TO BE YOUR PARTNER IN HEALTH

TO CREATE A COMMUNITY OF HEALTHIER PEOPLE

CARE NEW ENGLAND’S ORGANIZATIONAL VALUES EMPHASIZE INDIVIDUAL CONTRIBUTIONS AND A TEAM APPROACH THAT FOSTER ACCOUNTABILITY, CARING AND TEAMWORK.
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Austrian neurologist and Holocaust survivor Dr. Viktor Frankl once said, “When we are no longer able to change a situation, we are challenged to change ourselves.”

These simple words, uttered from a man who certainly knew the struggle of facing circumstances beyond his control, perfectly describe the past fiscal year and immediate future at the Care New England Health System. Faced with a perfect storm of industry and governmental shifts in the focus of health care on a national level and the financial constraints created by limits in reimbursement increases from commercial insurers, we have begun to tackle the challenge of changing ourselves.

We like to say that Care New England is transforming the future of health care and, indeed, in some ways, we are. When the nation began to envision a health care system that embraced keeping people well and out of the hospital instead of being more reactionary and treating them for illnesses and diseases both in and out of the hospital, we were already one step ahead. Led by the family and internal medicine departments at Memorial Hospital, one of the Care New England members, we have been keenly focused on primary care and, in a broader sense, on population health care for several years.

That commitment deepened in the past fiscal year as we—and the nation—declared the death of the fee-for-service payment structure and instead evolved to an environment where providers are reimbursed for keeping patients well and for implementing quality measures that improve health care.

At the same time, reimbursement restructuring, which is more sharply impactful here in Rhode Island, the only state with a health insurance commissioner controlling private insurer rate increases, has meant budgetary concerns for most health care facilities, including Care New England. We have responded by launching our Transforming Together Today (t3) initiative. Through this multi-pronged approach, our goal is to reduce costs across the system, enhance revenues, improve processes and adopt best practices, and increase quality.
Through t3, we have created more than 40 teams to develop and implement changes, including a Physician Task Force that oversees the creation of a Physician Enterprise and Clinical Leadership Council. We have also developed charters and an overall plan for integrating our employed medical groups. These teams and task forces involve staff from all departments and all operating units, working together to affect change here at Care New England while also maintaining our commitment to high quality patient care and safety.

With these initiatives underway, fiscal year 2015 was also a time for expanding our reach in the local market through both the growth of our accountable care organization Integra (see page 41) as well as our affiliation with The Providence Center (TPC). Mental health and addiction care are critical elements in providing the full spectrum of services to the people of southeastern New England. TPC is a wonderful complement to the services already offered at Butler Hospital and expands the variety of community-based care we make available to those who need it.

It’s true that sometimes we cannot change the situations we are in. But, as Dr. Frankl noted, we are all able to individually or collectively affect change within. Care New England has sharpened our organizational focus on making ours a stronger network of care in the regional marketplace. In doing so, we are becoming more aligned with both our physicians and our patients as we evaluate market growth opportunities in all clinical areas. The ultimate goal is to maximize every aspect of the patient experience.

George W. Shuster
Chairman of the Board

Dennis D. Keefe
President and Chief Executive Officer
Facts and figures

Care New England
45 Willard Avenue, Providence, RI 02905
(401) 453-7900 or 1-888-4CARENE
carenewengland.org

President and CEO: Dennis Keefe
Licensed beds: 963
Admissions: 44,310
Patient days: 214,486
ER visits: 135,093
Deliveries: 10,091
Surgeries (inpatient and outpatient): 28,255
Laboratory tests: 2,879,512

Diagnostic imaging procedures: 261,781
Employees: 7,572
Physicians: 1,905
Volunteers: 1,215
Residents: 201
Research dollars (total revenue): $23,382,036
Operating income: ($3,532,032)
Uncompensated care**: ($18,406,963)

Butler Hospital
345 Blackstone Boulevard, Providence, RI 02906
(401) 455-6200
butler.org

President and COO: Lawrence Price, MD
Licensed beds: 143
Admissions: 6,340
Patient days: 52,860
Partial days: 19,745
Patient evaluations and patient assessment services: 10,178
Outpatient visits: 21,017
Employees: 940
Physicians: 53
Volunteers: 130
Residents: 46
Research dollars (total revenue): $11,438,074
Operating income: ($6,034,719)
Uncompensated care**: ($7,665,063)

Kent Hospital
455 Toll Gate Road, Warwick, RI 02886
(401) 737-7000
kenthospital.org

President and COO: Michael Dacey, MD
Licensed beds: 359
Admissions: 14,199
Patient days: 71,311
ER visits: 71,211
Deliveries: 838
Surgical procedures (inpatient and outpatient): 9,208
Laboratory tests: 1,264,054
Diagnostic imaging procedures: 137,520
Observation cases: 6,145
Employees: 2,129
Physicians: 644
Volunteers: 372
Residents: 201
Research dollars (total revenue): $94,491
Operating income: $9,313,664
Uncompensated care**: ($3,131,350)

Memorial Hospital
111 Brewster Street, Pawtucket, RI 02861
(401) 729-2000
mhri.org

President and COO: Edward Schottland*
Licensed beds: 294
Admissions: 5,039
Patient days: 21,329
Partial days: 19,745
Patient evaluations and patient assessment services: 10,178
Outpatient visits: 21,017
Employees: 940
Physicians: 53
Volunteers: 130
Residents: 46
Research dollars (total revenue): $1,828,097
Operating income: ($27,640,389)
Uncompensated care**: ($2,121,555)

* Until July 24, 2015; Active COO James Fanale, MD, from July 25, 2015 through September 30, 2015

** Uncompensated care is charity care and
does not include any provision for bad debt.
<table>
<thead>
<tr>
<th>Women &amp; Infants Hospital</th>
<th>The Providence Center</th>
<th>Care New England Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 Dudley Street, Providence, RI 02905</td>
<td>528 North Main Street, Providence, RI 02904</td>
<td>2191 Post Road, Warwick, RI 02886</td>
</tr>
<tr>
<td>(401) 274-1100</td>
<td>(401) 528-0123 Admin</td>
<td>(401) 732-3066</td>
</tr>
<tr>
<td>womenandinfants.org</td>
<td>providenecenter.org</td>
<td>wellnessctr.org</td>
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**President and COO:** Mark Marcantano
**Licensed beds:** 167 adult beds, 60 newborn bassinets, 80 neonatal intensive care beds
**Admissions:** 19,843
**Patient days:** 77,209
**ER visits:** 28,261
**Deliveries:** 18,803
**Surgeries (inpatient and outpatient):** 7,332
**Laboratory tests:** 941,755
**Diagnostic imaging procedures:** 82,222
**Employees:** 2,374
**Physicians:** 727
**Volunteers:** 613
**Residents:** 32
**Research dollars (total revenue):** $10,021,374
**Operating income:** $14,888,253
**Uncompensated care****: ($5,457,056)

**President:** Dale K. Klatzker, PhD
**Vice President and COO:** Deborah O’Brien, BS, RN, MPA
**Clients served:** 12,000
**Kept appointments:** 115,000
**Intake calls:** 30,000
**Employees:** 750
**Psychiatrists:** 12
**Service locations:** 16
**Client residences:** 14
**Operating income:** $12,878,559
**Uncompensated Care****: $0

**Wellness Manager:** Jannetta MacKinnon
**Employees:** 8
**Average visits per day:** 27
**Average visits per year:** 6,502

**President and CEO:** Nancy Roberts
**Patients:** 7,374
**Home care visits:** 112,721
**Hospice patient days:** 20,182
**Independent living services:** 62,447.1 hours
**Flu and pneumonia shots:** 15,215
**Employees:** 359
**Operating income:** ($433,683)
**Uncompensated care****: ($31,939)
**Advanced illness management visits:** 718
**Blackstone Health**
**Meals served to elderly and handicapped:** 139,657
**Adult Day patient care days:** 9,582

**Uncompensated care is charity care and does not include any provision for bad debt.**
Denise Arcand, MD, a board-certified family medicine physician in practice since 2001, began her term as president of Kent Hospital’s medical staff in January 2015. She participates in medical student education at the University of New England College of Osteopathic Medicine. Dr. Arcand is a member of the Kent County Medical Society, the American Academy of Family Practice and the Rhode Island Academy of Family Practice. She earned her medical degree from Laval Medical School and completed her residency at Central Maine Medical Center.

James Botvin has chaired The Providence Center Board of Trustees since 2006. He was elected in 1999 and has served as treasurer and chair of the Finance/Administrative Committee. He serves ex-officio on all Board committees, and chairs the Executive Committee and the Pension Plan Board of Directors. Botvin has devoted 40 years to overseeing operations at his family-owned dealership, Colonial Toyota, where he was president for 15 years. In 2007, he was appointed to the RI Dealers Commission. He serves as chairman of the Dealer Hearing Board, and he is also a member of the RI Commodores. Botvin earned a degree in accounting from the University of Rhode Island (URI).

Mario Bueno is executive director and adult education director of Progreso Latino, a multi-service community-based organization in Central Falls that strives to empower the Latino and immigrant communities to achieve greater self-sufficiency and socio-economic progress by providing programs that support personal growth and social change. Bueno is also the founder and past director of the United Workers Committee (now Fuerza Laboral), the only immigrant workers’ rights center in the state. He earned a bachelor of arts degree in economics and political science from URI and master of education degree in educational leadership from Rhode Island College.

Allen H. Cicchitelli was elected to the Butler Hospital Board of Trustees in 1999 and was the first chair of the Butler Foundation, on which he remains a member. As retired president of Nature’s Best Dairy, he helped grow the company’s market across five states, increasing sales 52 times. He is currently president of Northeast Ventures Inc. He has served on the boards of the Rhode Island Hospitality and Tourism Association, the Rhode Island Food Dealers Association, the URI Alumni Association, Metacomet Country Club, and Dunkin’ Donuts Independent Franchise Owners Group. He earned a bachelor’s degree in business administration from URI.

Sharon Conard-Wells is executive director of West Elmwood Housing Development Corporation, a private, nonprofit corporation that strives to improve quality of life in the West End of Providence by creating opportunities for home ownership, community engagement and economic development. During her tenure, the agency has grown from a staff of two to 31 employees and paid volunteers operating five lines of business, including real estate development, lending, community building, asset management, and home ownership promotion and preservation. Conard-Wells received her master of education degree from Cambridge College. She is a former member of the Women & Infants Board of Directors.

