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BETTER TOGETHER PLEDGE

Together, Lifespan, Care New England, and Brown University are uniquely positioned to create a Rhode Island-based, integrated academic health system that will improve quality, access, and affordability of health care for all Rhode Islanders.

This moment of extraordinary healthcare challenges demonstrates the enormous value of a Rhode Island based, fully integrated health system taking care of all of an individual's healthcare needs from birth to end of life, right here in Rhode Island.

WE PLEDGE to be a nationally recognized healthcare system focused on patient centered, high quality care:

- Be a top performing health system with superior patient outcomes.
- Advance quality by demonstrating improvement in readmissions and maintaining or improving national rating benchmarks.
- Create a continuum of care for patients from birth through end of life.
- Implement a single electronic health record (EHR) where physicians have access to patient's EHR—resulting in minimal duplication of tests, reduced medical errors, faster admissions, quicker access to lab results, making care coordination seamless.
- Combine research at Lifespan, Care New England and Brown University, allowing research discoveries to move more quickly from the lab to the bedside, so Rhode Islanders have access to newer, innovative, and effective treatments locally and sooner.
- Attract and keep the best doctors and researchers in Rhode Island.
- Provide quality medical education to produce highly trained healthcare professionals.



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WE PLEDGE to create better access to high-quality healthcare:

- Increase ease of access to primary care and behavioral health services.
- Continue to participate in the state's Medicaid Accountable Entity program designed to improve healthcare quality and better manage costs for Medicaid populations.
- Improve population health and reduce health disparities in Rhode Island while reducing costs by using a shared EHR and innovative "big data"-informed strategies that have been developed and tested by leading researchers at Brown's Warren Alpert Medical School and School of Public Health.
- Develop healthy environments in Rhode Island communities that lead to reductions in racial and ethnic disparities in health, and do so with the participation of clinicians, public health practitioners and researchers, who play the critical role of supporting communities and individuals who have different levels of health literacy, to make healthcare accessible.

WE PLEDGE to focus on healthcare affordability:

- We will operate within rate caps established by OHIC, with no appeals, for the first three years post-closing.
- We will achieve the cost trend target to hold the total annual healthcare spending increases to 3.2%, as established by the Rhode Island Cost Trends Steering Committee (RICTSC).
- We will collaborate with payers, including the state government, to develop ways to prevent deadly and costly diseases by reducing smoking, obesity, substance abuse, exposure to environmental toxins and more.

WE PLEDGE to focus on Rhode Island:

- We will remain a nonprofit healthcare system, with local decision making guided by a local board of directors.
- We will include all current Lifespan (Rhode Island, The Miriam, Newport and Bradley) and all current CNE (Women & Infants, Kent and Butler) hospitals in the new health system.
- We will amplify focus on eliminating health disparities and improving the community health status. We pledge \$10 million over the initial three years post-closing to identify and improve the social determinants of health. A subcommittee of the Rhode Island Foundation's Long Term Health Planning Committee will help guide the most effective and appropriate use of the funds.
- Together we will provide robust training, retraining and retention programs for existing and new employees.



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PATIENT-CENTERED, HIGH QUALITY CARE

Our community deserves an academic health system that provides high quality healthcare at an affordable cost. The inability to truly align care across the full continuum of care offerings leads to avoidable duplication of procedures like testing, unnecessary transitions in care, higher costs and higher variability in outcomes. Together, we will eliminate redundancy, achieve seamless integration of critical healthcare information and improve quality of care.

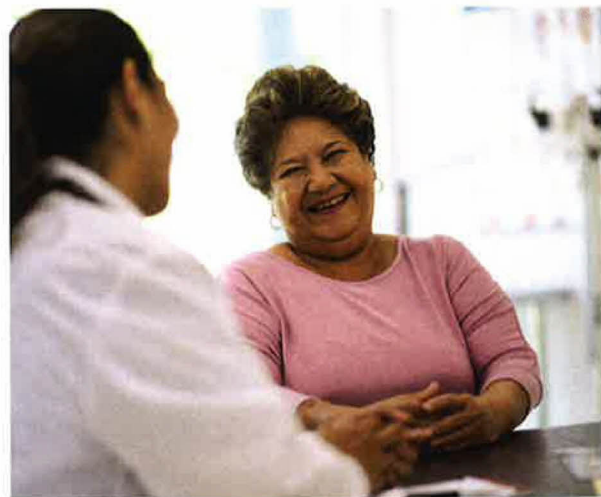
High Quality Care

Lifespan and Care New England are primarily complementary health systems, with little overlap in services. While they are complementary, there are by necessity many interdependencies between the two systems. In specific areas, we have demonstrated that by working together, patient outcomes are better. Through strong clinical collaboration in pediatrics at Hasbro Children's Hospital and neonatology at Women & Infants Hospital, for example, we have provided high quality care and better clinical outcomes for some of our most vulnerable populations. We recognize the work we need to do to better serve our diverse local communities. By formalizing these close working

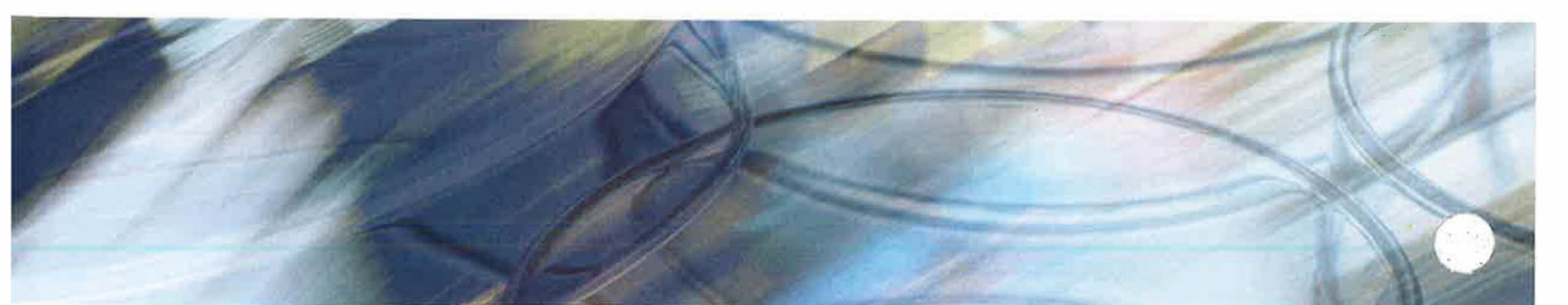


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relationships across the full continuum of care, combining programs and services across the board, and partnering with our community, we will advance innovation and achieve similar high quality outcomes for people of all races, ethnicities, and socioeconomic backgrounds and in all the services that both systems currently offer.



Consistent quality across Lifespan and Care New England hospitals, programs, and services will result in economies of scale and will transform the way we deliver healthcare by providing better care for patients, a better environment for providers, and better care for the community. Integrated and aligned quality, patient safety and patient



experience staff will provide expanded site-based expertise as needed to achieve individual operating unit quality and patient safety improvement work, while centralizing applicable roles for improved efficiencies.

Nationally endorsed quality measures are used to rank hospitals across the country. The Centers for Medicare and Medicaid Services (CMS) awards “stars,” Leapfrog calculates “grades,” and numerous other accolades are bestowed based on defined metrics. Neither health system has yet achieved desired results for all publicly reported measures, yet each excels in many specific areas. The list of awards and distinctions is extensive, but scores are not equivalent across hospitals. Imagine the opportunity for shared learning and improvement that will be enabled by the new combined system. Together, we will make transparency of quality performance a key goal for action and a critical tool for advancing the quality outcomes performance of the new academic health system.

The new system will create an environment where clinical leaders routinely come together to learn from each other and improve through collaboration, and build innovative, patient-centered solutions to the most pressing health problems of the communities we serve.

Attract the Best Clinicians

With opportunities that span the entire continuum of care, we will focus on expanding recruitment of the best clinicians who want to provide world-class patient care and advance medical research. Our partnership with Brown University will further advance the new academic health system as a highly desirable setting to provide expert care and service. And, as we work to expand and

advance our electronic health system for all care delivery settings, we will be better able to address our patients’ complex needs, enabling seamless access to critical information. This improved access to patient information will support our multidisciplinary teams as they provide high quality and efficient care and service.

DISTINCTIONS IN QUALITY

Rhode Island Hospital surgical site infection rates are lower than national benchmarks.

Kent Hospital has driven down *C. difficile* infection rates to rank statistically below predicted levels for 2020.

The Miriam Hospital’s death rate for heart failure patients is significantly lower than the national average.

Women & Infants’ early elective delivery rate is consistently zero, avoiding medically unnecessary surgical deliveries or inductions before 39 weeks.

Bradley Hospital ensures that patients discharged on antipsychotic medications have appropriate metabolic screening performed.

At Butler Hospital, the time patients spend in restraints is less than half the national average.

Newport Hospital continually provides an exceptional patient experience.



Nationally Recognized

Together, we will leverage our individual strengths to advance our performance to achieve greater national recognition and superior outcomes. Both Lifespan and Care New England are members of Vizient, the nation's leading healthcare performance improvement company that includes 97% of all academic health systems in the country. Vizient members have access to integrated tools to improve care delivery. Using powerful analytics and expert guidance to balance quality with total cost of care, reduce clinical variation, and optimize service line performance will enable delivery of high quality, cost-effective care. Our robust data analytics and quality programming resources will serve the combined system in more efficient and effective ways.

Cathy Duquette, PhD, RN, NEA-BC, CPHQ, FNAHQ

*Executive Vice President, Quality & Safety
Chief Nursing Executive, Lifespan*

Robin Neale, MS, MT(ASCP)SM, CIC, FAPIC, CPHQ

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Care New England Health System*



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KEEP HEALTHCARE COSTS DOWN.

Of concern in any proposed merger is the effect it could have on costs; this is particularly true in a merger of healthcare providers. Healthcare is considered a basic human right, and a hospital or health system merger is sometimes viewed as a threat to that human right.

Several regulatory approaches have been used in the United States in attempts to mitigate potential increases in medical costs, including price controls, inflation caps, care management, electronic health records, and increased financial support for primary care. All helped but none have solved the problem until the Rhode Island General Assembly acted in 2004.

Rhode Island is unique in the nation in that its General Assembly passed legislation establishing the Office of the Health Insurance Commissioner (OHIC). With the mission of protecting Rhode Island consumers, OHIC began using its rate review process to review the prices that health insurance carriers set for the plans they create to determine whether the proposed rates were reasonable. If

rates are not reasonable, OHIC can cap the rates. OHIC also uses specific criteria to approve plans that ensure prices are fair for



both consumers and insurers. This and follow-up supervision preclude unwarranted escalation of healthcare costs.

In its press release announcing the 2021 rates, OHIC said that “2021 premiums will be \$12,870,000 lower than what insurers requested through the rate approval process” and that it will continue to use all available tools to control costs for Rhode Island. Lifespan and Care New England have pledged to not appeal OHIC rate caps for three years following the merger.

In addition, the leaders of both Lifespan and Care New England are longtime members of the Governor’s Cost Growth Steering Committee and have participated, supported, and signed on to pledges to continue our commitment to keeping healthcare costs down. In fact, both Lifespan and Care New England have voluntarily committed to support the governor’s healthcare cost trend initiative to hold the total annual healthcare spending increases to 3.2%. This initiative urges not only hospitals but the entire healthcare delivery system to limit both unit price increases and utilization demand, while meeting certain quality parameters that ensure the populations served are being treated equitably and at the highest medical standards.



Active OHIC regulation and the governor's healthcare trend initiative help ensure a reliable expectation of premium costs for businesses who provide health benefits to their employees and for those citizens of Rhode Island who use these services.

Moreover, the merger will combine complementary—not competitive—services: Care New England (CNE) brings the top OB/GYN care in the state, and Lifespan brings its deep expertise in pediatrics, cancer, orthopedics, neurosurgery, cardiology, trauma, and several other specialties. There is little to no overlap of services, presenting an opportunity to combine and finally offer a complete spectrum of care to patients within a single system. Stellar reputations make each of them a hospital of choice for consumers. In fact, in much the same way as a pair of gloves fits the wearer with both a left and a right, the combined organization offers more value

than either of them offers alone, both to insurers and to patients.

Research out of the Vizient Research Institute has clearly demonstrated that quality goes up and costs go down when complex care for patients is provided within a single integrated academic health system.* That is what the merger will create here in Rhode Island.

In Rhode Island, no insurance plan would be complete or attractive to consumers without the services offered by both CNE and Lifespan, making the hospital groups “must-haves,” each in its own right.

The new integrated academic health system will collaborate with payers, including the state government, to develop ways to prevent deadly and costly diseases by reducing smoking, obesity, substance abuse, exposure to environmental toxins, and more.



*Chronic episode costs skyrocket when patients bounce between health systems. Average health spending over 2-year period for chronically ill patients is \$27, 297 for patients w/≥90% facility care within one system, vs \$53, 351 for patients w/<50% of facility care in any system.

Source: Vizient Research Institute, analysis of Medicare claims, 2017-2018



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CARDIOVASCULAR CARE

A new integrated, academic health system ("AHS") between Care New England and Lifespan, supported by Brown, will be of substantial and long-term benefit to the people of Rhode Island. Comprehensive cardiovascular care requires a focus on well-being and individually tailored prevention, timely access to emergent, lifesaving treatments and procedures, and continuity of comprehensive and compassionate follow-up care in close partnership with an individual's primary care physician and family supports.

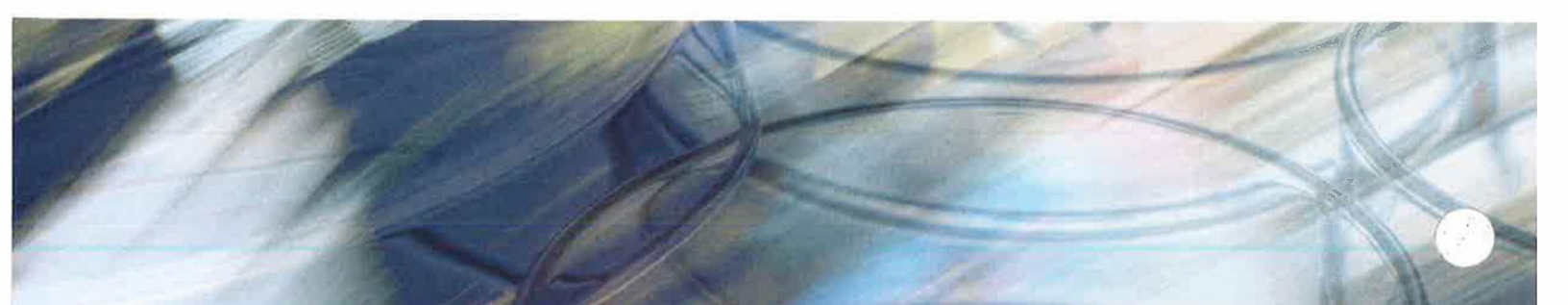
The new AHS will keep health care local, which will provide all residents of our community with convenient, personal and high quality cardiovascular care. By living and working in our community, we can better provide patient-centered and culturally sensitive care that is equitable for all. Cardiovascular risk factors and mortality disproportionately affect women and people of color; we can and we must do more to close this gap. The reduction of health disparities requires intentionality, and the combined and focused efforts of the three entities can better achieve this critical goal.



