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Gov. Raimondo asks Lifespan, CNE, Brown to reconsider plans for integrated academic hospital system

Parties have agreed to reconvene

PROVIDENCE – **GOV. GINA M. RAIMONDO** announced on June 4th she has asked Lifespan, Care New England and Brown University to resume negotiations and determine whether they can come to an agreement that would create a locally-run, academic medical center in Rhode Island.

“A thriving hospital system is critical to the health care of all Rhode Islanders. Over the past several months I have increasingly heard from a number of stakeholders and understand the appeal of a locally-run, academic medical center based in Rhode Island. With that in mind, I have called on Care New England, Lifespan and Brown to sit down once again and consider a joint solution. While I have little control over private hospital systems, I do have the ability to bring these parties together and ask them to reconvene negotiations on a crucial decision that will impact all Rhode Islanders for decades,” said Gov. Raimondo. “Partners is one of the best medical systems in the country, and we appreciate their interest in Rhode Island. Whether or not Rhode Island affiliates with a larger system at some point, I believe creating a more integrated, locally-run, academic structure first is what’s in the best interest of Rhode Islanders now and in the long run.”

“In order to give this effort the best possible chance for success and to provide maximum flexibility to the governor and the leadership of these three institutions, we will be withdrawing our application to acquire CNE. We look forward to reengaging at the appropriate time – especially with a fully integrated local system. We greatly value our relationship in Rhode Island and want to do what’s best for the state and its citizens,” said **ANNE KLIBANSKI, MD**, Interim President and CEO, Partners HealthCare.

“We are pleased that the Governor has taken this important first step to achieve a vision that has eluded the state for more than two decades. We are confident that with the good faith efforts of all the parties involved, we will finally achieve the vision of unified academic health care system for the state of Rhode Island that will have a positive impact on patient care and our economy for years to come. We are excited to get this effort underway,” said **TIMOTHY J. BABINEAU, MD**, president and chief executive officer of Lifespan and **LAWRENCE AUBIN**, chair, Lifespan board of directors.

“Care New England is committed to providing the best health care possible throughout the state. We appreciate the Governor’s dedication and commitment, and respect the importance of a possible Rhode Island Solution involving CNE, Lifespan, and Brown University. To that end, we have

agreed to further explore the feasibility of this option and will begin discussions in earnest immediately because it is simply too important for Rhode Island’s future,” said **JAMES E. FANALE, MD**, President and CEO, Care New England. “I must also acknowledge the hard work and focused energy the staff across CNE has put forward into strengthening our organization and enhancing care provided across all of our facilities. Further, I look forward to the continuation of our existing clinical affiliation with our Partners/Brigham Health colleagues as we explore this opportunity locally in depth. The programs in place already – cardiology, colorectal, thoracic, and vascular surgery - will continue to grow and provide high quality care for our patients.”

“I respect Governor Raimondo’s decision to reconvene Care New England, Lifespan and Brown for discussions about the future of Rhode Island healthcare. Brown has a long history of advocating for an integrated academic medical center that provides exceptional healthcare and medical education, and generates biomedical innovation that fuels job growth in the state. I look forward to these discussions, and I hope we can develop the

beginnings of a framework that will serve the best interests of Rhode Islanders for years to come,” said Brown President **CHRISTINA PAXSON**.

The Governor has called on the parties to work quickly over the summer to identify if they can move forward successfully. The Rhode Island Foundation and The Partnership for Rhode Island are providing financial support for consultant work.

“It is encouraging that Brown, Care New England, and Lifespan have agreed to come back to the table to work toward creation of a locally-controlled, integrated academic medical center – one that will provide cost-effective, quality care to all Rhode Islanders. We’ve supported the concept for some time, in alignment with the Foundation’s strategic focus on improving the health of our state’s residents; and we’re glad to provide resources to this effort,” said **NEIL D. STEINBERG**, President & CEO of the Rhode Island Foundation.

“We are excited about the prospect of a local solution that prioritizes quality, affordable care. Rhode Island’s health care institutions are a major driver of our economic future and their success is imperative to attracting and retaining companies. We support a new approach to finding a way to bring Brown, Care New England, and Lifespan together that includes fresh leadership and a renewed commitment to world-class health care for all Rhode Islanders,” said **TOM GIORDANO**, Executive Director, Partnership for Rhode Island. ❖

‘In order to give this effort the best possible chance for success and to provide maximum flexibility to the governor and the leadership of these three institutions, we will be withdrawing our application to acquire CNE.’

