

Brown Names Yale Physician as its 7th Dean of Medicine

Pulmonologist, researcher Jack Elias, MD, to arrive September 1

BY MARY KORR
RIMJ MANAGING EDITOR

PROVIDENCE – Jack Elias, MD, chairman of the Department of Medicine at the Yale School of Medicine and physician-in-chief of Yale-New Haven Hospital since 2006, has been appointed seventh dean of medicine and biological sciences at Brown University.

He succeeds Dr. Edward J. Wing, who became dean in 2008, and stepped down from the position July 1.

Dr. Elias will assume his position on Sept. 1. Brown Provost Mark Schlissel, MD, who led the nationwide search for the new dean, will serve as interim dean until then.

The appointment was announced on June 27th.

In a professional career spanning more than 30 years since earning his bachelor's degree and MD at the University of Pennsylvania, Dr. Elias has cared for patients with a wide variety of lung ailments and injuries and has conducted research on conditions including asthma, chronic obstructive pulmonary disease, pneumonia, pulmonary fibrosis, and the effects of smoking.

Brown President Christina Paxson said Dr. Elias, elected to the Institute of Medicine and who has served as president of the Association of American Physicians, arrives at a time when “our medical school and research programs, for instance in brain science, are expe-



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riencing significant growth, and soon we will embark on a new strategic plan to continue this momentum. As an internationally recognized biomedical researcher, educator, administrator, and practitioner, Dr. Elias is a wonderful addition to our leadership team.”

A day after the announcement, Dr. Elias sat down with the *Rhode Island Medical Journal* to answer the following questions posed by its editors.

Q. What will be your top initiatives as the new dean?

A. One of my personal top initiatives is to get to know Brown, the medical school and its hospital partners better. One of the biggest issues that face the medical school and the partners is mak-

ing sure their relationship grows and matures along the lines of the changes that are taking place in health care. The challenges that hospitals and medical schools have are pretty impressive everywhere in the United States – to try and keep the educational and research missions going at the same time is very hard. I’ve been at two major places in my career – at the University of Pennsylvania and at Yale – and some of the lessons that I’ve learned from those two institutions will be directly transferable and some will not.

We’re going to need to prioritize where we are going to grow, and where we are going to invest. And we are going to have to get a strategic planning process going for the medical school.

Q. Do you plan to practice medicine here as well as teach, do research and administer the medical school?

A. That's a good question. I've been doing that up until now. I was 6-foot 3 when I entered my residency program and look at me now. The No. 1 reason they brought me here was to be the dean of the medical school and the program in biology so obviously that's got to be No. 1.

The other thing I'm going to be doing is bringing my research lab here, so I will have a research presence. I have a research focus that is a basic science yet translational focus. I also plan to round at the hospitals, teach and go to morning report. I'm not coming here to be a practitioner.

Q. You will soon be the spokesperson for the state's only academic medical center. How do you plan to bring harmony to what is sometimes a fractious health care community? What message would you give to docs practicing in Westerly and Woonsocket?

A. I come from a place where there are often heated discussions. What always bothers me is when I see energy being directed in the wrong way. If we direct our energy towards squabbling with each other, we're not putting our energy toward the right things, which is caring for patients in the right way and coming up with new knowledge.

I think the message is that healthcare is changing. Coordinated care, extended care and eventually disease-focused and capitated care are going to be facing all of us. The dream is that we have a well-integrated health care system so that we care for people the right way and with the right level of humanity and

compassion and that five and 10 years from now we have treatments for people that actually work.

We're on the verge of some very amazing breakthroughs and some have already happened. At every meeting now there's another breakthrough drug being announced. It's exciting. When I first got into pulmonary, lung cancer – if you couldn't surgically remove it – was a death ticket. Now you have a drug that actually works.

Q. Hospitals are being reimbursed less for graduate internal medicine training programs, and as a result these training programs are being reduced, not only in Rhode Island but nationwide. Will the medical school play any role in determining which training programs will be reduced by its affiliated hospitals and health care systems?

A. When you stop training residents, you have to replace them with something. And when you start replacing a resident with a person that's an already trained, board-certified physician, invariably it's more expensive. There's a very reasonable case to be made to the hospitals that the costs of getting rid of the educational experience is actually greater than the money that you're saving by doing that. In my hospital, they left everything alone. But again, I am not speaking about here and I need to understand the thinking here.

