

New program at Women & Infants aims to reduce postpartum hypertension, hospital readmissions

PROVIDENCE – Women & Infants Hospital recently announced a new program that aims to reduce maternal morbidity and hospital readmissions related to postpartum hypertension. The new remote blood pressure monitoring program is offered as a new standard of care to all patients who deliver at Women & Infants Hospital and have a diagnosis prior to hospital discharge of chronic or postpartum hypertension, preeclampsia, HELLP, or eclampsia.

“We are optimistic that this program will reduce maternal morbidity and hospital readmissions related to postpartum hypertension overall and improve health equity among our patients with hypertension,” said **METHODIUS G. TUULI, MD, MPH, MBA**, Chief of Obstetrics and Gynecology, Women & Infants Hospital; Executive Chief of Obstetrics and Gynecology, Care New England Health System.

All eligible postpartum people are approached by **DANIELLE SIMMONS, NP**, and bilingual Community health educator, **MARIA MEJIA CASTILLO**, to explain the program, provide blood pressure monitors, and educate patients on how to take their blood pressure at home. Patients are then asked to take their blood pressure daily from discharge until 6 weeks postpartum and to upload their results. The NP monitors the results and initiates or adjusts medication as needed.

Since its launch in November, over 240 patients have enrolled in the Hypertension Equity program and it is already seeing positive results according to **ADAM LEWKOWITZ, MD**, a member of the Division of Maternal-Fetal Medicine at Women & Infants Hospital. “We estimate that we have successfully kept nearly 40 patients out of our postpartum clinics or Emergency Department by starting or increasing their blood pressure medications remotely when their home blood pressure values were a little too high,” he said.

The Hypertension Equity Program was created with a multidisciplinary team using a health-equity-centered approach. Black and Latinx patients are at higher risk of having high blood pressure during or after pregnancy and are at a much higher risk of complications from high blood pressure in these periods compared to white patients. So far, nearly 1 in 4 program participants are Black and nearly 1 in 2 patients are Latinx.

Funding for the cuffs has been covered in a variety of ways. The leadership of Women and Infants Hospital and Care New England made a down payment on the staff and initial stock of blood pressure monitors. United Healthcare and Blue Cross & Blue Shield of Rhode Island supplied their members through a donation, while Neighborhood Health Plan of Rhode Island is offering it as a covered benefit. Some cuffs are also supported by a CVS Foundation/Essential Hospitals Institute grant. ❖

Fatima now offering Mako robotic technology for joint replacement surgery

PROVIDENCE – Our Lady of Fatima Hospital has introduced the Mako SmartRobotics system for partial knee replacement, total knee replacement, and total hip replacement.

DR. MICHAEL C. MARIORENZI, a member of the division of orthopedics, performed the first procedures. He and **DR. PETER PIZZARELLO** are specialty-trained and certified in the use of the Mako technology. They are both affiliated with Orthopedic Associates in Cranston. Additional surgeons are expected to join them.

“We are very excited about this technology at Fatima and CharterCARE and are pleased to make it available to our patients,” said Dr. Mariorenzi. “This is an excellent tool for surgeons to help improve outcomes for patients undergoing joint replacement.”

Total knee replacements in the United States are expected to increase by close to 200% by 2030, yet studies have shown that approximately 20% of patients are dissatisfied after conventional surgery.

“This technology is changing the way joint replacement surgeries are performed,” added Dr. Pizzarello. “This offers remarkable precision and accuracy, ensuring proper fit and optimal results. I look forward to seeing patients recover from hip and knee replacements faster, with less discomfort, and the confidence to return to their favorite activities.” ❖

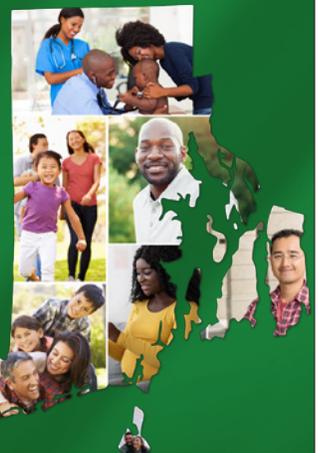
Help your Patients Keep their Medicaid Coverage

Medicaid members will need to renew their eligibility with the State of Rhode Island to keep their health insurance.