To do this, the new AHS will create easier access for everyone from birth through later years. National experts in neonatology,



pediatric cardiology, heart disease in pregnancy, prevention in midlife, and geriatric cardiology will all be available under one virtual tent for the first time. From non-invasive assessment of congenital heart disease, to ground-breaking technology for heart attacks, to novel non-surgical valvular repair, to in-home heart failure care, all will be coordinated and available at our community's doorstep. For example, the AHS will allow cardiac patients at Kent to receive excellent care locally and conveniently for families, while having seamless access to nearby tertiary centers at Rhode Island and Miriam hospitals when needed.



The new AHS can better optimize our health system's performance through the triple aim of enhancing patient experience, improving population health, and reducing costs. At present, cardiac care can become fractured within the region, but a single cardiovascular service line will decrease clinical variability and avoid redundancy to improve quality and lower overall costs of care, especially for chronically ill patients.

The new AHS will increase the availability of ground-breaking, translational research, clinical trials and internationally renowned experts in cardiovascular disease. From Dr. Frank Sellke's basic research into preventing reperfusion injury with cardiopulmonary bypass surgery, to Dr. J. Dawn Abbott's NIH trial into heart attacks and anemia, to Dr. Karen Aspry's clinical trial in new lipid lowering therapies—patients in our state will have increased choices into the newest and most promising therapeutic options for themselves and their families.

Athena Poppas, MD, FACC, FASE, FAHA

*Past President, American College of Cardiology
Chief, Cardiology Division
Director, Lifespan Cardiovascular Institute
Rhode Island, Miriam and Newport Hospitals
Professor of Medicine, The Warren Alpert Medical
School of Brown University*

A new integrated academic health system that integrates the best aspects of Care New England and Lifespan, with support from Brown University, will improve the cardiovascular health of our community. There is no doubt that we will be better together.

Edward S. Thomas MD, FACC

*Director, Cardiac Catheterization Laboratory
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Past President, Medical Staff, Kent Hospital
Clinical Assistant
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CANCER CARE AND RESEARCH

After months of discussion, Lifespan and Care New England (CNE) signed a definitive agreement to merge on February 23, 2021. As a part of this process, the parties envisioned the creation of an umbrella organization to meld together the two hospital systems, which each featured unique, complementary service lines. For many years prior to this agreement, both Lifespan and CNE had developed independent relationships with Brown University for the enrichment of their medical staffs. The parties decided to focus first on obtaining approval of their merger transaction from the Federal Trade Commission and the Rhode Island Attorney General's Office and the Rhode Island Department of Health. Once that approval is obtained, the parties would be in a position to pursue the establishment of a new integrated academic health system that brings Lifespan and Care New England (CNE) together in partnership with Brown University to produce a stronger alliance with the ability to discover more effective strategies to prevent, diagnose, control, and potentially cure cancer for the people of Rhode Island. Jointly, the new CNE Lifespan



organization, working in concert with Brown, will have the realistic goal of building a model of oncology excellence by offering exceptional patient care that is high quality, innovative,

accessible, and keeps care local. This model would be embedded in our aspirational vision of achieving National Cancer Institute (NCI)-designation as a cancer center, representing a clinical, academic and research alliance of CNE, Lifespan and Brown. NCI-designation is associated with scientific leadership in new approaches to state-of-the-art cancer care and serving communities while improving population health. A jointly integrated endeavor of CNE, Lifespan and Brown will bring together existing laboratory, translational and clinical research, training and education, and clinical care under an NCI umbrella.

We pledge to focus on the needs of our community with intentionality around equity and to create easier access to cancer care.

A publicly available community health needs assessment, conducted every three years with RI residents from diverse economic and racial backgrounds, consistently cites access to cancer care as a priority. Once the Lifespan/CNE merger transaction obtains regulatory approval, the newly created integrated academic health system will have a wide geographic distribution of care sites for patients across the state. The true opportunity will arise from our ability to coordinate under one management structure to ensure that every

RI resident has access to exceptional academic-quality multidisciplinary cancer care within minutes of their home. The rapid development of telehealth outreach for sick visits, palliative care, psycho-oncology and survivorship care during the COVID-19 experience demonstrated improvement in the patient experience and virtually eliminated no-show rates. Additional physical sites and digital health platforms, both meeting patients where they are physically and emotionally, recognizes our commitment to our diverse, underserved, elderly, and home-bound cancer patients.

The essence of quality and value in cancer care is access to clinical trials. Access, addressing not only geography but socio-economic, cultural and diversity barriers, is highlighted by the lack of minority enrollment in cancer clinical trials that occurs throughout the United States. The proposed combined program, leveraging infrastructure alignment, grant opportunities, expanded geographic locations and a center of excellence in the medical home would increase our ability to recruit and retain a more diverse population of patients to participate in clinical trials. We would focus on these efforts to promote cultural acceptance and diversity enrollment. Therefore, all patients, especially the underserved, would have unprecedented access to cutting edge therapies. We would have the



opportunity to address any lingering stigma of clinical trials, expand enrollment opportunity in our state, and meaningfully impact the health of our community.

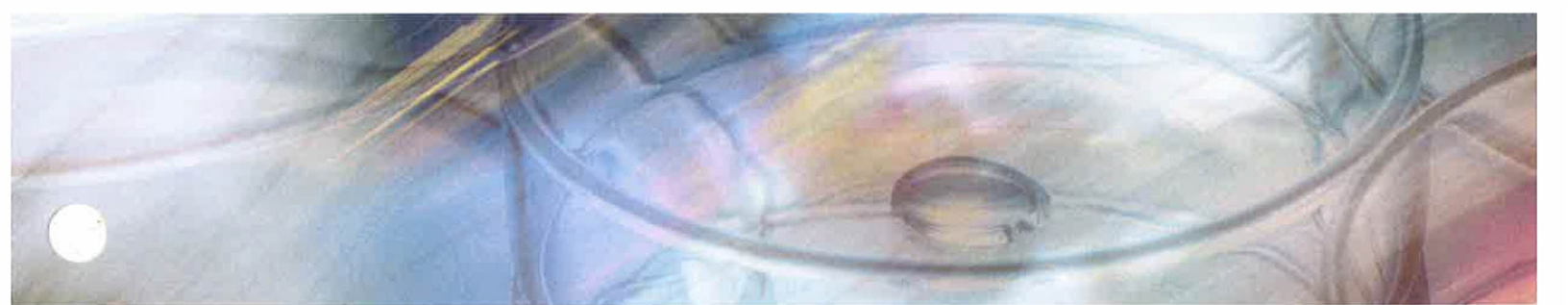
We pledge to focus on patient-centered, high-quality care and innovation.

The synergies of our existing clinical programs will yield an exceptionally high level of care when they are brought together. One example is the strengths and deep bench of expertise in women's cancers.

Merging the already strong women's oncology programs of both institutions will further enhance the reputations of the merged program as an international leader in clinical care and research. Breast and gynecologic cancers require multidisciplinary care which will only be enhanced when the experts in surgery, radiation, and medical oncology work together in a single institution. This collaboration will increase the

opportunities for research, not only in cutting edge treatment options, but also in population health research studies of survivorship, quality of life and access to care to better understand, and ultimately, better serve the community we treat.

As academic institutions, we have an obligation to advance the science of oncology and elevate cancer care for people everywhere. We must also attract and retain the most talented cancer



clinicians and scientists, who will gravitate to only those institutions committed to both clinical and scientific excellence. These critically important aspects of our mission can be met by having CNE and Lifespan fully integrate as clinical and research partners in the Brown Cancer Center. Institutional unification with closer collaboration will facilitate high rigor in scientific excellence, breadth of research, clinical trials and impact on the community at Brown University's Cancer Center as it pursues a gold-standard NCI designation.

An integrated academic health system will allow for expansion and improved oversight of basic scientific and clinical research. An immediate benefit would be the opportunity to build upon the existing strong early phase clinical therapeutics program that involves The Brown University Oncology Group (BrUOG), Lifespan Office of Clinical Research (LOCR), and CNE. This will facilitate the growth of Precision Oncology and individualized cancer care for all Rhode Islanders.

Paul A. DiSilvestro, MD

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Director, Division of Gynecologic Oncology
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The Warren Alpert Medical School of Brown University*

David E. Wazer, MD, FACR, FABS, FACRO, FASTRO

*Director, Lifespan Cancer Institute
Professor & Chairman, Department of Radiation Oncology
The Warren Alpert Medical School of Brown University*

We pledge to focus on healthcare affordability.

With the formation of this integrated academic health system, there is an opportunity to create a national center of excellence for complex cancer management by combining the strength of the exceptional CNE primary care services with the LCI oncology medical home model. The LCI medical home provides culturally appropriate nurse and lay navigation, single telephone number access to oncology nurse phone triage, same day sick visits (six days/week) and supportive/palliative care with a focus on prevention of ED use and inpatient admissions. This enhanced model would leverage the expertise in CNE primary care to improve high-risk screening, access to underserved populations, treatment standardization, and provider/team communication, which would reduce duplication of services and enhance care coordination. Delay in diagnosis and loss to treatment could be mitigated by a care continuum model with a multidisciplinary team focused on communication and follow up. The impact of this center of excellence would be earlier diagnosis, fewer hospitalizations, and improved care outcomes for all patients.

Wafik S El-Deiry, MD

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WOMEN'S HEALTHCARE

We strongly support the creation of a new integrated, academic health system that brings CNE and Lifespan together in partnership with Brown University. This resulting integrated system, the first in Rhode Island, will have enormous benefits for our community, starting from healthcare and extending to the economy and nearly all aspects of life in the state and the region. The prospect of an integrated academic health system is particularly exciting for us as the leaders of women's healthcare in CNE and Lifespan. Our enthusiasm is based on how this will enhance our ability to provide high quality, equitable and affordable care to women over the lifetime continuum, train the next generation of women's healthcare providers, and conduct bio-medical research that generates knowledge for new therapeutics, clinical care models, and population health strategies.

Trends in women's health care: National and regional trends in women's healthcare make integrated care an imperative. Birth rates have steadily declined nationally over the past few years and the trend is expected to continue. More women have children later in life, and technological advances allow childbirth in women who hitherto could not do so. This has increased the proportion of

high-risk pregnancies that require specialized and coordinated care. For non-pregnancy related health problems facing women, advances in technology and medical therapies have led to increased use of medical management, rather than surgery, and minimally invasive, rather than traditional, surgery. Advances in prevention and treatment of women's cancers range from HPV vaccination for the prevention of cervical cancer to use of the body's own immune system for less toxic treatment of cancer. A lifetime continuum of care for women is more critical now than ever, starting with women's healthcare providers early in life, but growing to include primary care providers, internal medicine, cardiology, and bone health.



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These advances in women's healthcare provide unique opportunities, but also challenges. Disparities in outcomes and patient experience is a persistent and vexing attribute of healthcare in the U.S. The cost of providing healthcare often results from duplications and inefficiencies. In addition, health systems are tasked with providing quality medical care in a patient-centered and service-oriented manner. These challenges can only be overcome in an integrated system with a women's healthcare focus that is coordinated, patient centered, and service driven.

The integrated academic health system: The new integrated, academic health system combines the health system operations of CNE and Lifespan together in partnership with renowned medical expertise, education, and leading-edge research at Brown University. Together, these three entities will improve the quality of medical care for patients across Rhode Island and surrounding regions. For women's care, this will undoubtedly result in streamlined and coordinated care. For example, pregnant women currently receive prenatal care in multiple CNE, Lifespan, and Community clinics—with disparate electronic medical record systems that do not communicate—but deliver their babies at Women & Infants Hospital. The inability to have common standards and seamless communication between the clinics and hospitals results in inefficiencies and duplications.



Our Pledge

Our vision for women's healthcare in the integrated system aligns with partnership goals made by CNE, Lifespan, and Brown University. We will continue to diligently and intentionally fulfill these goals as follows:

We pledge to focus on the needs of our community with intentionality around equity:


Both Care New England and Lifespan take pride in offering medical care to all individuals regardless of ability to pay, ethnic background or language, and resident status. Both organizations have a track record of providing care to underserved populations in our state.

An integrated health system will achieve equitable care through standardization of care, partnership with the community to address their needs, and accountability for our clinical outcomes and patient experience.

We pledge to create easier access to a lifetime continuum of healthcare:

Childbirth is the most common reason

for hospitalization in the United States. A comprehensive, integrated health system offers a unique opportunity to provide women and their families a full spectrum of services across a lifetime continuum. There is increasing evidence that medical issues identified during pregnancy predict medical problems in the future. For example, a pregnant woman with gestational diabetes has an increased lifetime risk for



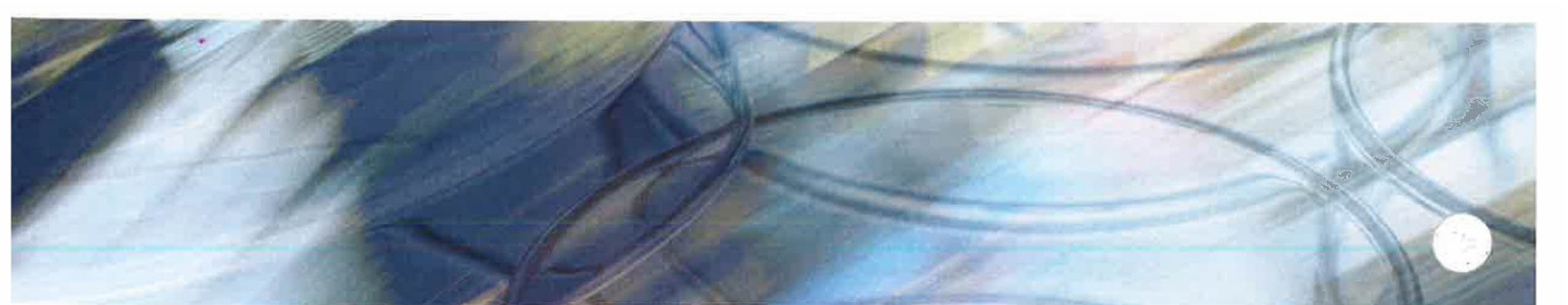
developing diabetes. For children, many congenital conditions need lifelong care, and intrauterine exposures are linked to health complications later in life. Incorporating pregnancy and newborn care into a full-service health system will maximize the opportunity for continuity of care and preventive care beyond the pregnancy event.