Primary care programs are expanding because the federal government is willing to let you add slots in primary care but not in specialty programs. That issue is not just here. I don't know what's happening here but one of my roles is to be an advocate for educational training.

Q. What are your plans for better integration with the main campus of biomedical scientists and physicians?

A. I am a huge believer in the integration of basic science and translational medicine. I will work as hard as I possibly can to get the physician-scientists that we have here to be interacting with the basic scientists. The tack I've always taken in my research is to figure out something at the level of basic science and then carry it into the clinic, to see if what I have discovered in the lab makes any sense in man, and then you push it as far as you can until the next question comes up and you bring that question back to the lab and you keep going back and forth.

Q. Physician alignment and a single faculty practice plan – how realistic is that to achieve here?

A. I don't know that it's going to be easy. Yale has two groups of physicians largely – those that are employed by Yale and those that are employed by Yale-New Haven Hospital independent of the school of medicine. The general rule of thumb is that the vast majority of the doctors at Yale-New Haven Hospital are employees of the school of medicine.

Here you've got a situation that is much more complex with many more moving parts to it. I think in the long run it's going to be in everyone's interest to simplify and to integrate and to eliminate duplication; and in the process I'm not saying it's going to be easy. I know people have already started working on it and I am cautiously optimistic that a resolution will take place that will benefit everyone. ♦

Navigating the Mazes and Sensors of Brain Science

BY MARY KORR
RIMJ MANAGING EDITOR



PROVIDENCE – Used to navigating political mazes, U.S. Sen. Sheldon Whitehouse and U.S. Rep. James Langevin were willing “subjects” in the Virtual Environment Navigation (VEN) Lab at Brown, which they visited on June 7 as part of a tour to learn about brain research underway at the university and its affiliated hospitals.

They donned virtual reality helmets and electronic backpack units and navigated through a virtual garden maze projected on the headgear. William Warren, professor of cognitive, linguistic, and psychological sciences at Brown, introduced the virtual exercise.

“As we walk around our normal environments, we have certain kinds of visual information that’s coming in all the time,” he said and explained the exercise monitors the paths people choose to determine the underpinnings of their spatial knowledge.

The VEN Lab is collaborating with the Providence VA Medical Center on several studies involving lower extremity injury and gait disturbances. Patients who have undergone surgical repair for Anterior Cruciate Ligament (ACL) knee tears have been coming to the lab to have postoperative gait



On June 7, U.S. Sen. Sheldon Whitehouse and U.S. Rep. James Langevin toured two labs at Brown to observe brain science research underway. In the Virtual Environment Navigation (VEN) Lab, Sen. Whitehouse walked through a virtual maze projected on his headgear. Rep. Langevin holds prototype of wireless neural sensing brain device under development

function measured with the use of motion capture markers, which measures precise gait movements.

Another study at the VEN Lab involves simulating and testing the effects of peripheral vision loss on mobility in people with severe “tunnel” vision resulting from retinitis pigmentosa.

Afterwards, Sen. Whitehouse said he could see the lab floor, but nevertheless felt himself drawn inside the maze, especially when it shifted abruptly, or a barrier appeared.

Wireless brain sensor

During the tour, Arto Nurmikko, professor of engineering, also showed the Congressmen a prototype of a wireless, broadband implantable neural sensing device developed in his engineering lab, a first in the brain-computer interface field. It has not been tested in humans yet.

He showed a video of its wired

precursor, used in the investigational BrainGate system. In the film, people with severe paralysis were able to control assistive devices, such as robotic arms or computer cursors, through the use of a wired system using similar implantable sensing electrodes which transmit neural signals from the cortex. The wireless “remote” would replace the wired unit connected to cables which protruded from the skulls of these patients.

“This research could really help our disabled veterans,” Sen. Whitehouse noted.

“It’s the next step in providing a practical brain-computer interface,” added neuroscientist John Donoghue, director of the Brown Institute for Brain Science, a developer of BrainGate and a member of the Brain Initiative announced by President Obama.

After the tour, Rep. Langevin tweeted, “Turning sci-fi into reality.” ❖



Dr. Kathleen Hittner, center, former Miriam Hospital CEO, shown here at an event honoring women leaders last week, has been nominated to replace Health Insurance Commissioner Christopher F. Koller.