You can help now by reminding your Medicaid patients to update their account information with their current address and phone number. Medicaid members can update their information by:

- Logging into their HealthSource RI account: <https://healthyrhode.ri.gov>
- Calling HealthSource RI at 1-855-840-4774 (TTY 711)

Thank you from all of us at Neighborhood for your commitment and partnership in ensuring Rhode Island families keep their health care coverage!



Neighborhood members can scan the QR code to update their address through our new e-form or visit www.nhpri.org



Neighborhood Health Plan
OF RHODE ISLAND™

www.nhpri.org 1-800-459-6019 (TTY 711)

Ajello introduces Lila Sapinsley Compassionate Care Act

STATE HOUSE – Rep. **EDITH H. AJELLO** has introduced legislation aimed at allowing terminally ill Rhode Islanders to end their suffering on their own terms.

The Lila Manfield Sapinsley Compassionate Care Act would guarantee a terminal patient's right to choose to hasten the end of their lives under certain conditions.

"Terminally ill patients should not be forced to remain in agony without hope of reprieve if they wish otherwise. We should trust patients to know when they have suffered enough, and respect their wishes. The Lila Sapinsley Act is carefully written to provide many layers of protection, and I am confident that Rhode Island can safely join the ranks of states that allow compassion for people suffering at the end of their lives," said Representative Ajello (D-Dist. 1, Providence).

The legislation, which Representative Ajello has introduced since 2015, is named for the former Rhode Island senator Lila Sapinsley, a political mainstay in Rhode Island. Active since the 1960s, she was the first female Senate minority leader. After leaving the Senate, she remained active and was well known for her work on health care access, protecting civil liberties, promoting open government and engaging young students. Before her death at age 92 in 2014, she had been working to develop and promote this legislation.

The bill (2023-H 5210) would establish a system through which terminally ill adult patients could request from their physician a prescription for medication to be self-administered to hasten the patient's death. Legal compliance would require that the patient make two documented requests to their physician, at least 15 days apart, including a written request signed in the presence of two witnesses. The patient must be informed that they can rescind their request at any time.

The process spells out numerous conditions that must be met, including that the patient be informed of their prognosis, treatment options, and all feasible end-of-life services including palliative care, comfort care, hospice care and pain control. The patient must be referred to another physician for second opinions. Additionally, the bill requires verification that the patient does not have impaired judgment.

Under the proposed legislation, no doctor, nurse or other person would be subject to any criminal or civil penalty for providing the prescription.

No doctor, nurse or other person would be legally required to prescribe a lethal dose of medication for a patient. Health care facilities would be allowed to prohibit physicians from writing prescriptions for lethal doses of medication for patients who are residents of the facility.

Ten states, including Maine and Vermont, and the District of Columbia have similar laws allowing medical aid while dying. ❖

Expanded psychiatric residential treatment facility to open for female adolescents

PROVIDENCE – Governor **DAN MCKEE** announced on February 9th that the Rhode Island Department of Children, Youth & Families (DCYF) and St. Mary's Home for Children have entered into an agreement for an expanded Psychiatric Residential Treatment Facility (PRTF) in North Providence. The expansion of the St. Mary's campus will consist of the construction and operation of a 12-bed PRTF facility for female adolescent youth.

"All youth with mental health needs deserve to receive high-quality, equitable, and comprehensive services in the least-restrictive setting," said EOHHS Acting Secretary **ANA NOVAIS**. "St. Mary's new PRTF program will allow more young women to transition out of hospital-based care and into community-based supports."

Funding for the PRTF at St. Mary's is the result of an \$11 million allocation of pandemic relief funds in the Fiscal Year 2023 state budget for the design, construction, and operation of this facility.

St. Mary's, the only provider certified by the State of Rhode Island and DCYF to operate a PRTF, is nationally accredited by the Council on Accreditation. It began operating as a PRTF in 2019 and now operates three PRTF facilities located on its North Providence Campus. Through their current PRTF services, St. Mary's offers 21 beds for youth ages 6–21 with 14 of these beds currently open to female adolescents. The increase in PRTF capacity with the addition of the 12-bed facility will bring the total space available to female adolescents to 26.

"St. Mary's is honored to enter into an agreement with the State of Rhode Island to build out our capacity so more adolescent girls can receive appropriate services, remain in-state and avoid challenging out-of-state placements," said St. Mary's Home for Children Executive Director **CARLENE CASCIANO-McCANN**. According to Casciano-McCann, St. Mary's PRTFs provide the youth they serve with an interdisciplinary team that includes a psychiatrist, nurses, licensed therapists, an occupational therapist, a speech therapist, teachers and aids, and residential counselors.