We pledge to focus on patient-centered, high quality care: Rhode Island Hospital of the Lifespan Health System is the premier tertiary care hospital in the state with over 1,000 licensed beds and one of the largest emergency departments in the country, but its Women's Service Line is small and lacks an Obstetrics Delivery Unit. Women & Infants Hospital of the Care New England Health System is renowned as one of the few remaining free-standing women's hospitals in the country, and it delivers 80% of the babies in Rhode Island. However, it lacks adult medical and surgical intensive care units and the subspecialists needed to provide tertiary care. For this reason, at any point in time, there are usually pregnant patients at Rhode Island Hospital with medical issues not related to pregnancy such as asthma, appendicitis, psychiatric illness, cancer, and trauma. These patients MUST be at Rhode Island Hospital, because these services are not available at Women & Infants Hospital. For these high-risk pregnant women, providers face the dilemma of choosing between the hospital best equipped for medical issues, and the hospital best equipped to care for an obstetric event. For decades, care for these patients has depended on a tunnel moving staff and patients between the two facilities. However, multidisciplinary care requires more than proximity. Physicians and staff who meet regularly in the hospital, and serve together on common quality councils and policy committees, can more quickly connect on issues of patient care. Tunnels do not compensate for barriers created by separate electronic health records, communication systems,

equipment access, and culture that currently hamper multidisciplinary coordination between the two hospitals.

The majority of pregnant and nonpregnant women do well in a free-standing women's hospital, but when medical complexities occur, the resources needed to care for women need to be immediately available. The list of unique services and expertise that are available at Rhode Island Hospital parallel those of other leading academic medical centers, and include intensive care units, emergency medicine, interventional radiology, surgical specialties, cardiology, pulmonology, nephrology, dialysis, and others. Other services not available at Women & Infants include a hospital-based cardiovascular or respiratory arrest code response team, a stroke code team, and a trauma team. Women and Infants offers a health care experience tailored to the needs and nuances of childbearing years and beyond. This is often difficult to achieve in hospitals without a comprehensive women's care service line. Women in Rhode Island will benefit from a health system that merges these complementary strengths. This can only be realized with a merger between Care New England and Lifespan.

We pledge to focus on healthcare affordability: Healthcare cost is one factor in the healthcare triad of access, quality, and costs. Traditionally these interdependent factors have been thought of as competing, such that a favorable change in one results in an unfavorable change in the others. For example, an increase in quality may require resources that would result in an increase in cost. While this may have some merit, an integrated health system facilitates improvement in quality and access without cost escalation. This is possible because of the increased efficiencies, economies of scale, elimination of duplication, and coordination.



of care an integrated system affords. Services currently provided in Rhode Island are less expensive than Massachusetts. A strong health system will keep Rhode Islanders in the state. Moreover, the cost savings from streamlining of services and reducing wasteful duplications will maintain the affordability of care in Rhode Island.

Education of Women's Healthcare Providers and Research in an Integrated Academic Medical Center

Education and research are central to the integrated academic medical center. The uniting of healthcare with medical education and research serves to advance biomedical discovery and educate the next generation of women's healthcare providers. Currently Brown University, CNE, and Lifespan each have education programs for medical students, residents and fellows, nurses, advanced practice providers, and other healthcare professionals. Many trainees have rotations across the two health systems that require learning different electronic health record systems and procedures. A combined system would bring together the educational efforts of Brown University, CNE, and Lifespan to create a seamless, efficient, and harmonized system. Women's health research in Rhode Island, and the region, stands to benefit from an integrated system that allows for impactful basic, translational,

clinical and population health discoveries. Combining CNE and Lifespan allows longitudinal follow-up of women and their babies throughout their lives, which is not possible under the current, divided systems.

Conclusions

The prospect of an integrated, academic health system that brings CNE and Lifespan together in partnership with Brown University holds enormous promise at this exciting, but challenging, time for women's healthcare in Rhode Island and the region. Combining the two complementary systems with unique strengths will produce the first truly comprehensive women's health service line in Rhode Island that prioritizes high quality, patient-centered, equitable, and affordable care across the lifetime continuum. At the same time, an integrated system will be better positioned to train the next generation of women's healthcare providers while attracting research talent and funding to conduct biomedical research for tomorrow's cures. That is something to be excited about.

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Director, Gynecologic Oncology
Rhode Island Hospital and The Miriam Hospital*

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Chair of Obstetrics and Gynecology at The Warren Alpert
Medical School (WAMS) of Brown University
Chace-Joukowsky Professor of Obstetrics and Gynecology*



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CREATING EQUITY IN WOMEN'S HEALTH

The healthcare needs of women are unique. Research clearly shows that women differ from men in nearly all aspects of care, from clinical symptoms to disease course to health outcomes. Women in Rhode Island deserve easy access to coordinated, high quality healthcare that meets their needs throughout all phases of their lives. The coming together of Lifespan and Care New England in affiliation with The Warren Alpert Medical School of Brown University would help achieve that.

What's the present state of healthcare for women in Rhode Island?

Simply put? Not ideal.

If you've delivered a baby in this state, you more than likely delivered your baby at Care New England's (CNE) Women & Infants Hospital (WIH). The same holds true if you've had gynecologic surgery in Rhode Island. There is, of course, plenty of great Ob/Gyn care going on every day at many other RI hospitals (including Lifespan's Rhode Island, the Miriam and Newport hospitals and CNE's Kent Hospital), but currently most of this type of care happens at WIH.

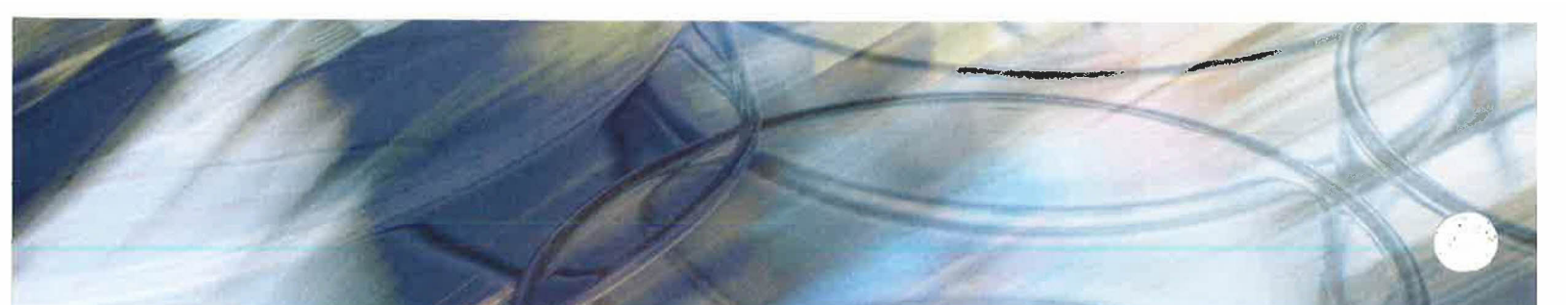


Likewise, if you're a woman in this state who has been hospitalized for a heart attack or a stroke or a



non-gynecologic cancer, it's almost certain that it wasn't at Women & Infants Hospital and likely that it was at one of Lifespan's hospitals. Again, there is plenty of great medical care going on every day at many other RI hospitals, including CNE's Kent Hospital, but currently most of this type of care happens within the Lifespan system.

What this means for most Rhode Island women is that to access all aspects of care over their lifetime, many women end up with two distinct medical records, two different provider networks, two sets of laboratory tests and two (or more) of whatever else one can think of related to care. At a minimum,



this situation regularly leads to inconveniences and hassles for women moving between the two systems as well as expensive, unnecessary duplication of testing. More concerning, this inevitable toggling back and forth of care between two large systems can lead to poor communication about the details of a woman's health. Transitions in care communication may result in gaps in care and missed opportunities to prevent acute illness, identify chronic disease and improve health outcomes. In the worst-case scenario, it can lead to errors that cause harm when needed information from one system doesn't easily get to a person making key decisions about the patient's care in the other system.

The challenges of what we would call this "fragmentation" of women's health care are felt by women in every community and every zip code in this state. But, the situation feels even more dire to us when we consider the challenges it represents to women of color, women for whom English is not their preferred language,

women who are new to this country or women who have had less opportunity for education or to find financial stability. We know, for example, that women of color are three times more likely to die in pregnancy and have a two-fold risk of a fatal heart attack compared to white women. If the present setup is difficult for those who are best equipped to navigate the two systems, what does that mean for others who face challenges with housing or transportation, language barriers or cultural

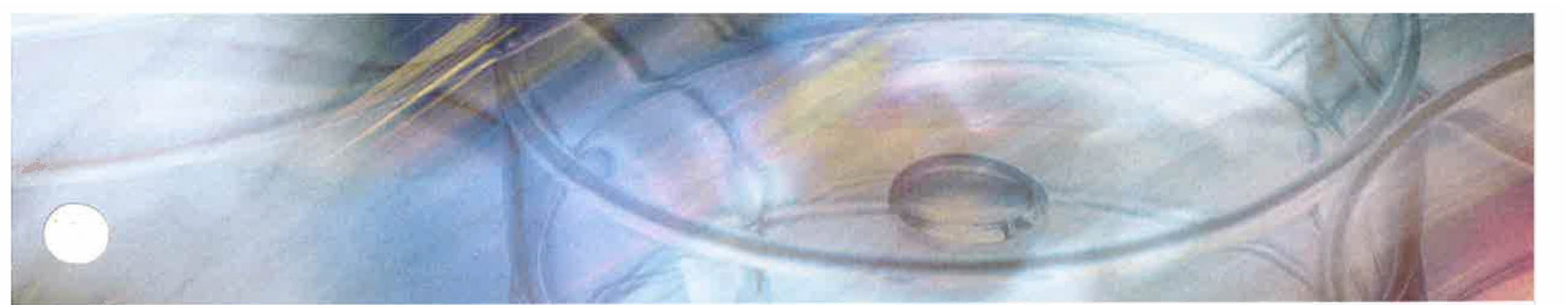
differences? We deeply desire equity in healthcare. Achieving equity for all will require a strategic vision and strong leadership, but for the women in this state it will also require a redesigning of our healthcare to facilitate and ease coordination of women's medical care from their reproductive years through menopause and beyond.

While RI evaluates the benefits of this merger, we hope the current state of women's health will be duly considered. As a country of great wealth and medical expertise, we have come to expect that advances in medicine will happen with lightning speed and high-level precision. Yet, we

rarely question the fact that some of our most basic women's health outcomes are getting worse, not better. Between 1995 and 2014 there has been a 10% increase in heart attacks in women ages 35-54. In recent years, depression rates among women have been rising and the Covid-19 pandemic has tripled them. Women in our country are now far more likely to die

related to childbirth than in any other developed country in the world. To address these alarming trends, women's health experts from across the country are calling for new models of care that feature better integration of care with an emphasis on prevention and equity. It's clear to us that Lifespan and Care New England cannot answer that call as effectively as separate entities as they could as a single academic health system closely supported by Brown University.





Our present structure—with the majority of reproductive health in one system and a large portion of nearly “everything else” in another system—perhaps reflects and even perpetuates a perspective that sees women’s health as being solely about women’s reproductive functions. But, of course, women’s health is so much more than reproductive wellness and gynecology. A women’s health focus should include diseases like depression, migraine, and lupus that are far more common in women than men. It should include understanding the way that symptoms for some diseases, like heart attacks, can be different in women than men. And it should include an understanding that diseases may impact the life of a woman and her family in ways that are distinct from the experience of a man. A single unified health system provides an opportunity to deliver a truly comprehensive scope of care to the women of RI across all phases of life.

What might the future look like for Rhode Island women if Lifespan and Care New England can come together and be closely supported by Brown University?

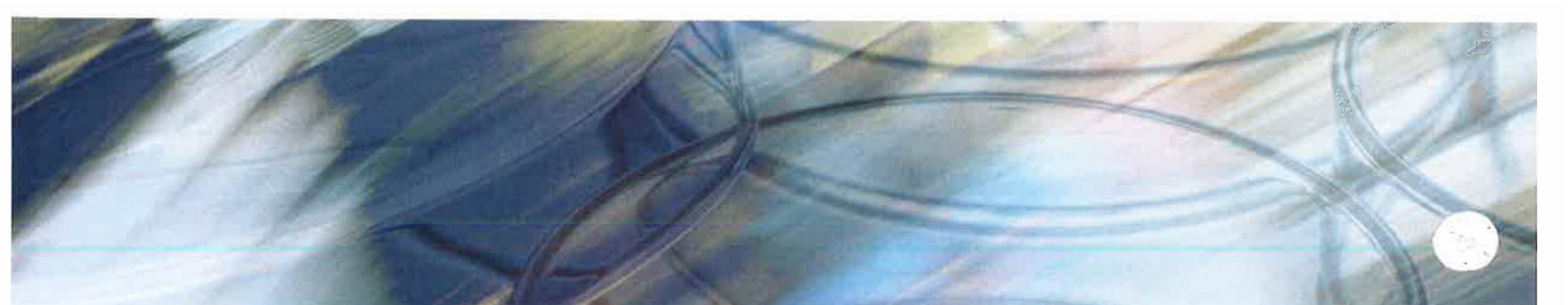
Better, brighter, safer. More effective at less cost to all of us.

We believe a Lifespan/CNE merger creates a system with all the needed elements to develop, implement, and sustain services that will help make a woman’s and her family’s life better, longer, and more secure. Here is an example. Preeclampsia (toxemia) is one of the most common complications of pregnancy. We know that women who get preeclampsia are much more likely to get heart disease later in life. Right now, with separate systems, our ability to ensure that a woman who has had preeclampsia gets connected with care that helps her prevent heart disease is limited by the structural barriers

created by having two separate healthcare systems: one system that provides most of the state’s reproductive healthcare and another that provides much of the state’s medical care.