Esther Emard, MSN, RN, MSLIR has more than 30 years of experience in nursing, health care administration, and quality improvement leadership. She is on the faculty for The George Washington University School of Nursing and the URI College of Nursing. She was chief operating officer for the National Committee for Quality Assurance from 1999 to 2012 and then a consultant for the organization. Prior to that, she was senior vice president for network and medical management for Harvard Pilgrim Health Care. She is a member of the Blueprint for Health for the State of Vermont Executive Committee and the Visiting Nurse Association of America Board of Directors. She earned a bachelor’s degree in nursing from the University of Massachusetts and master’s degrees in nursing and labor and industrial relations from URI. She was a member of the VNA of Care New England Board of Directors and continues as co-chair of its Clinical Services and Quality Improvement committees.
Robert G. Flanders Jr., Esq. (Supreme Court Justice Ret.) was elected to the Women & Infants Board of Trustees in 1997. A former state Supreme Court justice, he is a business litigation partner with the law firm of Hinckley, Allen & Snyder LLP and chairs the firm’s Municipal Restructuring Practice Group. He is the president and CEO of the Dunes Club and has served as chair of the Rhode Island Board of Regents for Elementary and Secondary Education, chair of the Greater Providence YMCA Board of Trustees, chair of the Voter Initiative Alliance, and a member of the Brown University Leadership Council. He is a trustee of the Providence Public Library and the Rhode Island Bar Foundation, as well as a director of Professional Facilities Management, Inc., and Research Engineering & Manufacturing, Inc. He graduated magna cum laude from Brown University and earned his law degree from Harvard University.

Gary E. Furtado is president and chief executive officer of Navigant Credit Union, where he has worked for 37 years, 27 as its leader. He earned a bachelor’s degree and master’s of business administration from Bryant University. He has served as a member of the Memorial Hospital Board of Trustees Executive Committee, and as chair of the board. He also serves the following organizations: Credit Union Association of Rhode Island, board of directors and past chair; Pawtucket Foundation, board of directors; Blackstone River Valley National Heritage Corridor, board of directors; Pawtucket Boys & Girls Club, executive committee; Little Sisters of the Poor, board chair; and Narragansett Council, Boy Scouts of America, advisory council.

John R. Galvin was elected to the Women & Infants Board of Trustees in 2009 and served as chair of its Finance Committee. He is executive vice president of AAA Northeast and former chief financial officer of Collette Vacations, where he served on the Board and Executive Committee. He is a longtime member of the Rhode Island Society of Certified Public Accountants. He chairs the board at Meeting Street Center, sits on the board at Gilbane Inc., and is a past member of the board and executive committee of the U.S. Tour Operators Association and the Providence Boys & Girls Club. He earned a degree in business administration from the University of Massachusetts-Amherst and a master’s of business administration from Bryant University. He completed the OPM Executive Education Program at the Harvard Business School.

Michele R. Gange, MD is a board-certified obstetrician/gynecologist and serves as president of the medical staff at Women & Infants. She is also a clinical assistant professor at The Warren Alpert Medical School of Brown University. A physician with Southern New England HealthCare for Women, Broadway Ob/Gyn Division, she graduated with an undergraduate degree in psychology from Brown University, where she also earned her medical degree. She completed a residency at Women & Infants. A member of the American College of Obstetrics and Gynecology, she serves on several hospital committees, including chairing the Quality and Medical Executive committees. She is one of five team chiefs charged with teaching residents at the hospital and earned a Dean’s Excellence in Teaching Award in 2014 from the Alpert Medical School.

Kent W. Gladding was elected to the VNA of Care New England Board of Trustees in 2009 and served as its chair and on the Executive, Strategic Planning and Nominating committees. He is director of investments and chief strategist for Washington Trust Investors, where he chairs the Equity Income Strategy Committee. Prior to that, he served as senior vice president and chief investment officer at RBS Citizens Bank. He is former board chair for the Child Lead Action Project in Providence. He earned a degree in journalism from Syracuse University and a master’s in accounting from URI. He is a CPA and a member of the CFA Institute and the American Institute of Certified Public Accountants.

Douglas L. Jacobs was elected to the Women & Infants Board of Trustees in 2004 and served as its chair. Treasurer of the Care New England Board, he is a retired executive vice president and treasurer of FleetBoston Financial Group. He serves as a director and chair of the audit committees of Fortress Investment Group, OneMain Financial Corp., New Residential Investment Corp., and Clear Channel Outdoor Holdings. He earned a bachelor’s degree from Amherst College and a master’s of business administration from the Wharton School of Business at the University of Pennsylvania.
William M. Kapos is president and chief executive officer of Excellent Coffee Company, a family-owned importer, roaster and distributor. He has held this position for more than 45 years since graduating from Northeastern University with a bachelor’s degree in business administration. He served on the Memorial Hospital Board of Trustees for more than 15 years and as treasurer for five years. He is a former board member of the Assumption Greek Orthodox Church, serving as president for five years. He is also a former board member of the Northern Rhode Island Chamber of Commerce, the Rhode Island Hospitality and Tourism Association, New England Coffee Association, and the Boston-based Alpha Omega Council. He is a former member of the Agawam Hunt Club and a current member of the University Club and the Dunes Club, where he is treasurer.

Dennis D. Keefe was named president and chief executive officer of Care New England in 2011, coming from Cambridge Health Alliance, where he was chief executive officer from 2002 to 2011. He served as the City of Cambridge commissioner of public health at the same time. He earned a bachelor of science degree in health sciences summa cum laude from Northeastern University, where he also earned a master’s of business administration in business/healthcare administration. He is an adjunct lecturer at Brown University, Department of Health Services, Policy and Practice. He is the chair of the Integra Community Care Network and the former chair of the Hospital Association of Rhode Island. He is also on the boards of the America’s Essential Hospitals, Rhode Island Quality Institute, Narragansett Council of the Boy Scouts of America, and the Greater Providence Chamber of Commerce. He co-chaired the Governor’s Working Group to Reinvent Healthcare, sits on the Governor’s Working Group for Healthcare Innovation and her Healthcare Leader Workgroup, and is a member of the State of Rhode Island’s Health Care Planning and Accountability Advisory Council. He received the Distinguished Citizen Award from the Narragansett Council, Boy Scouts of America in 2014.

Diane Lipscombe, PhD is a professor in the Department of Neuroscience at Brown University, and is executive director of the Brown Institute for Brain Science. She directed the school’s Neuroscience Graduate Program from 2005 to 2012 and chairs the Neuroscience Graduate Program Steering Committee. Lipscombe is principal investigator of institutional pre-doctoral training grants from the National Institutes of Health (NIH), focusing on a family of proteins that controls the flow of calcium into neurons. These calcium channels are important drug targets in the treatment of neuropathic pain and hypertension, and are risk factors in schizophrenia and other psychiatric disorders. She runs an active research lab at Brown that has received NIH funding for more than 20 years. She has authored many publications and given named lectures, including the Joan Mott Prize Lecture for the Physiological Society in the United Kingdom. She is an elected fellow of the American Association for the Advancement of Science.

Susanna R. Magee, MD, MPH is director of the Maternal Child Health Program in the Department of Family Medicine at Memorial Hospital and The Warren Alpert Medical School of Brown University. Dr. Magee joined Memorial in 2003 and was named fellowship director in 2006. She is an attending physician on the medicine, neonatal and obstetrics services. She has published many articles on medical training in obstetrics for family medicine and has served as the medical consultant for multiple NIH grants regarding yoga and exercise interventions as preventive measures for postpartum depression. She is medical director of The Rocking Chair Project, an effort supported by the American Academy of Family Physicians Foundation aimed at nurturing new mothers and educating young physicians about home visits for postpartum families. She is president of the medical staff at Memorial and on Care New England’s Credentials Committee.
Louis Marino, MD is president of the medical staff at Butler Hospital, where he has been on the medical staff since 1996 and serves as associate medical director for geriatric services. Board certified in both psychiatry and geriatric psychiatry, he earned a bachelor’s degree in biology from Wesleyan University and his medical degree from the State University of New York Downstate Medical Center. He completed a residency in general psychiatry and a fellowship in geriatric psychiatry at the University Center of Pittsburgh. He is a clinical associate professor at The Warren Alpert Medical School of Brown University, and he is also on staff at Kent Hospital. He is past president of the Rhode Island Psychiatric Society and is a distinguished fellow of the American Psychiatric Association, in addition to being a member of the American Association of Geriatric Psychiatrists. Devoted to issues related to medical education, he serves in a number of roles within the psychiatry residency program and is chair of Butler’s Education and Continuing Medical Education committees. He is a contributor to many trade journals and has served as a reviewer for *Neurology* and the *Journal of Gerontology and Biological Sciences*.

Joseph J. McGair, Esq. was elected to the Kent Board of Trustees in 2002. He is a practicing attorney and president of the law firm Petrarca and McGair in Warwick. He served in the state Senate from 1991 to 1995 and on the Warwick City Council from 1977 to 1984. He also served as the Warwick city prosecutor and associate city solicitor. He has served as president of the Warwick Columbus Corporation and the Warwick Rotary Club, chair of the Warwick Chamber of Commerce, vice chair of the board at Channel One, chair of the Board at Justice Assistance, and a board member with Prevent Blindness, Foster Grandparents, Kent County Visiting Nurses, and Warwick Central Geriatric Association. He graduated from Providence College and earned a law degree from Suffolk University Law School.

Patrick J. Murray Jr. is president and chief executive officer of Bristol County Savings Bank and president of the Bristol County Savings Charitable Foundation. He earned a bachelor’s degree in accounting from Bentley College and attended the National School of Banking at Fairfield University. He was a member of the Memorial Hospital Board of Trustees and its assistant treasurer. He is on the board of directors of the Depositors Insurance Fund and at the Savings Banks Employees Retirement Association. In addition, he serves: Annawon Council Boy Scouts of America, board of directors and past president; United Way of Greater Attleboro/Taunton, board of directors and past chair; Taunton Business Improvement District Inc., director and treasurer; and Bristol Community College Foundation, board of trustees and past chair.

