RI Delegation announces \$1.9M to boost RI health infrastructure and workforce

WASHINGTON, DC – Citing the importance of a strong public health infrastructure, including physical and digital infrastructure and a skilled health care workforce, U.S. Senators JACK REED and SHELDON WHITEHOUSE and Congressmen SETH MAGAZINER and GABE AMO announced \$1,901,154 from the U.S. Department of Health and Human Services (HHS) to support Rhode Island's public health infrastructure. The Rhode Island Department of Health (RIDOH) may use the federal funds to bolster the state's public health workforce, foundational capabilities, technology and data modernization, and physical health infrastructure.

"We're pleased to deliver this federal funding to improve the health and well-being of Rhode Islanders and connect more patients to care, including preventative care," said Reed, Whitehouse, Magaziner, and Amo in a joint statement. "RIDOH and their health partners work hard to keep our communities healthy. This federal funding will help meet critical health infrastructure and workforce needs. It is a smart investment in ensuring the state has the systems, services, and staffing it needs to protect and promote public health."

The federal funding is made available through HHS's Centers for Disease Control and Prevention's (CDC) Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant is a multi-year, multi-billion-dollar investment that supports critical public health infrastructure and workforce needs of jurisdictions across the United States: https://www.cdc.gov/infrastructure/ *

BCBSRI's \$26M operating loss reflects nationwide trend of increasing healthcare costs

PROVIDENCE – Blue Cross & Blue Shield of Rhode Island (BCBSRI) reported an operating loss of \$26 million in 2023, reflecting a substantial surge in medical and pharmacy claims that resulted in costs growing by \$195 million, or 10.5%, over the prior year.

Through administrative cost reductions and the positive performance of the plan's investment portfolio, BCBSRI delivered a net gain of \$602,000 on a margin of 0.1% of revenue for the calendar year ending Dec. 31.

"Here in Rhode Island, as well as nationally, healthcare costs are growing rapidly, driven by steep increases in utilization and expanding usage of high-cost pharmaceuticals," said MARTHA L. WOFFORD, president and CEO of BCBSRI. "In the midst of these escalating cost pressures, BCBSRI sustained significant operating losses, but managed to break even financially. Even more importantly, we delivered the highest quality service to our members, grew our membership, and worked toward improving the affordability, accessibility, quality, and equity of healthcare in Rhode Island."

Year-over-year claims increase by \$195 million

Monthly payments to healthcare providers for the care and treatment of members rose \$16 million in 2023 to \$152 million per month as healthcare costs grew to consume 89.3% of each premium dollar paid.

Annual claims expenses for hospital-administered drugs, medical and surgical services, imaging, and diagnostics grew by \$85 million in 2023 from the previous year. Additionally, pharmaceutical claims grew by \$75 million in 2023, led by a 1,300% increase in the commercial market's use of some GLP-1 drugs prescribed for weight loss and diabetes. Concurrently, utilization of high-cost specialty medications for autoimmune diseases jumped 20% amid an expansion of approved conditions treated by these specialty drugs.

Membership retention and growth

BCBSRI's medical enrollment grew by 2.3% in 2023 to now cover more than 431,000 members – approximately 10,000 more than year-end 2022. Additionally, Blue Cross dental experienced a 4.5% increase in enrolled members to reach a total of 159,000 covered individuals.

Additional information on BCBSRI's 2023 financial performance as well as the progress achieved advancing our vision of affordable, accessible, equitable, and high-quality healthcare in Rhode Island will be available through the 2023 Mission Report available on BCBSRI.com. •



400,000+ Veterans enrolled in VA healthcare over past 365 days, 30% increase over last year

WASHINGTON, DC – The Department of Veterans Affairs announced that it has enrolled 401,006 Veterans in VA healthcare over the past 365 days – 30% more than the 307,831 it enrolled the previous year. This is the most yearly enrollees in at least the past five years at VA, and nearly a 50% increase over pandemic-level enrollment in 2020.