Chafee nominates Hittner as Health Insurance Commissioner

PROVIDENCE – Gov. Lincoln Chafee nominated Dr. Kathleen C. Hittner to lead the Office of the Health Insurance Commissioner. If approved by the R.I. Senate, she will replace outgoing Commissioner Christopher F. Koller, who stepped down at the end of June to become president of the Milbank Memorial Fund, a national health policy foundation based in New York City.

“Dr. Hittner is a widely respected medical professional with decades of relevant experience in Rhode Island’s health care industry,” Gov. Chafee said.

“The Health Insurance Commissioner is a critical role for businesses, for health care providers and for the future

of our health care system,” said Lt. Gov. Elizabeth Roberts.

Dr. Hittner served as President and CEO of the Miriam Hospital from 2000 to 2009.

She was the first woman president of the Rhode Island Society of Anesthesiologists (1988–1990) and the Rhode Island Medical Society (1991–1992). Dr. Hittner completed the requirements to be certified as a Fellow in the American College of Healthcare Executives in 2007. ❖

Dr. Fine to lead trade mission to Israel

November trip will visit medical, biotech sites

BY MARY KORR
RIMJ MANAGING EDITOR

PROVIDENCE – Dr. Michael Fine, director of the Rhode Island Department of Health, will lead a trade mission to Israel Nov. 8–16, geared to physicians, CEOs, research and development executives, leaders in the healthcare and life science industries, and university and hospital officials.

“This is a great opportunity for Rhode Island and Israeli healthcare providers and healthcare-related businesses to exchange ideas, learn from one another, and develop joint ventures. Programs such as this generate important collaborations that have a lasting impact on our healthcare system,” said Dr. Fine.

The trip will include visits to medical, biomedical and pharmaceutical facilities, medical schools, life science incubators and EMS facilities.

Participants will also meet with industry leaders and government officials from the Ministry of Health, Industry and Trade Labor, and Office of the Chief Scientist to explore collaborative research and business opportunities; learn about the country’s universal healthcare system and explore Israel’s broad use of information technology in medical applications.

Israel is home to approximately 1,000 life science companies and more than 400 medical device companies. Among

the sites listed on the preliminary itinerary are visits to:

- Hadassah Medical Center in Jerusalem
- Teva Pharmaceutical Industries
- Emek Medical Center in Afula (sister hospital to The Miriam)
- Technion Medical School and Rambam Hospital (Haifa)
- Diverse biomedical companies
- An Army emergency readiness center
- Clalit Health Center headquarters in Tel Aviv
- Weizmann Institute of Science
- Sackler School of Medicine in Tel Aviv

The cost to participate is \$3,000 for the first individual from a company with fewer than 250 employees, and \$5,000 for the first individual from a company with more than 250 employees; the registration fee for each additional employee from a company registered to attend is \$500. Travel expenses are additional.

Registration and payment is due by Sept. 27. For more information or to register, contact Katherine Therieau (278-9100, ext. 139 or ktherieau@riedc.com), director of international trade for the R.I. Economic Development Corporation. ❖

Health Dept. oks Memorial Hospital/Care New England affiliation

Retention of family medicine program a stipulation

BY MARY KORR

RIMJ MANAGING EDITOR

PROVIDENCE – On June 26, Michael Fine, MD, director of the Rhode Island Department of Health, announced the approval of the merger of Memorial Hospital of Rhode Island (MHRI) with Care New England (CNE) Health System.

The conversion application was submitted to the health department for consideration under the new Expedited Review Process, which makes special provisions for hospitals that are deemed financially distressed, a criteria MHRI met. Applications were also filed with the R.I. Attorney General's office, which is expected to announce its ruling this week, and the Federal Trade Commission.

Dr. Fine approved the affiliation with conditions. Among them was the stipulation that Memorial maintain an Accreditation Council for Graduate Medical Education (ACGME) approved family medicine residency program that is "substantially similar in nature, scope and purpose to the family medicine residency program presently offered at Memorial Hospital, including all academic, medical and research components."

Currently the hospital is affiliated with the Alpert Medical School and is the site of Brown's Center for Primary Care and Prevention. Each year the program trains between 70–80 residents in primary care and internal medicine.

