

News Briefs

State debuts plans for insurance exchange, HealthSourceRI

PROVIDENCE – In mid-July, the health care benefits exchange in Rhode Island formally announced its presence with a name – HealthSourceRI – and the opening of a call center at 70 Royal Little Drive, website (healthsourceri.com), Facebook page and Twitter account.

Enrollment on the exchange begins Oct. 1. It will offer a choice of 12 plans for individuals and 16 for small businesses with under 50 employees.

Hittner confirmed as RI health insurance commissioner



PROVIDENCE – On July 2, the Rhode Island Senate unanimously confirmed **KATHLEEN C. HITTNER, MD**, former president and CEO of The Miriam Hospital from 2000 to 2009, as the state's health insurance commissioner. She succeeds Christopher F. Koller, who left after eight years to become president of a New York health policy foundation.

The Office of the Health Insurance Commissioner (OHIC) was established by legislation in 2004 to broaden the accountability of health insurers operating in the state of Rhode Island. Under this legislation, its mandate is to protect consumers, encourage fair treatment of medical service providers, ensure the solvency of health insurers, and improve health care quality, accessibility and affordability.

AG Kilmartin Approves Affiliation of Memorial Hospital and Care New England

PROVIDENCE – In early July, Attorney General Peter F. Kilmartin announced the approval of the affiliation of Memorial Hospital and Care New England, with conditions, pursuant to the expedited review process of the Hospital Conversions Act.

The announcement marks the second time this year the Office of Attorney General has reviewed and approved a hospital conversion under the expedited review process, reducing the time allowed for review from 120 days to 90 days. In April, Attorney General Kilmartin approved the sale of Westerly Hospital and affiliated entities to Lawrence + Memorial Corporation.

New law allows release of patient information for criminal investigations

PROVIDENCE – A new law now allows health care providers leeway to release some patient information to law enforcement in cases when it might alert them to a crime or help identify the perpetrator.

The bills allows health care providers to supply, at the request of law enforcement, only a patient's name, birth date and place, Social Security number, blood type and RH factor, type of injury, date and time of injury, time of death (if applicable) and a description of distinguishing physical characteristics, not DNA.

The provider may give out additional information only if the patient provides permission. If the patient is unable to give permission because of incapacitation and waiting until the patient is able would compromise an investigation, the provider may give out more information if he or she believes it would be in the patient's best interest, as long as that information is not intended for use against the victim.

University Medicine and BCBSRI Announce Multi-Year Patient Centered Contract

PROVIDENCE – Blue Cross & Blue Shield of Rhode Island (BCBSRI) and University Medicine (UM) announced July 17 that they have entered into an innovative, three-year shared-savings agreement. The state's largest multi-specialty group, UM's 200 physicians provide a range of specialty services and primary care, including six practices with a patient-centered medical home model.

The contract focuses on improving the patient experience, prevention/wellness, limiting unnecessary hospitalizations, and reinforces the role of the primary care physicians through components including:

Expanded After-Hours – UM will expand appointments on weekends and evenings to increase access to care for its patients and reduce medically unnecessary emergency room and urgent care visits.

New Health Advocate Resource – The Health Advocate will help patients navigate across care settings and ensure they have the support necessary.

Behavioral Health Services Coordination – Collaborative arrangements with behavioral health providers will improve communication and coordination with primary care physicians.

Patient Centered Medical Home (PCMH) Neighborhoods – UM's PCMH program will expand to include specialists, creating a new care model for patients. The program supported by a physician champion will begin with stage 3 and stage 4 chronic kidney disease patients, pairing patients with a nurse care manager, and, in the second year, a pharmacist.

University Medicine's President, **DR. LOU RICE**, noted "University Medicine is taking its commitment to primary care and bringing our specialists into the patient centered medical home. Our 15-year dedication to improving care for Rhode Islanders will be enhanced and advanced by this new relationship with Blue Cross & Blue Shield of Rhode Island." ❖

Recognition

Total Joint Center Receives Blue Distinction Center Designation

PROVIDENCE – Blue Cross & Blue Shield of Rhode Island (BCBSRI) has named The Miriam Hospital as a Blue Distinction Center in Knee and Hip Replacement. The Blue Distinction Centers for Specialty Care® program is a national designation awarded by Blue Cross and Blue Shield companies to medical facilities that have demonstrated expertise in delivering quality specialty care – which expanded recently to include more robust quality measures focused on improved patient health and safety.

“We are extremely honored to receive this achievement only a year after opening the doors to our Total Joint Center,” said Arthur J. Sampson, president of The Miriam Hospital. “The success of our program is a direct reflection of the tremendous dedication and expertise of our surgeons, doctors, nurses, physical therapists and staff who go above and beyond every day to provide exemplary orthopedic care, from consultation to surgery and all the way through to recovery.”

“Blue Cross & Blue Shield of Rhode Island is continually collaborating with our provider partners to identify and support programs that improve patient outcomes, deliver safe and efficient care, and encourage innovation,” said Peter Andruszkiewicz, president and CEO for BCBSRI. “We congratulate The Miriam Hospital on earning this designation and the Total Joint Center’s commitment to high-quality specialty services and outstanding patient care for Rhode Island residents.”

The Total Joint Center at The Miriam Hospital is a center of excellence dedicated to providing state-of-the-art specialized procedures, rehabilitation and care to restore function to damaged hips, knees and shoulders. ❖

NAPBC Accredits Roger Williams Breast Health Program

PROVIDENCE – The Breast Health Program at Roger Williams Medical Center has received full accreditation from the National Accreditation Program for Breast Centers (NAPBC). Accreditation is granted only to those centers that undergo a rigorous evaluation and review of performance and compliance with 27 evidence-based standards of care covering 17 components of care. Roger Williams was compliant on 27 of 27 standards.

