

together we are transforming the future of health care



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Greetings. Several weeks ago I wrote about our efforts working with city, state, and federal legislators to help shape the future of health care delivery on a number of different fronts.

While much of that work is to ensure stability for the overall structure of our health care organizations, or to make certain patients receive the safest, highest quality care possible, these efforts can also serve to change people's lives forever, and I don't say that lightly.

What started in 2017 as a barrier identified by staff at the Women & Infants' Fertility Center, ultimately turned into the passage of precedent-setting legislation explicitly mandating fertility preservation coverage prior to medical treatment that could render a patient infertile. Dr. Eden Cardozo and her colleagues worked closely with our Advocacy team to patiently go through the long process necessary to see this legislation through to its successful conclusion. Passage of this law in Rhode Island has generated significant national attention, including [a recent story in *The Huffington Post*](#).

Below is a letter Dr. Cardozo recently submitted to *The Providence Journal* outlining her appreciation for the legislators who took the time to understand the importance of this issue, and making clear the impact it has had less than one-year after being signed into law. Congratulations to all those involved; we are proud of your efforts on behalf of the patients you serve every day.



To the Editor:

In a time where the political divide seemingly gets wider and wider, my colleagues and I felt it was important to recognize the passage and implementation of public policy that is positively and significantly impacting the lives of Rhode Islanders.

In 2017, Rhode Island became the first state to pass a law explicitly requiring coverage for fertility preservation prior to treatment that could directly or indirectly cause infertility. This law, sponsored by Senate Majority Whip Maryellen Goodwin and Chairwoman Patricia A. Serpa, set a new precedent, and generated an overwhelming amount of interest nationwide. The bill, with the continued >

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support of House Speaker Nicholas Mattiello and Senate President Dominick Ruggerio, was signed into law by Governor Raimondo in 2017, but the impact has only begun to be felt.

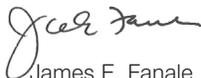
Thomeeka Speaks, a 22-year-old Rhode Island resident, was recently diagnosed with acute lymphoblastic leukemia. She knew she wanted a family of her own, but lacked the means to pay for a cycle of egg freezing before receiving a bone marrow transplant which would render her infertile. As a result of this groundbreaking legislation, however, Thomeeka's cycle was fully covered, no questions asked, and a chance for the life she dreamed of was not swept away in the wave of a life-altering diagnosis. These life changing measures are now a standard benefit in Rhode Island, with other states soon to follow.

This is not a blue or red state issue, it is a human one, and we are grateful for the efforts of those who helped pass this groundbreaking legislation and for supporting our mission of improving the health and well-being of women and infants. The impact of this new law cannot be minimized, and our state leadership should be proud to have been at the forefront of this important issue.

Eden Cardozo, MD
Reproductive Endocrinologist
Women & Infants' Fertility Center

Have a great week ahead.

Sincerely,



James E. Fanale, MD
President and Chief Executive Officer



WOMEN & INFANTS

Women & Infants enhances cell free DNA prenatal screening testing capabilities



The VALUE (VALidation of a Lower cost aneUploidy screen) study is a three year project to provide an external evaluation of a reliable, yet low cost and easy to use cell free (cf)DNA prenatal screening test for Down Syndrome in the late, first, and early second trimester. The intended use of this test is as a primary prenatal screening test for the general pregnancy population.

Drs. GERALYN Messerlian and Glenn Palomaki of the Women & Infants Division of Medical Screening of the Department of Pathology and Laboratory Medicine implemented the original maternal screening program for fetal aneuploidy in the United States and have led educational courses on this topic. They are the first to validate the method of cell-free DNA screening

for fetal aneuploidy using maternal plasma. The current study is an advancement towards bringing lower cost, second generation cell-free DNA assay in-house to Women & Infants without requiring complex high cost laboratory infrastructure.

Enrollment for VALUE began in late 2016, and women who are at both low and high risk are being approached to join the study at 15 sites in the United States and Canada. Currently, the samples collected are being processed at the Division of Medical Screening and frozen for later testing. Last week, the specialty equipment needed to test the samples arrived at 70 Elm Street for installation. One piece was so large that a crane was used to help slip it into a third story window! David Neely, Women & Infants director of engineering and John O'Reilly, safety officer, were on hand to ensure everything went smoothly.

The technology used has been developed by Vanadis Diagnostics, a Swedish company that is now wholly owned by PerkinElmer. The methodology used does not require the large infrastructure associated with usual genomic testing and can be performed in routine laboratory space by non-molecular trained technicians. The research coordinators for this study are Beth Eklund and Ed Kloza.

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Over the next few weeks, research staff in the Division of Medical Screening will learn how to operate the system and will begin testing study samples in July. The last of the 2,500 or so samples are expected to be tested in early 2019. At that point, it will be possible to begin evaluation of whether this technology is something that Women & Infants may want to begin offering as an in-house clinical test. If so, it could replace current cell free (cf) DNA testing offered by commercial laboratories that many primary prenatal care providers in Rhode Island already offer to their patients.