Imagine a combined system where we could use the best elements from each current system to design programs that make ensure each woman who has had preeclampsia gets connected with experts who can help her adopt treatments that can decrease her risk of getting heart disease later in life. Imagine a combined system where, if she does get early symptoms of heart disease, the woman’s medical record clearly highlights her preeclampsia-related cardiac risk. Imagine that because of that system’s combined expertise in women’s health, every provider in that system knows women with heart disease can have different symptoms than men with heart disease and that they identify her problem early, intervene, and prevent a heart attack. Many elements of this vision already exist at Lifespan and at CNE, and primary care doctors in both settings work hard to bridge the existing gaps on behalf of their patients. However, we can make this vision even more of a reality, much more quickly, and with greater success with CNE and Lifespan together than we can do if we continue to try to achieve it separately.

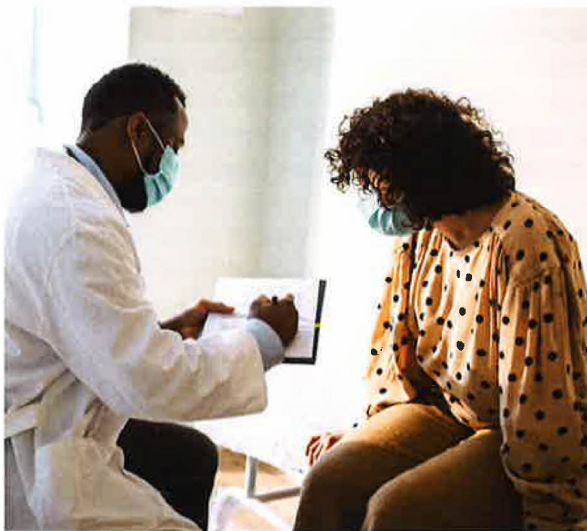
But we see this as just a beginning. A combined system will also have all the right people together in one organization who can use a single medical record to help identify inequities—groups and communities who aren’t getting the care they need. Imagine programs that can identify, for example, women who got preeclampsia, but who didn’t get the kind of help we describe above. Imagine programs that can then work with communities and equity experts to design and implement ways that connect these patients with the right treatment. Then think about how much costly care might be prevented



in a system that could do things like this and how many more rich years of work and home life these women might enjoy. A single, integrated academic health system that combines Care New England and Lifespan, and is closely supported by Brown University, is one that is much better situated than we currently are to see this vision become a reality.

Finally, a merger of Lifespan and Care New England in the context of a deepened relationship with Brown University has another important potential role in securing a much-needed better future for the health of all women in this state and across this nation. By bringing together the best experts, researchers, clinicians and teachers in each area of women's health from across these three institutions, we will greatly enhance our ability to advance our research into and teaching about the care of women. Together, we can create state of the art training programs that better equip the next generations of caregivers to ensure that women from all communities get the care they need and desire. Together, we can design and carry out new research that helps us understand the unique needs of women over the course of their lifetimes and how to best address them. Imagine us, here in Rhode Island, helping to understand why a disease

like preeclampsia is associated with heart disease later in life, and determining the best ways to prevent that heart disease, and doing the research to find out how we get those interventions to the communities that need it most. That's what every woman in this state, even in the country, needs us to do, and it's work that we can do best together.



Margaret Miller, MD, FACP

*Chief, Women's Medicine, Lifespan Physician Group
and Director, Women's Medicine Collaborative*

Raymond O. Powrie, MD

Executive Chief of Medicine, Care New England



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MENTAL HEALTH

We are pleased to have the opportunity to express our thoughts on the possibility of a new integrated academic health system that brings Care New England and Lifespan together in a future partnership with Brown University.

Prior to the pandemic, it was estimated that one out of five Americans suffered from a mental health or substance use condition. At present, the CDC predicts that due to the pandemic we will see an increase of two or three out of five Americans suffering from mental illness or a substance use disorder.

In Rhode Island we are beginning to see this coming true. Rhode Island has seen a high utilization of services for psychiatric and addiction treatment. These current days reveal that improved access to behavioral health care is needed to address a growing unmet community need.

Too frequently we see adult patients waiting on stretchers in emergency rooms for treatment to be available in a psychiatric inpatient hospital. And too frequently we see adolescents and children boarding in the Hasbro Children's emergency room, waiting for treatment to begin in either Bradley or Butler Hospital. Also, ambulatory care in partial

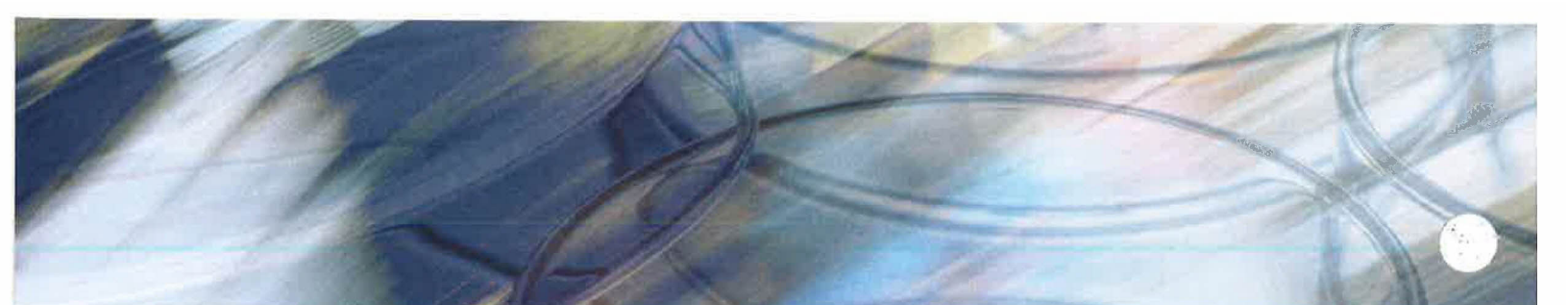


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hospital programs and outpatient departments is often difficult to access for same-day services. These access challenges exist now in a time when both teen suicides and overall rate of opiate related deaths are at an upswing, in addition to the overall increased demand for mental health services.

We believe that a future integrated academic health system that includes Lifespan, Care New England, and Brown offers certain opportunity to face the growing behavioral health and addiction needs of those suffering in our communities.





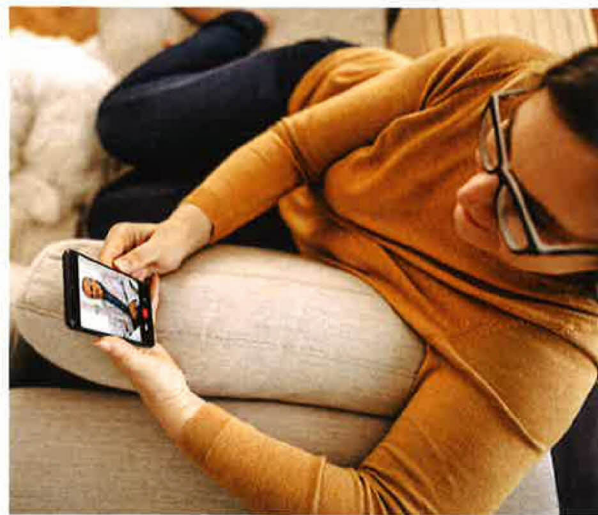
Our to-be-formed collaborative health system will offer a statewide and regional geographic presence, allowing improved access to high quality, evidence-based behavioral healthcare in an unparalleled, coordinated continuum of services including inpatient, partial, intensive outpatient, general outpatient, hospital diversion and step down programs as well as residential programs. The combined resources of an academic health system where behavioral health has a strong presence will allow for more effective care delivery to our many diverse Rhode Island communities.


Together with our community partnerships and statewide mental health centers, we will have the ability to accelerate the elimination of inequities in behavioral healthcare access and improve clinical outcomes for all citizens of Rhode Island. Our two mental health centers, Gateway and The Providence Center, together with our inpatient behavioral health programs can better serve patients with severe and persistent mental illness, providing the level of care that is needed with a rapid return to community placement. A community-based system of care would provide a more dignified treatment experience for vulnerable populations, which will also be a more cost-effective approach.

Currently our Rhode Island state-based and funded behavioral health programs are challenged with meeting the needs for the chronically and persistently mentally ill as well as for the many citizens suffering with intellectual and developmental disabilities. We feel that a newly created academic health system could play prominently in providing solutions in collaboration with State of Rhode Island, Department of Behavioral Healthcare and Developmental Disabilities and Hospitals (BHDDH) to this important growing community need.

In addition, a combined academic medical center will foster improvement in the important efforts to fully integrate behavioral health services into primary care and medical specialty services. Studies demonstrate that early identification and behavioral health intervention in the early stages of physical illness can lead to improved health outcomes for both physical and mental health. This model of care has the potential to expand behavioral health offerings throughout the lifecycle for all Rhode Islanders by providing behavioral health and addiction medicine consultation to pediatric, family care, internal medicine and senior care practices. This focus on early identification and prevention results in greater well-being for individuals and reduces the overall healthcare spend.

Timely and equitable access to behavioral health services will improve the overall health of our population and ultimately help reduce cost of care for the population. Psychiatric crises may be averted, decreasing the need to access our medical emergency rooms, where needed care may be delayed.





During the pandemic, both health care providers and individuals seeking treatment realized the benefits of telehealth care delivery. With coordinated expertise and telehealth resources within our new system, behavioral health care delivery will expand to communities where traditional office-based care is not available. Effective diversion from our emergency rooms combined with our coordinated access to a full continuum of behavioral health services will improve access to the optimal level of care needed. Timely equitable access to behavioral health services will improve the overall health of our population and ultimately help reduce cost of care for the population.

In addition to being a core clerkship for all medical students, there are graduate medical education programs in both psychiatry and psychology that train in both hospital systems. There are three psychiatry residencies, three psychiatry fellowships, a psychology residency (internship) program, and seven postdoctoral training programs. This is a large number of future healthcare providers cycling through these programs. All of these trainees would benefit from working in clinical sites that are unified in their vision and goals for providing care.

James K. Sullivan, MD, PhD

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Further deployment of our remote care capacity through telehealth will make highly specialized services accessible both regionally and nationally. The continued application of evidence-based practices into our clinical programs will assure the continued highest quality of care.

The result of our future integrated academic health system and academic mission will further enhance the attractiveness of our training and staff recruitment. This dynamic system will provide endless opportunities for workforce development and offer expansion of our diversity, equity and inclusion efforts as a premier employer in the field.

In summary, we feel that a new academic health system that will bring together in partnership CNE, Lifespan, and Brown University, would provide exciting opportunities to improve the delivery of critically needed behavioral health and addiction care services to the citizens in our Rhode Island community.

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NEUROSCIENCES

The creation of a future single academic medical center combining the strengths of Brown University, Lifespan, and Care New England promises a wealth of opportunities to improve the breadth and quality of care, as well as to expand the scope and impact of biomedical research. This promise is perhaps greatest in the clinical and basic neurosciences.

Brown University has long been an international leader in neurosciences research. The Brown University Carney Institute for Brain Science brings together cognitive scientists, computational neuroscientists, neurophysiologists, neuro-engineers, molecular and cellular biologists, mathematicians and computer scientists to solve the most difficult problems about the most complex object in the known universe, the human brain. Brown University neuroscientists have revealed the ways our brains allow us to see, learn and decide. Brown University was the birthplace of the electroencephalogram (EEG) and spearheaded the first human study of brain-machine interfaces. Today, the Carney Institute continues to make significant investments in basic neuroscience while greatly expanding efforts to understand diseases of the brain and spine, earning significant funding from the National Institutes of Health, the National Science Foundation, the Defense Advanced Research

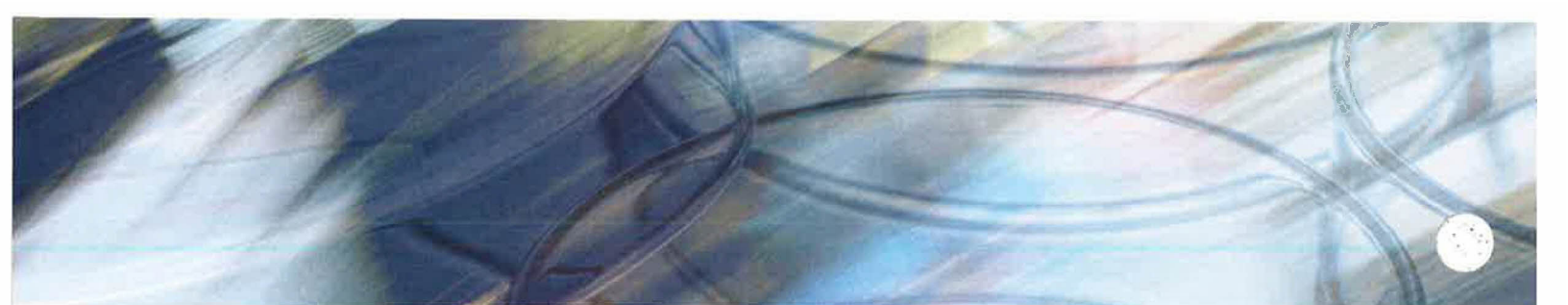


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Projects Agency, and a broad variety of other generous foundations and donors.

To fully leverage these groundbreaking efforts in order to advance knowledge and health, the creation of a unified, comprehensive, academic medical center is necessary, and long overdue. Fortunately, the two medical systems currently affiliated with The Warren Alpert Medical School have across them the immense talent and resources needed to become an equal partner in this grand mission. This unified academic health system will allow more tightly integrated research and clinical programs so that patients get the benefits of the latest advances in medicine, and so that medical science benefits from the collective experiences of our patients.

In particular, the clinical neuroscience programs across the Brown-affiliated hospitals are among the most active and highly regarded in the U.S. Butler Hospital, part of the Care New England system, is a neurology and psychiatry specialty hospital with internationally recognized leaders in the treatment and study of movement disorders such as Parkinson's disease, memory disorders such as Alzheimer's disease, and neuropsychiatric disorders such as depression and obsessive compulsive disorder (OCD). Butler Hospital is one of the most active Alzheimer's disease clinical research centers



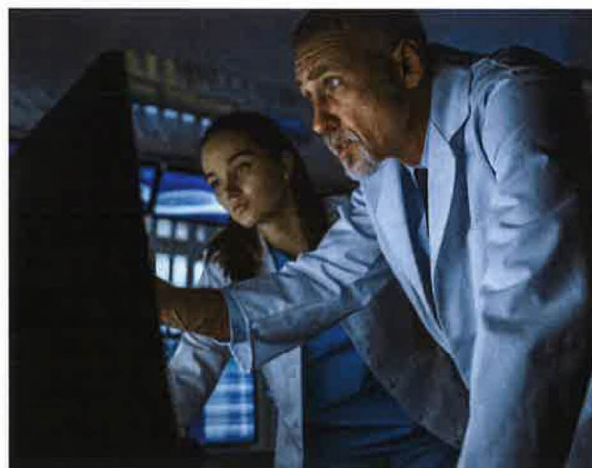
in the U.S., and is home to one of the oldest and most successful efforts to apply neuromodulation to psychiatric disorders, including the development of deep brain stimulation for intractable OCD. Meanwhile, Rhode Island Hospital, part of the Lifespan system, offers comprehensive, high-level clinical neuroscience services that rival the best academic centers in the U.S. These include a nationally recognized stroke program that was among the first to create a state-wide first-responder system that brings patients directly from the field to the angiography suite, bypassing less-equipped hospitals and emergency department delays; this maximizes the benefit of the newest clot-removal techniques and technologies so that patients who would otherwise have suffered devastating, permanent neurological impairment can now literally walk out of the hospital the next day. In addition, the Rhode Island Hospital neurosurgery program was among the first in the U.S. to adopt deep brain stimulation technology, and currently serves as a national and international referral center for spinal tumors and other spinal disorders, cerebrospinal fluid disorders, and neurosurgery for intractable psychiatric disease, among other areas of deep expertise. With generous philanthropic support, the Norman Prince Neurosciences Institute was established at Lifespan to recognize and combine these strengths into a cohesive organization that can serve as a clinical counterpart to Brown's Carney Institute, providing a robust clinical and translational resource for those research efforts.