Overview

According to the affiliation agreement between MHRI and CNE entered into on Jan. 2, 2013:

- CNE will refinance or discharge \$11M in Memorial Hospital bond debt
- CNE will finance Memorial operational shortfalls through Sept. 30, 2016 (estimated in the range of \$27–\$36 M)
- CNE's board will expand to include four new members; three at-large directors to be nominated by Memorial
- No elimination of clinical services is expected
- A new foundation will be created as the primary fundraising entity for Memorial
- Memorial will continue to be the teaching site for the Alpert Medical School undergraduate medical education program as well as residency programs, and continue to host the Brown Center for Primary Care and Prevention.

Memorial is a 294-bed acute care community hospital that was founded in 1901. It serves a population of approximately 300,000 residents in the Blackstone Valley and surrounding southeastern Massachusetts communities.

CNE, a not-for-profit healthcare system founded in 1996, includes Women & Infants, Kent and Butler hospitals and a Visiting Nurses Association (VNA). Once the conversion process is completed, Memorial's home care division will be incorporated into the VNA of CNE. ❖

State deems Landmark application complete

PROVIDENCE – The Office of Attorney General (RIAG) and the Rhode Island Department of Health (HEALTH) announced on June 28 that the Hospital Conversion Initial Application for Prime Healthcare Services and Landmark Medical Center, and affiliated entities, has been deemed complete.

Pursuant to the Hospital Conversions Act, RIAG and HEALTH have 120 days, commencing July 1, 2013, to review and evaluate the application to determine if the transaction may go forward.

The review of the initial application was suspended on March 29, 2013 when the transacting parties failed to provide the required information within the statutory timeframe. Given the specific circumstances of Landmark, especially that it has been in Special Mastership for five years, by this suspension, RIAG and HEALTH permitted the application to continue to be processed even though the application remained incomplete rather than rejecting it without prejudice. This gave the transacting parties more time to achieve a complete application and avoided additional delay that would have been caused by requiring the entire application to be re-filed.

In a separate but related matter, HEALTH accepted as complete Prime's application for a change in effective control of Landmark Medical Center and the Rehabilitation Hospital of Rhode Island. Both of these applications will be heard before the Health Services Council; the date has yet to be scheduled. ❖

Legislative Health News

New law OKs e-prescription use for controlled substance list drugs

PROVIDENCE – The use of electronic prescriptions in Rhode Island – already at a fairly high level according to the Department of Health – is expected to become more prevalent with enactment into law of legislation recently approved by the General Assembly.

In June, Gov. Lincoln Chafee signed into law bills requiring the director of the Department of Health to establish rules and regulations for adopting a system for electronic data transmission of prescriptions for substances on the various controlled substance schedules.

State law currently refers to "written" prescriptions for these drugs, making enactment of the legislation necessary to keep up with technological advances in the medical field.

Items on the Schedule II controlled substances list are those that have a high potential for abuse and include such drugs as Demerol, OxyContin and Percocet. Items on the Schedule III list are those with a lesser potential for abuse and include drugs such as Vicodin and Tylenol with Codeine. The Schedule IV controlled substances have a low potential for abuse and include such drugs as Xanax and Valium. Schedule V covers such items as cough preparations containing some codeine.

The legislation also adds a new section to the law, relative to an electronic prescription database to be maintained by the Department of Health, and spells out how and to whom information in that database can be made available. ❖

Research News

Butler, RIH in clinical trial to test deep brain stimulation for Alzheimer's

PROVIDENCE – Butler Hospital and Rhode Island Hospital are collaborating in The ADvance Study, a clinical trial investigating the use of deep brain stimulation (DBS) as a treatment for patients with Alzheimer's disease. The multisite clinical trial is investigating the safety and efficacy of DBS in slowing the loss of memory and cognition in patients with Alzheimer's disease.

In the ADvance Study, a pacemaker-like device is implanted beneath the skin in the patient's chest to deliver electrical pulses directly to the fornix – a part of the brain that plays a central role in memory. DBS is currently FDA approved to treat Parkinson's disease, Tourette's syndrome and resistant obsessive compulsive disorder.

"DBS has helped transform the treatment of Parkinson's disease and we hope that stimulation of memory circuits can have a similar benefit in treating Alzheimer's disease," said **DR. STEPHEN SALLOWAY**, principal investigator for the study and director of the Memory and Aging Program at Butler Hospital.

The trial stems from a preliminary DBS study in six patients with Alzheimer's disease in Canada which found that patients with mild forms of the disease showed sustained increases in glucose metabolism, an indicator of neuronal activity, over a 13-month period. Most patients with Alzheimer's disease show decreases in glucose metabolism over the same time period.