– *Anne Klibanski, MD, Interim President and CEO, Partners HealthCare*

Southcoast Health announces intent to establish a Trauma Center at St. Luke's Hospital

NEW BEDFORD – **KEITH HOVAN**, CEO of Southcoast Health, announced in May plans to establish a Level II Trauma Center at St. Luke's Hospital.

"We all know how important every minute – every second – counts when someone is badly injured," said Hovan. "No one is more acutely aware of this than our region's EMS providers, which is why I was delighted to share this information with them this morning."



Keith Hovan, chief executive officer of Southcoast Health, shakes hand with Kevin Gallagher, fire chief for the town of Acushnet, at the Southcoast Health annual EMS provider breakfast.

Hovan made the announcement at Southcoast Health's annual EMS provider breakfast, which is held every year during National EMS Week to honor fire chiefs and other leaders of emergency medical services for their work in ensuring that the region has expert and timely emergency care.

"The development of a Level II Trauma Center at St. Luke's will continue our mission of providing world class care close to home for our patients and communities here in Southeastern Massachusetts and Rhode Island," Hovan said.

A Level II trauma center has the capability to see any type of trauma patient and has the same clinical capabilities of a Level I trauma center. A level II center is also not required to conduct research and have academic surgical residency programs. Establishing a Level II Trauma Center, centrally located in the region at St. Luke's Hospital, will meet a critical community need. When completed, this new program will provide more timely, critical access to exceptional trauma care for patients of our region.

Becoming a Level II Trauma Center is a very rigorous and prescribed process which must be verified by the American College of Surgeons and approved by the Massachusetts Department of Public Health. To immediately begin

this important work, St. Luke's Hospital has been actively recruiting leaders and providers who will lead this initiative. Key to this effort will be Southcoast's newly recruited Chief of Trauma Surgery, Dr. Michael Grossman.

"Dr. Grossman is a skilled and experienced trauma surgeon and leader, having established two trauma centers – one in New York and one in Pennsylvania," said **DR. RAYFORD KRUGER**, Chief of Surgery for Southcoast Health. "Building an expert team will be crucial to the formation of a well-designed trauma program that meets the needs of our patients."

"I am very excited to be leading the effort to establish St. Luke's as a trauma center," said **DR. GROSSMAN**. "This is an exciting opportunity for the region and I am thrilled to play a key role at an esteemed organization to make this a reality for the patients of Southeastern Massachusetts."

St. Luke's Hospital will be required to submit data to the National Trauma Data Bank and Massachusetts Department of Public Health regarding treatment of trauma patients to be verified and accredited as a Level II Trauma Center. The process will take approximately 18 months to two years. ❖

CNE releases Fiscal Year 2019 Q2 results

Care New England Health System (CNE) announced in May that in the second quarter of Fiscal Year 2019 (Jan–March 2019), its obligated group (CNE operating units excluding Memorial Hospital) reported a \$4.6 million loss from operations due primarily to a \$5.4 million loss at Women & Infants Hospital, because of volume decline in the neonatal intensive care unit (NICU). However, Butler Hospital, Kent Hospital, and the VNA of Care New England had positive second quarter gains of \$3.2 million collectively. Year-to-date, the obligated group experienced a \$3 million loss from operations, \$0.6 million below budget.

CNE as a whole recorded a loss from operations of \$5.8 million in the second quarter. Year-to-date, CNE incurred a loss from operations of \$5.1 million, which is slightly better than the budget of \$5.2 million. Of note, the Memorial Hospital campus accounts for \$2.1 million of that loss.

"Our focus remains firmly on operational improvement plans including quality, access, and financial performance," said **JAMES E. FANALE, MD**, president and CEO, CNE. "Health care is a volatile industry but we continue to aggressively assess, implement, and amend our turnaround plans to meet these demands head on. We believe with this sharp focus and the commitment of all those here at CNE, we will see further improvement and achieve our overall budget." ❖

AMA announces new resources to train future physicians on health systems science

As part of AMA's initiative to create the medical schools of the future, first-of-its-kind Health Systems Science Review book and online education modules will help ensure physicians learn how to deliver patient care in modern, value-based health systems

CHICAGO – Building on its efforts to ensure future physicians are well-prepared to effectively deliver care to patients within modern health systems, the American Medical Association (AMA) today announced two new resources aimed at integrating Health Systems Science into physician training. Both new resources – the Health Systems Science Review book and AMA Health Systems Science Learning Series education modules – will help physicians-in-training enter practice with a better understanding of how health care is delivered, how health care professionals work together to deliver care, and how they can improve patient care and health care.