These accelerating efforts and investments in clinical and academic neuroscience across Brown University, Care New England and Lifespan present a once-in-a-generation opportunity to harness our aggregate experience and expertise. The creation of a new, integrated academic medical center will directly benefit our local and regional population,

and will further establish the Brown-affiliated medical center as a destination treatment facility for national and international patients seeking the most advanced care for neurological and psychiatric disease.

Among the more immediate benefits for the patients we serve will be increased access to the full spectrum of neurological and psychiatric care across institutions, and a greater continuity of care over time. Too often we encounter individuals who have disjointed care across multiple sites each addressing some narrow sphere of problems, or conversely individuals who have had more narrow care at a single site without the benefit of relevant expertise or resources available at a different site. A single academic health system will enable both the seamless transition of care across multiple sites in order to provide the best care for a range of problems, as well as facilitate the referral of care for complex problems to the optimal sites.

Efficient coordination of care in these ways is especially important in the treatment of brain and spine disorders. For example, a patient with Parkinson's Disease may have movement problems

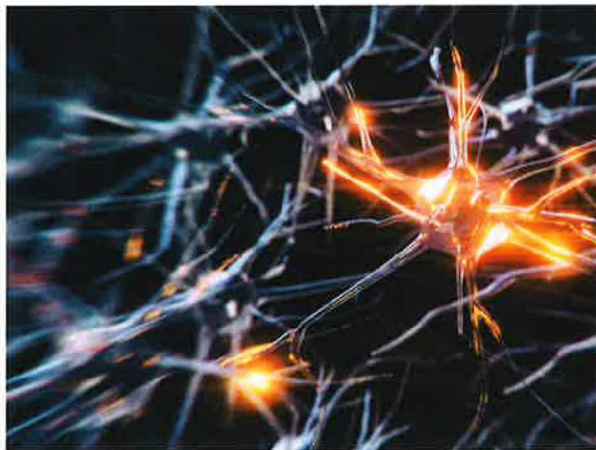




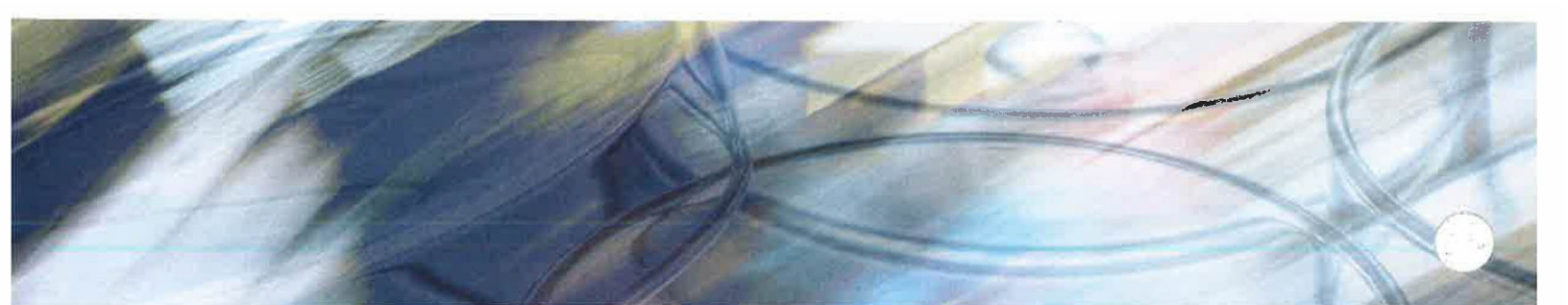
requiring both a neurologist and a physical therapist, associated psychiatric problems requiring a psychiatrist, cognitive symptoms requiring a neuropsychologist, speech problems requiring a speech therapist, and she may be considering deep brain stimulation, requiring a neurosurgeon. These specialists, if they are located at different healthcare systems—as they often are—will necessarily encounter practical and technological barriers that prevent easy, fluid interaction to best address the totality of this patient’s needs and concerns in a coordinated, synergistic manner. Within a single system, as this patient’s needs change over time, additional specialists may be recruited without fragmenting care. Likewise, a patient with a brain tumor receiving care at one site may not be aware of a relevant clinical trial taking place at another site when those institutions are parts of separate health systems. Meanwhile, from the perspective of the scientists conducting the clinical trial, enrolling sufficient patients to test a potential breakthrough treatment is hindered. Importantly, integrating the various resources available across disparate healthcare settings will enable not only greater access to optimal care pathways and opportunities, but this integration will lead to more equitable

access to these opportunities, because that access will be less contingent upon established, potentially arbitrary, socio-demographic patterns of patient flow and referral.

The creation of a single, integrated health system will not only promote higher quality and more equitable care, but it will enable more efficient and less costly delivery of complex, specialized care. This is particularly relevant for brain and spine disorders, where highly individualized care may be required along with significant technological resources. For example, patients with intractable epilepsy may require ultra-high-field magnetic resonance imaging (uhf-MRI), and patients with debilitating essential tremor may benefit from MRI-guided focused ultrasound. Replicating expensive medical facilities such as these across competing institutions inevitably results in higher up-front expense and subsequent over-utilization to recoup those costs. On the other hand, if the individual systems do not have sufficient patient volumes to justify the acquisition of these technologies in the first place, those patients who do require them will be sent to more distant centers (typically out-of-state), resulting in increased costs to those patients and their insurers, money that is drained from the local economy. Therefore, an integrated system will be able to offer advanced technologies without the unnecessary duplication of expensive resources, allowing patients to receive better care locally and in a more cost-effective manner.



The staggering complexity of the human brain is too often reflected in the myriad ways its proper function can be thwarted by illness or injury. The array of existing and potential interventions is therefore necessarily immense. No single neuroscientist or clinician can maintain a truly comprehensive and up-to-the-minute



understanding of even a single neurological or psychiatric disorder in all its mechanisms, manifestations and therapies. Designing and testing new treatments and cures requires multi-disciplinary teams of scientists, engineers and front-line clinicians to work together, intensely and efficiently. A single, integrated academic health center will remove cross-institutional barriers that otherwise slow down this critical work by decreasing regulatory paperwork, facilitating data sharing, increasing collaboration, and fostering a stronger sense of being in a single community with a shared purpose. Residents and fellows in clinical neuroscience fields will be trained in this optimal health system, imparting lessons in patient-focused care that they will take with them into their careers as the next generation of providers.

The promise of the new Brown University centered, integrated academic health system combining the strengths and resources of Lifespan and Care New England is all of these things: better care delivered to more people, a better understanding of the human brain and the human condition, and a better future in which the burden of neurological and psychiatric illness and suffering is greatly alleviated.

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TRAUMA CARE

The potential merger of the Lifespan and Care New England (CNE) health systems offers many opportunities to improve the medical care of Rhode Islanders, and this is especially true for our citizens who sustain serious injury.

Currently, the Rhode Island Trauma Center at Rhode Island Hospital (RIH) is the only American College of Surgeons accredited trauma center in the state. RIH is designated as a Level 1 Trauma center for both adult and pediatric patients by the American College of Surgeons, the professional organization that establishes the criteria that trauma centers must meet to be accredited. The Level 1 designation, the highest possible level, means that the institution is a comprehensive regional resource facility that can provide complete and total care for every aspect of injury, from prevention to rehabilitation. Level 1 trauma centers must also offer definitive treatment for every possible injury, no matter how complex or severe.

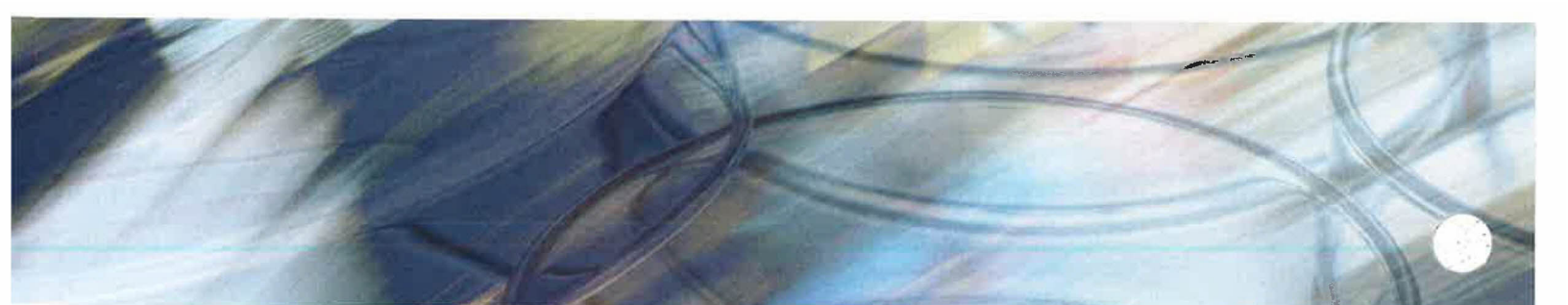
While RIH sits at the center of the trauma system of the state of RI, it is important to remember that every single hospital in the state contributes to the trauma system. By their very nature, trauma systems are always inclusive and the goal is that each institution cares for the patients that are appropriately

matched for its capabilities. The sickest of the sick are cared for at the level 1 trauma center since this has been shown to dramatically save lives. However, every trauma center has limits to its capacity, thus each institution in the state must care for those patients that mesh with its capabilities. A merger between the state's two most prominent healthcare systems will facilitate an integrated trauma care system that will improve outcomes, diminish waste, and improve the overall quality of trauma care. An integrated system will allow near instantaneous sharing of medical data, such as lab work and imaging studies, via a shared electronic medical record system, which will improve care



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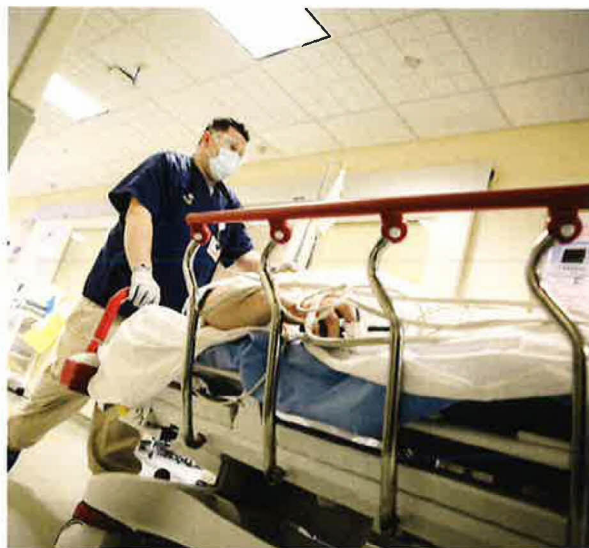




and decrease costs. Best practice, evidence-based clinical guidelines designed for caring for injured patients will be shared across the new system, so that all institutions may benefit from the experience of the level 1 center. And the shared electronic medical record system will avoid the need for duplicative tests and procedures.

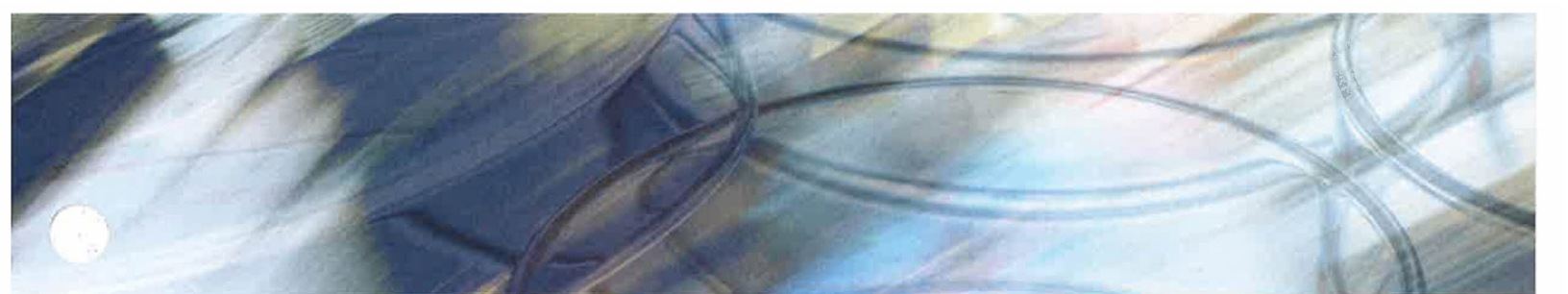
Prior to the advent of surgical subspecialties, the trauma surgeon was considered the “general surgeon of the injured.” Trauma surgery demanded skill operating in the neck, chest, and abdomen as well as on specific organs such as the heart, lungs, liver, kidney, blood vessels, etc. Over time, explosive growth in new technologies and techniques, coupled with a shift in training to more post-graduate subspecialty fellowships, made it difficult for general surgeons to be skilled in all these areas. As imaging technology and risk-stratified outcomes data became more refined, trauma surgery shifted away from routine operative interventions for treatment of most injuries to a more selective operative approach incorporating non-operative management (NOM). NOM was adapted from pediatric surgeons who long ago established that some children with solid organ injuries, such as splenic lacerations, could be safely and effectively managed without surgical intervention.