In the double-blind clinical trial being conducted at Butler and Rhode Island Hospital, all participants will have the device implanted. Half of the participants will have the device activated in the first year, and all participants will receive active stimulation in the second year of the study. Following an initial evaluation at Butler, participants will have the device implanted at Rhode Island Hospital under the direction of **GARTH REES COSGROVE, MD**, chief of neurosurgery at RIH. He is also chairman of the Department of Neurosurgery at Alpert Medical School and director of the Norman Prince Neuroscience Institute at Rhode Island Hospital.

After the device is implanted, participants will visit Butler to have the device programmed by **DR. VICTORIA CHANG**, a neurologist with expertise in DBS programming. Researchers at Butler will monitor safety outcomes and changes in memory, cognition and daily functioning with brain scans performed at Rhode Island Hospital. ❖

RIH reduces incidence of hospital-associated C. difficile by 70%

PROVIDENCE – Rhode Island Hospital has reduced the incidence of hospital-associated Clostridium difficile (C. difficile) infections by 70 percent and reduced annual associated mortality in patients with hospital-associated C. difficile by 64 percent through successive implementation of five rigorous interventions, as reported in the July 2013 issue of *The Joint Commission Journal on Quality and Patient Safety*.

"Hospital-acquired infections are a major concern for hospitals across the country and C. difficile is among the most dangerous," says principal investigator **LEONARD MERMEL, DO**, medical director of the department of epidemiology and infection control at Rhode Island Hospital. "The risks to patients are enormous, as is the excess associated hospital cost."

Dr. Mermel et al. note that from 2000 to 2009, discharge diagnoses from U.S. hospitals that included C. difficile increased from 139,000 to 336,600 – a 242 percent increase. Similarly, the yearly national excess hospital cost associated with hospital-onset C. difficile is estimated to be upward of \$1.3 billion.

To measure and reduce the incidence of hospital-acquired C. difficile, Dr. Mermel and his colleagues implemented a multi-step process based on a risk assessment: develop and implement a C. difficile infection control plan; monitor additional data sets, including associated mortality and morbidity as measured by C. difficile-related colectomies; improve sensitivity of C. difficile toxin detection in stool specimens to reduce false-negative results; and enhanced environmental cleaning of patient rooms and equipment.

Researchers monitored the number of C. difficile infections per 1,000 hospital discharges from the second quarter of 2006 to the third quarter of 2012, and found that hospital-associated C. difficile infections were reduced from a peak of 12.2 per 1,000 to 3.6 per 1,000 discharges. Additionally, the mortality in patients associated with this infection was reduced from a peak of 52 in 2006 to 19 in 2011, and by the end of the third quarter of 2012, that number was down to 13.

Other researchers involved in the study are **JULIE JEFFERSON, RN, MPH**; **KERRY BLANCHARD, STEPHEN PARENTEAU, BENJAMIN MATHIS, MD**; **KIMBERLE CHAPIN, MD**, and **JASON MACHAN, PHD**. All are affiliated with Rhode Island Hospital and/or Brown University. ❖

Research News

RIH study finds Body Dysmorphic Disorder triggers panic attacks

PROVIDENCE – Researchers at Rhode Island Hospital, in a study of patients with Body Dysmorphic Disorder (BDD) published in the current issue of the *Journal of Psychiatric Practice*, found that 28.9% reported lifetime panic attacks triggered by BDD symptoms.

“Patients who have the added burden of panic attacks have more severe lifetime BDD, social anxiety, depressive symptoms and poorer quality of life than those with BDD who do not have BDD-triggered panic attacks,” said **KATHARINE PHILLIPS, MD**, lead author of the study and director of the Body Dysmorphic Disorder program at Rhode Island Hospital.

Additionally, patients with BDD-triggered panic attacks were more likely to be unemployed, to have been hospitalized for psychiatric issues, and to have had suicidal ideation due to BDD symptoms.

“We found that the BDD-cued panic attacks were triggered by common situations – social situations, mirrors and other reflective surfaces and bright lights,” Dr. Phillips said. “By experiencing this panic, it is possible that these patients will become even more fearful and anxious and may try to avoid these common situations in the future.”

