

\$15M donation will establish institute for neuroscience at URI



URI PHOTO BY NORA LEWIS

URI President David Dooley (right) and Nasser Zawia (left), director of the URI Interdisciplinary Neuroscience Program, celebrate the establishment of the George & Anne Ryan Institute for Neuroscience with Tom and Cathy Ryan, whose gift of \$15 million launched the Institute.

KINGSTON – With the largest private donation in its history, the University of Rhode Island will establish a neuroscience research institute named for the parents of Thomas M. Ryan, a 1975 pharmacy graduate of the University and former chairman, president and CEO of CVS Caremark. Tom and his wife Cathy have donated \$15 million to establish the George & Anne Ryan Institute for Neuroscience at the University of Rhode Island.

“The Ryan Institute will elevate the visibility of the groundbreaking research taking place here in Rhode Island and position URI as a leader in neuroscience research and the treatment of neurodegenerative and neurological diseases,” said URI President David M. Dooley. “We are tremendously grateful to Tom and Cathy Ryan and the Ryan family for their foresight and continued generosity. They have created an enduring legacy and made a truly transformational gift.”

“When I retired from CVS two years ago,” said Ryan, “we had conversations about what the family foundation would focus on and we decided to focus on education and health care. I had some discussions with President Dooley because, although I had given back to the University, I wanted to give to something that was more transformational, more lasting, really a future gift.”

“When you look at what’s happening around the world with ALS, autism, epilepsy, Parkinson’s and Alzheimer’s, it’s truly an epidemic,” said Ryan. “As the population ages, not only in the U.S., but globally, it’s going to get worse.”

“On a personal level, my dad retired at a young age, was extremely healthy, rock-solid, kind of bigger than life guy – and he had a stroke and then subsequent Alzheimer’s. I saw what it did to him, what it did to my mother, and our family. The economic costs are one thing, but the personal, emotional costs are another. It steals memories. It saddles caregivers. I saw my mom’s health go down. I had colleagues at CVS pass away from ALS. So it hit close to home for us and —once we did the due diligence and saw what was going on at URI – it was a natural fit.”

Focus and collaboration statewide

The Ryan Institute will focus its research, teaching, and outreach on neurodegenerative diseases and disorders, like Alzheimer’s, Parkinson’s and ALS. It will draw on the expertise of more than 30 scientists from across the University who have been studying brain disorders and diseases from multiple perspectives and disciplines. The faculty – from pharmacy, engineering, psychology, chemistry, communicative disorders and more – participate in the University’s Interdisciplinary Neuroscience Program, established in 2011 to conduct innovative neuroscience research and offer master’s and doctoral degrees.

The Ryan Institute will be a magnet to attract people and engage them in solving some of the most pressing health care challenges we face in society – neurodegenerative diseases. This gift enables the University to attract leading researchers and train new generations of scientists to work on these problems. The Institute will collaborate with other state, regional and national entities to develop and deliver treatments for central nervous system disorders.

The University has unique research strengths in pharmacology/drug discovery, neuroengineering, and neuropsychology. To maximize statewide efforts in neuroscience, the Ryan Institute will stimulate cooperation among other institutions in Rhode Island, including the well-established neuroscience program at Brown University, the basic research programs of the Brown Institute for Brain Science, the newly formed Norman Prince Neurosciences Institute at Rhode Island Hospital that focuses on clinical neuroscience, and the U.S. Department of Veterans Affairs. ❖