One of the unintended consequences of NOM was that trauma surgery moved from a very operative profession to a more non-operative one, which led to an erosion of some of the surgical abilities of surgeons caring for trauma patients. At the same time, changes in the practice of surgery occurred with an explosion in sub-specialization, and fewer general surgeons dedicated time to treating trauma patients. This adversely affected the ability of hospitals to staff their on-call schedules. All trauma surgeons are board-certified general surgeons, so they quickly expanded their role to fill this void,



and most incorporated emergency general surgery into their practice. Trauma surgeons are double board certified in general surgery and critical care, which enables them to care for the sickest surgical patients. The incorporation of emergency general surgery into trauma surgery allowed many institutions to round out their call schedule and ensured that trauma surgeons maintained their sharp operative edge while also maximizing their clinical productivity. The combination of trauma, surgical critical care, and emergency general surgery is deemed Acute Care Surgery (ACS). The proposed merger between the Lifespan and CNE systems will enhance the potential to regionalize emergency general surgical care like trauma care with the same expected benefits.

The ACS “model” of surgery has become the most common practice across the nation for emergency general surgery and leverages the operative talents of trauma surgeons, their ability to treat critically ill patients and their 24-hour a day, in-hospital availability to care for surgical patients. Like the trauma surgeon’s ability to care for each possible



type of injury, ACS surgeons typically care for every conceivable type of surgical illness, including such life-threatening conditions as necrotizing soft tissue infections to severe pancreatitis. ACS surgeons are also able to care for routine general conditions such as appendicitis and gall bladder infections in addition to other life-threatening problems.

An integrated health system between CNE and Lifespan will allow sharing of vital health information, imaging studies, and lab test results that better inform clinical decision-making to improve care and lower costs. It would also enhance the training opportunities for the teaching of medical students, residents, and surgical critical care fellows. Additionally, this proposed merger should afford immediate access for the sickest patients requiring emergency general surgery.

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NICU AND PICU

We are delighted to join the leadership of Care New England and Lifespan in outlining the many ways in which we believe pediatric critical care services (through the Neonatal Intensive Care Unit (NICU) at Women & Infants Hospital and the Pediatric Intensive Care Unit (PICU) at Hasbro Children's Hospital) will be Better Together.

The NICU and the PICU serve and care for the sickest children in our state. By sharing resources, education, and creating an even more seamless quality of care provision, we will greatly enhance the care for the children of Rhode Island and our surrounding community. We recognize that both the NICU and the PICU share the challenge of providing pediatric services within larger hospitals. In advancing our collaboration, we will create an even stronger pediatric voice in our medical system to advocate for the needs of infants and children.

Below, we describe our vision for how neonatal and pediatric intensive care services can rise together as integrated partners, based on the pledges made to our communities, families, and patients.



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We pledge to focus on the needs of our community with intentionality around equity.

- We recognize that healthcare disparities and racial and socioeconomic differences in outcomes in the neonatal and pediatric population are real and significant in our community.
- These healthcare disparities are evident in access to prenatal care, premature birth, chronic illness, obesity, asthma, trauma, and many more disease processes.
- We affirm that racism in medicine affects children, and that improving equity directly improves outcomes for our pediatric patients.
- We support the anti-racism efforts already underway at both Care New England and Lifespan, and believe that equity in hiring for all members of the pediatric care team is crucial.
- Representation at the bedside in nursing and physician providers is incredibly important, both in race and ethnicity, as well as language.
- Sharing of Interpreter Services resources will be key to supporting all the families in our community equitably.

We pledge to create easier access to a lifetime continuum of care.

- Many of our extremely premature infants or patients with chronic congenital conditions transition their care from the NICU to the PICU as they grow. We are excited to partner together with our social workers and unit nursing and physician leadership to improve that transition by supporting families through tours, hosting meals, and supporting transition needs, as well as investing in a dedicated medical transition process.
- We believe there is an opportunity for sharing resources to create dedicated physical space in Hasbro Children's Hospital for many of our pediatric patients with long-term technology and rehabilitation needs, such as our patients (many of whom began their lives in the NICU) with tracheostomies and ventilators. Such a unit would increase space for medically fragile children in our communities when they require increased levels of care, or inpatient procedures such as overnight EEGs or sleep studies.
- The NICU already leads the way with a renowned interdisciplinary NICU follow-up clinic; this model and resources may be shared for patients and families benefitting from PICU follow-up.



- Pediatric rehabilitation services will be enhanced and a medical home could be created for these services in Rhode Island, helping our families of critically injured and technology-dependent children stay closer to home.
- A shared electronic medical record will allow all providers and families access to medical records across the child's lifespan at their fingertips. This ensures accuracy, understanding, shared knowledge for all teams, and will reduce unnecessary duplication of care, reducing costs.

We pledge to focus on patient-centered, high-quality care.

- We focus together on the three major components of high-quality pediatric care: research, education, and patient quality and safety.
- By sharing research resources, our

Department of Pediatrics will lead the way in our region as a top-tier research institution, bringing new knowledge and cutting-edge care for critical illness through-out the pediatric age spectrum. We will also be better able to compete nationally for grant-funded research.

- In aligning our education for faculty, nursing, trainees, and staff, we will have more dedicated educators, and the ability to increase key certifications and trainings.

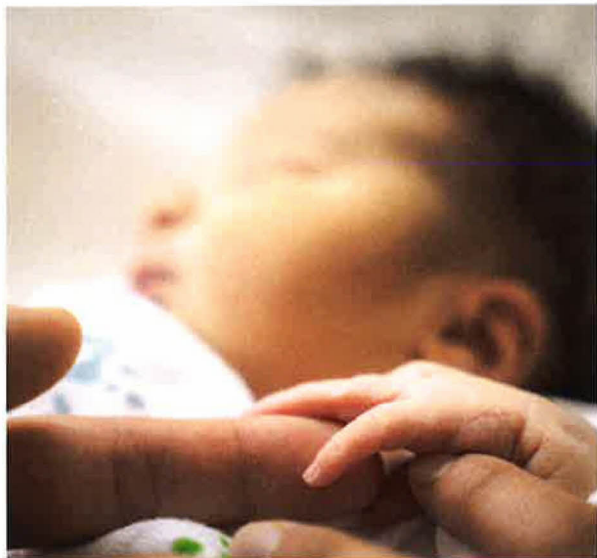
- Clinical quality improvement projects across the units will share best practices and streamline implementation of those practices. Both the NICU and the PICU will be able to contribute to national databases of pediatric critical care outcomes. We will also be able to share and increase access to equipment and services such as high frequency ventilation, renal replacement therapy, and extra-corporeal membrane oxygenation (ECMO).
- By integrating and cross-training staff such as respiratory therapists, social workers, unit assistants, and Child Life staff, we will ensure excellence and broader scope of support to families and patients.

We pledge to focus on healthcare affordability.

- We affirm that sharing resources and deepening capacity improves the efficacy and speed at which care can be provided to critically ill children.
- By this alignment of resources, there is significantly reduced duplication of testing and consultations, lowering costs.

- We recognize that improving continuity of care directly decreases healthcare expenses for our community.

Finally, we wish to express our gratitude and appreciation to the patients and families the NICU and PICU serve. Your expertise and experience guide our work and make us better, every day.



Robert Insoft, MD

*Chief Medical Officer
Interim Pediatrician-In-Chief
Women & Infants Hospital of Rhode Island*

Sarah Spencer Welsh, MD

*Medical Director, Pediatric Intensive Care Unit
Hasbro Children's Hospital*

Linda K. Snelling, MD

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CHILDREN'S MENTAL HEALTH

Through this groundbreaking future partnership between Lifespan, Care New England, and Brown University, new opportunities will arise to improve and increase access to mental health treatment for children and families in Rhode Island. We are in the midst of a children's mental health crisis that has only been exacerbated by the COVID pandemic.

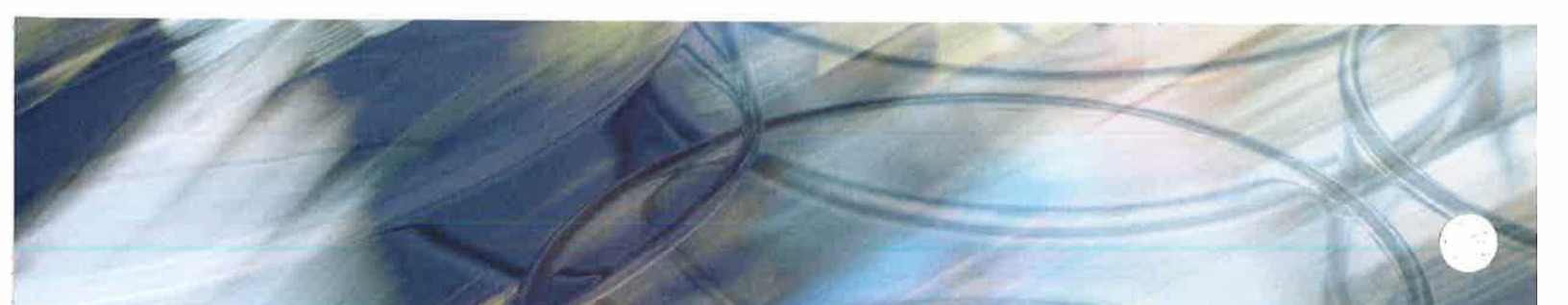
This year we have seen unprecedented increases in anxiety, depression, and suicide in children and adolescents, caused in part by more social isolation, parents working from home or having lost their jobs, financial stress, loss of family and friends, and lack of ability to participate in important childhood activities. As our individual mental health systems continue to be overwhelmed by the rising needs of children and families, we are excited and hopeful that a concerted, coordinated, and organized response created by this partnership will ensure better, quicker, and more robust care for all of Rhode Island.



Creating a unified children's mental health system will enable us to better reach all families, especially those that have historically struggled with

poor access to services, and to better work with families "where they are," both geographically and in terms of their treatment needs. This coordinated effort will ensure we can deliver services to those who need them most, and develop more specialized mental health centers where children can receive comprehensive treatment. We currently have community-based ambulatory child mental health services through several institutions, including Gateway Healthcare, Bradley Hospital, the Providence Center, and Women & Infants. The new partnership will enable us to give families and children consistent and high-quality treatment.





For example, currently, children and adolescents with autism and developmental disabilities may receive evaluation and treatment from the Brown Child Center, in-home services through Bradley's Intensive Behavior Treatment for young children, Child and Family Therapeutic Outreach treatment from Gateway Healthcare, or outpatient services through the Bradley Verrecchia Clinic for Children with Autism and Developmental Disabilities. Children with acute psychiatric conditions can currently receive partial and inpatient hospitalization services through Butler and Bradley hospitals.

Once the partnership is formed, this process will be streamlined and more helpful for these families. The institutions will have shared medical records, facilitating coordinated care as well as improving access for families through more seamless collaboration.


A unified system will also greatly improve our emergency services. By having multiple sites



available for emergency evaluations throughout our affiliate locations, we can minimize travel time for families who are already in a stressful life moment. By expanding our clinical reach, we can optimize our diversion services and improve the timeliness of getting children the more acute care they may require. Formalizing our partnership will ensure greater streamlining of services, less time spent in emergency rooms awaiting inpatient beds, and an improved patient experience. By having all the inpatient child and adolescent services together under one umbrella, we will be able to improve patient flow and allocation of resources. We may be able to prevent families from having more than one evaluation by having a single medical record system. Improved efficiencies serve the children and families in need, the clinicians who are working to help them, and may even lower the cost of care by reducing redundant services.

The Warren Alpert Medical School of Brown University currently is home to the Division of Child and Adolescent Psychiatry within the Brown Department of Psychiatry and Human Behavior. Only Lifespan physicians and psychologists are part of this faculty. By expanding the department to include the Care New England physicians and psychologists, we will significantly increase research opportunities and ideas, helping everyone in the community. Partnering with the medical school will allow clinicians access to more research funding, facilities, and knowledge. It will also provide the medical school with more clinicians, patients, and data.

Overall, broadening our academic department will provide more opportunities for shared research ventures and clinical research projects that will help meet the unique needs of our community. Evidenced-based research will be used to inform



interventions spanning from childhood to transition-age youth. Medical students, residents and fellows will gain the ability to train in an increased number of diverse settings and provide continued care for children and families. This will also improve our ability to strengthen the workforce in the shortage areas of child and adolescent psychiatry and psychology.

The past year highlighted the difficulties children and families can face when trying to access mental health treatment and support. Expansion of our child psychiatry and behavioral health department will enable development of more coordinated services and greater outreach. It will also allow for greater equality and equity in the delivery and access of mental health services, as high-quality treatment will be more readily provided to children and families, regardless of race, gender, geographic location or financial ability. Our ability to integrate our departments will increase recruitment and retention of mental health providers, thus further strengthening our teams and system. With a more robust and complete child mental health system in place, earlier intervention will be possible, and children will be able to remain in the communities that support them.

Although Lifespan and Care New England have individually provided a high level of care and support throughout Rhode Island, it is clear that with this partnership and the future addition of Brown University, more can be done together than independently.



Karyn Horowitz, MD

*Chief Medical Officer, Bradley Hospital
Director of Outpatient Child Psychiatry
and Behavioral Health at Lifespan*

Tammi-Marie K. Phillip, MD

*Chief, Adolescent and Young Adult Services
Butler Hospital*



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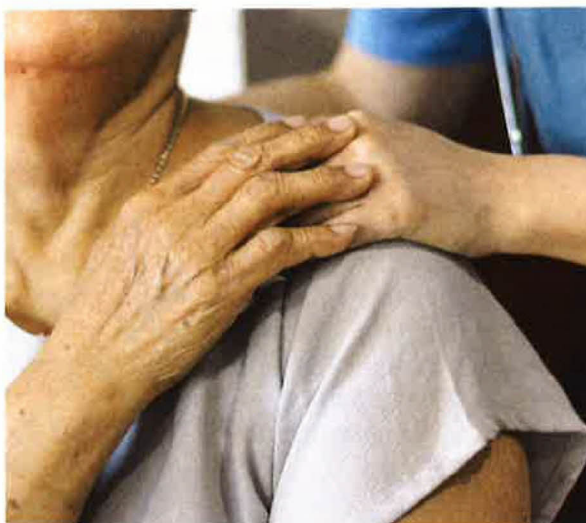
MEMORY DISORDERS

The leadership of the memory programs at Butler and Rhode Island Hospitals and the Brown School of Public Health's Department of Health Services Policy & Practice as well as the Centers for Long-term Care, Innovation and Quality are delighted to submit this enthusiastic letter of support of a plan to create an integrated academic health system involving Lifespan, CNE and Brown University. This new health system will allow us to create comprehensive clinical and research programs to promote brain health and to advance the treatment of patients in Rhode Island with Alzheimer's disease and related disorders.