Robert G. Padula was named to the Butler Hospital Board of Trustees in 2008. He is chief executive officer of Gencorp Insurance Group, Inc., and holds the Chartered Property Casualty Underwriter (CPCU) and Associate in Risk Management insurance designations. He is past president of Independent Insurance Agents of Rhode Island, the Rhode Island CPCU Society, and the Rhode Island CPCU Scholarship Fund. He has served on the advisory boards of several national and regional insurance carriers and in 2000 he received the Independent Insurance Agents of Rhode Island’s Carleton I. Fisher Outstanding Agent award. He is a graduate of the University of Bridgeport and did graduate work in business administration at Providence College.
Cynthia B. Patterson was elected to the Women & Infants Board of Trustees in 1982 and now serves as secretary and vice chair of the Care New England Board. She retired as director of development for the Lincoln School and Audubon Society of Rhode Island. She is executive director of the Lalor Foundation, and has served on the boards at the Lincoln, Gordon and Providence Country Day schools, Planned Parenthood of Rhode Island, Brown Medical School, the Providence Athenaeum and the Audubon Society. She earned a bachelor’s degree from Brown University and worked toward a master’s in business administration at URI.

Charles R. Reppucci was elected to the Butler Hospital Board of Trustees in 1984 and served as vice chair and chair elect of the Care New England Board before assuming the chair in January 2016. He is executive director and chief operating officer and the senior non-lawyer executive of Hinckley, Allen & Snyder LLC. He is vice chair of the board of the Rhode Island Blood Center, past chair of the board at Vector Health Systems, and treasurer of the Legal Aid Society of Rhode Island. A former CPA, he earned a degree in accounting from URI and a master’s of business administration from Providence College.

George W. Shuster served as chair of the Care New England Board of Trustees, which he joined in 1996, from 2011 to 2015. He was elected to the Kent Hospital Board of Trustees in 1993. He is chairman emeritus of the board at Cranston Print Works. He served as officer and chair of UNITE-HERE Textile Workers’ Pension Fund, co-chair of the Center for Design and Business, chair of the Manufacturer’s Council of the Greater Providence Chamber of Commerce, chair of the National Textile Association, vice chair and secretary of the Providence Public Library, secretary of the Rhode Island Audubon Society, president of the Narragansett Council of the Boy Scouts of America, and co-chair of the American Manufacturing Trade Action Coalition. He is a Phi Beta Kappa graduate of Yale University and earned graduate degrees from the Massachusetts Institute of Technology and Yale Law School.

Maribeth Q. Williamson was elected to the Kent Hospital Board of Trustees in 2003. She worked at Amica Insurance for more than 30 years, retiring as vice president and controller. She earned a degree in accounting from URI and a master’s in taxation from Bryant University. She is a trustee/director at the Rhode Island Zoological Society, Trinity Repertory Company, and remains a member of the Kent Foundation Board.
Management team

Dennis D. Keefe  
President and Chief Executive Officer

Sandra L. Coletta  
Executive VP and COO, CNE

Michael J. Dacey, MD  
President and COO, Kent Hospital and Memorial Hospital

James Fanale  
Executive VP, Physician Enterprise, Chief Clinical Officer, CNE

Joseph Iannoni  
Executive VP and CFO, CNE

Dale Klatzker, PhD  
President, The Providence Center

Mark R. Marcantano  
President and COO, Women & Infants Hospital

Lawrence H. Price, MD  
President and COO, Butler Hospital

Nancy Roberts, RN, MSN  
Executive VP, Care Management  
President, VNA of Care New England
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Alyssa V. Boss, Esq.</td>
<td>Senior VP, General Counsel</td>
</tr>
<tr>
<td>Gail E. Costa</td>
<td>Senior VP, Strategy and System Development/Chief Strategy Officer</td>
</tr>
<tr>
<td>Domenic F. Delmonico</td>
<td>Senior VP, Managed Care Contracting and Network Development</td>
</tr>
<tr>
<td>Eileen Dobbing, RN, BSN, MBA</td>
<td>Senior VP, Patient Care Services, Chief Nursing Officer, Memorial Hospital</td>
</tr>
<tr>
<td>Frances Falsey</td>
<td>Clinical Shared Services</td>
</tr>
<tr>
<td>Suma Gaddam</td>
<td>Senior VP and Chief Information Officer, Information Services</td>
</tr>
<tr>
<td>Robert I. Insoft, MD</td>
<td>Senior VP, Quality and Clinical Effectiveness, CMO, Women &amp; Infants Hospital</td>
</tr>
<tr>
<td>May Kernan</td>
<td>Senior VP, Marketing Communications</td>
</tr>
<tr>
<td>Mary Leveille, PhD, RN, PMHCNS-BC</td>
<td>Senior VP, Patient Care Services, Chief Nursing Officer, Memorial Hospital</td>
</tr>
<tr>
<td>Angelleen Peters-Lewis, RN, PhD</td>
<td>Senior VP, Patient Care Services, System Chief Nursing Officer</td>
</tr>
<tr>
<td>Susan B. Mouradian</td>
<td>Acting Senior VP, Philanthropy</td>
</tr>
<tr>
<td>Deborah M. O'Brien, RN, BS, MPA</td>
<td>VP/COO, The Providence Center</td>
</tr>
<tr>
<td>Kathleen Peirce, RN, BSN, MS</td>
<td>VP of Clinical Operations, Executive Director, Chief Nursing Officer, VNA</td>
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<tr>
<td>Maureen G. Phipps, MD, MPH</td>
<td>Chief of Ob/Gyn Women &amp; Infants Hospital and CNE</td>
</tr>
<tr>
<td>Raymond O. Powrie, MD, FRCP(c), FACP</td>
<td>Senior VP, Chief Medical Quality Officer, CNE, Chief of Medicine, Women &amp; Infants Hospital</td>
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<tr>
<td>Patricia R. Recupero, JD, MD</td>
<td>Senior VP, Education and Training</td>
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<tr>
<td>James Sullivan, PhD, MD</td>
<td>Senior VP and Chief Medical Officer, Butler Hospital</td>
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<tr>
<td>Marilyn J. Walsh</td>
<td>Senior VP, Chief Human Resources Officer</td>
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<tr>
<td>Joseph Spinale, DO</td>
<td>Senior VP, Kent Hospital</td>
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<tr>
<td>Mary Leveille, PhD, RN, PMHCNS-BC</td>
<td>Senior VP, Patient Care Services, Chief Nursing Officer, Memorial Hospital</td>
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</tbody>
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Board Committee Structure

Audit and Compliance Committee
John Galvin, chairperson
Maribeth Williamson, vice chairperson
Paul Alexander
Benjamin Harris III*
Dennis D. Keefe (guest)
Holli Lussier
Patrick Murray Jr.
Howard Ostrowsky
Patricia Thompson

Credentials Committee
Robert Padula, chairperson
Esther Emard, MSN, RN, MSLIR, vice chairperson
Denise Arcand, MD
David Carcieri, MD
Martin Furman, MD
James Hopkins
Dennis D. Keefe (guest)
Susanna Magee, MD, MPH
Joseph McGair, Esq.
Cynthia Patterson
Raymond Powrie, MD
Ghulam Surti, MD

Finance Committee
Douglas Jacobs, chairperson
David Carcieri, MD
Allen Cicchitelli
Frank Delmonico
Andrew Erickson
Jonathan Farnum
Margaret Farnum, Esq.
Gary Furtado
John Galvin (guest)
Joseph Iannoni
Dennis D. Keefe
Patrick Murray Jr.
Robert Padula
Maureen Phipps, MD, MPH
Charles Reppucci
George Shuster (guest)
Maribeth Williamson

Compensation Committee
George Shuster, chairperson
Allen Cicchitelli, vice chairperson
Lisa Bisaccia
James Hopkins
Dennis D. Keefe (guest)
Charles Reppucci (guest)
Maribeth Williamson

*Deceased
Governance and Nominating Committee
Robert Flanders Jr., Esq., chairperson
Margaret Farrell, Esq., vice chairperson
Thomas Celonia
Kent Gladding
Benjamin Harris III*
Douglas Jacobs
Dennis D. Keefe (guest)
Joseph McGair, Esq.
Charles Reppucci
Augusto Rojas Jr.
George Shuster
Anne Szostak

Investment Committee
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Allen Cicchitelli
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Health for all

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One of most daunting challenges for health care systems today is getting quality care to the people who need it. It’s far too easy to disregard barriers—language, geography, economics—as being too difficult to surmount, yet it’s unrealistic to think that simply offering the care in the convenience of our facilities translates into caring for a population.

The unfortunate reality is that the people who are most sorely in need of health care or health knowledge are often the most difficult to reach. They may be unable to communicate with providers, either because of a lack a common language or because they are stifled by addiction or abuse. They may work different shifts or multiple jobs, leaving little time. They may lack the money for a copayment, or even the bus fare to get there.

At Care New England, we have moved health care beyond the confines of hospitals and doctors’ offices. We have learned to listen and then respond to the needs of vastly different groups of people. We have kept a finger on health trends and made sure we offer solutions.

This past year, we continued living our mission by finding ways to sidestep barriers to health care to those who need it. That meant hosting flu shot clinics at senior centers and blood pressure screenings at McCoy Stadium; providing free sports physicals to underprivileged high school athletes and free mammograms to low income women; and sending medical supplies and various specialists to developing countries.

It is how we have been able to care, for an ever-widening community and offer health for all in the process. We believe no one should go without quality health care and we work daily to break down barriers.
The “Your Health and Wellness” lecture series at Progreso Latino in Central Falls not only breaches the physical distance between patient and provider, it quashes the language barrier that prevents many Hispanics from getting the care they need and deserve.

“It is very important to be able to offer this type of lectures to our community in general because there is a lack of knowledge,” says Dominga Taveras, coordinator of Senior Services and Health Services at Progreso Latino. “Some of them do not have a primary doctor.”

“It is very important because after the information I got, I check my glucose every day,” says Emilia Acosta.

“They teach us things we do not know,” Odila Brand agrees.

Other examples of Care New England’s outreach efforts in fiscal year 2015 include:

- A mentoring program for children in Warwick public schools, in which employees from Kent Hospital help develop a child’s confidence, self-esteem and desire to stay in school.

- Presentations on breastfeeding for United HealthCare participants who are eligible for state-funded health insurance, which has been identified as the demographic least likely to breastfeed or attend prenatal education classes.

- Screenings and health information provided by the Women & Infants Family Van, a team that brings health care into urban neighborhoods for people who lack transportation.
Bob Mitchell’s back worked hard. As owner of Champlin’s Seafood in Narragansett, he spent years hoisting heavy crates of fish and lobsters up stairs. The grueling work led to intense pain and numbness in his back and legs.