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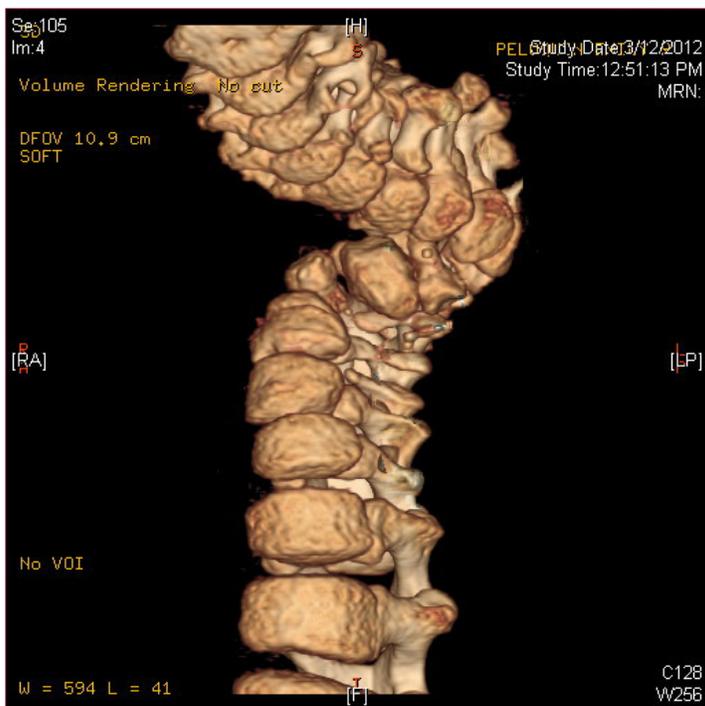
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RIH, Hasbro orthopedic surgeons introduce 'GPS for the spine' to RI *FluoroNav system pinpoints surgical locations with real-time 3D images*

PROVIDENCE – Orthopedic surgeons at Rhode Island Hospital and Hasbro Children's Hospital are the first in the state to use the FluoroNav surgical guidance system that enables more accurate, efficient placement of spinal instrumentation in complex spine reconstructive procedures. Also called "GPS for the spine," the system allows surgeons to place orthopedic screws more efficiently, and also reduces the amount of X-ray radiation exposure to patients.

"This technology allows real time monitoring of hardware insertion using three dimensional models of the spine, so that screws can be safely placed even in the smallest of areas," said **MARK PALUMBO, MD**, an orthopedic surgeon at Rhode Island Hospital. "We use FluoroNav in orthopedics for spinal surgeries, but it can also be used for real time imaging in several types of surgeries including tumor resection, pelvic reconstructions, trauma cases and many others."

The FluoroNav system allows the surgeon to place a marker on to the patient to show the preferred location of each screw. The system then produces a real-time scan using



much less radiation, and provides the surgical team with a 3-D model of the spine to see all the surgical screws at once.

It can be particularly helpful in pediatric surgeries. "Orthopedic spine surgery in children can be challenging, as the areas that screws must be placed are often underdeveloped or much smaller than the same areas in an adult," said **CRAIG EBERSON, MD**, a pediatric orthopedic

surgeon at Hasbro Children's Hospital. "This technology can assist in better visualizing the placement of screws in a much smaller operating field, and ensures that everything is placed perfectly before we leave the operating room."

FluoroNav can also help with difficult cases where other views would be obstructed or difficult to reach, such as scoliosis or kyphosis. The system is portable and can be moved among the hospital's pediatric and adult operating rooms as needed. ❖

Women's Medicine Collaborative joins primary care initiative

PROVIDENCE – The Women's Medicine Collaborative has been selected to join a statewide initiative focused on promoting the patient-centered medical home model throughout Rhode Island.

Established in 2006, the Rhode

Island Chronic Care Sustainability Initiative (CSI-RI) is a community-wide collaborative effort. One of the first multi-payer patient-centered medical home demonstration projects in the United States, CSI-RI promotes the patient-centered medical home (PCMH), putting an emphasis on prevention, wellness and appropriate treatment.

Currently, CSI-RI – which is also supported by the R.I. Medicaid program, along with the state's major health insurers – serves more than 260,000 Rhode Islanders across 48 sites and practices.

The CSI-RI selection committee followed an extensive and objective selection process, based on the applicants' service to Medicare and Medicaid patients, ability to use Electronic Health Records, commitment to establishing a patient-centered care team and demonstration of high quality care. The Women's Medicine Collaborative is the only Lifespan practice selected to participate.