The projected timeline for the completion of the new PRTF facility is November 2024, with an anticipated opening date sometime in the spring of 2025. ❖

Flu vaccine provided substantial protection this season

Flu vaccination reduced risk of flu-related hospitalization among children by nearly three quarters

WASHINGTON, DC – This year's flu vaccines reduced the risk of influenza A-related hospitalization among children by nearly three quarters and among adults by nearly half according to CDC. Vaccination also provided significant protection against flu-related illness and flu-related emergency department visits, with people who were vaccinated about half as likely to have those outcomes as people who had not been vaccinated. Benefit from vaccination was observed across all age groups. These interim vaccine effectiveness (VE) estimates were presented Feb. 23rd during an Advisory Committee on Immunization Practices (ACIP) meeting in Atlanta. This is the first time that estimates of flu vaccine effectiveness against more severe outcomes have been available this early and from three different VE networks, which is a result of the early flu activity seen this season. These data underscore that flu vaccination can offer substantial benefit against flu and its potentially serious complications. While flu activity has returned to low levels at this time, CDC continues to recommend annual vaccination as long as flu is spreading in the community.

According to data from the New Vaccine Surveillance Network (NVSN), VE against the predominant H3N2 viruses was 45% among children, which is higher than seen previously for this virus. To compare, during previous seasons, VE against H3N2 has been around 30%. The higher VE this season is likely because flu vaccination elicited good immunity against the variety of viruses circulating. Flu vaccine effectiveness against circulating influenza A(H1N1) viruses was 56%.

Consistent estimates were calculated through different networks:

The New Vaccine Surveillance Network (NVSN)

For 2022–2023 interim flu VE estimates, NVSN includes seven study sites that evaluate how well flu vaccines protect against flu-related hospitalizations and emergency department visits among children.

From September 13, 2022, to January 25, 2023, children who were vaccinated against flu were 68% less likely to be hospitalized because of flu illness or related complications, and 42% less likely to visit an emergency department because of flu-related illness. The overall VE against laboratory-confirmed influenza A in hospital and emergency department settings was 49%. This is encouraging news about vaccine effectiveness during a season that had a lot of early, severe illness among children.

Investigating Respiratory Viruses in the Acutely Ill (IVY) Network

For 2022–2023 interim flu VE estimates, IVY includes 22 medical centers in 19 U.S. states that evaluate how well flu vaccines protect against flu-related hospitalization among adults.

Similar to data in children, from October 1, 2022, to January

31, 2023, flu vaccination significantly reduced flu-related hospitalization among adults. Overall, adults who were vaccinated against flu were 43% less likely to be hospitalized because of flu illness or related complications. Adults 65 years and older were 35% less likely to have a flu-related hospitalization, and adults 18–64 years were 51% less likely to have a flu-related hospitalization.

Importantly, IVY can also evaluate flu VE among adults who are immunocompromised. Flu vaccination provided important protection among adults, including among older adults and adults with a documented immunocompromising condition. Adults with a documented immunocompromising condition were 44% less likely to be hospitalized with flu-related complications. Older adults and adults with a documented immunocompromising condition are at higher risk of serious flu complications and less likely to have an immune response to vaccination.

VISION VE Network

For 2022–2023 interim flu VE estimates, VISION includes 367 health facilities that evaluate how well flu vaccines protect people against flu in urgent care, emergency department, and hospital settings.

Results from VISION VE Network were consistent with the other VE networks. From October 15, 2022, to January 24, 2023, flu vaccination significantly reduced emergency department and urgent care visits as well as hospitalizations among adults. Overall, adults who were vaccinated against flu were 44% less likely to visit an emergency department or urgent care center and 39% less likely to be hospitalized because of flu illness or related complications. These estimates are higher than VE estimates from the 2021–2022 season against emergency department or urgent care visits (25%) and hospitalization (25%) when H3N2 viruses were predominantly circulating at the same VISION Network sites.

Data from VISION VE Network also show protection among older adults and adults who are immunocompromised. Adults 65 years and older were 39% less likely to visit an emergency department or urgent care and 42% less likely to be hospitalized because of flu illness or related complications. Adults with a documented immunocompromising condition were 30% less likely to have a flu-related emergency department or urgent care visit and 31% less likely to be hospitalized with flu-related complications.