“I went through PT (physical therapy) and injections. I was starting to worry that I was destroying nerves because I had tingling and numbness,” he says.

When non-invasive techniques didn’t work, Bob went to see Maria Guglielmo, MD, medical director of neurosurgery for spine care at Kent Hospital.

“The decision for elective spinal surgery requires a mutual decision between the surgeon and the patient. Although imaging studies such as MRIs are necessary, the impact that the pain and disability has on the patient’s life plays a major role,” Dr. Guglielmo explains. “We provide an integrated approach to spinal surgical care for appropriate patients, and offer patients who are not surgical candidates other options.”

The answer for Bob was a spinal fusion in which the vertebrae in the part of his back experiencing the most pain were fused together into a single, solid bone.

“I actually got up the same night and walked,” Bob says. Several months after surgery, he felt no pain in his back at all. “I’m up and down the stairs maybe 30 times a day, playing golf, no problem. I got my life back.”

The surgical spine care program is an innovative collaboration between experts in orthopedic and neurological surgery to help adults with moderate to severe spine-related pain. The approach yields a record of low complications, short surgical times and low blood loss. Perhaps more importantly is the relief patients find from spinal, back and leg pain, and their quick return to normal activities.
It was downright maddening to Elizabeth Torres to have one doctor after another dismiss her symptoms—frequent urinary tract infections, back pain, difficulty urinating even though she felt an urgent need to go, and the sensation that something was protruding from her vagina. It was normal for her age, they told her. She tried to adjust to the pain, embarrassment and lack of sleep from frequent nocturnal bathroom trips.

Then she went to see Kyle Wolhrab, MD, with the Division of Urogynecology and Reconstructive Pelvic Surgery at Women & Infants Hospital, who immediately understood the root of her medical problems.

“The support to Elizabeth’s bladder had weakened and she had urinary leakage,” Dr. Wolhrab notes. “We walked her through all the options to find the best solution for her.”

It was the first time Elizabeth felt validated. She went to a support group for women with similar problems as she considered surgical options, which left her feeling hopeful.

“I chose to have surgery,” she says. “The difference in my body is like I’m free of something and that is such a relief. It’s wonderful to be able to drink water, to be able to go visit my family and get my job done.”

“It was like a door finally opened and I was able to get what I needed.”
Prescient leaders know their organization’s limitations and identify key partners to broaden or strengthen their market position and improve what they offer. At Care New England, partnerships have proven to be fruitful in fulfilling our mission of providing integrated health care for the whole person—mind and body—in a setting that is most supportive and convenient for the patient.

Most recently, that has included key alignments with The Providence Center and Rhode Island Primary Care Physicians Corporation (RIPCPC). Both relationships have helped the system solidify certain service lines and, in the case of RIPCPC, give substance to our accountable care organization (see page 41).

A formal affiliation with The Providence Center was announced December 18, 2014, and builds upon the community-based behavioral health services Care New England offers through our VNA and Wellness Center, while also expanding the brain and behavioral health acute care, teaching and research of Butler Hospital.

The effect of the partnership was instantaneous, with clinicians deployed to the emergency rooms at Kent and Memorial hospitals to help identify and care for those individuals in need of behavioral health care. The affiliation also allows the partners to develop a means of participating in new forms of health care delivery and payment that will involve more coordinated and accountable care.

Forged in 2014, the Care New England-RIPCPC partnership reaped tremendous benefits this past year with the launch of Community Connect, the first agreement of its kind in Rhode Island to bring an affordable, fully-integrated electronic health record (EHR) system into private physician practices to enable seamless and efficient care coordination for patients. Two physician offices went live with Epic Ambulatory Care’s EHR in July 2015, but all of RIPCPC’s primary care physicians will transition to the platform by mid-2016.

With Epic, primary care physicians can communicate with colleagues, emergency rooms, hospitals and patients in real time, improving the coordination of care. The partnership with Care New England supplies the technical resources needed to keep the cost affordable for independent practitioners.

The upgrade—while helping physicians meet the federal mandates of meaningful use and interoperability in their practices—also helps the system embrace tenets of the Triple Aim by improving patient care and lowering the expense of health care. In total, Care New England has installed Epic Ambulatory in more than 40 practices, offering more than 50,000 patients across southeastern New England an opportunity to partner with doctors to manage their health through Epic’s online personal health record MyChart.

A partnership of a slightly different sort began to germinate in September 2015 with Memorial Hospital’s final sale of its Notre Dame Center in Central Falls to the Blackstone Valley Community Health Center (BVCHC). The 19,000-square-foot, three-story medical building is the site of a future neighborhood health station planned through an alliance between BVCHC, Memorial, the City of Central Falls and the state Department of Health.

The neighborhood health station will offer area residents a place to find quality care for their physical and behavioral health needs, dental care, and such wellness options as classes, lectures, a pool and gym. Memorial is leasing back space in the building for its ambulatory and urgent care units, diagnostic imaging services, and physical and occupational therapy.

The future of health care encourages, even demands, such innovative thinking and the joining of complementary services and skills. Care New England appreciates the wisdom in collaborating with other organizations, providers and organizations in order to create facilities and programs that meet the varied needs of the people in our ever-expanding community.
Health for the mind and body

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The human being is a complex creature, and we are uniquely made. This, in turn, requires tailored approaches to our health care. No two patients can be treated exactly the same nor might they require the same remedies for the most basic ailments to the most life-threatening illnesses. Therein lies the beauty of being part of a health system, which places care for a wide range of specialty conditions within a patient’s reach.

In its 19-year existence, Care New England has kept an organizational eye on the overall needs of the general population when choosing partners, ensuring that a lifetime of care is available to patients of all ages under the system’s umbrella.

The original members—Butler, Kent and Women & Infants hospitals—reflected this commitment to medical diversity focusing, respectively, on mental health, medical surgical care, and women’s health. Additional members—the VNA of Care New England and the Care New England Wellness Center, which joined years ago, and Memorial Hospital, a community hospital with strong roots in primary care in 2013—augment the clinical offerings and provide opportunities for collaboration, research, and expanded and improved care for patients.

In fiscal year 2015, Care New England expanded its focus on behavioral health care by affiliating with The Providence Center, a community-based provider of behavioral health and addiction services for children, adolescents and adults. TPC’s belief that creating healthy minds yields healthy lives dovetails nicely with the system’s comprehensive approach to health care.

It is an invaluable service to our patients to be able to refer them within one system to cardiologists, addiction specialists, orthopedic surgeons, home care aids for help after surgery, nutritionists, or a sleep lab. A natural collaboration exists and,
as a patient’s health care team expands, every member works together. In addition, working within a system grants providers and patients exposure to a variety of integrative care options that may not heal but do ease the burden of pain during treatments for such things as cancer, neuropathy and depression.

That’s the hope for Rosie Wharburton, who hosts sound therapy workshops at Women & Infants’ Program in Women’s Oncology. Surrounded by exotic instruments like the Aboriginal digeridoo, Tibetan singing bowls, drone flutes and other tools of her trade, she creates sounds, music and frequency to restore balance and harmony to the physical, mental and emotional bodies of the women gathered in semi-darkness on yoga mats near her. Different sounds speak to different parts of the body because of their frequency.

For Roxane Lucas, who has neuropathy in both feet, the vibrating tuning forks placed on the joints brings instant relief. Wharburton just smiles, saying,

“All matter has a resonant frequency it will vibrate at. When you find that frequency, you can release trauma from the body.”
Because our physicians and other health care providers interact regularly, coming to Care New England for services is seamless for patients. If a referral is needed, offices are connected by Epic, an electronic medical record system which ensures that all patient information follows from one provider to the next. This not only saves time filling out forms, it is a safe way to ensure that physicians are updated on tests and medication changes.

After affiliating with The Providence Center, the process for Care New England providers—including colleagues from related entities such as Affinity and RIPCPC—to refer patients there for mental health or substance abuse treatment was improved with the introduction of IntakeDIRECT.

This streamlined process included the creation of a dedicated phone number for clinicians to call when they have an adult, child or family in need of services. An intake specialist helps identify Providence Center programs that best meet the patient’s needs.
Patients often don’t know the breadth of services available at Care New England until a crisis strikes. For Deb Improta, Women & Infants was the place where she had her daughters. After several family members died of breast, uterine or ovarian cancer, she decided to get tested for the BRCA gene that indicates a higher likelihood that a woman would also get one of the potentially fatal diseases. This quest brought her to the Cancer Genetics and Prevention Program in the Program in Women’s Oncology, also at Women & Infants.

“Everyone thinks Women & Infants is the baby hospital, that’s where you go for babies. I said no, Women & Infants is for women,”

says Improta, who was diagnosed with ovarian cancer and has undergone treatment. “I asked my doctor, ‘What does Boston have that Women & Infants doesn’t?’ He said absolutely nothing.”
Care through the generations

Care New England members have created services that meet the needs of patients from the tiniest newborns to seniors struggling to maintain their health and independence at home. Within our broad service lines, there are specialized niches in which providers care for such patients as toddlers with cognitive disabilities, teenagers struggling with cutting, baseball players with strained throwing arms, cancer patients seeking pain relief through Tai Chi, and people needing spinal fusion to remedy years of back pain. The past fiscal year saw the addition of several innovative programs to this mix of services.

- Medical students training through Memorial Hospital’s Department of Family Medicine receive added training in the specialized care of older adults through a program funded by the Health Resources & Services Administration Geriatric Workforce Enhancement Program. They make monthly house calls at area assisted living facilities and nursing homes. The program augments a robust curriculum in geriatrics through the Family Medicine Residency, and helps bridge a gap for seniors who have difficulty leaving their homes for primary medical care.

- The VNA of Care New England now provides at-home doula services for Blue Cross & Blue Shield of Rhode Island patients. Doulas help new parents adjust to having a baby at home and provide breastfeeding support, help with sibling adjustment issues, and physical and emotional care for mom.

- The emergency rooms of Butler, Kent and Memorial hospitals started offering Narcan kits to reverse the effects of an overdose from opiates such as heroin or OxyContin. Care New England hospitals were the first in Rhode Island to dispense the kits.