“Through our work over the past six years to reimagine medical education, we’ve seen first-hand that physician training has not always kept pace with the changing way that health care is being delivered within health systems. Now, as more medical schools are incorporating Health Systems Science into their curricula, the AMA is offering tools to students and instructors to assess their competencies in this new subject,” said AMA President **BARBARA L. MCANENY, MD**.

The AMA's new Health Systems Science Review book, published by Elsevier, is the first study tool of its kind to help physicians-in-training and other health professionals, as well as their

instructors, evaluate competencies in Health Systems Science and learners' readiness for navigating modern health systems. This includes competencies in value-based care, health care delivery and processes, health care policy and economics, clinical informatics and technology, social determinants of health, patient safety, teamwork and collaboration, and systems thinking.

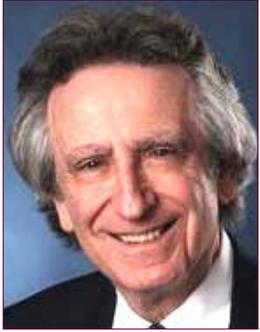
Additionally, the AMA today announced a series of free, online education modules for students to help them develop competencies in Health Systems Science. The first six modules in the new Health Systems Science Learning Series are available for free through the AMA Ed Hub™. The six modules cover the following topics: Health Care Delivery Systems, Patient Safety, Population Health, Quality Improvement, Social Determinants of Health, and Systems Thinking. The AMA plans to offer an additional seven modules as part of the series, which are scheduled to be released in early 2020. Although these were created to support the education of students, the modules will also be useful to residents and practicing physicians who did not receive this foundation as part of their training.

In 2016, Health Systems Science emerged as one of the major innovations developed through the AMA's Accelerating Change in Medical Education

Consortium. Health Systems Science is now considered the third pillar of medical education that should be integrated with the two existing pillars – basic and clinical sciences – and is being incorporated into medical education curricula and exams across the country. To help ensure medical and other health professions students are proficient in Health Systems Science, the AMA is currently working with the National Board of Medical Examiners to develop a standardized exam, which is expected to be available later this year.

The AMA launched its Accelerating Change in Medical Education initiative in 2013 to bridge the gaps that exist between how medical students are trained and how health care is delivered in the modern health care system. Since then the AMA has awarded \$14.1 million in grants to 37 of the nation's leading medical schools to develop innovative curricula that can ultimately be implemented in medical schools across the country. Combining their knowledge, expertise and creativity, these 37 schools are working together as a consortium to share ideas and reinvent how medical students are taught and trained. This work is already supporting training for an estimated 24,000 medical students who will one day care for 41 million patients each year. ❖

When Science and Politics Collide: Support for Enhancing FDA Independence



Eli Y. Adashi, MD

CAMBRIDGE, MA – Earlier this year, twin papers authored by seven former Food and Drug Administration commissioners, published by Health Affairs and the Aspen Institute on the same day, suggested that the FDA should become an independent agency.

A new paper by **ELI Y. ADASHI**¹, **ROHIT RAJAN**², and **I. GLENN COHEN**³ appeared in *Science* in May and picks up where those papers left off. Adashi, Rajan, and Cohen write that the crucial mission of the FDA, which has been to make sci-

ence-based decisions about drug and medical device safety since 1938, has recently been undermined and threatened by politically motivated interference from congressional legislators.

In some ways, the FDA has been vulnerable to politicization from both sides of the aisle since the mid-1960s, resulting in a slow but steady loss of independence. However, write Adashi, Rajan, and Cohen, there has been a recent uptick in political influence on the FDA's decisions, including the recent Plan B debacle. In the long run, the American people are at risk of losing the independent drug safety watchdog they rely on.

While the FDA will never be truly free from political pressure, Adashi, Rajan, and Cohen support the move for a more independent version of the agency, and also suggest some safeguards, which will allow the agency to stay true to its mission. "The hope is, that when values clash, an independent FDA will navigate the conflict with the nation's best interest in mind," they write. Their suggestions include: a six-year term for FDA commissioners, budgetary independence modeled on the Federal Communications Commission (another independent agency), and rule-making authority with selective oversight by the Office of Information and Regulatory Affairs and Office of Management and Budget.

