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*Care New England continues to work closely with our federal delegation to provide input and expertise on a variety of important topics.*



**It is crucial we remain steadfast in our efforts to have an active voice regarding federal issues that can have a significant impact on the patients we serve and on our system in its entirety.** Whether fighting for a delay in cuts to Medicaid Disproportionate Share Hospital (DSH) payments, advocating for additional funding to combat the nationwide opioid crisis, or helping to shape policies impacting the future of health care delivery, Care New England continues to work closely with our federal delegation to provide input and expertise on a variety of important topics.

Though not quite as close to front page news as some of the issues mentioned above, one of the most critical health care topics currently being discussed in Washington, D.C. is the variety of proposed changes to the 340B Discount Drug Program, to which Care New England and other safety-net hospitals are staunchly opposed. Passed as a bi-partisan bill in 1992, 340B requires drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices. For Care New England, this means a savings of approximately \$18 million annually, which enables covered entities such as CNE to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services. A recent study showed that 340B hospitals provide more uncompensated care than non-340B hospitals. More specifically, 38 percent of hospitals nationwide provide 60 percent of the uncompensated care. While the 340B savings only covers a portion of the more than \$100 million in uncompensated care we provide each year, simple math makes it clear that any changes impacting our ability to care for underserved populations is something we must work to stop.

With that in mind, Leslie Pires, pharmacy manager and director of CNE's 340B Program, and Jeremy Milner, who oversees CNE's government relations efforts, traveled to Washington, D.C. earlier this month to lobby the Rhode Island delegation on behalf of this important program. Led by 340B Health, a national advocacy organization focused on this issue, and other 340B hospitals from around the country, the meetings on Capitol Hill were an excellent opportunity to make sure Senators Reed and Whitehouse, as well as Congressmen Langevin and Cicilline and their staff, were updated on the 340B-related bills that have been introduced in both chambers, as well as the President's focus on altering several key elements of the current law.

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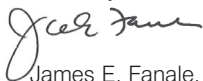
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While unlikely to have support for passage in their current form, the multiple bills introduced in both the House and the Senate contain elements of concern for CNE. As with most bills, the possibility of selective language finding a “vehicle” through other legislative means is always a concern. Several bills contained language to put a moratorium on enrolling new 340B hospitals and child sites. This would have a significant impact on the outpatient practices now open in Pawtucket. Several bills also contained a proposed change in 340B eligibility criteria, using charity care as the determining factor instead of the adjusted DSH percentage. Given the limited definition of charity care, this would not work in favor of safety-net hospitals such as ours. Transparency was a big focus of Republican-backed 340B legislation, though not surprisingly asking for more from the hospitals and not the pharmaceutical companies.

Hearings were held recently in both the House (Energy and Commerce Committee) and Senate (H.E.L.P. Committee) with a mix of legitimate questions and partisan politics. Subsequent steps could include further hearings, calls for additional studies, or the movement of legislation. Whatever transpires next, we are confident in having the understanding and support of our delegation. There is a good deal of misinformation about 340B around Capitol Hill, and CNE’s effort to educate the delegation was both worthwhile and appreciated. If and when you have an opportunity for your voice to be heard on this or any issue of importance to the future of our hospitals and the patients we care for, I strongly encourage you to make yourself heard.

Have a great week ahead.

Sincerely,



James E. Fanale, MD  
President and Chief Executive Officer



VNA OF CARE NEW ENGLAND

## Kathleen Peirce named to board of Visiting Nurse Association of America



Kathleen Peirce, RN, BSN, MS, vice president of operations, executive director, and chief nursing officer of the VNA of Care New England, has been named to the board of directors of the Visiting Nurse Association of America (VNAA). Peirce is among six new board members voted on at the VNAA annual National Leadership Conference in Washington, D.C., earlier this month. The VNAA supports, promotes, and advocates for the role of mission-driven, home-based care providers including home care, hospice, and palliative care.

Peirce has been a registered nurse for more than 30 years. Her experience includes acute care and 20 years of home health and hospice care. Kathy joined the VNA of Care New England in 2014 after working for Hartford HealthCare and Masonicare Home Health and

Hospice in Connecticut, serving as chief operating officer.

She is a graduate of Saint Anselm College in Manchester, NH, and Rensselaer at Hartford, in Hartford, CT, where she earned a master of science in management. Kathy has served on a number of community boards and committees. Currently, she is serving on the board of Rhode Island Partnership for Home Care and she chairs their education committee. Additionally, Kathy is representing the Rhode Island Partnership for Home Care on the Medicare Board of Advisors.