The NAPBC, a program administered by the American College of Surgeons, is a consortium of national, professional organizations focused on breast health and dedicated to the improvement of quality care and outcomes of patients with diseases of the breast through evidence-based standards and patient and professional education.

“This accreditation affirms the quality of the patient-centered, multi-disciplinary breast health care delivered at Roger Williams,” said **R. JAMES KONESS, MD**, Director, Breast Health Program. ❖

The Miriam Recognized with National Cancer Award

PROVIDENCE – The Leonard and Adele R. Decof Family Comprehensive Cancer Center at The Miriam Hospital was recently presented with the 2012 Outstanding Achievement Award by the American College of Surgeons’ (ACS) Commission on Cancer (CoC). The Miriam Hospital is one of only 79 health care facilities in the country – and the only in Rhode Island – to receive this national honor based on excellence in providing quality care to cancer patients.

The cancer program was evaluated in October 2012 on 29 program standards categorized within one of four cancer program activity areas: cancer committee leadership, cancer data management, clinical services and quality improvement. ❖

Miriam Named Top Regional Hospital

PROVIDENCE – For the second consecutive year, The Miriam Hospital was named the top hospital in Rhode Island and southeastern Massachusetts, according to *U.S. News & World Report*.

The annual *U.S. News Best Hospitals* rankings recognize hospitals that excel in treating the most challenging patients.

The hospital was recognized as high performing in eight medical specialties, including cancer, diabetes/endocrinology, gastroenterology and surgery, geriatrics, nephrology, neurology and neurosurgery, pulmonology and urology.

The rankings – now in their 24th year – are based on objective measures of hospital performance including reputation, patient safety, procedure volume, nurse staffing, mortality index and availability of medical technology. The full report and methodology are available at <http://health.usnews.com/best-hospitals>. ❖

Legislative Health News

New law allows physicians to issue temporary disability placards

PROVIDENCE – Physicians will be allowed, beginning January 1 of next year, to issue temporary disabled driver placards to patients they consider qualified to apply for a permanent disability license plate.

Legislation allowing the new procedure, approved by the General Assembly in June, has been signed into law by Gov. Lincoln Chafee.

Under current law, eligible disabled drivers who apply for a disability placard face a waiting period before receiving it from the Division of Motor Vehicles.

Under the new law, any person medically qualified for a permanent disability plate will be able to obtain a preliminary placard immediately from a physician, who will be empowered to issue the placard if the patient's condition is deemed by the physician to merit it. The preliminary placard will be effective for 21 days to help bridge the time between the application and issuance of a permanent disability plate by the DMV.

There is to be no fee for obtaining or using the placard. The DMV will, between now and next January, promulgate rules concerning the physician issuing process. ❖

New law OKs e-prescription use for controlled substance list drugs

PROVIDENCE – The use of electronic prescriptions in Rhode Island – already at a fairly high level according to the Department of Health – is expected to become more prevalent with enactment into law of legislation recently approved by the General Assembly.

In June, Gov. Lincoln Chafee signed into law bills requiring the director of the Department of Health to establish rules and regulations for adopting a system for electronic data transmission of prescriptions for substances on the various controlled substance schedules.

State law currently refers to “written” prescriptions for these drugs, making enactment of the legislation necessary to keep up with technological advances in the medical field.

Items on the Schedule II controlled substances list are those that have a high potential for abuse and include such drugs as Demerol, OxyContin and Percocet. Items on the Schedule III list are those with a lesser potential for abuse and include drugs such as Vicodin and Tylenol with Codeine. The Schedule IV controlled substances have a low potential for abuse and include such drugs as Xanax and Valium. Schedule V covers such items as cough preparations containing some codeine.

The legislation also adds a new section to the law, relative to an electronic prescription database to be maintained by the Department of Health, and spells out how and to whom information in that database can be made available. ❖

Research News



Ze'ev Harel, MD

Harel: Teens should take 600 IU Vitamin D daily

PROVIDENCE – A committee led by **ZE'EV HAREL, MD**, an adolescent medicine specialist from Hasbro Children's Hospital, recently published a statement citing the importance of vitamin D for teen health. The report, titled “Recommended Vitamin D Intake and Management of Low Vitamin D Status in Adolescents” was published in the June issue of the

Journal of Adolescent Health. The report was authored by Dr. Harel and members of the Society for Adolescent Health and Medicine (SAHM) bone health subcommittee, of which he is chair.

The position statement recommends that healthy teens receive a supplement of 600 IU of vitamin D daily. Those adolescents at risk for vitamin D deficiencies, such as those who are obese or have dark skin, should take 1,000 IU daily.

“Adolescence is a vital period of development in the human body, so it is crucial that young adults receive the recommended intake of vitamin D to grow and maintain a healthy skeletal system,” said Dr. Harel, a professor of pediatrics at the Warren Alpert Medical School.

Research has found when teens who are deficient in vitamin D take the recommended dose they may show improvements in bone mineral content and density. Recent evidence also suggests that taking recommended doses can lead to fewer stress fractures, especially among physically active females.

According to Dr. Harel, taking vitamin D supplements is the most efficient way to receive the recommended dose. The body naturally receives vitamin D from sun exposure, but that method also carries the increased risk of skin cancer and sunscreens usually block vitamin D synthesis. And, only small quantities are derived from dietary sources such as fish, eggs, dairy products and breakfast cereals. ❖