Good day!
The great whooshing sound you heard last year was the collective sigh of relief that wafted through health care organizations across the nation when the October 1, 2014 deadline for conversion to ICD-10 coding was postponed. Despite some rumors to the effect that the requirement will be delayed again, informed federal policy watchers believe a deferral is unlikely. The good news for us is that we never stopped preparing. The count down now begins in earnest toward the October 1, 2015 transition to the new system.

As many of you know, ICD refers to the International Statistical Classification of Diseases. While much of the world already functions within the ICD-10 standard, the United States now uses the ninth iteration of ICD that includes about 17,000 classifications. When we shift to the new system, we will be grappling with some 155,000 diagnosis and procedure codes, with some truly mind-boggling dimensions of specificity and some rather esoteric descriptions of possible health issues. For example, “walking into a lamp post, initial encounter” is among the new diagnostic codes.

But what may be even more challenging is the change the new system will necessitate in how we work. ICD-10 will not only require familiarity with these new classifications, but a whole new way of documenting the care we provide will be necessary. This will place a new burden on the physicians and other members of the care team to provide the correct clinical documentation. Failing to do so might create coding and billing backlogs that could increase claims rejections and ultimately impede our cash flow, but it might also result in misinterpretation of medical information about patient care that could impact decisions about health care delivery in the future.

This is why the Care New England team is taking on our ICD-10 readiness with such perseverance. With the support of the Advisory Board, which has been consulting with hospitals across the country to prepare them for this challenge, we have a fully
engaged Steering Committee and seven hard working teams—Physician Office, IT, HIM, Coding, Clinical Documentation/Case Management/Quality, Revenue Cycle, Communications—which are addressing all aspects of our work plans. Their efforts over the last three years are now all working toward October 1 with a concerted plan of information, education and training.

In addition to informative posters, a documentation pocket guide and regular updates devoted to different aspects of the ICD-10 process, the centerpiece of our training effort for clinicians will be a new online university. Care New England is proud to announce that, after extensive review of the marketplace offerings, we have contracted with Precyse, a national firm that offers a premier training product. Our clinical staff will be able to access a series of tailored learning modules that will be available electronically through their preferred mobile devices. Made available to all employed and network clinicians as well as to our affiliated community practices on an opt-in basis, this platform will allow clinicians and their staffs the convenience of receiving education at times and locations best suited to their busy schedules.

Specific course registration will be emailed to physicians and other clinicians by mid-April. Clinicians can follow the suggested pace of learning by adhering to the phased schedule: the first runs from April to May 31 (ICD 10 General), the second runs from June 1 to July 31 (Coding Nuts & Bolts), and the third runs August 1 to 31 (Specialties). Each training phase must be completed before progressing to the next. In total over the three phases, the entire training exercise should take no more than five hours. Physicians who have not received their specific registration and training information by the end of April, should contact Beth Corriea, CNE revenue cycle coordinator, at (401) 921-7261. She can offer further information or respond to any questions.

Happy Passover! Happy Easter! Happy spring!

Sincerely,

Dennis D. Keefe
President and Chief Executive Officer

Renee Eger, MD, named Medical Director of Women’s Primary Care Center

Renee Eger, MD has been named medical director of the Women’s Primary Care Center for Women & Infants Hospital. The Women’s Primary Care Center (WPCC) offers a full array of health services for women of all ages, including primary and preventive health care for women of reproductive age, as well as obstetrical services and routine and specialty gynecologic services for women of all ages.

“Dr. Eger brings extensive clinical and administrative experience to the position as well as a passion for teaching and patient care. Her enthusiasm and vision for women’s health and improving health care delivery will serve our patients and community well,” said Maureen G. Phipps, MD, MPH, chief of obstetrics and gynecology at Women & Infants Hospital, executive chief of obstetrics and gynecology at Care New England, Chair and Chace-Joukowsky Professor in the Department of Obstetrics & Gynecology and assistant dean for teaching and research in women’s health at The Warren Alpert Medical School of Brown University, and professor of epidemiology at the Brown University School of Public Health.

Dr. Eger has been serving the health care needs of the women of Rhode Island and southeastern Massachusetts for more than 20 years. A graduate of Brown University and Tufts University School of Medicine, Dr. Eger completed her residency at Women & Infants Hospital and is board certified by the American Board of Obstetrics and Gynecology. In 2013, she was certified by the Center of Excellence in Minimally Invasive Gynecology.
Memorial welcomes new CNO

Today is the first day for Eileen Dobbing, RN, BSN, MBA, the new senior vice president of patient care services and chief nursing officer at Memorial Hospital.

Eileen is an accomplished nursing leader with a 40-year record of providing responsible and progressive health care. This is enhanced by her business degree which has enabled her to take on solid business responsibilities including service line management and business planning, materials management, third-party payer contracting, and information systems management. She has 24 years of experience leading surgical services as a hospital executive, and blends communication and entrepreneurial skills to yield operational and clinical excellence with long-lasting strategic alliances.