The number of new enrollees increased in all 50 states year-over-year. The states with the most new enrollees over the past year include Texas (41,287 Veterans), California (33,468) Florida (32,712), Virginia (20,537), North Carolina (17,562), Pennsylvania (16,167), Georgia (15,747), Ohio (12,717), Washington (11,873), Illinois (10,167), Colorado (10,028), Arizona (9,789), Tennessee (9,584), and Michigan (9,294). In Rhode Island, 1,092 Veterans enrolled over the past year, a 38.2% increase.

This historic enrollment has been made possible by the bipartisan PACT Act – signed into law by President Biden as a part of his Unity Agenda for the nation – which allowed VA to expand VA healthcare and benefits to millions of Veterans. VA is also conducting the most aggressive outreach campaign in its history, including hosting over 2,600 events since the passage of the PACT Act, launching a \$16+ million advertising campaign, using public service announcements, and – for the first time ever – sending text messages to Veterans encouraging them to enroll in VA healthcare. VA is continuing these aggressive outreach efforts throughout 2024, with more than 550 in-person events already scheduled for this year.

"We want every eligible Veteran to enroll in VA healthcare for one simple reason: Veterans who come to VA are proven to have better health outcomes – and pay less – than Veterans who don't," said VA Secretary **DENIS McDONOUGH**. "That's why we've spent the past year meeting Veterans where they are – hosting thousands of events, sending millions of texts, advertising on every corner, and much more – to get them to come to VA. This aggressive outreach campaign has led more Veterans to enroll in VA care than during any year in at least a decade, and we're not slowing down now."

Under the PACT Act, VA has also upgraded the healthcare priority groups for 693,962 Veterans over the past year – meaning that many of those Veterans are now paying lower copays. Since the PACT Act was passed into law, VA has upgraded the priority groups of more than 746,500 Veterans.

VA recently expanded healthcare eligibility for millions of Veterans nationwide, years earlier than called for by the PACT Act. As of March 5, all Veterans who were exposed to toxins and other hazards while serving in the military and meet certain requirements became eligible to enroll directly in VA healthcare. This means that all Veterans who served in the Vietnam War, the Gulf War, Iraq, Afghanistan, the Global War on Terror,

or any other combat zone after 9/11 will be eligible to enroll directly in VA healthcare without first applying for VA benefits. Additionally, Veterans who never deployed but were exposed to toxins or hazards while training or on active duty in the United States will also be eligible to enroll. VA also recently expanded healthcare to all World War II Veterans.

VA is able to serve these new enrollees, in part, due to last year's record hiring in VA's Veterans Health Administration. Last year, VA exceeded hiring goals in the Veterans Health Administration – growing at the fastest rate in 15 years and bringing in more than 61,000 new hires – to prepare for an increase in VA healthcare enrollment among Veterans under the PACT Act. In total, VHA now has more employees than ever before in our history, and VA's retention efforts also led to a 20% decrease in turnover rate among VHA employees from 2022 to 2023.

For more information about VA care, visit VA's healthcare website. For more information about the impact of the PACT Act, visit VA's PACT Act dashboard. ❖





VA Providence unveils Canine Therapy Program to boost Veteran care



PROVIDENCE - The VA Providence Healthcare has announced the successful launch of its Canine Therapy Program, aimed at enhancing the wellbeing and rehabilitation of Veterans within its care. A recent Meet & Greet session with the therapy dogs was a heartwarming success, witnessing an extraordinary engagement between the Veterans and the canines. The event brought smiles, laughter, and an overall uplift in spirits, particularly noted on the psychiatric unit. According to the unit's social worker, the mood was the highest it had been in recent times, illustrating the immediate positive impact of canine companionship.

Various departments collaborated, including Patient Experience, Volunteer Services, Nursing, Social Work, and Environmental Management Services, to integrate this innovative approach into occupational therapy interventions.

Moto and his trainer, Sharon Toner, pose for a photo at VA Providence. [VA PROVIDENCE]

The program is partnered with the Windwalker Humane Coalition in this initiative and connected with "Team Toner," comprising canine handler **SHA-RON TONER** and her therapy dog, Moto, a standard poodle weighing 85 pounds. Moto is a seasoned professional in delivering comfort and affection, adept at engaging with Veterans who seek his companionship and maintaining a respectful distance from those who prefer to observe.

