

Bradley Hospital study finds sleep difficulties common among toddlers with psychiatric disorders

PROVIDENCE – **JOHN BOEKAMP, PHD**, clinical director of the Pediatric Partial Hospital Program (PPHP) at Bradley Hospital recently led a study that found sleep difficulties - particularly problems with falling asleep - were very common among toddlers and preschool-aged children who were receiving clinical treatment for a wide range of psychiatric disorders. The study, titled “Sleep Onset and Night Waking Insomnias in Preschoolers with Psychiatric Disorders,” is now published online in the journal *Child Psychiatry & Human Development*.

“The most common sleep difficulties reported nationally for toddlers and preschoolers are problems of going to bed, falling asleep and frequent night awakenings – collectively, these problems are referred to as behavioral insomnias of childhood,” said Boekamp. “Sleep problems in young children frequently co-occur with other behavioral problems, with evidence that inadequate sleep is associated with daytime sleepiness, less optimal preschool adjustment, and

problems of irritability, hyperactivity and attention.”

Boekamp’s team was interested in learning more about sleep and sleep problems in young children with behavior problems, as early sleep problems may be both a cause and consequence of children’s difficulties with behavioral and emotional self-regulation. “Essentially, these young children might be caught in a cycle, with sleep disruption affecting their psychiatric symptoms and psychiatric symptoms affecting their sleep-wake organization,” said Boekamp.

“This study is a great reminder that it’s critical for mental health providers working with young children and their families to ask about children’s sleep,” he said. “Simple questions about children’s sleep patterns, including how long it takes a child to fall asleep at night and how frequently a child awakens after falling asleep, may yield important information that is relevant to clinical care, even when sleep problems are not the primary focus of treatment.” ❖

Blue Cross & Blue Shield of RI, CNE launch Maternity Care Initiative

PROVIDENCE – Blue Cross & Blue Shield of Rhode Island, Care New England, and its employed and interested community physicians recently announced the first phase of an initiative providing an integrated care model and innovative payment model for obstetrical patients.

According to **MAUREEN G. PHIPPS, MD**, chief of the department of Obstetrics and Gynecology at Women & Infants, “Providers across our community embrace and adopt best practices and protocols for obstetrics. The initiative with Blue Cross offers a unique opportunity to engage a broader range of partners in the establishment and adoption of community-wide clinical best practices.”

“This program is unique in that the architects include physicians, a health care system and a health insurer,” said Dennis D. Keefe, president and CEO of

Care New England. “The fact that this group produced a new care delivery and payment model is strong testament to the commitment, trust and transparency of all involved.”

Phase I of the program will focus on the family’s experience at Women & Infants Hospital at the time of delivery and the six weeks following delivery; it will include providing an increased level of service in the transition from hospital to home, post-delivery nursing visits, more intensive focus on support of the new family unit, such as family planning and depression screening, as well as education and screening for long-term risks associated with gestational diabetes. Phase II is expected to focus on developing evidence-based care protocols to manage prenatal care.

“This initiative is the best example we have in Rhode Island to date of providers, from the hospital system and

from the community, working together to improve on the already strong care model for a population of very important patients. This combined with a new payment methodology that incents an evidence-based, best practice approach to maternity care is just the beginning of larger changes in health care delivery and financing that Blue Cross and all of our provider partners are working toward,” said Peter Andruszkiewicz, president and CEO for BCBSRI. “In this new model, the patient is at the center, care teams are coordinated and far more integrated and payment arrangements provide financial incentives for the health of populations.”

This program grew out of a long-term strategic partnership between BCBSRI and CNE that launched in 2012. Phase I of this two-part program will launch January 1, 2015 and Phase II will be developed in 2015. ❖