"The fate and stature of the FDA rest in the hands of lawmakers who may be reluctant to alter the status quo for fear of losing leverage," write Adashi, Rajan, and Cohen. "Failure to codify in law the independence of the FDA now or in the near future must be viewed as an opportunity missed." ❖

1 Professor of Medical Science, The Warren Alpert Medical School of Brown University

2 Harvard Law School, Harvard University, Cambridge, MA

3 James A. Attwood and Leslie Williams Professor of Law, Harvard Law School and Faculty Director, Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School

URI College of Pharmacy ranked 10th in nation in federal research funding

The College attracted more than \$12 million in federal funds in fiscal 2018

KINGSTON – The University of Rhode Island College of Pharmacy has moved into the top 10 in the country in total federal research grant funding from the National Institutes of Health after securing more than \$12 million in federal research funds in fiscal 2018. The number 10 ranking – among 142 pharmacy colleges in the country – is a record for the College for the second year in a row.

URI is the top ranked pharmacy college in the Northeast, and the only one in the top 20 that is not part of an academic medical center (hospital and medical school), which is ordinarily a significant disadvantage to attracting research funds.

"All credit goes to our amazing faculty members, who continue to make significant scientific breakthroughs that benefit the entire health community," said URI Pharmacy Dean **PAUL LARRAT**. "Every breakthrough, every advancement in scientific knowledge they achieve are even more incentives to fund their work. The discoveries they make every day and bring with them into their classrooms benefit not only the current scientific community, but also the next generation of dynamic researchers and clinicians roaming our halls."

The College has consistently ranked in the 20s among the 142 pharmacy colleges in the country over the last several years before soaring to number 11 last year. Faculty members have made a concerted effort to ramp up research funding, meeting regularly to strategize research efforts, target grant funding and mentor fellow researchers on proper grant writing techniques.

The College of Pharmacy employs a collaborative approach to research and discovery, within the College itself and in association with partner organizations. Pharmacy faculty members and researchers collaborate with such organizations as URI's George & Anne Ryan Center for Neuroscience, the Rhode Island IDEa Network for Excellence in Biomedical Research (RINBRE), which is based at URI, and Advance Clinical and Translational Research (Advance-CTR), a statewide partnership among URI, Brown University, Care New England, Lifespan, the Providence VA Medical Center and the Rhode Island Quality Institute. ❖

New AMA study shows employed physicians outnumber self-employed physicians for first time

CHICAGO – For the first time in the United States, employed physicians outnumber self-employed physicians, according to a newly updated study on physician practice arrangements by the American Medical Association (AMA). This milestone marks the continuation of a long-term trend that has slowly shifted the distribution of physicians away from ownership of private practices.

Employed physicians were 47.4% of all patient care physicians in 2018, up 6% points since 2012. In contrast, self-employed physicians were 45.9% of all patient care physicians in 2018, down 7% points since 2012. Changes of this magnitude are not unprecedented. Older AMA surveys show the share of self-employed physicians fell 14% points during a six-year span between 1988 and 1994.

Given the rate of change in the early 1990s, it appeared a point was imminent when employed physicians would outnumber self-employed physicians, but the shift took much longer than anticipated. The AMA's research notes this example and suggests "caution should be taken in assuming current trends will continue indefinitely."

The majority of patient care physicians (54.0%) worked in physician-owned practices in 2018 either as an owner, employee, or contractor. Although this share fell from 60.1% in 2012, the trend away from physician-owned practice appears to be slowing since more than half of the shift occurred between 2012 and 2014.

Concurrently, there was an increase in the share of physicians working directly for a hospital or in a practice at least partly owned by a hospital. Physicians working directly for a hospital were 8.0% of all patient care physicians, an increase from 5.6% in 2012. Physicians in hospital-owned practices were 26.7% of all patient care physicians, an increase from 23.4% in 2012. In the aggregate, 34.7% of physicians worked either directly for a hospital or in a

practice at least partly owned by a hospital in 2018, up from 29.0% in 2012.

Younger physicians and women physicians are more likely to be employed. Nearly 70% of physicians under age 40 were employees in 2018, compared to 38.2% of physicians age 55 and over. Among female physicians, more were employees than practice owners (57.6% vs. 34.3%). The reverse is true for male

physicians, more were practice owners than employees (52.1% vs. 41.9%).