"Team Toner" collaborates weekly with Haley Gardiner, OTR/L, inpatient occupational therapist, on the psychiatric unit. This partnership is not only aimed at improving Veterans' social functioning and managing stress and anxiety but also at enhancing mood and overall mental health. The hope is to expand the program to other units, further embedding the therapeutic presence of canines within the VA holistic care model for Veterans. ❖

Doctors underutilize next-gen antibiotics to fight resistant infections in U.S. hospitals

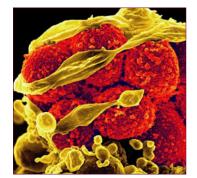
BETHESDA, MD – Despite Food and Drug Administration (FDA)-approval of seven next-generation antibiotics to fight infections caused by resistant "gram-negative" bacteria, clinicians frequently continue to treat antibiotic-resistant infections with older generic antibiotics considered to be less effective and less safe, according to a study by researchers at the National Institutes of Health's (NIH) Clinical Center.

Researchers examined the factors influencing doctors' preference for newer antibiotics over traditional generic agents to shed light on the decision-making processes among clinicians when treating patients with challenging bloodstream infections caused by gram-negative bacteria and significant comorbidities.

The study revealed that at a considerable proportion of hospitals, particularly smaller facilities located in rural areas, staff were reluctant to adopt newer antibiotics. Researchers identified a large cost disparity between older and newer classes of antibiotics; the newer drugs can cost approximately six times more than the older medications, which could disincentivize prescribing.

Researchers also highlight that next-gen agents are prescribed more often at hospitals where lab results that show the medications are effective against a patient's bacterial infection are reported to prescribers. Scientists suggest that earlier and more widespread availability of such lab testing might improve use. Additionally, authors recommend that future public health policies and economic strategies on further development and use of similar antibiotics should be designed to identify and overcome additional barriers.

Gram-negative bacteria are a class of bacteria resistant to multiple drugs and increasingly resistant to most antibiotics. According to the Centers for Disease Control and Prevention, they are able to find new paths of resistant and pass along genetic material that enables other bacteria to become drug resistant.



Scanning electron micrograph of methicillin-resistant Staphylo-coccus aureus bacteria (red, round items) killing and escaping from a human white blood cell.

[NIAID]

This study was funded by the FDA and the NIH Intramural Research Program, by **SAMEER S. KADRI, MD**, head of the Clinical Epidemiology Section, NIH Clinical Center: Sameer S. Kadri, MD, et al. Assessing Clinician Utilization of Next-Generation Antibiotics Against Resistant Gram-Negative Infections in U.S. Hospitals. Annals of Internal Medicine. April 19, 2024. DOI: 10.7326/M23-2309. ❖



Bryant introducing Doctor of Clinical Psychology degree

SMITHFIELD – Bryant University is introducing a Doctor of Clinical Psychology (PsyD) degree, marking the University's first doctoral program. Applications for the new PsyD program open on September 5, 2024, for the first cohort beginning in Fall of 2025.

The new doctoral program is part of Bryant University's School of Health and Behavioral Sciences' commitment to improving healthcare delivery and outcomes, particularly to underserved populations, in Rhode Island, New England, and across the United States.

"We are in the midst of a severe behavioral health crisis, with access to care being a major issue,"

says **JOSEPH TRUNZO**, **PhD**, Associate Director of Bryant's School of Health and Behavioral Sciences and clinical psychologist. "The School of Health and Behavioral Sciences at Bryant University is proud to launch this program, training clinicians of the highest quality to help serve the public and alleviate suffering across all populations and settings."

"Bryant University's new Doctor of Clinical Psychology degree demonstrates our growing leadership in the healthcare space," says Bryant University President ROSS GITTELL, PhD. "Our strong doctoral program will increase access to mental healthcare for Rhode Islanders by bringing qualified clinicians into the communities where they are most needed."

"Bryant University listens and responds to the needs of our community with high quality, high impact programs," says Bryant University Provost **RUPENDRA PALIWAL**, **PhD**. "There is an urgent need for qualified clinicians in the mental health field and this new Psy.D. program is key to bolstering the number of clinical psychologists in Rhode Island and across the U.S."

