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## Rhode Island Hospital submits obstetrics unit application

PROVIDENCE – Rhode Island Hospital has asked the state for approval to build a 31-bed obstetrics unit. The application filed with the Rhode Island Department of Health updates an earlier version, filed in January 2016. Rhode Island Hospital withdrew its submission in October 2016 in order to update the application, which had not yet been reviewed by the state. At the time, Rhode Island Hospital had notified the Department of Health that it would resubmit a new application.

In its application, Rhode Island Hospital is proposing completing the obstetrics unit in 2020 at a cost of \$43 million to build. The new unit will include 25 post-partum beds, six ante-partum beds, and eight labor and delivery rooms.

“While most women experience healthy pregnancies, chronic illnesses, delayed childbearing and other factors have led to an increased prevalence of obstetric complications such

as hypertensive disorders, pulmonary embolism and many other problems,” said **MARGARET MILLER, MD**, chief of women’s services at Rhode Island Hospital and Director of Lifespan’s Women’s Medicine Collaborative.

The new obstetrics unit will offer a full range of services for pregnant women, including services for women who want a more holistic experience, but also for women who are considered high risk or experience an unexpected pregnancy complication. Women will have better access to experts and specialized care from cardiology to hematology, surgery and more, improving and ensuring coordination between OB/GYN doctors and these specialists.

“When women receive care in a fully-integrated model like this, outcomes improve, cost-effectiveness and value increase, and women have more choices,” Miller added.

A world-class obstetrics program at Rhode Island Hospital will build upon

Lifespan’s OB/GYN services, which include Newport Hospital’s longstanding, highly regarded obstetrics program. Lifespan also has approximately 40 OB/GYN providers through OB/GYN Associates and the Women’s Medicine Collaborative. OB/GYN Associates is the largest practice in Rhode Island, with offices in Providence and throughout the state that integrates midwives and OB/GYN physicians. Rhode Island Hospital also has a dedicated women’s medicine inpatient unit.

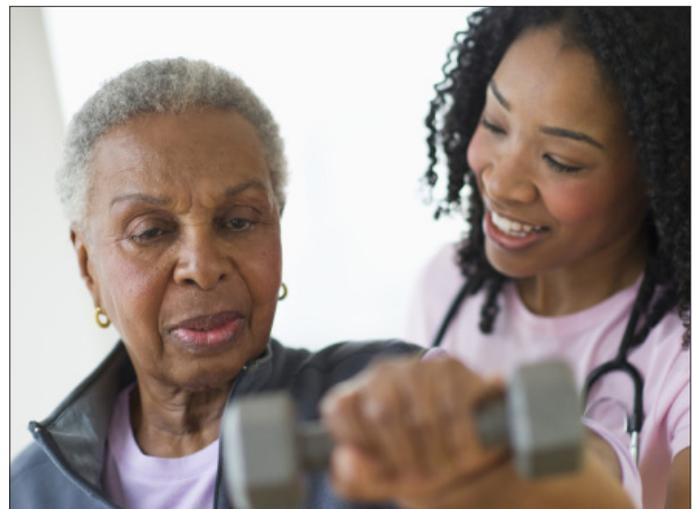
“The goal is very clear: Improve the health of women and their children across their lifetimes,” said **MARGARET M. VAN BREE, MHA, DRPH**, president of Rhode Island Hospital. “We are moving to better serve women and their children in our community at a time when changes in the population of women needing care require a new and more comprehensive approach – one that is also cost effective.” ❖

## New participants join several CMS alternative payment models

PROVIDENCE – Lifespan Health Alliance – a joint venture partnership between Lifespan and Community Physician Partners, Inc. (CCP) – was selected as one of 99 new Shared Savings Program ACOs, providing Medicare beneficiaries with access to high-quality, coordinated care across the United States, the Centers for Medicare & Medicaid Services (CMS) announced. Beginning January 1, 2017, a total of 480 Shared Savings Program ACOs are serving over 9 million assigned beneficiaries.

On January 18, CMS announced over 359,000 clinicians are confirmed to participate in four of CMS’s Alternative Payment Models (APMs) in 2017. Clinicians who participate in APMs are paid for the quality of care they give to their patients. APMs are an important part of the Administration’s effort to build a system that delivers better care and one in which clinicians work together to have a full understanding of patients’ needs. APMs also strive to ensure that patients are in the center of their care, and that Medicare pays for what works and spends taxpayer money more wisely, resulting in a healthier country.