"Transformational change continues in the delivery of health care and physicians are responding by reevaluating their practice arrangements," said AMA President **BARBARA L. McANENY, MD**. "Physicians must assess many factors and carefully determine for themselves what settings they find professionally

Figure 3. Distribution of physicians by employment status: specialty-level estimates (2018)

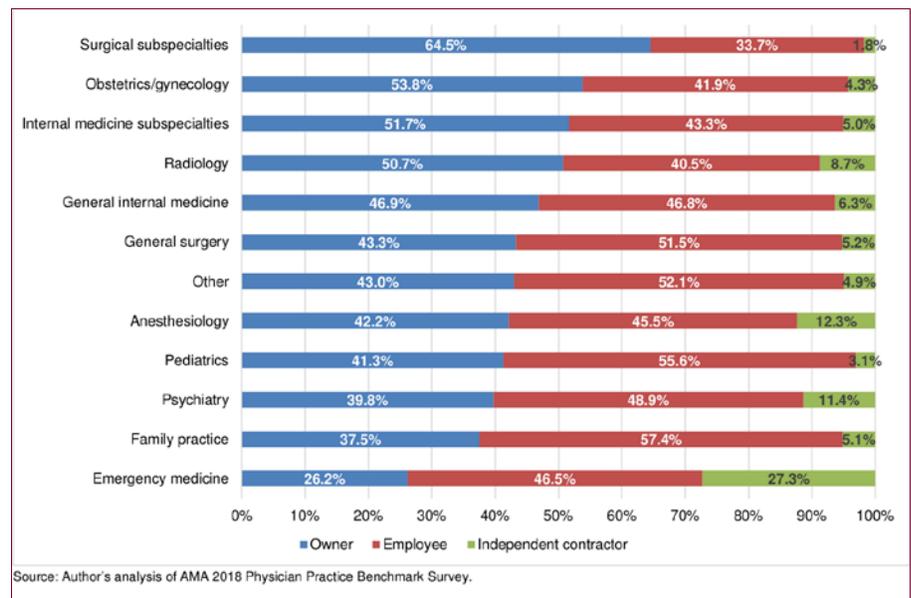
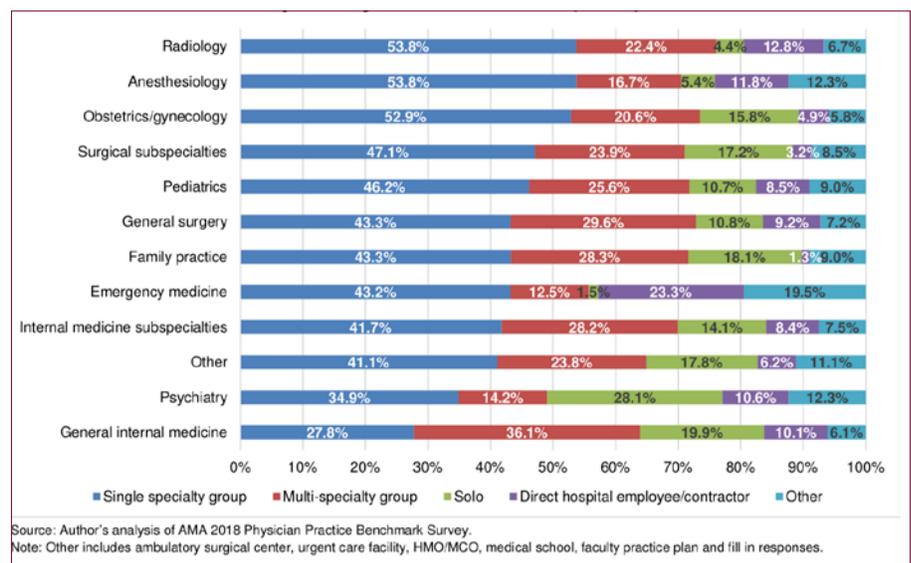


Figure 4. Distribution of physicians by practice type: specialty-level estimates (2018)



rewarding when considering independence or employment. The AMA stands ready to assist with valuable resources that can help physicians navigate their choice of practice options and offers innovative strategies and resources to ensure physicians in all practice sizes and settings can thrive in the changing health environment.”