"We have always supported and embraced patient-centered care and strongly believe in focusing on a patient's entire health needs, not just a single condition or diagnosis," said **IRIS TONG, MD**, director of primary care at the Collaborative. "Having an opportunity to be part of CSI-RI gives us a more systematic approach that will allow us to support patients in a more meaningful way and will help us continuously improve quality and service." ❖



Iris Tong, MD

AMA analysis lists states with lowest levels of health insurance competition

RI ranks tenth on list

CHICAGO – The American Medical Association (AMA) announced on Nov. 7 its annual list of 10 states with the lowest levels of competition among commercial health insurers. Those are among 15 states in which a single company had a majority share of the market.

The list was developed from the newly released 2013 edition of AMA's Competition in Health Insurance: A Comprehensive Study of U.S. Markets. The AMA study offers the largest, most complete picture of competition in the commercial health insurance markets across the United States. Based on 2011 data, the study examined state and metropolitan markets for the health insurance industry's chief products, including point-of-service plans (POS), health maintenance organizations (HMO) and preferred provider organizations (PPO).

Findings from the AMA study

The 10 states with the least competitive commercial health insurance markets were:

- 1. Alabama
 - 2. Hawaii
 - 3. Michigan
 - 4. Delaware
 - 5. Alaska
 - 6. South Carolina
 - 7. North Dakota
 - 8. Nebraska
 - 9. Louisiana
 - 10. Rhode Island
- Fifteen states had a single health insurer with a commercial market share of 50 percent or more.
 - Forty-five states had two health insurers with a combined commercial market share of 50 percent or more.

"In far too many states, one or two insurance companies dominate the market, which can hurt patients, physicians and employers," said AMA President Ardis Dee Hoven, MD. "Without rivals to compete against, a large health insurance company can take advantage of patients by raising premiums and dictating important aspects of patient care."

Dominant market power increases the risk of anti-competitive behavior by big health insurers and can place physicians at a significant disadvantage since most work in small or solo practices. A report released in September by the AMA found that almost 60 percent of patient care physicians in the U.S. work in small or solo medical practices.

"An absence of competition in health insurance markets places a particular strain on physicians in small practices who don't have the leverage to be

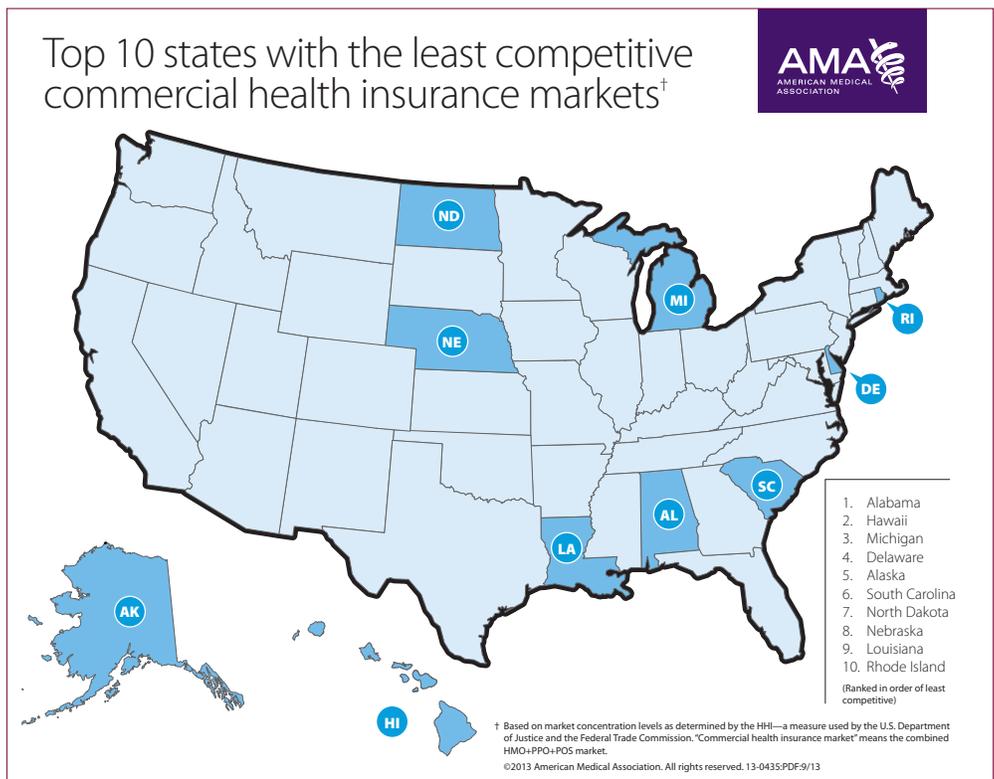
equal negotiating partners with large health insurers," said Dr. Hoven. "The new AMA report is intended to help researchers, lawmakers, policymakers and regulators identify markets where