Data on VE by vaccine type are not available. However, according to data from the VISION VE Network, more than 90% of adults 65 years and older with a known vaccine type received high dose or adjuvanted flu vaccine. This is encouraging news after ACIP voted in June 2022 to preferentially recommend the use of specific flu vaccines for adults 65 years and older, including higher dose and adjuvanted flu vaccines. ❖

McKee, EOHHS announce Medical Respite Care Pilot

PROVIDENCE – Governor **DAN MCKEE** and the Rhode Island Executive Office of Health & Human Services (EOHHS) recently announced the launch of a pilot program aimed at addressing the needs of Rhode Islanders who are experiencing housing insecurity or homelessness who have acute injuries and illnesses. The program will be managed by Westbay Community Action, together with the State and multiple community partners.

The program, located at the Hallworth House facility at 66 Benefit Street in Providence, will begin with an initial capacity of 20 beds with plans to add an additional 10 beds as need and funding dictate.

Referrals will initially only be accepted through existing pilot partners (RIDOH, Thundermist, Providence Community Health Centers and Lifespan), but will have the potential to expand to other referral sources as the pilot is evaluated and if scale-up plans are initiated.

Clients will be engaged with a medical provider, who will oversee client care and recovery. Additional services will be offered on site, including connections to social supports and programs, behavioral healthcare resources, housing navigation support, and medication assisted treatment as needed. Clients will be provided with a single room with 24-hour access to an established bed, three meals per day, and cleaning and laundry service. Each person's length of stay in the program is dependent on their individual recovery period and treatment plan.

Partners for this pilot include:

- Westbay Community Action
- Thundermist Health Center
- Providence Community Health Centers
- Lifespan
- Rhode Island Coalition to End Homelessness
- Housing is Health Collaborative
- UnitedHealthcare Community Plan of Rhode Island
- Executive Office of Health and Human Services (EOHHS)
- Rhode Island Department of Health (RIDOH)
- Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)
- State of Rhode Island Department of Housing

This program is made possible with funding from the Executive Office of Health and Human Services, Consolidated Homeless Fund through the City of Providence and Office of Housing, Thundermist Health Center, Providence Community Health Centers, Lifespan, and the Rhode Island Department of Health.

The Medical Respite pilot will be extended in six-month increments, depending on availability of funding and program performance. For more information about the Medical Respite program, visit:

<https://eohhs.ri.gov/initiatives/medical-respite-care>

Kent Hospital staff come together to aid humanitarian crisis in Syria and Turkey

WARWICK – Kent Hospital health care workers are partnering with international organizations to help respond to the humanitarian crisis in Turkey and Syria after devastating earthquakes have left over 46,000 people dead, and tens of thousands injured, amid crumbling infrastructure.

DRS. JINEN THAKKAR, LAURA FORMAN, HADEEL ZAINAH, and MERY DEEB, are leading Kent Hospital's efforts to collaborate with colleagues across the state and the nation to leverage critical resources purchased by area hospitals and through generous donations.

Dr. Forman, an emergency medicine physician, has participated in global disaster relief efforts before, including in Central America, Bosnia, Croatia, and

Madagascar. "I am glad to know that so many from Rhode Island are jumping in to help, especially here at Kent Hospital. I know what it's like to work with little to no supplies in devastating conditions, so I'm aware how appreciative the people of Syria and Turkey will be to receive any supplies we're able to provide," she said.

"Once we collect desperately needed supplies, the humanitarian aid will be flown via cargo jet to Beirut airport, after which it will be delivered to Archimandrite Meletius Shattahi, who is the director of the Department of Ecumenical Relations and Development (DERD) in Syria. To those affected by the earthquakes, these supplies can be lifesaving. I want to make sure we do everything we

can to help our brothers and sisters overseas who are suffering," said Dr. Thakkar, an internist at Kent Hospital.

At the present time, Turkey and Syria are in need of medical and surgical supplies.

The area is also in dire need of baby formula for term and preterm neonates, diapers, sheets, tents, sanitary products, canned food, and air mattresses.

For more information about how you can make a donation of in-kind supplies, contact Kate Wishart, Major Gifts Officer, Kent Hospital, at 401-737-7010, x31134 or KWishart@CareNE.org to arrange a drop-off. Or conveniently donate online by visiting: <https://foundation.kentri.org/donate-earthquake-crisis>. ❖

Next steps announced for new Eleanor Slater Hospital facility

PROVIDENCE – The McKee Administration on February 6th shared new details on its plan to invest more than \$100 million for enhancements to the Eleanor Slater Hospital campus in Burrillville.