As in past AMA studies, physicians’ employment status varied widely across medical specialties in 2018. (See **Figures 3 and 4**) The surgical subspecialties had the highest share of owners (64.5%) followed by obstetrics/gyne-

cology (53.8%) and internal medicine subspecialties (51.7%). Emergency medicine had the lowest share of owners (26.2%) and the highest share of independent contractors (27.3%). Family practice was the specialty with the highest share of employed physicians (57.4%).

Despite challenges posed by dynamic change in the health care landscape, most physicians still work in small practices. This share has fallen slowly but steadily since 2012. In 2018, 56.5% of physicians worked in practices with 10 or fewer physicians compared to 61.4% in 2012. This change has been

predominantly driven by the shift away from very small practices, especially solo practices, in favor of very large practices of 50 or more physicians.

The new study is the latest addition to the AMA’s Policy Research Perspective series that examines long term changes in practice arrangements and payment methodologies. The new AMA study, as well as previous studies in the Policy Research Perspective series, is available to download from AMA website. ❖

RIDOH announces funding, support for new Health Equity Zones in East Providence, Cranston, and West End of Providence

The Rhode Island Department of Health (RIDOH) recently announced that it is expanding support and funding to three new communities to establish Health Equity Zones. East Providence, Cranston, and Providence’s West End neighborhood were chosen through a competitive process that drew nearly 20 applicants from communities across the State. These new communities will share approximately \$1.4 million in funding with seven existing Health Equity Zones receiving support to continue their work in local communities.

RIDOH’s Health Equity Zone initiative is an innovative, place-based approach that brings people together to build healthy, resilient communities across Rhode Island. The initiative is grounded in research that shows up to 80% of health outcomes are determined by factors outside clinical settings, such as access to affordable, healthy foods; high-quality education; employment opportunities; and safe neighborhoods. The model encourages and equips community members and partners to collaborate to address factors like these and create healthy places for people to live, learn, work, and play.

“We are thrilled to expand our Health Equity Zones initiative to additional Rhode Island communities,” said Director of Health **NICOLE ALEXANDER-SCOTT, MD, MPH**. “With plans for strong mentorship from existing Health Equity Zones, these communities are taking the forces that shape their health and well-being into their own hands. I can’t wait to see what they accomplish over the next few years as we continue to lift up this initiative as a national model of how such an infrastructure led by community members can create the conditions needed for every person to thrive.”

Each successful application was submitted by a municipal or nonprofit, community-based organization that will serve as the “backbone agency” for the local Health Equity Zone. These agencies, which include East Bay Community Action Program, Comprehensive Community Action Plan, and West Elmwood Housing Corporation, will facilitate a community-led process to organize a collaborative of community partners, conduct a needs assessment, and implement a data-driven plan of action to address the obstacles to health and well-being in local neighborhoods. RIDOH will provide seed funding and support to ensure that communities ground their work in public health principles and best practices, so that measurable outcomes are reached and evaluated.

Existing Health Equity Zone Collaboratives include residents, diverse community-based organizations, youth-serving organizations, educators, business leaders, health professionals, transportation experts, and people in many other fields who are coming together to address the most pressing health concerns in their neighborhoods.

The initial year-long contract period will begin in approximately July 2019 and may be renewed for up to four additional 12-month periods based on HEZ performance outcomes evaluated and based on the availability of funds. To learn more about RIDOH’s Health Equity Zone initiative, see:

www.health.ri.gov/hez

<http://www.health.ri.gov/publications/factsheets/RIsHealthEquityZones.pdf>

To learn more about how to partner with RIDOH to support the Health Equity Zone model in Rhode Island, write to: Ana.Novais@health.ri.gov. ❖

Integra Community Care Network joins Choosing Wisely Rhode Island®

National initiative promotes patients advocating for the right care at the right time

In support of its mission to improve the patient experience of care and the health of populations while reducing the cost of health care, Integra Community Care Network ACO announced it has joined the Choosing Wisely Rhode Island campaign to promote better and more effective communications between patients and their providers in order to advance a dialogue on avoiding unnecessary medical tests, treatments and procedures. The Choosing Wisely Rhode Island campaign is an initiative of the ABIM Foundation and Consumer Reports.

In addition to an ongoing patient educational campaign focused on learning how to more effectively advocate for better health care for themselves and their families, Integra providers will also participate in Choosing Wisely Rhode Island in ways focused on building stronger relationships with their patients to allow for open and honest dialogue about individual health care choices. Researchers at the Dartmouth Institute for Health Policy and Clinical Practice have estimated that 30 percent of all Medicare clinical care spending could be avoided without worsening health outcomes. Integra believes involving patients and their families in care decisions will allow them to make more informed choices.