"In far too many states, one or two insurance companies dominate the market, which can hurt patients, physicians and employers."

– AMA President Ardis Dee Hoven, MD

mergers and acquisitions among health insurers may cause competitive harm to patients, physicians and employers."

The AMA's 12th annual report on the level of competition in the health insurance industry examined both fully-insured and self-insured plans in 386 metropolitan areas representing all 50 states and the District of Columbia. ❖



Study finds stenting does not improve outcomes in renal artery stenosis

PROVIDENCE – According to the findings from a national research trial, people who suffer from a narrowing of the arteries that lead to the kidneys, or renal artery stenosis, do not experience better outcomes when renal stenting is used. Instead, a comprehensive regimen of drug and medical therapies works just as well. The national study, which was led by Rhode Island Hospital researchers **LANCE DWORKIN, MD**, and **TIMOTHY MURPHY, MD**, in collaboration with multiple investiga-



Lance Dworkin, MD



Timothy Murphy, MD

tors worldwide, is published in the *New England Journal of Medicine* (NEJM). They presented the results at the annual meeting of the American Heart Association on November 18

“The use of stenting to treat patients with renal artery stenosis is a treatment that clinicians have disagreed on for some time,” said Dr. Dworkin, director of the Division of Hypertension & Kidney Disease at Rhode Island Hospital and a physician with University Medicine Foundation. He is the senior leader and study chair for the trial. “Our findings clearly show that renal artery stenting does not confer any benefit for the prevention of clinical events when added to a comprehensive, multi-factorial medical therapy.”

The CORAL (Cardiovascular Outcomes in Renal Atherosclerotic Lesions) study, which was the first randomized, controlled study to look at this issue, involved 947 participants at more than 100 sites in the U.S., Canada, South American, Europe, Australia and New Zealand. The participants all had atherosclerotic renal-artery stenosis and either systolic hypertension on two or more drugs or chronic kidney disease. They were randomly assigned to medical therapy plus renal-artery stenting or medical therapy alone.

Participants were then followed for up to seven years to

monitor for significant clinical events, such as cardiovascular or renal death, myocardial infarction, stroke, hospitalization for congestive heart failure, progressive renal insufficiency or renal replacement therapy.

“Renal-artery stenosis is a significant public health issue, so it was important that we go beyond following blood pressure and kidney function,” explained Dr. Murphy, an interventional radiologist and the

medical director of the Vascular Disease Research Center at Rhode Island Hospital. He was a co-principal investigator for the study. “To really understand what benefits, if any, stenting provided, we needed to look at significant clinical events.”

What researchers found was that renal stenting did not make a difference in outcomes for patients.

According to Dr. Dworkin, these results are significant as they will lead to a reduction in the number of renal stents that are inserted in patients who experience renal-artery stenosis. “Stents do a good job in opening the arteries, but less invasive medical therapies, which have only gotten better over time, means that patients can often avoid more invasive stenting procedures,” he said.

This study was funded by the National Heart, Lung and Blood Institute. ❖

Judge gives final approval for Landmark deal

PROVIDENCE – On November 26, Rhode Island Superior Court Judge Michael A. Silverstein approved the sale of Landmark Medical Center in Woonsocket to Prime Healthcare Services of California, with the expected closure date to be executed by Dec. 31.

The agreement includes a financial settlement to Blue Cross & Blue Shield of RI, relating to prior claims, and also included an interval of two years for BC subscribers to be covered for care at the hospital.