The Medicare Shared Savings Program (Shared Savings Program), Next Generation Accountable Care Organization (ACO) Model, Comprehensive End-Stage Renal Disease (ESRD) Care Model (CEC) and Comprehensive Primary Care Plus (CPC+) Model all apply the concept of paying for quality and effectiveness of care given to patients in different health care settings. CMS announced the participants in each of these models for the 2017 calendar year. ❖



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## Health care coalition calls for prior authorization reform

*Releases new principles to improve timely access to care and reduce administrative burdens*

CHICAGO – Responding to unreasonable hurdles for patients seeking care, a coalition including the American Medical Association (AMA) and 16 other health care organizations today urged health plans, benefit managers and others to reform prior authorization requirements imposed on medical tests, procedures, devices and drugs.

The coalition, which represents hospitals, medical groups, patients, pharmacists and physicians, says that requiring pre-approval by insurers before patients can get certain drugs or treatments can delay or interrupt medical services, divert significant resources from patient care and complicate medical decisions. Concerns that aggressive prior authorization programs place cost savings ahead of optimal care have led Delaware, Ohio and Virginia to recently join other states in passing strong patient protection legislation.

Given the potential barriers that prior authorization can pose to patient-centered care, the coalition is urging an industry-wide reassessment of these programs to align with a newly created

set of 21 principles. Prior authorization programs could be improved by applying the principles' common-sense concepts grouped in five broad categories:

- Clinical validity,
- Continuity of care,
- Transparency and fairness,
- Timely access and administrative efficiency, and
- Alternatives and exemptions.

“Strict or bureaucratic oversight programs for drug or medical treatments have delayed access to necessary care, wasted limited health care resources and antagonized patients and physicians alike,” said AMA President Andrew W. Gurman, MD. “The AMA joins the other coalition organizations in urging health insurers and others to apply the reform principles and streamline requirements, lengthy assessments and inconsistent rules in current prior authorization programs.”

The data entry and administrative tasks associated with prior authorization reduce time available for patients. According to a new AMA survey, every

week a medical practice completes an average of 37 prior authorization requirements per physician, which takes a physician and their staff an average of 16 hours, or the equivalent of two business days, to process.

The AMA survey illustrates that physician concerns with the undue burdens of preauthorizing medical care have reached a critical level. Highlights from the AMA survey include:

- Seventy-five percent of surveyed physicians described prior authorization burdens as high or extremely high.
- More than a third of surveyed physicians reported having staff who work exclusively on prior authorization.
- Nearly 60 percent of surveyed physicians reported that their practices wait, on average, at least 1 business day for prior authorization decisions – and more than 25 percent of physicians said they wait 3 business days or longer.
- Nearly 90 percent of surveyed physicians reported that prior authorization sometimes, often, or always delays access to care. ❖



Vivian Sung, MD, FACOG

### Research evaluating treatment options for pelvic organ prolapse published in *American Journal of Obstetrics & Gynecology*

PROVIDENCE – Pelvic organ prolapse occurs when the pelvic organs drop from their normal position in the pelvis. This can have a negative impact on a woman's overall functioning and quality of life. Two of the most common treatments are surgery or pessary, which is a removable device that helps provide support to the pelvic

organs. While both surgery and pessary can improve prolapse symptoms, questions remain about patients' functional outcomes and goal attainment between the two forms of treatment.

Research on this topic has been published in the *American Journal of Obstetrics & Gynecology*. The research was conducted by **VIVIAN W. SUNG, MD, FACOG**; **KYLE J. WOHLRAB, MD, FACOG**; and **ANNETTA MADSEN, MD** (fellow) of the Division of Urogynecology and Reconstructive Pelvic Surgery at Women & Infants Hospital as well as **CHRISTINA RAKER, SCD**, of the Division of Research.

The researchers found that while women undergoing surgery or having a pessary achieve their goals and have

improvements in physical, social and emotional functioning, those who underwent surgery experienced greater improvements.

“When choosing between surgery or pessary, many women have questions about long-term expectations,” explained Dr. Sung. “While we already know that both surgery and pessary can improve symptoms of pelvic organ prolapse, we wanted to be able to provide women with more information comparing outcomes that matter to them, such as whether they are likely to achieve their prolapse, bladder and bowel symptom goals, as well as physical, social, emotional and sexual functioning goals.”

A total of 160 women were enrolled in the study and followed for up to 12 months, including 72 surgical and 64 pessary patients.

Dr. Sung and her team concluded, “At follow-up, a higher proportion of women in the surgery group reported successfully achieving symptom goals and function goals compared with women who chose pessary.” However, the team also acknowledged that not all women desire surgical treatment and women who continued with pessary also experienced improvements in symptoms. ❖