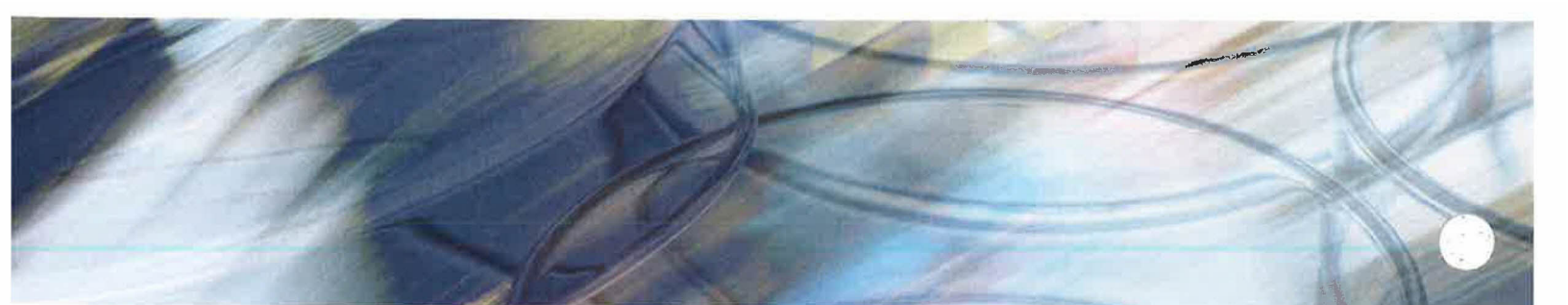
We are entering a new era of research excellence related to Alzheimer's disease at Brown. There are 17 treatment trials and 14 observational studies currently underway as well as the \$54M National Institute on Aging funded ADRD IMPACT Collaboratory under Dr. Mor's leadership designed to test innovative services and programs for persons living with dementia and their caregivers that are embedded in real-world healthcare systems. The new academic medical center will be a core contributor to the newly launched Brown Center for Alzheimer's Research funded with initial grant support of \$30M.



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Our vision is to create a unified healthcare program for patients with dementia and their families with a single EMR that spans cutting-edge prevention strategies for people at risk through treatment programs for patients with all stages of dementia. Consolidating resources throughout the new academic medical center and forming strong partnerships with community groups will help us realize this ambitious vision. The new academic medical center will be committed to building trust and sustainable relationships with underrepresented populations to address critical health disparities related to dementia.

- 
1. The health systems based memory programs in the new academic medical center will have a strong focus on the prevention of dementia. This will include developing new blood assays to detect Alzheimer's risk in collaboration with the new fluid biomarker laboratory at Brown. We will pool patient tissue samples across memory programs and make them available to researchers at Brown and other medical centers. We will test a combination of lifestyle-based and medication approaches to promote brain health and prevent memory loss. These will include vigorous exercise, heart health, Mediterranean diet and brain stimulation training and testing drugs that delay the progression of Alzheimer's and related disorders.
 2. For early cognitive symptoms, we will provide the clinical pathways at specialized clinics in RI to make an accurate diagnosis, optimize the current treatment options and address co-morbidities. We will educate medical students, residents and providers to be aware of the prevalence of dementia and teach them how



to screen for cognitive impairment. Working together, we will offer the latest disease modifying treatments and test new treatments for early stages of Alzheimer's disease.

3. To provide comprehensive services for patients living with dementia and their caregivers, we will create an assessment and treatment service staffed by clinicians from neurology, geriatric medicine, geriatric psychiatry, neuropsychology and social work to address neurologic, medical and psychiatric issues and ongoing care needs of dementia patients. We will create a system-wide program building upon evidence based academic healthcare system based programs, that includes outpatient, emergency room and inpatient services to serve persons living with dementia and other co-morbidities.
4. For dementia patients in the advanced stage who will need long-term care in the community, we will work closely with the RI Alzheimer's Association, the RI State Plan for Alzheimer's Disease and a diverse group of community partners to organize a consultation team, comprised of social workers, case managers and healthcare providers, to help the caregivers arrange the necessary care for their loved ones. This service will coordinate continuity of care with the health system discharge planning team to identify "dementia friendly" long term care residential care programs as well as other community based services that meet the needs of persons living with dementia and their caregivers.
5. Pilot projects will be solicited and encouraged for submission for funding by the NIA ADRD IMPACT Collaboratory. These pilots could be



introduced in the new medical center structure to implement and test the impact of innovative programs. Innovation Awards for Alzheimer's disease and related disorders will be offered by the new Brown Center of Alzheimer's Disease Research.

6. To advance research and enhance Brown's leadership in Alzheimer's research, the new Brown Center for Alzheimer's Research will work closely with faculty at Lifespan, CNE and the Department of Community Health to compete for an NIH-funded Alzheimer's Disease Research Center. This new Center will recruit talented new research and clinical faculty to Rhode Island and strongly support the career development and training of young investigators and clinical research staff.

In the process of achieving our goals by joining forces of Lifespan, CNE and Brown, we can fulfill our following pledges:

- We pledge to **focus on the needs of our community with intentionality around equity.**
- We pledge to **create easier access to a lifetime continuum of healthcare.**
- We pledge to **focus on patient-centered, high-quality care.**
- We pledge to **focus on healthcare affordability.**



Vincent Mor, PhD

*Florence Pirce Grant University Professor
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Stephen Salloway, MD, MS

*Director of the Butler Memory and Aging Program
Martin M. Zucker Professor of Psychiatry
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Chuang-Kuo Wu, MD, PhD

*Director, Alzheimer's Disease & Memory Disorders Center
Brown Neurology, Lifespan – Rhode Island Hospital
Professor, Alpert Medical School of Brown University*



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NURSING EDUCATION AND TRAINING

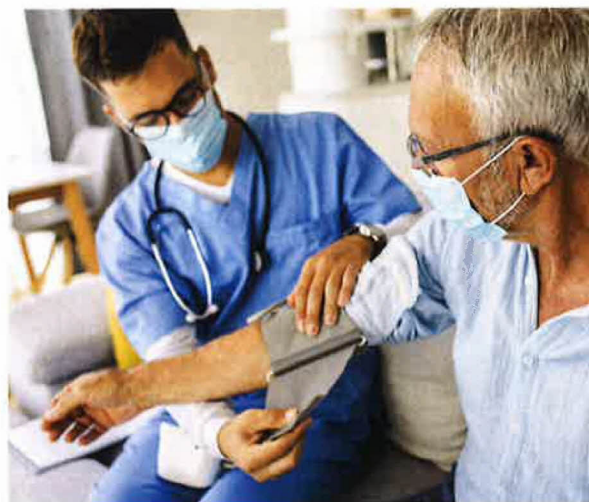
An integrated academic health system with Lifespan, Care New England, and The Warren Alpert Medical School of Brown University will allow us to coordinate our resources to better serve the community's needs. The absence of this in our state creates redundancies and potential gaps in care, as well as vulnerabilities for our patients. When patients must access care in different healthcare systems, the transitions between providers, electronic medical records, and systems support can be problematic.

These same challenges apply in the academic arena as well. Nursing programs prepare students to practice in acute settings that care for patients across age and clinical setting continuums, as well as in a variety of specialized emergent and non-emergent settings. An integrated academic system would allow for more cohesive and well-rounded preparation for students in all health professions. There are several schools of nursing in our state that collaborate with the Alpert Medical School, preparing our next generation of healthcare providers to function as an interprofessional team and help patients navigate a complex healthcare system. The merger will allow an expanded focus on this important initiative.



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The key to providing high-quality, safe, accessible, and patient-centered care is to reinforce in practice the robust interprofessional experiences provided to students. Too often the transition into practice, and the reality of a sometimes broken system, erodes the patient-centered approach and altruistic qualities and competencies of the care team. The new organization will provide opportunity to leverage the partnership with the two complementary healthcare systems and Brown University, the schools of medicine and public health as well as schools of nursing, social work and pharmacy, to build an interprofessional infrastructure.



The newly integrated academic health system strengthens our partnership with new energy and opportunities to reimagine the interplay between scientific investigation and the nursing profession as a significant contributor. It will align with the Magnet model under the domains of new knowledge and innovation. More nurses will have the opportunity to be principal investigators, leveraging the skillset of nursing to address the unmet needs of the clinical, translational, and innovative facets of nursing research. The future of nursing in research and the work of the newly shaped partnership provides excitement and enthusiasm among nursing colleagues to align our strategy in nursing research, making us Better Together.

The integrated health system will strengthen the call to incorporate diversity, equity and inclusion into nursing policy and practice. The community expects and deserves culturally competent care during every encounter. Aligning the healthcare system and Brown University will allow nursing leadership to lead this critical initiative while increasing our abilities to attract a diverse workforce.

With the anticipation of a significant nursing shortage and multi-state competition impacting recruitment and retention, we will increase our ability to attract candidates who reflect the population of patients we serve.


This opportunity further allows the new company to move beyond nursing's traditional clinical rotation model to a focus on providing education and training earlier in the career pipeline through collaboration with area schools, organizations, colleges and universities.



In the new system, favorable conditions seem limitless. Rhode Island will no longer be competing for the work force; all operating units will be working together to offer innovative career choices along with comprehensive training opportunities.

All will have the ability to learn and work with established systems to provide care with an overarching strategy aligning our staff. Access to this education and training will be simplified and streamlined, allowing our community to become involved in the care delivery process, ensuring diverse and equitable care. There is great opportunity between Hasbro Children's Hospital and the NICU at Women & Infants. Coordination of infant care, and the consistency of such care, becomes a strong process grounded in education, training and collaboration.

A similarly exciting aspect of improved care is the behavioral health arena. There is strong awareness of the need for expanded behavioral health services in the state. There will now be a process to offer specialty opportunities to those entering the



healthcare field or those entrenched in the field
and looking for a different type of care to deliver.

All these opportunities increase staff satisfaction
and resilience, patient satisfaction, and retention of
our valued staff in all roles.

Cynthia Danner, DNP, RN, NE-BC

SVP and CNO

Rhode Island Hospital and Hasbro Children's Hospital

Maria P. Ducharme, DNP, RN, NEA-BC

President, The Miriam Hospital

Marybeth Taub, MSN, RN

Interim Chief Nursing Officer, Women & Infants Hospital

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POPULATION HEALTH

The growing prominence of value-based payment models drives health systems to develop systems to promote disease prevention and healthy lifestyles, while decreasing health disparities. A highly functioning academic health system, such as the one that will be created by the partnership between Lifespan and Care New England and supported by Brown University, will improve the healthcare experience of the Rhode Island community by providing a full continuum of healthcare services focused on improving population health, while reducing unnecessary services and therefore, costs.

Population Health Management

Healthcare, historically, has been focused on treating an individual with a problem or disease. Population Health Management differs from this mainstream approach by aiming to improve the health of an entire population in a more proactive manner. This requires not only paying attention to the management of disease states, but also focusing on the social issues impacting the health of the population. Management of populations requires a broader approach, rather than the traditional hospital based one.



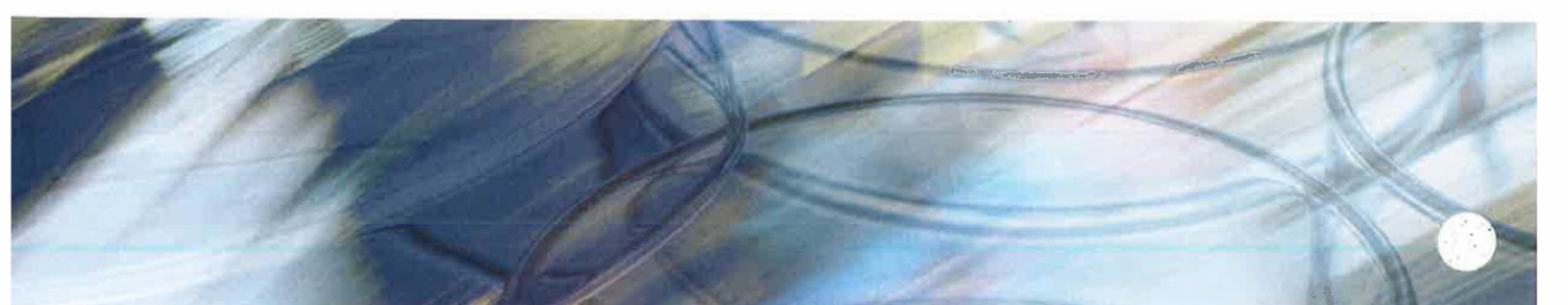
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Lifespan and Care New England have embraced the notion of Population Health Management aspiring to achieve the Triple Aim in Medicine—simultaneously improving the patient experience of care, improving the health of populations, and reducing the per capita cost of care. Both healthcare systems have already developed value-based payment models through their accountable care organizations (ACO). Both systems have achieved improvements in quality and savings in their value-based arrangements.

Benefits to the Community

Bringing Lifespan and Care New England together will broaden and accelerate their population health programs and, through their accountable care organizations, will be responsible for the management of care for over 200,000 people.* A broader, more integrated system would remove barriers between the individual systems, leading to better care coordination, improved quality and access, provider collaboration, higher patient satisfaction, and improved health of our community.

Additionally, the larger patient population being managed by the new academic health system will provide greater opportunities for improving the



health status of the region. Enhanced financial resources and human capital will allow NewCo to explore more robust solutions, such as:


- Improving quality and patient safety, increasing care coordination, expanding preventive services for patients, their families, and the overall community;
- A greater proliferation of chronic disease registries leading to standard disease management education programs across the state;
- Improvement in health literacy for underserved populations with a focus on preventive screening;
- Provider collaborations that span the care continuum and cover a broader geography, allowing treatment in the right location, at the right time with decreased variation and improved outcomes;
- Leveraging each system's expertise and capacity, capitalizing on complementary strengths;
- Working with local employers on community wellness and prevention;
- Using a common integrated information technology platform will allow sharing data, making use of newer technologies such as predictive modeling and artificial intelligence, which have been developed and tested;
- Encouraging provider alignment, and focusing on the importance of primary care;
- Developing additional support and training for all providers;
- Enhancing access to primary care, specialty care, telemedicine and behavioral health services;
- Fostering a culture of innovation, policy development and research and analysis;



- Forming various community partnerships and collaborating with other types of organizations such as public health agencies, community-based organizations, social service providers, and government programs.
- Collaborating with payers to improve population health by sharing data, encouraging provider alignment, and focusing the community on the importance of primary care; and
- Continuation and expansion of the systems' involvement in the Medicaid Accountable Entity program.