More qualified mental health clinicians needed locally and nationally

The COVID pandemic accelerated a growing mental health crisis across the U.S. There is a growing shortage of qualified, licensed clinical practitioners nationwide and, more specifically, in Rhode Island.

The National Alliance of Mental Illness reports 178,000 adults in RI have a diagnosed mental health condition and 41.5% of adults reported symptoms of anxiety and/or depression. Along with this growing need across the state, there is a mental healthcare desert in Washington and Newport counties, leaving one quarter of a million people without access to care in their own communities. Rising costs are also a factor, with one third of Rhode Islanders who need mental health care unable to access treatment due to cost.

Preparing for clinical careers

The new PsyD degree is built upon the impressive undergraduate psychology program growing at Bryant University's School of Health and Behavioral Sciences, which also offers graduate



programs in Physician Assistant Studies and Healthcare Informatics. PsyD students will learn from acclaimed faculty who are leaders in the field and gain valuable experience through a wide range of clinical placements.

Bryant's PsyD curriculum adheres to the scholar-practitioner model of training, which emphasizes clinical practice backed by scientific research. PsyD students will receive a well-rounded education in psychological science and the practice of clinical psychology. Bryant is a leading university in experiential education and PsyD students can expect critical hands-on experience treating patients in clinical settings through practicum placements and a doctoral internship.

PsyD students can opt to specialize in one of two concentrations: Child and Adolescent Psychology and Health Psychology. Both concentrations have a shortage of qualified specialists to provide care to these growing populations.

What will students gain in this program?

In addition to the crucial clinical focus, a Doctoral Research Project is a core part of Bryant's PsyD curriculum. This research will add to the robust work published and presented by the professors in the School of Health and Behavioral Sciences.

The PsyD will also provide exceptional opportunities for Bryant's undergraduate psychology majors to engage and interact with graduate students doing advanced clinical training and research.

Accreditation

Bryant University is accredited by the New England Commission of Higher Education. The Doctoral Program in Clinical Psychology is subject to approval from NECHE.

The American Psychological Association does not allow for application for accreditation until the program has matriculated its second cohort, and it is a multiyear process. The curriculum and the educational experience have been designed and built according to APA accreditation standards. As such, APA accreditation will be pursued at the earliest possible time.

For more information on Bryant's new Doctor of Clinical Psychology program, visit Bryant.edu/Psyd ❖





University Orthopedics partners with Revity Energy

EAST PROVIDENCE – University Orthopedics, the region's largest orthopedic practice, announced today that it is helping to increase the production of clean, sustainable solar energy in Rhode Island through commercial collaboration with Rhode Island-based solar developer Revity Energy.

Revity develops, builds, owns, and operates solar energy generation facilities that feed clean electricity directly to the local utility grid. As part of a virtual net metering program, University Orthopedics' subscription to a shared solar array will help finance the solar energy system. In return for the practice's share of the electricity produced and sent to the grid, Revity will give UOI monthly bill credits.

These reduced energy costs at its Kettle Point location will enable UOI to reallocate funds toward enhancing patient care.

"In addition to providing world-class care, University Orthopedics has always been committed to being a good neighbor and responsible corporate citizen," said University Orthopedics CEO **WEBER SHILL**. "By partnering with Revity Energy, not only are we reducing our own energy costs, we're also reducing our carbon footprint, thus improving community health through lower emissions." •

OHIC Public Forum: Rhode Island's National Leadership in Health Care Affordability, Quality & Equity

WARWICK – On Monday, May 13 from 9 a.m. to noon, health care leaders in New England will hold a forum on the latest state and regional health care spending trends and how Rhode Island's efforts to increase affordability compare. Hosted by the Office of the Health Insurance Commissioner (OHIC) and the RI Cost Trends Steering Committee, the forum will feature:

A first look at 2022 statewide performance against Rhode Island's cost growth target:

- New data on health care spending trends
- Public reporting on quality measures at the accountable care organization (ACO) level
- New baseline data on public health and health equity measures
 Panel speakers include:
- DEIDRE GIFFORD, MD, MPH, Executive Director of Connecticut's Office of Health Strategy
- CORY KING, Health Insurance Commissioner, State of Rhode Island
- DAVID SELTZ, Executive Director of the Massachusetts Health Policy Commission

The forum will be held at the Crowne Plaza Ballroom, 801 Greenwich Ave., in Warwick. ❖

Southcoast Health Heart and Vascular performs first in New England novel atrial fibrillation treatment

FALL RIVER – Southcoast Health announced the Heart and Vascular program at Charlton Memorial Hospital is the first practice in New England to perform an innovative procedure treating atrial fibrillation (AFib) with the Pulse Select Pulsed Field Ablation (PFA)TM system.

"This accomplishment is a credit to South-coast Health, our providers and our patients," said NITESH SOOD, MD, Director of the Atrial Fibrillation Wellness Program at South-coast Health Heart and Vascular. "Going from participating in the study for this device three years ago, to performing the first case in New England is a big achievement. This technology offers us the ability to ablate cardiac tissue in areas where, in the past, we were limited with regard to the amount of energy we could deliver. This may help us in treating certain cases."

Led by Dr. Sood, Southcoast Health was the first in New England, 12th in the United States and 16th in the world to complete this procedure.

This new technique features breakthrough ablation technology, pulsed field ablation (PFA) that directs pulsed electric fields to efficiently isolate the pulmonary veins for the treatment of atrial fibrillation.

"It is our goal to be at the forefront of technology and increase the repertoire of what we can offer our patients," said RAMIN DAVOUDI, MD, Medical Director of Electrophysiology at Southcoast Health Heart and Vascular. "Our expert team at Charlton Memorial is dedicated to staying up to date with new techniques and technology to ensure we offer our patients a full spectrum of care."

"We're really proud that we were the first in New England to offer this new technology, and this procedure exemplifies that we are a regional leader in all of cardiovascular care," said PETER COHN, MD, Physician-in-Chief of Southcoast Health Heart and Vascular. "We are committed to being on the forefront of cardiovascular services, bringing advanced treatment options you would normally only find in large cities to the people in our community." *



Boston-Worcester-Providence, MA-RI-NH-CT metro area named 48th in nation for ozone pollution

PROVIDENCE – The Boston-Worcester-Providence, MA-RI-NH-CT metro area was named 48th most polluted in the nation for ozone pollution but third worst in the Northeast region, according to the American Lung Association's 2024 "State of the Air" report, which was released recently.

The Lung Association's 25th annual "State of the Air" report grades exposure to unhealthy levels of ground-level ozone air pollution, annual particle pollution and short-term spikes in particle pollution over a three-year period. This year's report includes air quality data from 2020–2022 and is updated to reflect the new annual particle pollution standard that the U.S. Environmental Protection Agency (EPA) finalized in February.

"In the 25 years that the American Lung Association has been doing our 'State of the Air' report, we have seen incredible improvement in the nation's air quality. Unfortunately, more than 131 million people still live in places with unhealthy levels of air pollution, and the Providence metro area still has work to do," said Daniel Fitzgerald, Director of Advocacy for the American Lung Association. "Climate change is making air pollution more likely to form and more difficult to clean up, so there are actions we can and must take to improve air quality, including policy and practice changes to meet greenhouse gas emission standards set in the

2021 Act on Climate, such as implementing Advanced Clean Cars II and Advanced Clean Trucks rules and calling on EPA to set long-overdue stronger national limits on ozone pollution."

Ground-level Ozone Pollution in the Boston-Worcester-Providence, MA-RI-NH-CT metro area

The "State of the Air" report looked at levels of ozone "smog," the air pollutant affecting the largest number of people in the United States. The Boston-Worcester-Providence, MA-RI-NH-CT metro area ranked 48th worst in the nation for ozone pollution. The ranking was based on the area's worst county's average number of unhealthy days – 3 days per year, a D grade, in Washington County, Rhode Island. This was worse than the area's ranking in last year's report of 52nd worst, with 2.2 days per year, a D grade.