While still in preliminary stages, an independent feasibility study is being used to identify the care needs of Rhode Islanders as well as the scope and size of the project.

Plans for the enhanced services and new facility at Eleanor Slater Hospital will be fully developed once the comprehensive review of the state's needs is completed. The results of this study will inform a review of architectural and engineering options and determine the size and scope of the project.

Once construction is finalized, the new facility will replace current operations in the Beazley building. Patients and staff currently in the Beazley building will transition to the new facility. It is expected that this new project will broaden capabilities and create new jobs at Eleanor Slater Hospital.

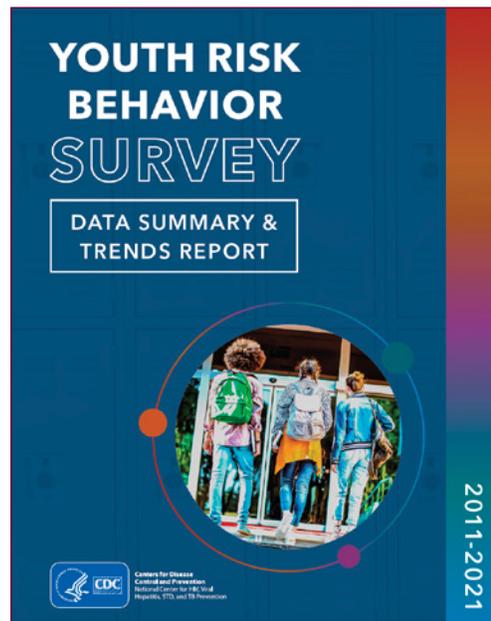
"This represents exciting news for Eleanor Slater Hospital, and for the State of Rhode Island," said **RICHARD CHAREST**, director of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, which oversees the hospital. "Building a new, modern facility at the Burrillville campus will enable our dedicated teams to meet the care needs of more Rhode Islanders. It will also expand our services and allow us to offer care options that we do not presently have." ❖

Reed: CDC data shows urgent need for more school-based mental health services

PROVIDENCE – Alarming new data from the latest CDC Youth Risk Behavior report shows teens, especially girls, are experiencing shockingly high levels of depressive symptoms, suicidal thoughts, and mental health challenges. Nearly 1 in 3 high school girls reported in 2021 that they seriously considered suicide and nearly 60 percent of teenage girls reported feeling so persistently sad or hopeless almost every day for at least two weeks in a row during the previous year that they stopped regular activities.

U.S. Senator Jack Reed says these numbers should serve as a national wake-up call and spur Congress to take further action to address the mental health crisis impacting today's youth.

"This is an emergency and we're seeing more kids end up in emergency rooms experiencing mental health issues because we're not being proactive enough and providing integrated care and sustained support. When it comes to mental and behavioral health services, it's important to meet children where they are and connect them to the help they need. Early intervention and timely services are essential and schools can play a key role," said Senator Reed. "We must ensure an integrated system and appropriate, professional



staffing is in place to support student well-being and assist schools with their mental health resources to better serve at-risk students."

In 2022, Reed helped include \$3 billion for school and community-based mental health and trauma-informed care in the Bipartisan Safer Communities Act (P.L. 117-159), which President Biden signed into law.

Last December, the Rhode Island Department of Elementary and Secondary Education was awarded \$2 million of

this federal funding to increase access to school-based mental health services and strengthen the local pipeline of mental health professionals. The award was part of a five year-\$10 million grant to the Rhode Island Department of Elementary and Secondary Education through the School-Based Mental Health Services Grants (SBMHSG).

Rhode Island allocated its SBHSG funding to a pilot program serving four school districts: Coventry Public Schools; Johnston Public Schools; Exeter-West Greenwich Regional School District; and the Segue Institute for Learning. Under the state's plan, the federal funds will be used to employ two dozen school counselors, approximately 23 school social workers, and six school psychologists.

In addition to SBMHSG funding, Reed also helped make nearly \$18 million in federal mental health funding for students available to Rhode Island schools under the Substance Abuse and Mental Health Services Administration's (SAMHSA) Project AWARE (Advancing Wellness and Resiliency in Education). Project AWARE is a competitive grant program supporting activities that identify children and youth in need of mental health services, increase access to mental health treatment, and promote mental health literacy among teachers and school personnel. ❖