Advancing Solutions to Social Determinants of Health

There is a growing consensus that focusing on non-medical needs is a critical element of advancing population health, improving the quality of medical care, and lowering the costs of care. Estimates suggest that 40-90 percent of health outcomes are attributable to social, behavioral, and economic factors. The partnership between Lifespan and Care New England will create world class healthcare in



Rhode Island and foster the use of programs and processes designed to meet patient nonmedical needs through cross sector partnerships within the community. Upon successful establishment of the integrated academic health system, Lifespan and Care New England will work with our community partners and pledge an additional \$10 million of new money over three years to addressing social determinants of health. That investment will lead to greater savings in healthcare costs by addressing root causes of healthcare problems, including for the chronically ill.

As noted in a recent Health Affairs blog, large integrated multi-hospital health systems like Lifespan and Care New England appear to have made a decisive difference in the COVID-19 pandemic. Our systems scaled resources quickly, obtained personal protective equipment in bulk, expanded telehealth, and enabled an organized process for vaccination. Both Lifespan and Care New England have deep roots in the community and invest millions in community programs and services. A partnership on Population Health Management could bring enormous benefits to the region and will amplify the focus on eliminating health disparities.

Steven Lampert, MD

President, Lifespan Physician Group

John S. Minichiello

*President and Executive Director
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*Health Systems Made A Big Difference In The COVID Fight: Time To Reconsider Their Social Impact. Jeff C. Goldsmith, Ian Morrison; Health Affairs Blog; March 9, 2021.
(<https://www.healthaffairs.org/doi/10.1377/hblog20210308.673278/full>)



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RESEARCH

There is a palpable excitement in Rhode Island's academic, research, and commercial corridors following a [public announcement](#) that Lifespan and Care New England health systems plan to merge and to affiliate and collaborate with Brown University. This move would bring the clinical and research excellence of the healthy systems together with the research and medical education strengths of Brown's Warren Alpert Medical School. As representatives of these organizations' research enterprises, the authors of this statement wish to highlight the ways that research in Rhode Island could be impacted by such a merger and the positive effects that potentially lie ahead for our region's access to health, our economic growth, and our ability to address inequity. In this article we present three specific areas that the healthcare workers, the researchers, the academics, and the communities they serve—are excited about when thinking about this joint endeavor.

An Economic Engine for the Region

One cannot effectively talk about the health of Rhode Islanders without addressing the average unemployment in our Rhode Island communities (which remains above the U.S. average). And it is hard to overstate the economic opportunity created by the greater collaboration of Rhode Island's top academic and clinical




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organizations, for creating new jobs and commercial activity. Economists often refer to this phenomenon as a clustering effect. In its simplest understanding the “clustering effect” refers to the ability of organizations like ours to attract start-up enterprises and highly skilled workers to Rhode Island and our neighboring regions. Regions like San Diego, California, which had an economy largely driven by tourism and land development have witnessed such a clustering effect, firsthand. Today, the San Diego biotechnology cluster receives more than a billion dollars a year in research grants, employs more than 40,000 people and has an economic impact of more than \$8.5 billion annually.

Unlike San Diego however, Rhode Island's healthcare sector (and its related research) is already the largest segment of the Rhode Island economy. Thus, unlike





other similarly situated regions with academic medical centers, we come to the table having already established a culture of research, which in some other cases might take years to inculcate. By forming this academic health system, our state will be able to offer what biotech companies need: world-class scientists and clinicians; ability to conduct clinical trials; and new graduates eager to get involved in start-up opportunities. And all of this will be located in a state with a lower cost of doing business and cost of living than other states in the Northeast.

There is also greater potential for biotech companies to be spun out of the academic health system's own research. Research at Brown and the hospitals has focused more and more on being "translational," or what is sometimes called "bench to bedside" research. That means researchers take their discoveries and work with industry or with investors to move them out of the lab and to create the drugs or treatments for the patients who need them most. By working collaboratively, we can be more efficient in moving these projects to that stage.


That's one of the ways the academic health system can have a real impact on real people. Another way is by creating high-paying jobs in the biotech industry. There are thus fewer barriers to our collaborative enterprise's ability to build job-creating assets that increase the capacity to improve the quality of life. And by committing ourselves to attracting job-creating industries, with a mind toward minimizing factors which could price out our community, we believe that we can positively impact our community. This is one of the ways we believe we will fulfill **our pledge to focus on the needs of our community with intentionality around equity.**

Improving Care and Access to Information

A core benefit of having an integrated academic health system is a shared vision and commitment to conducting biomedical research that focuses on the latest knowledge of diseases and develops new therapies. The integration of medical innovation and world-class research is used to inform clinical care in such areas as cancer, women's health and brain diseases like Alzheimer's and ALS. For example, the Cancer Center at Brown University is studying cancers more prevalent in Rhode Island, such as bladder and breast cancer. Greater collaboration with researchers and clinicians at Lifespan and Care New England can spur more clinical trials, giving Rhode Islanders access to the cutting edge of therapy without having to leave the state.

The closer collaboration of Rhode Island's top health systems and the academic home of the state's only school of medicine and school of public health is an opportunity to expand knowledge among care givers, citizens, the research community and policymakers. The data produced from clinical research in the academic health system can help improve the health of an entire population. For example, if clinical research reveals a cluster of early deaths due to heart disease, the health system, Rhode Island Department of Health, community organizations and other stakeholders could work together to address the social determinants of health that may be contributing to poor heart health in an area.

This will be the knowledge that helps empower community organizations who advocate for the health and well-being of Rhode Islanders. Researchers refer to this sharing of data from



patients and subjects in Health Center back to the community as the “bi-directionality” of data and information. As a merged Academic Medical Center, we will be able to finally create systems that allow for bi-directionality of information so that it flows quickly and securely to our patients and study participants, which is in keeping with **our pledge to create easier access to a lifetime continuum of healthcare.**

But we believe we can’t stop there. As the region’s premier source of biomedical information and healthcare, we also will ensure that families in our community who may not have access to healthcare services from remote settings (i.e. through smart phones and computers) are nonetheless still given access to the best of care. This is where a merger will allow us to pool resources to create multidisciplinary centers of excellence that will engage the community, act as a source for important health information including how our community members can enroll in clinical trials, serve on institutional review boards and study subject boards, gain access to cutting edge treatments, as well as other services which reflect **our focus on patient-centered, high-quality care.**

An Eye Toward Affordability and Access

As researchers and administrators, we are careful not to overstate our role in producing state-wide equity while fighting against the displacement of

our number one resource—our people. This is a task far better suited for legislators and community organizations. But as the stewards of public assets we also have a responsibility to be efficient in the fulfillment of our mission and not waste our valuable resources. We note that as research administrators, we often talk of creating efficiency, with the understanding that the term “efficiency” can engender anxiety, and in some sectors, could mean job losses. We believe the opposite to be true in the case of this uniquely Rhode Island story; where healthcare remains our largest industry and thus will likely mean more opportunities to attract new businesses and services, not fewer.

The efficiency we gain from coming together has a potentially game changing effect on making more resources available to our organizations, which would otherwise be borne by our patients and our communities. The savings we gain will be passed on to our patients and our community, which will in turn give us the capability to be true to **our pledge to focus on healthcare affordability.**

And so, we hope that this information is helpful in understanding why we are so excited by our collective realization that we can “Be Better Together.” As representatives from research, we believe that the jobs we can attract, the information we will be able to share, and real financial benefits are reason for optimism.

Jack A. Elias, MD

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WORKFORCE

From a human capital perspective, the merger between Lifespan and Care New England, with the support of our academic partner Brown University, could not be timelier. We have faced unprecedented emigration of employees from our respective organizations and seek to train and retain the very best local talent. Our employees—collectively, 23,000 of them—and their families, neighbors, and friends, are also our patients and comprise the communities we serve. A combined healthcare system will provide cradle to grave care across the healthcare continuum, with less disruption, less need to change providers, and no need to leave the state for health needs. The benefits that will accrue to our patient population, by default, will positively impact our employees because they are one and the same.

With Brown as our academic partner, the formation of a true academic health system catapults the small state of Rhode Island to the fore of medical and scientific research, teaching and patient care. This will necessarily lead to the creation of new jobs and enhancement of existing professional opportunities and career pathways.

The preservation of jobs in our community is of utmost importance, and partnerships like this afford the ability to do so with intention.



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In combining these healthcare entities, we will create the opportunity to build and to invest in a robust talent pool that allows for growth and development of our associates more holistically. The savings that will inevitably result from the elimination of redundancy and duplication can be invested in an assortment of system-wide enhancements including the expansion of our employment resources center with a deep focus on career progression and succession planning, with many more opportunities for enrichment across a spectrum of employment specialties. Resources can be channeled toward development of talent pipelines to address needs across a broader system. The existing partnerships with local academic



institutions can be broadened. A combined Lifespan and Care New England can grow talent more deliberately, and actively invest in impactful retention programs that keep our workers within the state with fulfilling, competitively compensated opportunities. The academic health system will be a draw for talent and provide for more robust recruitment regionally and nationally.

The combined enterprise assures the continued livelihood of workers who may be disparately impacted or displaced if any of the hospitals within the system do not retain their viability. As seen with the closure of Memorial Hospital, the upheaval for patients and employees alike was significant. Maintenance of employment and healthcare services is paramount in the community; preservation of access and continuation of services are enhanced by this merger. We can leverage the shared expertise and knowledge capital of our respective organizations in creating synergies across the system. Our ability to share best practices will further the quality of care and result in better clinical outcomes.

Further, our ability to invest in and benefit from the diverse lives and shared experiences of all members of the employment community will fortify our commitment to representing the health needs of the constituents we serve.



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Lifespan

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Care New England



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MEDICAL EDUCATION

Care New England and Lifespan (CNE/LS) are home to the premier teaching hospitals in Rhode Island, ensuring up-to-date, culturally competent, evidence-based care for the communities we serve not only today, but for generations in the future. Together, CNE/LS hospitals are the primary teaching hospitals for The Warren Alpert Medical School of Brown University (AMS), with an enrollment of almost 600 students. CNE/LS also sponsor more than 70 residency and fellowship graduate medical education programs, which train over 900 physicians a year in a wide range of specialties and subspecialties. Bringing CNE/LS together in partnership with Brown University to create a future integrated academic health system will improve collaborative efforts for all faculty. Whether serving as preclinical, clinical, career or research educators and mentors, an integrated system will elevate the ranking and national recognition of our training programs and provide a pathway to train and retain the best physicians and healthcare professionals to serve the needs of our community.



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Easier Access to a Lifetime Continuum of Healthcare

The educational programs within the CNE/LS hospitals span all medical specialties. An integrated academic health system will facilitate training across the entire continuum of a patient's life, from neonate to end of life care; creating improved collaboration of clinical experiences, relationships and resources as well as synergistic use, increased quality of and access to educational resources. Improved care of our patients and communities will occur as training will seamlessly focus on patients at all points in their healthcare needs, not only those that are available at specific health systems. The use of an integrated and shared electronic health record for our medical students and residents will improve and enhance their understanding of disease processes as they take care of patients, allowing for the appreciation of the full context of patient care. This comprehensive understanding of patients and communities throughout their lifetime will elevate the level of training we can provide, resulting in physicians who are better prepared to take care of all patients, ultimately improving outcomes for our local communities.

Focus on the Needs of our Community with Intentionality Around Equity

There is a growing consensus that focusing on integration of health systems will facilitate alignment between the hospitals and medical school in areas of shared importance, specifically addressing health disparities and creating equity in the care of all patients. With these shared goals, the mission and strategic planning for medical education—or students, residents, fellows, and physicians—can be centralized, leading to increased effectiveness and efficiencies. This will increase the engagement of our trainees into community service and public health, and recruitment of an inclusive and diverse workforce that mirrors the communities we serve, leading to improved health outcomes and health equity. Seamless integration will facilitate access to educational opportunities, amplifying these opportunities for our learners. Planning and curricula for integration of health disparity teaching will be centralized, with consolidated resources, leading to improved funding and leverage for external content area experts, improving the overall education of our workforce and stature of our programs.


Patient-centered, High Quality Healthcare

Across the CNE/LS facilities, medical students, residents, and fellows provide care to a broad spectrum of patients in over 70 different medical specialties. The educational programs in these areas train the physicians of the future in both primary care and specialty areas of medicine. The future integrated academic healthcare system will enhance the quality of healthcare and the associated

educational programs in a number of ways. First, the clinical interactions and collaboration across programs will be enhanced, which will result in a more seamless patient experience. Second, teaching resources will be shared across the entire system, which will improve the educational experiences and learning environment for our medical students, residents, and fellows. Importantly, there will be opportunities to develop patient centered, interdisciplinary and interprofessional clinical conferences, bringing the brightest minds together to help serve patients' needs in a comprehensive manner. The new structure will permit better education on topics such as cost effective care, population medicine, patient safety, and quality improvement. There will be enhanced opportunities for mentorship of trainees, which will facilitate their learning and better prepare them to serve patient and community needs in an ever-changing healthcare environment. Third, the unified and coordinated medical education system will permit better engagement of our workforce into community service and public



*Health Systems Made A Big Difference In The COVID Fight: Time To Reconsider Their Social Impact. Jeff C. Goldsmith, Ian Morrison; Health Affairs Blog; March 9, 2021.
(<https://www.healthaffairs.org/doi/10.1377/hblog20210308.673278/full>)



health initiatives. Education related to social justice, health equity, and identifying healthcare gaps in our community will be enhanced. The system also will be positioned to serve the needs of the community during times of crisis, such as pandemics and natural disasters. Finally, the educational programs in the new healthcare system, which will span every major specialty of medicine, will elevate the prestige and potential of all programs. This will facilitate recruitment of top quality physicians and trainees into our state, with diversity that truly represents the patients we serve. Most importantly, the graduates of our medical school, residency and fellowship programs serve as a pathway to retain the best physicians in the state—physicians who know the needs of the community, are part of the community, and are invested in the health of our population.

Healthcare Affordability

The impact of a coordinated medical education enterprise on healthcare affordability may not be obvious to many, but it is very clear that a relationship exists. It has been shown that individuals who train in health systems that deliver high quality, affordable patient care will continue

to practice in this manner throughout their career, long after their training has ended. Thus, the impact of creating such a health system will be enduring: the students, residents, and fellows who graduate from our training programs will be poised to consider cost, affordability, and quality in their practice, wherever they go. In partnership with Brown, we will have new opportunities to educate our students and trainees in the economics of medicine. Furthermore, a fully integrated health system will improve access for underserved communities, which is critically important to improving the health outcomes of our patients and their families.

Conclusions

The creation of an integrated academic health system will provide new opportunities for our educational programs to excel in all major domains: patient care, research, and education. The new system will facilitate diversity of our physician workforce and promote alignment of healthcare goals that serve the needs of our communities.

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