Particle Pollution in the Boston-Worcester-Providence, MA-RI-NH-CT metro area

The report also tracked short-term spikes in particle pollution, which can be extremely dangerous and even deadly. The Boston-Worcester-Providence, MA-RI-NH-CT metro area ranked 101st worst in the nation for short-term particle pollution. The ranking was based on the area's worst county's average number of unhealthy days – 0.8 days per year, a B grade,

in Middlesex County, Massachusetts. This was better than the area's ranking in last year's report of 95th worst, with 0.8 days per year, a B grade.

For the year-round average level of particle pollution, the area's worst county, Worcester County, Massachusetts, received a passing grade for pollution levels below the federal standard that was recently updated by the United States Environmental Protection Agency. The Boston-Worcester-Providence, MA-RI-NH-CT metro area ranked 90th worst in the nation. This was worse than the area's ranking in last year's report of 96th worst in the nation.

Findings across Rhode Island

- Washington County earned a D grade for ozone, while Providence and Kent both earned C grades for ozone pollution.
- For short-term particle pollutions, Washington County earned an A grade, with both Providence and Kent earning B grades
- All three measured counties in Rhode Island received passing grades for pollution levels below the federal standard that was recently updated by the United States Environmental Protection Agency.

See the full report results and sign the petition at Lung.org/SOTA. ❖



Senators tour Meals on Wheels, introduce legislation to pilot 'Food as Medicine' interventions

STATE HOUSE – Sens. VICTORIA GU, BRIDGET G. VALVERDE, SANDRA CANO, ALANA M. DIMARI, and JACOB BISSAILLON toured the headquarters of Meals on Wheels Rhode Island recently to see its work providing essential food support programs to homebound seniors, expecting and postpartum mothers, and other people facing food insecurity. They also discussed

how its work relates to legislation to create a Medicaid pilot program to allow medical professionals to prescribe medically tailored meals and "produce by prescription."

"Tackling the root causes of health conditions, whether from poor diet or food insecurity, is an investment that makes sense," said Senator Gu (D-Dist. 38, Westerly, Charlestown, South Kingstown). "Medicaid accounts for about one-third of our state budget. We need to find effective, evidence-based preventative health measures to save on the costs of medical care down the road."

Said Senator Valverde (D-Dist. 35, North Kingstown, East Greenwich, South Kingstown), "Meals on Wheels is already doing great work to address some of the social and nutritional needs of older Rhode Islanders right where they live. I am excited to support passage of this legislation that will allow Meal on Wheels and other agencies to explore expanding

the critical work they do into providing evidence-based clinical nutritional solutions to those who might not otherwise be able to afford them."

The legislation (2024-S 2592) sponsored by Senator Gu and cosponsored by Senator Valverde would direct the Executive Office of Health and Human Services to establish a one-year pilot program to provide coverage for evidence-based nutritional assistance for people with clinical needs. This coverage could take the form of produce prescriptions, vouchers or medically-tailored meals, prescribed by medical professionals for persons with diet-related diseases or food insecurity. It could also include clinical nutrition education.

There is a growing evidence base across the country showing that these "food as medicine" programs improve health outcomes and reduce healthcare costs.

The EOHHS would fund the program first with federal dollars through a Medicaid 1115 demonstration waiver, using state funds only if federal funds are unavailable.



From left, Sens. Victoria Gu, Bridget G. Valverde, Sandra Cano, Alana M. DiMario and Jacob Bissaillon and Executive Director of MOWRI Meghan Grady.

"Meals on Wheels of Rhode Island supports Senate Bill 2592 that would authorize the Executive Office of Health and Human Services to establish a program providing coverage for nutritional assistance," said Meghan Grady, executive director of MOWRI. "The bill shows that Senate leaders recognize the contribution that access to healthy food makes to the alleviation and mitigation of hunger, diet-related diseases and health equity."

Meals on Wheels Rhode Island is the state's primary provider of home-delivered meals, delivering 381,049 meals to at-risk individuals in 2023, of which 7,897 were medically tailored meals and 14,215 were culturally responsive meals. ❖