This project is funded by a joint contract between PerkinElmer and Women & Infants for three years at a total cost of approximately \$1.8 million. The design, implementation, interpretation, and reporting of results is entirely under the control of Women & Infants personnel. The Department of Obstetrics and Gynecology and the Prenatal Diagnosis Center staff contribute to the study as one of the patient recruitment sites.

KENT

Integra launches ‘Meds at the Bedside’ at Kent Hospital

As of May 1, 2018, Integra Complex Care Management patients admitted to Kent Hospital are now able to receive prescriptions written during their stay before discharge. Currently, eight complex care patients have enrolled in the “Meds at the Bedside” program. As nurse care managers are notified of their complex care patient’s admission to Kent they visit the patient, discuss the program benefits, and ask if the patient would like to enroll.

“It has been proven that providing prescriptions to patients upon discharge reduces the chances of either readmission and/or emergency department visits,” said Ruth Scott, Integra’s director of care management.



Genoa Pharmacy has partnered with Integra to deliver medications to the patient’s bedside before discharge. In the case of a patient being discharged before Genoa arrives, the prescriptions are then delivered directly to the patient’s home. After the first delivery of medications prescribed during the hospital stay, the patient is able to opt in and have all their prescriptions delivered to their home. Genoa Pharmacy is also working closely with Integra for the “Hospital at Home” program, and is the pharmacy embedded within The Providence Center.

“Meds at the Bedside” is currently only offered Monday through Friday, but is expected to expand to a seven day a week service and be offered to all patients admitted to Kent Hospital by the end of August.

WOMEN & INFANTS

Research team to study opioid prescription use post cesarean delivery and hysterectomy



Each year, approximately 1.8 million women will have a cesarean delivery or hysterectomy. While opioids are the mainstay treatment for acute pain after these surgeries, most women use only a fraction of the opioids prescribed and do not properly dispose of unused drugs.

Researchers at Women & Infants Hospital and Brown University seek to address this problem and have received a 2018 Seed Award from the Brown Office of the Vice President for Research for their project, “‘Right-sizing’ opioid prescription post-cesarean delivery and hysterectomy: Balancing excess medication and patient pain control.” Principal Investigator is Patricia Risica, DrPH, associate professor of behavioral and social sciences and associate professor of epidemiology at the Brown University School of Public Health; and co-principal investigator is Kristen A. Matteson, MD, MPH, director of the Division of Research for the Department of Obstetrics and Gynecology at The Warren Alpert Medical School of Brown University and Women & Infants Hospital and associate professor of obstetrics and gynecology. Dr. Matteson is a member of the Care New England Medical Group.

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The specific aims of this project are: to conduct formative research with prescribing physicians, nurses, and patients; to use this information to create two web-based interventions—one for prescribers encouraging right-sized opioid prescribing and one for cesarean delivery and hysterectomy patients to encourage appropriate use and excess medication disposal; to pilot test these new interventions and estimate their efficacy by comparing the amount of opioids prescribed, those not consumed, pain scores, and appropriate disposal of excess medications.

“Dr. Risica and I look forward to working together on this project to develop an effective intervention to promote adherence to best practices for opioid prescribing that is informed by the experiences of the potential consumers of the intervention: patients and health care providers,” stated Dr. Matteson.

“An effective intervention to promote ‘right-sized’ opioid prescriptions after cesarean delivery and hysterectomy has the potential for extrapolation to other surgical settings to widely address optimal opioid prescribing post-operatively, which would advance Brown University’s position as a center of excellence in addressing the opioid epidemic,” said the researchers in their application.

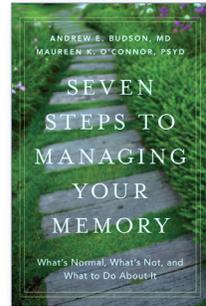
BUTLER

Butler Hospital hosts ‘Seven Steps to Managing Your Memory’

In recognition of Alzheimer’s Brain & Awareness Month, this Wednesday, June 17, Dr. Andrew Budson will visit Butler Hospital to explain how individuals can distinguish changes in memory due to Alzheimer’s versus normal aging, what medications, vitamins, diets, and exercise regimes can help, and the best habits, strategies, and memory aids to use, in seven simple steps.

Dr. Budson is the chief of cognitive and behavioral neurology at the Veterans Affairs Boston Healthcare System; director of education at the Boston University Alzheimer’s Disease Center; professor of neurology at Boston University; and a lecturer in neurology at Harvard Medical School.

The event will be held in Butler Hospital’s Ray Conference Hall beginning at 5:30 p.m. Dr. Budson’s lecture will begin at 6 p.m. with opening remarks from Butler Hospital’s Memory and Aging Program representatives. Following the lecture, a panel discussion on Rhode Island’s fight against Alzheimer’s will take place.



This event is free and open to the public. Free parking available. RSVP to 800-272-3900. 