"It's increasingly clear that an open line of communication between patients and providers is a critical step towards realizing our shared vision of healthier communities," said **JAMES FANALE, MD**, president and CEO of Care New England and chairman of Integra's Board of Directors. "Our goal is to deliver the right care, in the right place, at the right time, and participating in the Choosing Wisely Rhode Island campaign makes sense for health care consumers and for Integra, particularly in today's fluid health care environment."

Rhode Island Business Group on Health (RIBGH) kicked-off phase II of Rhode Island's promotion of the Choosing Wisely campaign in 2018, enlisting organizations including Amica, Brown University, Ocean State Job Lot, Thielsch Engineering, the State of

Rhode Island and the City of Providence.

"As physicians, one of our most important responsibilities is educating our patients and assisting them in negotiating through our complex health care system," said **ALBERT PUERINI, MD**, president of the Rhode Island Primary Care Physicians Corporation and a member of Integra's Board. "The Choosing Wisely Rhode Island campaign provides a platform to assist both our physicians and patients in working together to make the best choices in the important issues of their health. At Integra, we are dedicated to using The Choosing Wisely Rhode Island campaign to achieve these goals."

Rhode Island Business Group on Health is leading the statewide campaign, serving as the licensing agent and providing the resources necessary to partner with the medical community. Thanks to funding from the Rhode Island Foundation and endorsement by the Rhode Island Medical Society, adoption of the national Choosing Wisely Rhode Island campaign continues to increase throughout the state.

"It's clear as part of the shifting health care landscape that an open line of communication between patients and providers is increasingly important to achieving the best health outcome," said **JOHN MINICHIELLO**, executive director of Integra Community Care Network. "Patients working in partnership with clinicians when making health care decisions is to everyone's benefit, and Choosing Wisely Rhode Island gives both patients and providers the tools to start these important conversations."

About Integra Community Care Network, LLC

Integra Community Care Network, LLC is the Accountable Care Organization (ACO) within Care New England Health System and is the largest ACO in Rhode Island. The Integra network, responsible for the population health of more than 120,000 residents, includes Rhode Island Primary Care Physicians Corporation (RIPCPC), the Care New England entities and medical group, South County Health, and

other affiliated community physicians. Integra participates in the CMS ACO program, is a certified Rhode Island Medicaid Accountable Entity (AE), and has ACO arrangements with several Rhode Island insurers. For more information, visit integracare.org.

About ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policy makers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice. To learn more about the ABIM Foundation, visit www.abimfoundation.org, connect with us on Facebook or follow us on Twitter.

About Choosing Wisely Rhode Island®

First announced in December 2011, Choosing Wisely Rhode Island is part of a multi-year effort led by the ABIM Foundation to support and engage physicians in being better stewards of finite health care resources. Participating specialty societies are working with the ABIM Foundation and Consumer Reports to share the lists widely with their members and convene discussions about the physician's role in helping patients make wise choices. Learn more at www.ChoosingWisely.org.

About the Rhode Island Business Group on Health

The Rhode Island Business Group on Health (RIBGH) is a voluntary non-profit organization with over 90 member companies, consisting of large and small businesses, payers, brokers, physician groups, and hospital systems. The mission of RIBGH is to promote better care delivery, transparency and healthier outcomes at affordable, predictable costs. The scope of RIBGH, through its affiliate the Worksite Wellness Council of Rhode Island (WWCRI), also includes educating members and sharing best practices on building and sustaining healthy productive workforces. Visit: www.ribgh.org. ❖

The Miriam awarded \$2.5M to trial intervention for children with obesity

CDC funds research into community program for low-income families

The Miriam Hospital, thanks to the support of Rhode Island's congressional delegation, has received a major federal grant to study the effectiveness of a community-based intervention program to help children from low-income families whose health is challenged by obesity.

The U.S. Centers for Disease Control and Prevention (CDC) has awarded a five-year, \$2.45 million grant for a trial to be led by **ELISSA JELALIAN, PhD**, a senior research scientist at The Miriam Hospital and professor of psychiatry and human behavior at the Warren Alpert Medical School of Brown University. The project will be conducted through The Miriam's Weight Control and Diabetes Research Center.

