMS website describes the Next Generation ACO Model as, “an initiative for ACOs that are experienced in coordinating care for populations of patients. It will allow these provider groups to assume higher levels of financial risk and reward than are available under the current (models). The goal is to test whether strong financial incentives for ACOs, coupled with tools to support better patient engagement and care management, can improve health outcomes and lower expenditures” for patients. Next Generation ACOs that meet quality standards and reduce total health care spending will share in the savings achieved for the Medicare program.

“We are excited about the opportunity presented by this initiative,” said Integra Chief Clinical Officer James E. Fanale, MD. “With increased flexibility, and improved alignment between payment and care delivery reform, we believe we can build on the early success of Integra and deliver even better and more efficient health care.”

In August 2016, CMS reported that Integra had realized savings of nearly \$4 million on total health care spending of slightly more than \$152 million. At the same time, Integra saw significant improvement on most quality measures, scoring at or above the national mean in most areas, and scoring higher than the national average in 22 out of the 34 measures.

“This is a tremendous endorsement of what we have accomplished in our first year of operation,” said Albert Puerini, MD, president and CEO of RIPCPC and chairman of the board of Integra. “Thanks to Integra’s community outreach and better collaboration with hospitals, PCPs and specialists, patients are going to the hospital less, visiting emergency departments less frequently, living in the community, and generally living healthier and more rewarding lives.”

“The ultimate test for this initiative is whether we hit the Triple Aim of health care reform: better care, better health, smarter spending,” said CNE President and CEO Dennis Keefe. “We are confident, based on our experience to date, that we can help patients live healthier and better lives, and spend resources more efficiently.”

For more information, visit <http://integracare.org>.

Research evaluating treatment options for pelvic organ prolapse published in *American Journal of Obstetrics & Gynecology*

Pelvic organ prolapse occurs when the pelvic organs drop from their normal position in the pelvis. This can have a negative impact on a woman’s overall function and quality of life. Two of the most common treatments are surgery or the use of a pessary, a removable device that helps provide support to the pelvic organs. While both surgery and a pessary can improve prolapse symptoms, questions remain about the difference in patient functional outcomes and goal attainment between the two forms of treatment.



Research on this topic—conducted by Vivian W. Sung, MD, FACOG; Kyle J. Wohlrab, MD, FACOG; and Annetta Madsen, MD (fellow) of the [Division of Urogynecology and Reconstructive Pelvic Surgery](#) at Women & Infants and The Warren Alpert Medical School of Brown University, as well as Christina Raker, ScD, of the Division of Research at Women & Infants and the Alpert Medical School—has been published in the *American Journal of Obstetrics & Gynecology*.

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The researchers found that while women undergoing surgery or having a pessary achieve their goals and have improvements in physical, social and emotional functioning, those who underwent surgery experienced greater improvements.

“When choosing between surgery or pessary, many women have questions about long-term expectations,” explained Dr. Sung. “While we already know that both surgery and pessary can improve symptoms of pelvic organ prolapse. We wanted to be able to provide women with more information comparing outcomes that matter to them, such as whether they are likely to achieve their prolapse, bladder and bowel symptom goals, as well as physical, social, emotional and sexual functioning goals.”

A total of 160 women, including 72 surgical and 64 pessary patients, were enrolled in the study and followed for up to 12 months.

Dr. Sung and her team concluded, “At follow-up, a higher proportion of women in the surgery group reported successfully achieving symptom goals and function goals compared with women who chose pessary.” However, the team also acknowledged that not all women desire surgical treatment and women who continued with pessary also experienced improvements in symptoms.

Butler president talks Honest Conversations with *The Providence Journal*

Butler Hospital President and COO Lawrence Price, MD, recently spoke to Providence Journal writer G. Wayne Miller for [an article](#) highlighting Care New England’s recent [Honest Conversations](#) video series that’s shedding light on important topics in mental health like research advancements, stigma and access to care.

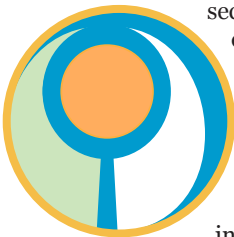
Dr. Price spoke about the long-standing misconceptions about Butler and how, even today, some Rhode Islanders “are terrified of ‘what happens’ when they make that right turn off Blackstone (Boulevard).” Honest Conversations, he explained, is one way Butler and CNE are working to correct those misunderstandings and highlight the research and clinicians who are advancing behavioral health treatment.



The Providence Center to Expand Child and Family Services with DCYF Support

This year, The Providence Center (TPC) will expand its services for children and families after successfully securing contracts with the Rhode Island Department of Children, Youth and Families (DCYF). Although details are still being worked out, TPC will add resources to its Assertive Community Treatment (ACT), Multisystemic Therapy (MST), and Transitional Living programs that are aimed at providing behavioral health services and supports to allow children and youth to live successfully in the community.

The new contracts total approximately \$1.9 million and are contingent on DCYF referrals. Among the innovations supported by these contracts will be a new Transitional Living Program for LGBTQ youth. The new program will assist lesbian, gay, transgender, queer, and questioning youth ages 16 to 21 who are in DCYF care to transition to independent living in the community.



Breast Health Center at Kent Hospital’s *Women-In-Need* Program Earns Community Support

The Breast Health Center at Kent’s Women-In-Need (WIN) Program was a recent recipient of holiday contributions including a donation from Bishop Hendricken High School. The program also hosted its first holiday luncheon bringing staff and patients together to celebrate the season.

Hendricken students participated in various fundraising efforts to raise their \$2,000 WIN donation. During Breast Cancer Awareness Month, Hendricken held a Pink Dress-Down Day for which students were allowed to wear casual attire instead of their uniforms if they contributed to the WIN program. All proceeds from a student-run bake sale also contributed to the total.


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“Our students understand the cause at hand and considered the important women in their own lives,” said Martha Murray, director of development at Hendricken. “We are honored to help support this great program.”

The WIN Program’s holiday luncheon included 26 patients and their families joining the Breast Health Center staff for a meal and live holiday music from a pianist volunteer. Each patient received a gift card to Stop & Shop or Walmart to assist with their holiday needs.

“It’s such an honor to join with patients and families to help spread a little holiday cheer at this time of the year,” said Candace Dyer, MD, physician director of The Breast Health Center at Kent. 



Receiving a donation from Bishop Hendricken High School are, from left: Kim McDonough, RN, of the Breast Health Center at Kent; Margaret Rego, MA, of the Breast Health Center at Kent; Dr. Michael Dacey, president and COO, Kent; Ellen Healy, MA-LMHC, of the Breast Health Center at Kent; Candace Dyer, MD, physician director of the Breast Health Center at Kent; John Jackson, president of Hendricken; Martha T. Murray, director of development, Hendricken; and Dawn Sheehan, RN, Hendricken.



Candace Dyer, MD, physician director; Bachir J. Sakr, MD, director of Medical Oncology; Breast Health Center staff; and patients gather together at the holiday luncheon.