Eileen comes to Memorial from Bon Secours Charity Health System in New York, where she served as chief nursing officer and SVP of patient care services for three health care facilities. There, she oversaw the implementation of a system clinical integration program that resulted in a $4.5-million savings, renovations of an emergency room and a mother-baby unit, and the implementation of the Epic electronic medical record.

Eileen has also served as president and CEO of Dobbing Associates, a consulting business through which she worked with hospitals across the country—including Kent Hospital from 2001 to 2003—on budgeting, clinical assessments, and increasing volume while keeping expenses low. Her nursing pedigree includes stints as director of surgical services for Lifespan, as vice president of patient care services at Landmark Medical Center, and director of perioperative services at Jordan Hospital in Plymouth, MA. She earned a bachelor of science in nursing from Rhode Island College and a master’s of business administration in health care administration from Bryant University. She is a member of the Association of Nurse Executives and the Association of Operating Room Nurses.

“I am excited about the impact Eileen can have on clinical operations here at Memorial. I’m confident that with her on board, we are positioning ourselves solidly for continued growth in surgery and patient census, implementation of Cerner and a new EMR, and a strong commitment to patient satisfaction,” says Memorial President and COO Edward Schottland.

Maddock Center becomes part of 21st Century Oncology

Late last year, Care New England entered into an affiliation with 21st Century Oncology, the global leader in the provision of high-quality radiation therapy. Their local provision of care in Rhode Island has demonstrated a proven track record of caring for patients with both common and uncommon cancers, using sophisticated radiation treatment planning and delivery systems in local, community practice settings by providing academic-quality care close to home. Most recently, our local team has worked closely with Dr. Philip Maddock of the Maddock Center for Radiation Oncology in Warwick to transition the practice into this oncology alliance. Dr. Maddock has dedicated his career to the advancement of care for oncology patients since his practice first opened in 1984. This tradition of excellence is expected to be carried forward by Care New England and 21st Century Oncology as we work to deliver quality radiation and oncology services across the state through our network of care. Positioning Care New England as a comprehensive continuum of cancer care resource that is second to none in the region, in partnering with 21st Century Oncology, we now are the largest single cancer care resource for patients in Rhode Island. For more information about our oncology service line, please call (401) 453-7520.
Care New England team participates in America’s Essential Hospitals programs

Matthew Quin, RN, MSN, vice president of patient care services at Women & Infants Hospital, and Mary Marran, MS, OT, MBA, vice president of service line integration for orthopedics and brain and behavioral health services for Care New England Health System, recently were notified of their selection to participate in the 2015 America’s Essential Hospitals Fellows Program, *Innovative and Adaptive Leadership: Essential in Times of Change*.

Quin and Marran were among many candidates who were nominated from America’s Essential Hospitals member organizations. According to America’s Essential Hospitals Senior Vice President for Leadership and Innovation, David Engler, PhD, this program, “provides a valuable opportunity to network with colleagues who share similar missions and understand the unique challenges of the safety net.”

In addition, Jeremy Milner, corporate communications manager for Care New England, was accepted into the America’s Essential Hospitals’ Government Relations Academy. He recently participated in an event in Washington, D.C., where he had the opportunity to meet with representatives of our local Congressional delegation and discuss the 340B program, GME funding for women’s hospitals, among other topics.

America’s Essential Hospitals (http://essentialhospitals.org), formerly the National Association of Public Hospitals and Health Systems, is the leading association and champion for hospitals and health systems dedicated to high-quality care for all, including the most vulnerable. Since 1981, America’s Essential Hospitals has initiated, advanced, and preserved programs and policies that help these hospitals ensure access to care.

Care New England to represent Rhode Island as Freedom Award nominee

Care New England was honored at a ceremony held in Washington, D.C. on March 23 as a finalist for the national Employer Support for Guard and Reserve Freedom Award. Representing Rhode Island for the second year in a row in the large business category, CNE has shown an ongoing commitment to the service of the National Guard, Reserve and Veterans. Cranston public schools were honored as Rhode Island’s public sector nominee for the third time in four years. CVS Health and Hope Valley Industries will join CNE and Cranston public schools to compete against finalists from around the country. Five companies from each category will be honored as Secretary of Defense Freedom Award recipients. National semifinalists will be announced in April and finalists will be selected in early summer.

IntakeDIRECT Connects CNE to TPC

On April 1, TPC launches IntakeDIRECT, an initiative that facilitates referrals from Care New England providers to TPC’s mental health and substance use programs. IntakeDIRECT establishes a dedicated phone number for CNE doctors and clinicians to call when they have a patient to refer to TPC’s adult or child and family programs, as well as Continuum Behavioral Health. When he or she calls, the CNE provider will speak with a TPC intake specialist to identify the best TPC service to meet the patient’s needs. IntakeDIRECT was developed in consultation with CNE’s Brain and Behavioral Health team to identify ways to improve patient care by streamlining the connection and referral process to TPC.

“Our affiliation with CNE presents many opportunities to deliver our services to the people who need them,” said Deb O’Brien, TPC’s vice president and chief operating officer. “IntakeDIRECT will make it easier to connect our services.” Reach IntakeDIRECT at (401) 415-8875.