- Women & Infants launched a comprehensive approach to the evaluation and treatment of menopause symptoms. Patients can be seen by providers with the Menopause Program in two locations.
Mental wellness—Anna’s story

For many people battling substance abuse, the path to recovery is not a straight and narrow one. Anna* began her journey to recovery in 1989. Following a series of advances and relapses, she eventually entered a period of recovery that lasted 15 years. But, like many who face this, her story didn’t end there. She experienced another relapse, due in part to the stress of an abusive relationship.

“My relapse escalated quickly. I soon found myself drinking a pint of vodka each night,” she says.

She made many attempts to regain her footing after that, being treated at Butler Hospital a total of 30 times. About the time she lost her job due to her alcoholism, Anna entered recovery again. She says, “Losing my job was my rock bottom.”

In recovery now for the past five years, Anna was rehired by her previous employer and is now married to a loving and supportive partner.

“I’m in a good place, but it was a long struggle to get here,” she says, crediting the addiction treatment services at Butler for playing a key role in her recovery.

“I was admitted for either inpatient or partial hospital care 30 times, and each time I felt safe and supported.”

Anna continues to attend meetings held by Alan Gordon, MD, chief of the Alcohol and Drug Treatment Program, at right, several times a month. She says, “Dr. Gordon’s yellow room has always been such a comfort zone for me. I was attending meetings several times each week until recently moving to twice a month. Just knowing I have a support system at Butler has helped me in my recovery.”

*Name has been changed at the request of the patient.
Daniel was always a bit of an overachiever when it came to school. His fixation on doing well academically helped him throughout high school and even into college until his sophomore year when everything became overwhelming and unmanageable.

A leave of absence from school and a series of events led him to the Young Adult Partial Hospital program at Butler Hospital, Daniel says he has a new understanding of his tendency toward achievement. He says,

“Looking back, I can see that I’ve struggled with anxiety my whole life. When I was younger, that meant I’d obsess over my school work, getting it done and making sure it was perfect.”

Daniel has learned to take back control of his life thanks to the awareness he gained through the Young Adult Partial Hospital program.

“The other day, I was researching classes and recognized an obsessive thought pattern, so I just stopped,” he says simply, crediting the program with providing structure and building confidence through the scheduled activities that are built into each day. He says he also benefited from meeting other young adults facing similar struggles and developing friendships with them.

Daniel offers the following advice: “It’s so important for people to get in touch with and be aware of the way their minds work. The structure of our minds and how we process things are just as important as the content of our minds.”
Whittling down to a healthier body—Jim’s story

Jim Smalls has always been on the heavy side, even as a child. A few years ago, his weight was just two pounds under 300 as his family planned a trip to Disney.

“I wanted to lose weight originally because we were going on vacation,” he explains, adding that his motivation suddenly got more serious. “Then, my wife was put on the transplant list, and I wanted to be healthier to be there for her.”

Jim enrolled in the Healthy Steps 12-week weight loss program at the Care New England Wellness Center. Every other week, he’d meet with the nutritionist and discuss better food choices, portion sizes and healthy selections from restaurant menus. On the opposite weeks, he’d work with an exercise physiologist in the fitness center, learning how to use the various equipment and how to build muscle as he lost weight.

It took eight months for 100 pounds to melt off his frame.

“I was going to the gym seven days a week and following the menus they gave me,” Jim says of his determination. “It was amazing to watch yourself whittling down.”

Once the Healthy Steps program was over, he enrolled in the Wellness Center’s diabetic management program to continue his quest to lose weight and curb his high blood sugar levels. With that specific program, he was able to wean himself off of all medications for his diabetes as his sugar levels stabilized.

“This is a tremendous program. The people there are amazing. They’re not judgmental, just very supportive. If you have a bad week, they’re there to help build you back up again,” Jim says of the Wellness Center staff. “They’re just so helpful and friendly.”
Amanda Davia is excited to be a new mom. She delivered her first child, Antonio, at Women & Infants Hospital, and is adjusting quite well to life with a newborn. The adjustment was a little easier for her thanks to a collaborative program offered through Blue Cross & Blue Shield of Rhode Island, Women & Infants Hospital, and HealthTouch, a private-pay, home care agency affiliated with the VNA of Care New England.

While Amanda was recovering at Women & Infants, a representative from Blue Cross visited her to see if she was interested in receiving doula services, available to her at no cost as a member of Blue Cross. Doulas are certified nursing assistants who are specially trained by Women & Infants in the care and treatment of infants and new mothers in the comfort of their homes.

I thought, why not. The idea that they could come in, perhaps a week after he was born, and give us a hand with anything we were having trouble with seemed like a good idea,” said Amanda.”

That’s just what the doula did. Alicia from HealthTouch visited Amanda at her home in Coventry 11 days after Antonio was born. Since Amanda had undergone a C-section, she and Alicia discussed how her recovery was going, how she was doing with different medications, and even completed a required screening for postpartum depression.

With regards to her newborn son, Amanda and her doula went over tricks on how to keep Antonio’s diapers snug on his body until he was able to fit into them better; clipping his nails; taking a bath; and some tips for breastfeeding, which she had found tricky at first.

“We even discussed our dog and how the adjustment has been for both the dog and Antonio in regard to routines and schedules,” Amanda says. “It was nice and something I hadn’t expected to talk about. Overall, the program is definitely useful for the first-time mom.”
Health answers

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Making things better

Diagnosis and treatment of health conditions are only part of our mission at Care New England. We place a lot of emphasis on prevention. Part of that includes a dedication to finding answers to health care questions—a cure, a new way to detect a disease early or a better treatment.

Our researchers may split their time between clinical practice and their laboratory, they work independently or in teams, sometimes collaborating with colleagues at other hospitals and universities around the globe. Whether it’s the team studying the reasons for premature birth in Women & Infants’ Center for Biomedical Research Excellence in neonatology, an oncologist reviewing patient results to find similarities to help guide treatment in the future, or a behavioral health specialist linking childhood adversity to cellular changes and psychiatric disorders, our researchers are breaking ground in ways large and small.

Dozens of projects are underway at Care New England hospitals at any given time. Many will generate national and even international attention when completed, as some listed in this section. Others might earn investigators awards or engender support for future research funding. In the end, the goal is always to help people who are suffering or might struggle in the future with a disease. It’s work that will change—and even save—lives.
In the grips of Alzheimer’s—Neil’s story

Neil Corkery’s family has too much experience with Alzheimer’s disease—his mother had it and his brother is in its later stages. When he started to fumble with his words, he knew he had to take action.

“I was going to introduce someone at an event and I wanted to say how fortunate we were to have that person. I couldn’t get the word fortunate out and that bothered me,” he says.

His wife Maureen also noticed slips in his memory.

“He was forgetting names and getting lost driving in Providence. It would bother him because he grew up here,” she says.

Their concerns brought the Corkerys to Butler Hospital and Stephen Salloway, MD, MS, who has several clinical trials underway studying the way Alzheimer’s advances so it can hopefully be slowed or stopped in the future.

“We have evidence showing that Alzheimer’s takes place in the brain over 10 to 20 years before the symptoms develop. Now that we have better scans, what we call molecular brain imaging, we can see the build up of ameloid deposits in the brain,” Dr. Salloway says of the plaque that is linked to Alzheimer’s. “We can tell who is at higher risk for Alzheimer’s. We’re targeting those people to try to slow down the disease’s progress and delay memory loss.”

Corkery enrolled in the Anti-Ameloid and Asymptomatic Alzheimer’s Disease trial. He was screened with a special ameloid PET scan to study the plaque build up and goes to Butler for monthly medication infusions.

In just a few months, both he and his wife can see a difference.

“It has definitely not progressed,” Maureen Corkery says.

“He also seems brighter to me, less upset with himself.”
In 2005, Women & Infants and Brown University was awarded a grant from the Eunice Kennedy Shriver National Institute of Child Health & Human Development to launch a Women’s Reproductive Health Research (WRHR) program to encourage women to pursue research in women’s health. The national five-year grants, which have been renewed twice since, were created to combat the demands on young ob/gyn physician scientists to establish a medical practice, which can often conflict with the demands of research.

The program funds protected research time for WRHR scholars to pursue their projects, and provides them with mentors, research assistants and other personnel. The goal is to develop well-funded leaders in women’s reproductive health research with expertise in translational research. Scholars work within the program and develop to the point where their project(s) secure outside funding.

"Without protected time for research and career development, junior clinician-scientists are not able to prepare to compete in this competitive research environment," explains Maureen G. Phipps, MD, MPH, the principal investigator for the local WRHR program and chief of obstetrics and gynecology at Women & Infants and Care New England.

**WRHR SCHOLARS AND THEIR PROJECTS HAVE INCLUDED:**

- **E. Christine Brousseau, MD**, the newest scholar, is studying how to improve the quality of postpartum care to avoid emergency room visits.

- **Vinita Goyal, MD, MPH**, conducted research on contraceptive use among female veterans. She was the primary investigator for the Lalor Foundation Grant “Comprehensive sex education in young women in Rhode Island.”

- **Brenna Anderson Hughes, MD, MSCR**, earned NIH support for a study examining the risk of HIV acquisition in pregnancy. Part of her time as a WRHR scholar was spent pursuing studies examining vaginal immunity in pregnancy.

- **Kristen Matteson, MD, MPH**, the first scholar, is now backed by NIH grant monies for her studies into potential treatments for heavy uterine bleeding.

- **Katina Robison, MD**, at left, continues her research focusing on women’s cancers, quality of life, and prevention. In 2015, she was awarded $2.7 million from the Patient-Centered Outcomes Research Institute for "Cancer of the Uterus and Treatment of Stress Incontinence (CUTI).”

- **Vivian Sung, MD, MPH**, now has grant support through the Brown University/Women & Infants National Center of Excellence in Women’s Health and the American Urogynecologic Society Foundation for her work to improve the decision-making process and outcome measures used to treat pelvic floor disorders.
Care New England’s cardiovascular care team launched the TEMPO trial to evaluate the effect of an investigational drug being developed to treat heart rhythm problems in patients with certain implantable defibrillators.

Cynthia Battle, PhD, a researcher at both Butler and Women & Infants, published research in Women’s Health Issues showing that yoga can help pregnant women with significant depression reduce the severity of their symptoms.

Brandon Guadiano, PhD, of Butler, published the book entitled Incorporating Acceptance and Mindfulness into the Treatment of Psychosis: Current Trends and Future Directions. The book provides a comprehensive look at the history and application of mindfulness and acceptance psychotherapies in the treatment of psychotic disorders, including schizophrenia.