## THE PROVIDENCE CENTER

### TPC Partners with Providence Police on U.S. DOJ's "Smart Policing" grant

Last week, the Providence Police Department announced a partnership with The Providence Center (TPC) and Roger Williams University (RWU) for the "Smart Policing Innovation Grant" awarded by the U.S. Department of Justice. This three-year, \$700,000 grant will fund efforts to formulate a Behavioral Health Response Team (BHRT) that will work to develop a comprehensive strategy to reduce recidivism in the use of emergency services by those suffering from alcohol or drug addiction and mental health issues.

The goal of the program is to create methods to divert people with habitual drug, alcohol, or mental health issues away from the criminal justice system whenever possible in order to more effectively stem habitual use of all types of emergency services. TPC's Jessica Zira, MA, QMHP, the program's lead clinical therapist, will serve as project coordinator. Currently, TPC's Community Diversion program consists of partnerships with the Providence, Warwick, and West Warwick police departments, in which TPC clinicians perform diversion and outreach work surrounding mental health and addiction.

"Police departments and other first responders spend an inordinate amount of time working with individuals who have behavioral health issues," said TPC President Deb O'Brien. "If we can provide these same individuals with timely treatment and supports, we can improve health outcomes for them and allow police to focus on issues that impact more directly on public safety."

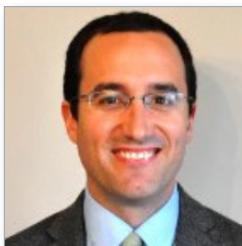
For more information, visit <https://providencecenter.org/services/crisis-emergency-care/community-diversion>.



TPC police clinicians Maureen Gouveia and Jessica Zira

## CARE NEW ENGLAND

### CNE physicians testify on legislation to help combat opioid addiction



Top to bottom: Dr. Peter Graves and Dr. Kevin Baill

Dr. Peter Graves, chief of emergency medicine at Kent Hospital, and Dr. Kevin Baill, unit chief in the Intensive Treatment Unit at Butler Hospital, both presented testimony at the State House last week in favor of bills helping to address the statewide opioid epidemic. Drs. Baill and Graves testified in front of the House Committee on Health, Education, and Welfare regarding H7416 (<https://bit.ly/2pZ7BSx>), which would allow a pharmacist to dispense a partial fill of a Schedule II controlled substance at the request of either the patient or the prescriber, and H7496 (<https://bit.ly/2JenlEn>), which would establish a voluntary non-opiate directive form, indicating to providers that an individual shall not be administered or offered a prescription or medication order for an opiate. Speaker of the House Nicholas A. Mattiello (D-Cranston) is the primary sponsor for both bills.

"The opioid epidemic is a multifactorial problem and requires a multifaceted approach," said Dr. Graves. "Both of these bills are likely to be beneficial to some patients, and both in their final form will be part of the solution to the ongoing challenges of the opioid epidemic."

Both Drs. Baill and Graves highlighted the efforts within Care New England to improve access and coordination of care, while also working to reduce the stigma around opioids.

"With the launch of our Center of Excellence program we are able to provide a continuum of services for this chronic condition," said Dr. Baill. "I encourage the Committee to continue their good work, particularly given that in Rhode Island we are beginning to see improvements in the overdose death statistics as well as reduced wait times for entry into maintenance treatment." Dr. Baill is also a member of Governor Raimondo's Overdose Prevention and Intervention Task Force.

## CNE Academic Council update

While CNE has endured a good deal of change over the past several years, the Care New England Academic Council has remained focused on its purpose to ensure CNE continues to build a foundation of academic excellence and innovation. The Academic Council includes members representing the commitment to the academic mission from across Care New England and is led by Dr. Maureen Phipps, chair and Chace-Joukowsky Professor, Department of Obstetrics & Gynecology at Women & Infants, and assistant dean for teaching and research in Women's Health at The Warren Alpert Medical School of Brown University. The Council's priorities include integration and collaboration on academic issues across the operating units, overall strategic growth of the research enterprise, and an ongoing determination to enhance CNE's medical education programs (undergraduate, graduate, and continuing). In addition, the identification of new sources of funding for academic and research enterprise, strengthening of CNE's research administration infrastructure, and IRB collaboration have remained key issues as part of the Council's long-term goals.

While several different goal-related metrics are used by the Council to measure its progress, total funded research grant expenditures for Care New England has remained a major focus as well as a clear mark of the group's success. In FY16, CNE's total sponsored research expenditures were \$24,110,625. In FY17 that number climbed to \$30,027,312. Through the first quarter of FY2018, the total sponsored research expenditures for Care New England was \$8,640,436, putting CNE on track for another year of growth.

