

Rhode Island Medical Society Council

Meeting of Monday, February 1, 2010

Meeting Highlights

RWMC / SJHSRI Affiliation The Council heard presentations by the CEOs and Medical Staff Presidents of Roger Williams Medical Center (Kenneth H. Belcher and Elaine C. Jones, MD) and St. Joseph Health Services of Rhode Island (John M. Fogarty and Peter DeBlasio, MD) regarding the affiliation of the two institutions under a new corporate parent called CharterCARE Health Partners, effective January 4, 2010. The presentations took place at the invitation of Dr. DePalo acting upon advice of the Council.

The new collaboration aims to strengthen both institutions through administrative consolidation and care coordination. Together the institutions have 579 licensed beds and employ 3200 people.

Roger Williams remains a secular teaching hospital, and St. Joseph remains a Catholic community hospital. The affiliation has been structured in accordance with canonical law governing mergers of Catholic hospitals with secular hospitals.

In “affiliating” rather than merging, RWMC and SJHSRI remain distinct and separate hospitals, each with its own governing board, its own license, its own CEO, and a separate medical staff. However, cross-credentialing of the two staffs is to be implemented in the near future.

Mr. Belcher is President and CEO of both CharterCARE and RWMC. Mr. Fogarty is Executive Vice President and COO of CharterCARE as well as President and CEO of St. Joseph. CharterCARE is governed by a 15-member Board of Trustees who oversee system finances and strategic planning, while the individual hospital boards monitor care quality, medical staff credentialing and related operations.

Conditions imposed upon the affiliation by the Department of Health are regarded as essentially consistent with the already established strategic direction of both institutions. Details of those conditions, which include promotion of health information technology and the Patient-Centered Medical Home, as well as a variety of reporting obligations on financial and quality measures, were included in the handbook for the December 2009 Council meeting.

Nominating Committee The Council authorized Dr. DePalo to appoint a nominating committee, in accordance with the Bylaws.

Provider tax The RIMS-coordinated court challenge to these state taxes on doctors has generated much activity in recent months and weeks. RIMS’ attorneys performed another deposition on February 1. The judge may render a decision in April.

Liability demonstration project RIMS, the Hospital Association of Rhode Island and (at RIMS’ request) the AMA have declared support for a Lifespan-initiated application to the federal government for funding of a three-state project (RI, NY, CO) to test and measure the effectiveness of certain strategies to reduce hospital liability exposure and

expense. Details of the proposal were included in Attachment 2 of the Council handbook. Twenty-five million dollars is available through the HHS/AHRQ program announced by President Obama in his address to Congress on September 9. Only state agencies and integrated hospital systems are eligible to apply.

Physician Assistant training program Prospects are good that Rhode Island will have a PA training program at Johnson & Wales or URI, or both in the future.

RIMS' 2010 legislative agenda includes proposals for a new soft drink tax, a required medical loss ratio of at least 85% for health plans, liability reform (benevolent gestures, prejudgment interest), paint ball safety, countering indoor tanning dangers, long-term funding for HIE, as well as other items relating to Physician Assistants, formularies, overdose prevention, radiologic techs and expedited partner therapy.

Members of the Council signed up to spend afternoons at the State House under RIMS' "House Call" program.

The American Academy of Pediatrics, RI Chapter, reported that Rhode Island stands out nationally for excellent success in vaccinating children against H1N1 influenza; December figures show pediatric vaccination rates nationally averaged about 28%, whereas Rhode Island achieved 75% coverage.

Rhode Island AAP has collaborated with its counterparts in MA and CT on a program of pediatric CME on mental health. Nationally AAP is involved in a major effort to address teen drinking.

A current legislative priority of RI-AAP is addressing RI Medicaid's "generics only" rule; some important pediatric medications have no generic equivalent.

Rhode Island ACP held an educational "summit" on the Patient-Centered Medical Home (PCMH) on November 21; the event attracted some 200 attendees. Meanwhile, Rhode Island's "CSI" (Chronic Care Sustainability Initiative, a multi-payer PCMH demonstration project) is more than two years old and is developing satisfactorily, though the long-term adequacy of funding remains in question.

Supported by RIMS, RI-ACP and many other community entities, the RI Quality Institute has applied for grants totaling 23 million dollars in ARRA funding. If received, the money would give a significant boost to electronic Health Information Exchange in RI.

RI-ACP will hold its annual meeting May 13, 2010.

Disparities in Physician Reimbursement is the topic of a presentation by Christopher Koller, Rhode Island Health Insurance Commissioner, at the Potter Conference Center of South County Hospital on Wednesday, March 10, 2010, at 5 p.m.