Landmark has been in receivership since 2008. The sale also includes the Rehabilitation Hospital of Rhode Island in North Smithfield. ❖

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Alpert Medical School physicians among partners in Rwanda

PROVIDENCE – An article in Nov. 21 edition of the *New England Journal of Medicine* reports on a medical education partnership in Rwanda, known as the Human Resources for Health Program, includes Alpert Medical School professors **DR. MICHAEL KOSTER**, **DR. ADAM LEVINE** and **DR. BRIAN MONTAGUE**.

The Clinton Health Access Initiative and the Rwandan Ministry of Health launched the program in 2012. It is a \$150-million effort with 25 academic institutions, including the Alpert Medical School, which “deploys nearly 100 U.S. faculty members to Rwanda each year. Each school in the consortium sends full-time faculty members for 1-year periods to partner with Rwandan faculty-member counterparts in direct academic and clinical teaching. Several subspecialist physicians from the United States rotate throughout the year as well.”

The Brown faculty members are helping to advance medical teaching, research, and curriculum development at the National University of Rwanda. Referring to the physicians’ practice groups and hospital affiliations as well as their Brown affiliation, HRH program director Tej Nuthulagati said, “UMF, UEMF, Rhode Island Hospital, and Brown Medical School are playing an essential role in the program by providing immense support in increasing the quality of medical education in Rwanda.”

In an article on Brown’s website, Dr. Levine said medical training provides benefits that donating materials, equipment, and medicine alone cannot: “One of the wonderful things about knowledge and training is that they are inherently renewable resources. Unlike drugs and equipment, knowledge never has a stock-out, never breaks down, and never stops working when the power goes out. In my experience, improving medical provider training also has the effect of improving other components of the healthcare system, since trained doctors and nurses feel empowered to demand the medications, equipment, and efficient systems that they know they need in order to save patients’ lives.” ❖

Hittner, Ferguson reject President's call to continue cancelled coverage in RI

PROVIDENCE – Rhode Island Health Insurance Commissioner **KATHLEEN HITTNER, MD**, and HealthSource RI Director **CHRISTINE FERGUSON** issued the following joint statement November 15 on the federal decision to continue coverage through certain individual and small business plans that had been subject to cancellation under the Affordable Care Act.

The statement read: “All plans available in 2014, whether through HealthSource RI or in the private

market, have been through a rigorous review process designed to ensure that they meet the standards set forth in the Affordable Care Act. After reviewing the President’s announcement, we have decided to continue in the direction we are going, and therefore will not be adopting the option made available to us by the President. We will continue to closely monitor any and all changes at the federal level that have the potential to impact Rhode Islanders.” ❖



WOMEN & INFANTS HOSPITAL

Canadian expert Dr Timothy Whelan, center, spoke at Women & Infants Hospital on the latest advances in radiation therapy for treatment of early breast cancer. Among those at the grand rounds talk were Drs. Robert Legare, Jennifer Gass, Darlene Gabeau, Ashley Stuckey and Timothy Shafman.

Breast cancer expert speaks at Women and Infants Hospital

PROVIDENCE – **DR. TIMOTHY WHELAN** came to Women & Infants Hospital Oct. 31 to speak to physicians at grand rounds about the latest advances in radiation therapy for treatment of early breast cancer.

Dr. Whelan is responsible for overseeing cancer research and development as the Canada Research Chair in Health Services Research in Cancer with McMaster University in Ontario. He is also professor in the Department of Oncology and associate member of the Department of Clinical Epidemiology & Biostatistics.

“We are honored to have brought this international expert to Rhode Island,” said **DARLENE GABEAU, MD, PHD**, a radiation oncologist with 21st Century Oncology who is affiliated with Women and Infants’ Hospital and is an assistant professor at the Alpert Medical School.

The program, “The Systematic Effect of Locoregional Radiotherapy in Early Breast Cancer,” examined breast cancer progression, clinical trials and meta-analyses, and treatment advances over half a century. Dr. Whelan is currently the principal investigator on two clinical trials evaluating the role of radiation therapy for the treatment of early breast cancer.

This activity was funded in part by an educational grant from 21st Century Oncology. ❖