In addition to Dr. Phipps and Dr. Jim Fanale, president and CEO of Care New England, the following individuals continue to serve faithfully as members of the CNE Academic Council.

Jeffrey Borkan, MD – CNE	Kristen Matteson, MD – WIH
David Carcieri, MD – WIH	Alisa Merolli, MD – Kent
Linda Carpenter, MD – Butler	Jim Padbury, MD – WIH
Joseph Diaz, MD – CNE	Ray Powrie, MD – CNE
Paul DiSilvestro, MD – WIH	Steven Rasmussen, MD – Butler
Charles Eaton, MD – CNE	Patricia Recupero, MD, JD – CNE
Gary Frishman, MD – WIH	Robert Shalvoy, MD – CNE
Suma Gaddam – CNE	James Sung, MD – WIH
B. Star Hampton, MD – WIH	Vivian Sung, MD – WIH
Megan Hennessey-Greene – CNE	Audrey Tyrka, MD – Butler
Diane Lipscombe, PhD – Brown (CNE Board Member)	Chris Zabbo, DO – Kent

## BUTLER

### An inside look: Butler Hospital's psychiatry residency program



In a January posting in *Psychiatric News*, there is a reference to the annual process for medical school graduates to be accepted into their residency program as "Match Madness," a play on college basketball's March Madness tournament series, which also occurs this time every year. The article

(<https://bit.ly/2uGi9LL>) noted that in psychiatry alone, there has been a 73 percent increase in applicants from 2007 to 2017. In addition, fourth year medical school students are applying to upwards of 40 programs. It also said that more than 1,100 seniors did not match last year, and about the same this year.

At Butler Hospital's psychiatry residency program with The Warren Alpert Medical School of Brown University receives more than 1,000 applications. From those candidates Program Director Tracey Guthrie, MD, and Associate Training Director Laura Whiteley, MD welcome only nine first year residents in July.

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The residency match process starts with candidates from some of the most distinguished medical schools submitting applications by September 15; this year Butler received 1,069, up from the trend of about 700 to 800 candidates. The applications are sorted and reviewed to determine who will be interviewed from mid-October through December; the department chair, program directors, faculty, and residents ultimately met with 126 applicants.

Then, the selection committee of 27 faculty and residents worked tirelessly to rank the list of applicants for the Brown program in order of preference based on their interviews and overall application. At the same time, the candidates, who have also interviewed at other programs (there are 235 residency programs in the United States), rank their top choices. This information is sent to the National Resident Matching Program (<http://www.nrmp.org/>) to be analyzed for “matches” where the program’s top choices align with the student’s top choices. This year, Butler filled all of “nine slots” (residency programs are allotted a defined number of openings) with first year residents (also referred to as PGY-1), and a second year resident transferring into this program. They will all start in July.

Also during this process, the 44 residents in Butler’s programs (37 general psychiatry, six triple board, one neuro/psych combined) vote to select three chief residents. Fourth year residents Priya Kumar-Kaparaboyana, Caitlin Lawrence, and Bryan McCarthy stepped into this position on April 1. In this role they coordinate the residents’ on-call schedule, coordinate weekly seminars, and facilitate the residents’ rotations to different departments and locations as part of the training process, and they meet weekly with Dr. Guthrie as an advocate for the residents. They will also be very involved with next year’s residency match process.

Brown’s Department of Psychiatry and Human Behavior (DPHB) residency program is ranked among the outstanding academic departments of psychiatry in the United States, educating some of the most skilled psychiatric clinicians and leaders. Butler’s physicians, psychologists, research investigators, and other clinicians all play a role in achieving that reputation through their involvement in the training process.

CARE NEW ENGLAND

## Continuing Medical Education: Terrorism briefings and heroin response strategies

All are invited this **Friday, April 6 from 1 to 3 p.m.** in the Kent Hospital Doctor’s Auditorium for two continuing education opportunities. “Terrorism Briefings”, will be led by Robert Avizinis, Police Sergeant (retired), serving the City of Warwick for 28 years. Avizinis is currently an intelligence analyst with the Rhode Island State Fusion Center. Leading “Heroin Response Strategies” is Brian Volpe, Police Chief (retired), serving the town of Coventry for 25 years, and Thomas Chadronet, who served 22 years with the Rhode Island National Guard. Volpe is currently focused on high intelligence drug trafficking within RI, and Chadronet is public health analyst for Rhode Island.

