

ification – again the concept of no-one approach fits all. A lot of companies large and small are starting to help drill into EMRs. There is a lot of power in information; insights can be gleaned.”

Connectivity: Apps, portals, cell phones

“How do we use the power of cell phones, connectivity, apps, to basically try for efficiency and give patients more connectivity around their health and wellness?” he asked and then used the example of a program at Joslin geared to college students with diabetes, which uses virtual visits to keep them connected to their healthcare team and endocrinologists.

He said patients (and their families) are now able to fully connect to their healthcare teams through protected email exchanges and secure portals to access their electronic medical records.

He saw innovative needs in building enhanced artificial intelligence into

devices people use, such as glucose meters, to better manage their care with the hope of keeping them healthy at home, and avoiding expensive ED visits and re-visits, “which are no longer covered by many healthcare plans.”

Clinical decision making is absolutely critical, he said, but the challenge is to take the “ton of information” that is coming off diabetes monitors, pumps, Fitbits, and turn it into something actionable, clinically relevant, giving more tools to primary care physicians to drive that. Lots of start-up companies are working on this, he said.

Economic forces

“We’re seeing a lot of risk-based, capitated, global and bundled payments – putting economic constraints around care,” he said.

He said payment to providers is going to be based on how well they actually deliver value and this is extending to device companies and pharmaceutical

firms. “They are no longer going to be paid for just selling a product. They need to be part of the ecosystem that says my products, along with the other services, collectively are going to take costs out of the equation.”

Brooks also spoke of increasingly high deductibles employees are choosing to keep down their health plan payments. “We’re seeing a lot of tiered healthcare. In Massachusetts, for instance, some of the big teaching hospitals are basically in Tier 3, which means that patients who want to go to those hospitals are going to have to pay a lot more money out of their own pocket if they want to continue to go to those providers, since their deductibles are so much higher today.”

And, he added, medical tourism continues, where “employers are packing up their workers and spouses and putting them on planes to India or China for ortho or cardiac procedures because it’s cheaper.” ❖

NIH awards Cardiovascular Research Center at RIH \$7.3M

Will support research into prevention of sudden cardiac arrest

PROVIDENCE – Rhode Island Hospital’s Cardiovascular Research Center (CVRC) has been awarded a \$7.36 million research project grant (R01) from the National Heart, Lung and Blood Institute of the National Institutes of Health to study sudden cardiac arrest. The research will be focused on mechanisms to develop new therapies and strategies to prevent sudden cardiac arrest and to measure the impact of genetic and environmental factors on risk for sudden cardiac death. The grant will be paid out over five years and is the largest grant of its kind to be paid to a Lifespan partner hospital.

The grant will be approximately \$1.5 million per year, and is specific to the research project, A Multi-Scale Approach to Cardiac Arrhythmia: from the Molecule to the Organ.

“R01 grants from the National Institutes of Health are incredibly

difficult to come by and are highly competitive,” said **GIDEON KOREN, MD**, director of the center, who was recruited in 2005 to launch it.

The CVRC is home for 43 investigators including undergraduate students, graduate students, post-doctoral fellows, research associates and faculty, and receives over \$3.8 million in direct costs from the federal government. It will work in collaboration with researchers at Brown University, Northeastern University, Pennsylvania State University, and the University of California, Los Angeles.

“This award from the NIH is a remarkable achievement,” said **PETER SNYDER, PhD**, senior vice president



Gideon Koren, MD, director of the Cardiovascular Research Center at Rhode Island Hospital with Gov. Lincoln Chafee at a press conference held to announce the \$7.36 million grant.

and chief research officer for Lifespan. “It underscores the quality of the research at Rhode Island Hospital and provides our researchers with the means to continue to explore new treatments and preventative measures of an illness that takes thousands of lives each year in the U.S.” ❖