Researchers suggest that panic attacks triggered by such situations may be a clue to clinicians of the presence of this often-secretive disorder. Since BDD-triggered panic attacks are associated with greater morbidity, including suicidal ideation, patients with cued panic attacks may warrant closer clinical monitoring, Dr. Phillips added.

The study was funded by the National Institute of Mental Health and by a grant from the American Foundation for Suicide Prevention. Other researchers involved in the study were **WILLIAM MENARD, BA**, and **ANDRI BJORNSSON, PHD**, both of the department of psychiatry at Rhode Island Hospital. ❖

Kent taking part in A-fib drug study

WARWICK – Kent Hospital announced last week it will take part in the clinical research study, HARMONY, which aims to reduce the frequency of atrial fibrillation (A-fib). Kent is the only site in Rhode Island participating in the study.

The purpose of the HARMONY study is to see if two drugs, Ranolazine and Dronedarone, when taken together reduce the amount of A-fib. The study is part of an international Phase II clinical trial sponsored by Gilead Pharmaceuticals and will be conducted through the Kent Hospital Department of Cardiology, on patients who have pacemakers and have been diagnosed with paroxysmal atrial fibrillation.

“We are excited to be conducting the HARMONY clinical trial for the many patients who live with paroxysmal atrial fibrillation and may be looking for a possible alternative treatment,” says **CHESTER HEDGEPEETH, MD, PHD**, chief of cardiology at Kent Hospital and director of Brigham and Women’s Cardiovascular Associates at Kent Hospital. “Clinical research studies form the basis for development of medical therapies and this study will determine if there are more effective ways to manage A-fib.” ❖

Merck to lead RIH study on use of progesterone in TBI

PROVIDENCE – Rhode Island Hospital is joining a national research study to assess the treatment of traumatic brain injury (TBI) with progesterone. The multi-site study, ProTECTIII, is funded by the National Institutes of Health and will be led in the state by **LISA MERCK, MD, MPH**, of the Department of Emergency Medicine. It is currently being conducted at 36 sites around the country.

“The ProTECTIII clinical trial will help determine if progesterone, plus standard medical therapy, improves patient outcomes over standard medical therapy alone,” Dr. Merck said.

Preliminary research demonstrated that administering it shortly after brain injury appears safe, and may reduce the risk of death and disability.

Traumatic brain injury is the leading cause of death and disability in children and adults ages 1 to 44. In calendar year 2011, Rhode Island Hospital treated approximately 3,800 patients with a traumatic brain injury. ❖

Grants

AMA awards \$11M to transform the way future physicians are trained Alpert, 10 other medical schools to become part of AMA learning consortium



Drs. Phil Gruppuso and Jeffrey Borkan have been developing plans for an MD/ScM program in primary care and population health at Brown.

The funding will help the Alpert Medical School to advance plans to create an MD/ScM program in primary care and population health for 24 students a year beginning in the fall of 2015.

WASHINGTON, D.C. – The American Medical Association (AMA) announced on June 14 that 11 medical schools, including The Warren Alpert Medical School of Brown University, will receive funding as part of its Accelerating Change in Medical Education initiative.

The AMA will provide \$1 million to each school over five years to fund the educational innovations envisioned by each institution. A critical component of the AMA's initiative will be to establish a learning consortium with the selected schools to rapidly disseminate best practices to other medical and health profession schools.

“The goal is to educate a new type of physician leader with a primary care background and the skills to promote the health of the population they serve,” said **DR. PHIL GRUPPUSO**, associate dean for medical education. “The course of study will emphasize teamwork and leadership, population science, and behavioral and social medicine.”

Since January faculty members and administrators have continued to develop plans for the program, said **DR. JEFFREY BORKAN**, chair of the Department of Family Medicine and assistant dean in charge of developing the new program. ❖

Grant supports education in aging

PROVIDENCE – The Donald W. Reynolds Foundation has awarded a \$1 million, four-year grant to fund the development and delivery of aging-related curricula for doctors at Rhode Island and The Miriam Hospitals.

DR. RICHARD BESDINE and colleagues at the Brown University School of Public Health and Alpert Medical School will teach hundreds of residents and practicing physicians about aging to further improve care.

The program will take advantage of existing “co-management” programs by geriatricians and specialists of orthopedics and surgery patients, and support recruitment and training of specialist physicians to become champions for promoting aging education among colleagues.