### Terrorism Briefings

Learning Objectives:

- Describe the origin of Fusion Centers – their formation, function, and mission.
- Cite the eight signs of terrorism and the SEE SOMETHING, SAY SOMETHING campaign.
- Explain the current threat picture including international and domestic terrorism, lone wolf profiles, and appropriate actions in active shooter situations.

*Accreditation: Kent Hospital is accredited by the Rhode Island Medical Society to sponsor continuing medical education for physicians. Kent Hospital designates this portion of the live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only credit commensurate with the extent of their participation in the activity.*

### Heroin Response Strategies

Learning Objectives:

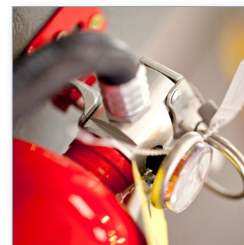
- Describe the current threats from legal and illegal drugs to the general population and first responders.
- Outline what changes illegal drugs have gone through and how the resulting danger from them has multiplied.
- Cite the current challenges and strategies to preventing deaths due to opioid overdoses.

*Accreditation: Kent Hospital is accredited by the Rhode Island Medical Society to sponsor continuing medical education for physicians. Kent Hospital designates this portion of the live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only credit commensurate with the extent of their participation in the activity. This portion of the activity qualifies for 1.0 Credit toward the Rhode Island Department of Health’s requirement for Opioid Use of Controlled Substances mandate #3, (page 9) recommended topic (Adverse Events).*

## Mandatory in-service training AGAIN? We just did this last year!

Have you ever thought to yourself, "Why do I have to go through this mandatory training every year?" There are several reasons for completing mandatories, including hospital policy, regulatory compliance, and medical standards. Recently, there was an incident where the repetition of these mandatories proved invaluable in an emergency.

One night recently, Women & Infant's Diagnostic Imaging secretary Tammy Martin smelled smoke while working in the basement DI suite. During her investigation, Tammy quickly found a toaster oven on fire in the DI break room. Using her CODE RED R.A.C.E. memory aid, she quickly sprang into action and went through the fire response sequence.



Responding to the emergency, Tammy proceeded to see if RESCUE was necessary: the room was unoccupied. Then she announced "CODE RED" where other colleagues responded, one of whom pulled the fire alarm to ACTIVATE the Code Response protocol. Next, Tammy closed the door to CONTAIN the smoke and fire, leaving the unplugged toaster oven door closed, while she retrieved the nearby fire extinguisher. Returning with the fire extinguisher, she proceeded to EXTINGUISH the flames and squelched the fire in its incipient phase. When using the extinguisher, she thought about the P.A.S.S. mnemonic to help her effectively operate the extinguisher. All these actions were done in a near automatic sequence, without giving them conscious thought.

When asked how she knew to perform these tasks under the stress of real emergency circumstances, Tammy spiritedly responded that she had taken the CODE RED in-service training every year for the past 20 years she has worked at Women & Infants. Citing the repetitive nature of the training, she commented that after 20 years she had "no choice but to know how to act in a fire."

So yes, you did take those mandatories last year. And yes, you have to take them again this year (even Tammy does). Hopefully, you will pursue them with a renewed interest knowing that the message and course content has a distinct purpose, and like Tammy, you may be faced with circumstances that rely on quick action or procedural accuracy in the work environment. "est practice moment" proves the value of this refresher training, preserving the quality standard of care provided at Women & Infants Hospital while making a difference in the lives of the patients we serve.

## Imperial Court of RI raising funds for Women & Infants Hospital

Join The Imperial Court of Rhode Island as they Honor the Memory of Ralph Martino and Nancy Bourque with their Annual Coronation Gala, "Coronation XXVI Once Upon a Time...The Storybook Ball." Proceeds will benefit Women & Infants Development Foundation and ImPossible Dream. The event includes dinner, an amazing spectacle of drag performances, and a silent auction. Tickets and information available at <https://squareup.com/store/imperial-court-of-rhode-island>.

## Patient Access Week

Join us in recognizing Patient Access Week, April 1 through 7! Care New England's Patient Access Services team continues to provide quality patient registrations and support services to patients, providers, and payers throughout the patient's health care experience.

Established in 1982, Patient Access Week is a celebration of the people in patient access profession. The date marks the anniversary of the founding of the National Association of Healthcare Access Management (NAHAM), the only national professional organization dedicated to promoting excellence within the field. Each year, the celebrations span the entire week surrounding the anniversary, April 5. 