Audrey Tyrka, MD, PhD, of Butler, published study results that identified an association between biological changes on the cellular level and both childhood adversity and psychiatric disorders in Biological Psychiatry.

Butler researchers—Tim Mariano, MD, PhD, and Benjamin Greenberg, MD, PhD—launched a trial studying a new device for treating chronic low back pain using transcranial direct current stimulation that changes the way back pain is felt.

Butler researchers were part of an international team publishing the results of the first-ever double blind trial of ablative brain surgery for a psychiatric illness. Appearing in JAMA Psychiatry, the research showed that gamma ventral capsulotomy was effective for disabling an otherwise untreatable obsessive compulsive disorder. Nearly 40 percent of patients responded to the treatment at one year, and 60 percent at two years.

Michael Stein, MD, and his team at Butler, earned a five-year, $2.5-million NIH grant to study alcohol interventions for people infected with both the HIV and hepatitis C viruses.

Adam Olszewski, MD, of The Cancer Center at Memorial Hospital, earned a Rhode Island Foundation grant to study skeletal-related events among Medicare patients diagnosed with chronic lymphocytic leukemia to help guide treatment of future patients with the disease.

Dr. Olszewski also earned the 2015 American Society of Hematology Research Scholar Award, a two-year, $150,000 award to support research into epidemiology and health care outcomes of lymphomas and bone marrow centers.

Memorial physicians earned a five-year, $1.25-million grant from the U.S. Health Resources & Services Administration for the project “Transforming Family Centered Primary Care for Children and Adolescents in Underserved Areas.”

Robert Goldman, PhD, of Memorial, was part of team focused on reducing obesity in Hispanic children. That team published “Reducing Hispanic Children’s Obesity Risk Factors in the first 1,000 Days of Life: A Qualitative Analysis” in the Journal of Obesity.

Women & Infants’ Center of Biomedical Research Excellence for Perinatal Biology was awarded nearly $5 million from the National Institutes of Health (NIH) to continue research in perinatal biology, including fetal and newborn development, placental biology and reproductive diseases such as preterm birth and preeclampsia.

Stephen Sheinkopf, PhD, Brown Center for the Study of Children at Risk at Women & Infants, received a $496,312 grant from Simons Foundation to improve the measures used to document the effects of very early interventions for those diagnosed with Autism Spectrum Disorder (ASD). Study results will serve as biomarkers to measure emotion regulation, social responsiveness and social attention.

Katina Robison, MD, of Women & Infants’ Program in Women’s Oncology, was awarded $2.7 million from the Patient-Centered Outcomes Research Institute for her study “Cancer of the Uterus and Treatment of Stress Incontinence (CUTI).”

Jennifer Gass, MD, of Women & Infants’ Breast Health Center, was part of a team that presented “Surgical management of breast cancer and impact on sexual function” at the annual meetings of the International Society for the Study of Women’s Sexual Health and the Society of Surgical Oncology. The study revealed that patients treated with conservation therapy experience greater intimacy.

William Sikov, MD, of Women & Infants’ Breast Health Center, presented research at the San Antonio Breast Cancer Symposium which shows that adding the chemotherapy drug carboplatin or the blood vessel targeting drug bevacizumab to standard chemotherapy before surgery helped women with the basal-like subtype of triple-negative breast cancer.
Total sponsored research expenditures

Care New England total = $23,382,036

Research at a glance

Care New England researchers earned a total of $23,382,036 in research funding in fiscal year 2015. This breaks down as follows:

- **General medicine**: $2,108,734
- **Behavioral health**: $5,349,039
- **Addictions**: $4,103,897
- **Infectious disease**: $156,872
- **Cardiology**: $94,491
- **Cancer**: $1,163,794
- **Ob/gyn**: $3,417,375
- **Ob/med**: $536,670
- **Pediatrics**: $4,466,026
- **Other**: $337,771
- **Memory and aging/movement disorders**: $1,647,367

* Includes family medicine, internal medicine, geriatrics, pathology, and emergency medicine.

** Includes obsessive/compulsive disorder, psychosocial, women’s mental health, anxiety disorders and mood disorders.

*** This includes MFM, Urogyn, REI, and general ob/gyn. Gyn onc is included on the cancer listing.
Creating **a culture that emphasizes quality**

*The new era of health care in the United States has placed tremendous—and necessary—emphasis on quality.*

At Care New England, we have elevated the pursuit of quality to a system-level function because we believe it is all-encompassing.

In fiscal year 2015, the centralized focus on quality revealed that the system is doing a solid job of mitigating risk on all levels, and we have become adept at using the tools and resources available to us to ensure that our patients realize positive outcomes and are safe within the walls of our institutions.

There are several key areas where we put our commitment to quality into action during the past year. They are:

**Preventing harm by keeping patients safe.** This manifested itself in several ways across the system.
- Preventing health care-associated infections (HAIs)—the most common complication stemming from hospital care in the country, causing pain and suffering for patients and increasing cost of care—is a priority at Care New England, and significant progress has been made toward elimination. Groups of safe practices called “bundles” that target the prevention of specific infections were implemented, driving down the infection rates associated with urinary catheters, central IV lines, and surgical procedures.
- Care New England emerged as a leader in encouraging and providing easy access to vaccination, exceeding national averages for inpatient and staff vaccination. Patients are empowered to help prevent infection by asking their health care providers if they’ve cleaned their hands.
- The Ebola virus outbreak tested our ability to plan for the unexpected, including emerging infectious disease. Such nimbleness is a critical component of emergency preparedness, and the Ebola outbreak demonstrated just how quickly an unusual and virulent disease could arrive at the doorstep of American hospitals. It also exposed vulnerability of hospital systems, and the special attention needed for highly contagious illness.

Staff at Care New England facilities responded swiftly to the threat of Ebola, and continue to use lessons learned to improve our capabilities. The state selected Women & Infants to be an Ebola Assessment Facility, a primary referral center for pregnant women and others suspected to be infected with Ebola or other highly contagious emerging infectious disease. As such, Women & Infants will provide initial care until the suspected disease is ruled out, or until the diagnosis is confirmed and the patient is transferred to a treatment facility.

**Improving the patient experience (PX) and giving a voice to our customers.** Efforts in the last year centered on implementing system-wide PX initiatives led by the Care New England Exceptional Patient Experience Committee. Significant progress was made in the breadth and depth of how we listen to our patients and their families. Highlights include:
- Improved patient satisfaction surveying process that significantly increased survey response rates (from 315 survey responses in quarter one to 1,170 in quarter two, an increase of more than 300 percent). The robust and reliable patient feedback helps us focus our PX action plans, right down to the clinical unit level.
• Patient and Family Advisory Councils (PFACs) have expanded and are now at each operating unit. These have increased our capability for listening to and benefiting from the input of current and former patients and their families. For example, our PFACs responded to a facilitated questionnaire helping us to better understand and differentiate the needs and requirements unique to the family members of our patients. Our shared mission “To be your partner in health” continues to exemplify Care New England’s commitment to listening to and acting on the voice of our patient and families.

Achieving Baby-Friendly® USA status at Women & Infants. This international designation, sponsored by the World Health Organization and the United Nations Children’s Fund, encourages and recognizes hospitals that offer an optimal level of care for breastfeeding mothers and promote the best, evidence-based feeding practices for all babies.

This recognition followed Women & Infants’ participation in Best Fed Beginnings, an effort led by the National Institute for Children’s Health Quality through an agreement with the Centers for Disease Control and Prevention and working closely with Baby-Friendly USA, Inc. Although breastfeeding is one of the most effective preventive health measures for infants and mothers, half of American-born babies are given formula within the first week, and the rates of breastfeeding decline significantly by six months. Best Fed Beginnings sought to reverse these trends.

Over the past few years, Women & Infants has implemented a number of maternity care practices that encourage breastfeeding and offer parents and babies the support and resources they need. These include rooming-in, skin-to-skin, and not distributing formula or artificial nipples, including pacifiers.
Care New England was recognized with top honors in the 2015 Annual Worksite Health Awards sponsored by the Greater Providence Chamber of Commerce and Blue Cross Blue Shield of Rhode Island.

Domenic Delmonico, senior vice president of managed care contracting and network development for the system, won the Medal of Honor from the local chapter of the Healthcare Financial Management Association.

Dennis D. Keefe, president and CEO of Care New England, was named by Gov. Gina Raimondo to co-chair the Working Group to Reinvent Medicaid.

Kate Lally, MD, director of palliative care for Care New England, was honored by Providence Business News as a winner in the “40 under Forty” competition. Dr. Lally was also named an inspirational leader in hospice and palliative medicine under the age of 40 by the American Academy of Hospice and Palliative Medicine.

Christine Montrose, MD, of Butler was awarded the John Simon Guggenheim Memorial Foundation fellowship to support her book.

Kathryn Ridout, MD, PhD, of Butler won the $25,000 Thrasher Research Fund Early Career Award to support her project “Examining the mental and physical health sequela of childhood maltreatment and psychiatric illness;” a $15,000 American Academy of Child and Adolescent Psychiatry Pilot Research Award for General Psychiatry; and a 2015 National Institute of Mental Health Outstanding Resident Award.

Lisa Shea, MD, of Butler, began her term as chair of the Board of Trustees of the National Association of Psychiatric Health Systems.

Kent’s Garrick Stewart, MD, received the 2014 American College of Cardiology W. Proctor Harvey, MD, Young Teacher Award.

Kent and Memorial each received an American Heart Association/American Stroke Association’s Get With the Guidelines® Stroke Gold Plus Quality Achievement Award. Kent was also named Target: Stroke Honor Roll Elite.

The Cancer Center at Memorial earned three-year recertification from the American Society of Clinical Oncology through its Quality Oncology Practice Initiative.

Memorial’s Internal Medicine Center earned three-year Patient-Centered Medical Home Recognition from the National Committee for Quality Assurance.

Memorial’s Center for Rehabilitation earned a three-year Commission on Accreditation of Rehab Facilities accreditation.

The Joint Commission recertified the Stroke Center at Memorial as an Advanced Primary Stroke Center.

David Anthony, MD, of Memorial, was awarded the Society of Teachers of Family Medicine Innovative Program Award with his colleagues on the board of fmCASES, a teaching tool for family medicine residents.

Women & Infants earned three Women’s Choice Awards, in oncology, breast care and obstetrics.

Women & Infants was named to The Leapfrog Group’s annual list of Top Hospitals.