The grant will allow Jelalian, the study's principal investigator, to evaluate new settings for implementing a family-based intervention program, JOIN for ME, which was developed by UnitedHealth Group and which Jelalian has previously studied.

The program will help children and their families to adopt a healthier lifestyle, with greater consumption of nutritious foods and beverages, increased physical activity, and decreased screen time. To achieve these goals, parents are taught to be role models for their children and families are connected to community resources to help support changes in lifestyle behaviors. The goal is to improve weight and health-related quality of life and to understand whether the intervention can be successfully implemented in novel settings.

The new trial, which will recruit 128 children ages 6 to 12, will evaluate the effectiveness of running the program out of two community settings that provide services to low-income families – housing authorities and physician offices that have been designated patient-centered medical homes (primary care practices that coordinate a patient's treatment in a manner they can understand and that ensure care is provided when and where they need it).

"Although evidence-based interventions have been developed to address obesity in children, the vast majority of youth do not have access to such programs," said Jelalian. "The most pressing need is in children from low-income families, who are at greatest risk for obesity and least likely to have access to care. Delivering interventions through community settings offers one strategy for increasing access. "This work extends our research on healthy weight, nutrition, and physical activity that has been funded as part of the Hassenfeld Child Health Innovation Institute."

The CDC estimates that nearly one in five children and adolescents have obesity. Obesity in childhood can cause immediate health problems and lead to obesity-related problems in adulthood, such as sleep apnea and diabetes. The grant reflects mounting evidence that comprehensive family-based lifestyle approaches are effective and U.S. Preventive Services Task Force recommendations that clinicians refer youths with weight issues to such programs. ❖

CONVIVIUM

SAVE THE DATE SEPTEMBER 20

2019 RIMS Membership Convivium and Awards Dinner

Good food, good music, and good company in a relaxed and beautiful setting at the Roger Williams Park Casino in Providence

WATCH YOUR EMAIL FOR DETAILS



Pasteurized donor human milk program now offered at Kent Hospital



Kent Hospital's Women's Care Center team.

This May, Kent Hospital's Women's Care Center launched the first pasteurized donor human milk program in the state. This program supports breastfeeding families by allowing them the option of providing their infant with pasteurized donor human milk, if supplementation is needed, as a bridge until a mother's own milk is available.

Exclusive breast milk feeding is considered a public health imperative by multiple professional organizations. According to the American Academy of Pediatrics (AAP), it is recommended that infants be exclusively breastfed for the first six months with continued breastfeeding alongside the introduction of appropriate complementary foods for one year or longer.

KRISTINE RIMBOS, MS, RNC-OB, interim director at the Women's Care Center at Kent said, "We are thrilled to offer donor milk as a safe, evidence-based alternative that supports our breastfeeding families. The nursing and medical team at Kent is committed to supporting feeding choices and

ensuring high quality outcomes. This program is a win-win for our community and the patients that we serve."

On Monday, May 6, the first infant received pasteurized donor human milk at Kent Hospital. Prior to being discharged home, the infant received donor milk for a total of three days, in addition to nursing, and the mother was encouraged to pump in order to maximize her own milk production.

The donor milk comes from Mother's Milk Bank Northeast, the premier non-profit milk bank in the Northeast. Mother's Milk Bank carefully screens all their donors, who are mothers with excess pumped breast milk, to share with other infants. The milk is then carefully processed, tested, and distributed to hospitals and families in need.

SUSAN BRYANT, MSN, RN, IBCLC, lactation consultant at the Women's Care Center at Kent, said, "Kent Hospital's commitment to a pasteurized donor human milk program, as a bridge to exclusive breastfeeding, will help our postpartum mothers achieve their

breastfeeding goals, and ensure that our babies get off to their best start. Since our first recipient, two other families have been able to benefit from our donor milk program, and we anticipate many more in the future. Our families have been extremely thankful for this option, which allows them to provide their infant with an exclusive breast milk diet, when supplementation is necessary."

Offering pasteurized donor human milk will further support breastfeeding mothers by increasing their confidence and helping them to achieve their breastfeeding goals. The National Institute of Child Health and Human Development (NIHCD) lists numerous benefits of exclusive breast milk feeding, such as essential nutrition, protection against common childhood infections, reduced risk for certain allergic diseases and asthma, childhood obesity, and type 2 diabetes. It also may help improve an infant's cognitive development. ❖