The project will also provide professional development for medical faculty. ❖

RI Foundation awards \$60,000 grant to RI Quality Institute for veteran's initiative

PROVIDENCE RI, JUNE 25, 2013 – The Rhode Island Quality Institute (RIQI) has received a \$60,000 grant from the Rhode Island Foundation to support its initiative to improve health care coordination for veterans in Rhode Island served by the Veterans Affairs Medical Center (VAMC) and its affiliated Middletown Community Based Outpatient Clinic (CBOC).

The new initiative aims to 1) roll out CurrentCare's Viewer and Hospital Alerts to all providers at the VAMC and Middletown CBOC, 2) enroll nearly 18,000 veterans in CurrentCare, and 3) increase opportunities for care coordination that would potentially decrease inefficient duplication of services.

CurrentCare, a secure electronic network operated by RIQI, enables providers to access and exchange the most up-to-date health information about enrolled patients. VAMC physicians will be able to view health information from other care settings all across RI, such as lab results, medicines, allergies and more.

VAMC providers will also receive Hospital Alerts, which provide near real-time, notification of emergency room or hospital admissions and discharges across the state. ❖

Kent graduates third class of residents

WARWICK – Kent Hospital graduated its third class of residents who have completed the Emergency Medicine and Family Medicine Graduate Medical Education (GME) programs, as well as the second graduate of Kent's Undersea & Hyperbaric Medicine Fellowship. The ceremony took place Thursday, June 13, and also recognized Kent Hospital's honorary award recipients.

"Graduate Medical Education here at Kent has grown tremendously over the last several years, especially with the addition of our Undersea & Hyperbaric Medicine Fellowship and Internal Medicine Residency program. We take much pride providing the foundation to these physicians, for what will hopefully be long, successful careers in medicine," said **JOSEPH SPINALE, DO, FACC**, chief medical officer and director of medical education at Kent.

The graduates, who comprise the third graduating class include: **BRIAN ANDERSON, DO; KIRK CAMPBELL, DO; JILL DONOFRIO, DO; STEPHEN KROH, DO; MARK PETRARCA, DO; JORDAN WAGNER, DO; SARAH WHYTE, DO; NICHOLAS NIKOLOPOULOS, DO; CARY VACHON, DO;** and **CHRISTOPHER MOZDZANOWSKI, DO.**

Kent Hospital is a major teaching affiliate of the University of New England College of Osteopathic Medicine. Graduate Medical Education at Kent started in 2008 and currently has 43 residents enrolled.

Care New England, Thundermist form family medicine partnership

WARWICK – Care New England and Thundermist Health Center have formed a partnership for the training, recruitment and retention of family medicine physicians, supported by an \$80,000 grant from The Rhode Island Foundation. It will allow Kent Hospital family medicine physicians and family medicine residents to provide clinical care at Thundermist's West Warwick location.

Thundermist is a Federally Qualified Community Health Center and NCQA Level III Certified Patient Centered Medical Home. It treated more than 35,000 patients in 2012. ❖

Rhode Island Medical Journal Submissions

The Rhode Island Medical Journal is a peer-reviewed, electronic, monthly publication, owned and published by the Rhode Island Medical Society for more than a century and a half. It is indexed in PubMed within 48 hours of publication. The authors or articles must be Rhode Island-based. Editors welcome submissions in the following categories:

CONTRIBUTIONS

Contributions report on an issue of interest to clinicians in Rhode Island. Topics include original research, treatment options, literature reviews, collaborative studies and case reports.

Maximum length: 2000 words and 20 references.

PDFs or Jpegs (300 dpis) of photographs, charts and figures may accompany the case, and must be submitted in a separate document from the text. Color images preferred.

CREATIVE CLINICIAN

Clinicians are invited to describe cases that defy textbook analysis. Maximum length: 1200 words. Maximum number of references: 6.

PDFs or JPEGs (300 ppi) of photographs, charts and figures may accompany the case, and must be submitted in a separate document from the text.

POINT OF VIEW

The writer shares a perspective on any issue facing clinicians (eg, ethics, health care policy, patient issues, or personal perspectives). Maximum length: 600 words.

ADVANCES IN PHARMACOLOGY

Authors discuss new treatments. Maximum length: 1000 words.

ADVANCES IN LABORATORY MEDICINE

Authors discuss a new laboratory technique. Maximum length: 1000 words.

IMAGES IN MEDICINE

Authors submit an interesting image or series of images (up to 4), with an explanation of no more than 400 words.

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