A Women & Infants research team—Shibin Cheng, MD, PhD; Pediatrician-in-Chief James Padbury, MD; Akitoshi Nakashima, MD, PhD; and Surendra Sharma, MD, PhD—won best poster award for “Understanding and predicting preclampsia, an enigmatic pregnancy complication, using Alzheimer’s tools” from the American Society for Reproductive Endocrinology.

Kent’s and Women & Infants’ labs earned accreditation from College of American Pathologists.
Dr. Padbury won the Silver Rattle Award from the RI Healthy Mothers, Healthy Babies Coalition.

The American College of Obstetricians and Gynecologists (ACOG) announced that it will award its Arnold P. Gold Foundation Humanism in Medicine Award to Cornelius “Skip” Granai III, MD, director of Women & Infants’ Program in Women’s Oncology and executive chief of oncology for Care New England, at its 2016 annual meeting. Dr. Granai gave the Jim and Midge Breeden Lecture “The Good Fight” at ACOG’s annual meeting.

Rosemary Bigsby, ScD, OTR/L, FAOTA, of Women & Infants, was chosen a recipient of the National Association of Neonatal Therapists inaugural Pioneer Award for Neonatal Therapy.

Angelita Hensman, RN, of Women & Infants, was one of 46 nurses nationwide to receive the Future of Nursing Scholars Program Award to support her doctorate study at URI.

Cara Mathews, MD, at right, of Women & Infants, earned the national Young Investigator Award from the Gynecologic Oncology Group (GOG) Foundation for her presentation “Survival in advanced endometrial cancer: Does time to chemotherapy initiation matter?”

James O’Brien, MD, of Women & Infants, received the Edward J. Quinlan Award for Patient Safety Excellence from the Hospital Association of Rhode Island.

Health for the future

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Human nature is to learn from what has happened in the past, and aspire to bigger and better things in the future. Health care is no different. While our physicians, researchers and other clinicians stand on the shoulders of those who have come before them, they are also restless and want progressive answers, advanced techniques and relief for patients who may continue to suffer with diseases like cancer, diabetes and mental illness.

Much of that will be accomplished through research, but there are other ways Care New England is forging into the future of health care, leading the transformation of the industry and improving care for all populations.

On the federal level, the Triple Aim urges health care systems to devise improved and less expensive ways to provide care. In following that directive, Care New England has created an Accountable Care Organization (ACO), Integra Community Care Network, LLC, to focus on the best way to improve the health of the population—primary care.

Delivering quality primary care is the best form of population health management because it helps prevent disease or at the very least identify it earlier when it is easier and less expensive to treat. Early detection in diseases like breast cancer can save lives, which is perhaps the best motivation for focusing on prevention instead of treatment.

Affiliated with The Warren Alpert Medical School of Brown University at Memorial Hospital and The University of New England School of Medicine at Kent Hospital, Care New England has deep roots in primary care. Staff with the Center for Primary Care and Prevention at Memorial explore better ways to treat cardiovascular disease, promote better nutritional habits and the optimal way to reach patients with key health care information.

Brown’s Family Medicine Program at Memorial is also part of a transformational project funded by a five-year federal Health Resources and Services Administration grant to implement the patient-centered medical home model. This model is a way to organize primary care that emphasizes care coordination and communication. The goals are for the patient to get what they need from their caregivers, improve the quality of care and the overall patient experience, and lower the cost of delivery.
An ACO is a provider-based entity that has come together with the shared goal of taking the responsibility for improving the quality of care and reducing the cost growth for a group of people. We chose to be out in front of the ACO development wave. In assessing our preparedness to launch an ACO, we quickly determined the need for a primary care partner. Memorial Hospital’s family and internal medicine programs provided the foundation, but we needed additional experience, geographic coverage and scale. The Rhode Island Primary Care Physicians Corporation (RIPCPC) filled that need. The group’s extensive patient-centered medical home experience, quality performance and statewide coverage (more than 120 primary care physicians) made them our preferred partner.

With the active support and participation of RIPCPC, our employed physicians and selected community medical staff, the primary care base was strong enough to begin the ACO certification process. Integra added another highly important partner in June 2015—the South County Health System (SCHS) and its employed physicians and selected community physicians. Like RIPCPC, SCHS brought significant population health experience from its role in the care transformation collaborative.

Both RIPCPC and SCHS members aggressively took on governance and board committee roles. Their participation and input has been invaluable to Integra. We expect Integra to take on several other partners in 2016.

Integra’s achievements came quickly. A board was assembled in strict compliance with Centers for Medicare and Medicaid (CMS) requirements, which also dictate that physicians hold a 75-percent majority of voting board seats. Five board committees were initiated. Integra was awarded CMS participation status in the Medicare Shared Savings arrangement effective January 1, 2015. Under the leadership of Dr. James Fanale, the Integra Care Management Program was born in April 2015. The program now has a staff of 33 and approximately 400 of the area’s most acutely ill lives engaged in the program.

Integra was awarded a three-year, $520,000 grant from the Rhode Island Foundation to develop a Medicaid ACO. This coincided with an application to the state in November to become a Medicaid Accountable Entity (MAE).

Community Connect has been our successful program to subsidize the conversion of our primary care partners to the CNE Epic electronic medical records (EMR) system. With Care New England, RIPCPC and nurse care managers all using the same EMR software, we expect care to improve and the cost of care to be reduced.

We believe Integra’s mission, goals, board composition and management structure are consistent with the nation’s health care agenda.

We are thankful for our partners and staff and look forward to many more years of successful growth as we lead care and payment transformation in the state.

Sincerely,

Dennis D. Keefe
Chairperson

Albert Puerini, MD
Vice chairperson
The mission of Integra is to pursue the Institute for Healthcare Improvement Triple Aim—improve the care experience, improve the health of the population and reduce overall cost—for attributed populations.

There are six related goals:

1. Develop core competencies in population health and risk management.
2. Build/buy supportive information technology (including Epic) to differentiate the ACO, care delivery and care management.
3. Develop innovative mechanisms for delivering services to populations.
4. Implement, monitor and manage use of best practice medicine.
5. Solidify preferred strategic relationships with providers and health plans.
6. Maximize the number of lives under management.
We believe Integra’s mission, goals, board composition and management structure are consistent with the nation’s health care agenda.”
Teaching the future

The connections with Alpert and University of New England medical schools bring the physicians of tomorrow into our organizations, working directly with patients and learning a variety of skills both within and outside of their chosen specialty. Stephen Fiascone, MD, is a gifted young doctor finishing a year as chief resident in the Department of Obstetrics and Gynecology at Women & Infants, through its teaching affiliation with Alpert Medical School. The son of a neonatologist, Dr. Fiascone says he always knew he wanted a career in medicine, and after medical school and the rotations involved with residency, he has settled on gynecologic oncology.

“Medicine and cancer has a life or death aspect that pulls me in. I like the relationships you develop with the patients in oncology, the human aspect. It’s the essence of what oncology is,” Dr. Fiascone says.

As a resident, he is both physician and teacher, guiding medical students from Brown as they begin the patient care portion of their journey as doctors. It’s a balancing act that he manages well enough to have earned both of the teaching awards given out by the medical students each year.

His teaching style, like the learning environment at Women & Infants and employing the good experiences he has had along the way, is thoughtful and encouraging. Even his negative experiences as a learner demonstrated what he did not want to do as a mentor.

“I give the medical students as much responsibility as is safe for them and as any caregiver will allow. I let them round on patients, in the OR, I let them do things that anyone can do,” Dr. Fiascone explains. “As a medical student, what you want more than anything else is to feel useful, like you’re contributing to patient’s care. And people learn best when they’re happy.”

The Brown program at Women & Infants encourages that sort of involvement, but that’s not always the case in academic medicine.

“The leaders of a lot of programs think teaching happens by proximity, just by having the medical students follow the residents around,” he says. “Here, from the top down, the students are encouraged to be involved.”

Having such a collection of “smart brains” conferring on each case is invaluable for the patients, he continues.

“Lots of times, I’ll see someone very junior think of something that someone senior never thought of, and that has a positive impact on the patient,” Dr. Fiascone says. “Having learners around forces everyone to think critically and not just follow a routine. It creates an environment of critical thinking.”
Accountability and finances

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## Operating margin

<table>
<thead>
<tr>
<th></th>
<th>Actual FY 2013</th>
<th>Actual FY 2014</th>
<th>Actual FY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin</td>
<td>$17,603,786</td>
<td>$8,505,804</td>
<td>($1,785,748)</td>
</tr>
<tr>
<td>Total Margin</td>
<td>$24,572,666</td>
<td>$11,140,275</td>
<td>($27,835,311)</td>
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<tr>
<td>Total Revenues</td>
<td>$893,157,926</td>
<td>$1,068,010,694</td>
<td>$1,137,939,493</td>
</tr>
<tr>
<td>Operating Margin %</td>
<td>2.0%</td>
<td>0.80%</td>
<td>(.16%)</td>
</tr>
<tr>
<td>Total Margin %</td>
<td>2.8%</td>
<td>1.0%</td>
<td>(2.45%)</td>
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</table>
Strategic framework

<table>
<thead>
<tr>
<th>MISSION</th>
<th>To be your partner in health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISION</td>
<td>To create a community of healthier people.</td>
</tr>
<tr>
<td>VALUES</td>
<td>Accountability, Caring and Teamwork.</td>
</tr>
</tbody>
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### THREE-YEAR GOALS

<table>
<thead>
<tr>
<th>Quality</th>
<th>Care design and delivery</th>
<th>Physician partnership</th>
<th>Strategic partnerships</th>
<th>Academic and research excellence</th>
<th>Operational strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baldrige</td>
<td>Culture of excellence</td>
<td>Best-in-class quality</td>
<td>Best-in-class safety</td>
<td>Patient experience</td>
<td>Enabling infrastructure</td>
</tr>
<tr>
<td></td>
<td>Care coordination</td>
<td>Appropriate care/settings</td>
<td>Community needs</td>
<td>Care retention</td>
<td>Robust primary care base</td>
</tr>
<tr>
<td></td>
<td>Great place to practice</td>
<td>Aligned incentives</td>
<td>Clinical integration</td>
<td>System development plan</td>
<td>ACO implementation</td>
</tr>
<tr>
<td></td>
<td>Unified approach across CNE</td>
<td>Growth and alignment of research</td>
<td>Cost-effective care</td>
<td>Bond rating</td>
<td>Staff productivity</td>
</tr>
<tr>
<td></td>
<td>Information Technology</td>
<td>Operational integration</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### BALANCED SCORECARD OBJECTIVES

- Quality
- Care design and delivery
- Physician partnership
- Strategic partnerships
- Academic and research excellence
- Operational strength

- Baldrige
- Culture of excellence
- Best-in-class quality
- Best-in-class safety
- Patient experience
- Enabling infrastructure

- Collaboration and integration
- Care coordination
- Appropriate care/settings
- Community needs
- Care retention
- Robust primary care base

- Specialists
- Great place to practice
- Aligned incentives
- Clinical integration
- System development plan
- ACO implementation

- Brown relationship
- Unified approach across CNE
- Growth and alignment of research
- Cost-effective care
- Bond rating
- Staff productivity

- Population health
- Information Technology
- Operational integration

49
## Balanced scorecard FY15

<table>
<thead>
<tr>
<th>GOAL</th>
<th>OBJECTIVE</th>
<th>MEASURE</th>
<th>RESULTS</th>
<th>FY 2015 TARGET</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. QUALITY (R. Powrie)</td>
<td>1. Baldrige</td>
<td>Process band score</td>
<td>4</td>
<td>3</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Results band score</td>
<td>4</td>
<td>2</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td>2. Culture of excellence</td>
<td>One-year retention across CNE</td>
<td>81.45%</td>
<td>72%</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Three-year retention across CNE</td>
<td>59.25%</td>
<td>51%</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positive work environment (From Press Ganey Employee Voice Survey)</td>
<td>68%</td>
<td>70%</td>
<td>++++(3)</td>
</tr>
<tr>
<td></td>
<td>3. Best-in-class quality</td>
<td>Composite score of quality measures from each operating unit</td>
<td>53% green 25% red</td>
<td>&gt;65% green and &lt;15% red</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>4. Best-in-class safety</td>
<td>Composite Catheter-Associated Urinary Tract Infection (CAUTI) Standard Infection Ratio (SIR)</td>
<td>0.66</td>
<td>0.85</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Composite Clostridium Difficile (CDIFF) SIR</td>
<td>0.75</td>
<td>0.90</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Composite Central Line-Associated Bloodstream Infection (CLABSI) SIR</td>
<td>0.33</td>
<td>0.46</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Composite Methicillin-Resistant Staphylococcus Aureus (MRSA) SIR</td>
<td>0.50</td>
<td>0.80</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Composite Surgical Site Infection (SSI) SIR</td>
<td>1.16</td>
<td>0.90</td>
<td>++++(3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CNE hand hygiene compliance</td>
<td>93%</td>
<td>90%</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td>5. Patient experience</td>
<td>Composite loyalty score</td>
<td>33%</td>
<td>55%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Composite patient experience score</td>
<td>11%</td>
<td>65%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>6. Enabling infrastructure</td>
<td>Develop and deploy enterprise technology framework to support measurement and monitoring of quality initiatives</td>
<td>Recommendation for reporting inpatient data made and selected software is being deployed for operational training.</td>
<td>Inpatient analytics needs assessment complete and vendor reviews completed.</td>
<td>+++(4)</td>
</tr>
<tr>
<td>GOAL</td>
<td>OBJECTIVE</td>
<td>MEASURE</td>
<td>RESULTS</td>
<td>FY 2015 TARGET</td>
<td>SCORE</td>
</tr>
<tr>
<td>------</td>
<td>-----------</td>
<td>---------</td>
<td>---------</td>
<td>----------------</td>
<td>-------</td>
</tr>
<tr>
<td>B. CARE DESIGN AND DELIVERY (J. Fanale and S. Coletta)</td>
<td>7. Collaboration and integration</td>
<td>Complete deployment of Cerner Clinical and Keane Patient Financial Systems at Memorial Hospital</td>
<td>Development is complete.</td>
<td>Development is complete.</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J. Fanale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Care coordination</td>
<td>Summary of Care (SoC) to next care setting within 72 hours: KH, MHRI and WIH</td>
<td>KH: 60%</td>
<td>KH: 63.8%</td>
<td>++++(3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MHRI: 83%</td>
<td>MHRI: 55%</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>WIH: 81.2%</td>
<td>WIH: 62.7%</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Safe transition: HBIPS-7: Discharge summary and aftercare sent–Butler</td>
<td>0.84</td>
<td>0.90</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CurrentCare enrollment</td>
<td>3095</td>
<td>2000</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CNE readmission rate</td>
<td>—</td>
<td>—</td>
<td>+ + (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D. Keefe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Community needs</td>
<td>Develop and implement Public and Community Health Committee of the Board</td>
<td>Held third committee meeting.</td>
<td>Organize committee and have at least two meetings.</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J. Fanale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Care retention</td>
<td>Inpatient hospital retention within CNE</td>
<td>On track.</td>
<td>Maintain baseline.</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td>C. PHYSICIAN PARTNERSHIP (J. Fanale and S. Coletta)</td>
<td>12. Robust primary care base</td>
<td>Number of affiliated PCPs who partner with CNE for managed and accountable care initiatives</td>
<td>2.30</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D. Delmonico/J. Fanale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Specialists</td>
<td>Develop and implement specialists medical staff development plan</td>
<td>Plan being finalized and aspects of plan being implemented for the Integra network.</td>
<td>Develop plan and begin implementation.</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J. Fanale/D. Delmonico</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14. Great place to practice</td>
<td>Overall score from Press Ganey Physician Satisfaction Survey: KH, MHRI and WIH</td>
<td>—</td>
<td>KH: 50th percentile MHRI: 50th percentile WIH: 50th percentile</td>
<td>0</td>
</tr>
<tr>
<td>GOAL</td>
<td>OBJECTIVE</td>
<td>MEASURE</td>
<td>RESULTS</td>
<td>FY 2015 TARGET</td>
<td>SCORE</td>
</tr>
<tr>
<td>------</td>
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<td>-------</td>
</tr>
<tr>
<td>C. PHYSICIAN PARTNERSHIP (J. Fanale and S. Coletta) continued</td>
<td>15. Aligned incentives</td>
<td>Compensation models align physicians with CNE wait time</td>
<td>3</td>
<td>14</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td>16. Clinical integration</td>
<td>Employed and affiliated physicians using Epic</td>
<td>Approximately 200 providers are using Epic. Completed the install for calendar year 2015.</td>
<td>Community Connect wave 1 for RIPCPC and Epic wave 2 for CNE.</td>
<td>++++(4)</td>
</tr>
<tr>
<td>D. STRATEGIC PARTNERSHIPS (D. Keefe)</td>
<td>17. System Development Plan</td>
<td>Achieve the objectives of the System Development Plan</td>
<td>RFP responses received.</td>
<td>Complete development and begin implementation.</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td>18. ACO implementation</td>
<td>ACO implementation</td>
<td>Most work plan steps were completed on time.</td>
<td>Meet work plan deliverables.</td>
<td>+++(3)</td>
</tr>
<tr>
<td>E. ACADEMIC AND RESEARCH EXCELLENCE (M. Phipps)</td>
<td>20. Unified approach across CNE</td>
<td>Kent’s application for ACGME accreditation</td>
<td>Initial institutional accreditation received and program applications submitted.</td>
<td>Institutional accreditation received; program applications submitted.</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td>21. Growth and alignment of research</td>
<td>Strategic plan for CNE research developed</td>
<td>CNE strategic plan for research interim report completed and present to Academic Council.</td>
<td>Interim report developed.</td>
<td>++++(4)</td>
</tr>
<tr>
<td></td>
<td>Total funded grant expenditures</td>
<td></td>
<td>$23.4M</td>
<td>$25M</td>
<td>++(3)</td>
</tr>
<tr>
<td>GOAL</td>
<td>OBJECTIVE</td>
<td>MEASURE</td>
<td>RESULTS</td>
<td>FY 2015 TARGET</td>
<td>SCORE</td>
</tr>
<tr>
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<td>---------</td>
<td>----------------</td>
<td>-------</td>
</tr>
<tr>
<td>F. OPERATIONAL STRENGTH (S. Coletta)</td>
<td>22. Cost-effective care</td>
<td>S. Coletta</td>
<td>Cost per adjusted day</td>
<td>$2,252</td>
<td>$2,255</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost per adjusted discharge</td>
<td>$11,142</td>
<td>$11,319</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Labor expenses – Paid $/FTE</td>
<td>$82,698</td>
<td>$81,524</td>
</tr>
<tr>
<td></td>
<td>23. Bond rating</td>
<td>J. Iannoni</td>
<td>Days cash on hand</td>
<td>52 days</td>
<td>65 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Operating margin</td>
<td>-0.16%</td>
<td>0.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>System credit rating: Fitch</td>
<td>BBB</td>
<td>BBB</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>System credit rating: S&amp;P</td>
<td>BB</td>
<td>BBB-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>System outlook by Fitch</td>
<td>Negative</td>
<td>Stable</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>System outlook by S&amp;P</td>
<td>Negative</td>
<td>Stable</td>
</tr>
<tr>
<td></td>
<td>24. Staff productivity</td>
<td>S. Coletta</td>
<td>AMS targets: BH, KH, MHRI, WIH</td>
<td>BH: 105%</td>
<td>BH: 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AMS targets: System</td>
<td>KH: 103%</td>
<td>KH: 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AMS targets: System</td>
<td>MHRI: 99%</td>
<td>MHRI: 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AMS targets: System</td>
<td>WIH: 98%</td>
<td>WIH: 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Labor expense – FTE/AOB</td>
<td>4.76</td>
<td>4.71</td>
</tr>
<tr>
<td></td>
<td>25. Population health</td>
<td>D. Delmonico</td>
<td>Lives under contract</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Ongoing discussions around commercial shared savings arrangements.</td>
<td></td>
<td>$82,000</td>
</tr>
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<td></td>
<td>26. Information technology</td>
<td>S. Gaddam</td>
<td>Develop analytics for value-driven decision-making</td>
<td>Pilot installed and recommendation made for analytics tools.</td>
<td>Identify key operational processes and drivers.</td>
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</tr>
<tr>
<td></td>
<td>27. Operational integration</td>
<td>J. Iannoni</td>
<td>Achieve Supply Chain Improvement Program savings</td>
<td>$2.875M</td>
<td>$3M</td>
</tr>
</tbody>
</table>

TOTAL: 87 out of 100