Providence doctor testifies at federal hearing on UnitedHealthcare's network contraction

BY MARY KORR
RIMJ MANAGING EDITOR

RAYMOND H. WELCH, MD, a Providence dermatologist for almost three decades, testified January 22 at a federal hearing held in Hartford, Conn. It focused almost entirely on UnitedHealthcare's (UHC) termination of physicians from its Medicare Advantage (MA) provider network, which went into effect February 1.

Dr. Welch and an estimated one-third of Rhode Island physicians were cut; but he noted that a review of the list of UHC active Ocean State dermatologists "included a doctor who is dead. And one is me, under an old EIN number and different address."

'…Doctors are not interchangeable widgets. There will be delays in diagnosis and treatment, and increased morbidity and suffering and possibly death for some of my patients.'

R.I. Sen. Sheldon Whitehouse, a member of the U.S. Senate Special Subcommittee on Aging, which held the field hearing, had invited Dr. Welch to speak. Among its charges, the subcommittee studies issues and makes recommendations related to Medicare and Social Security.

GINA WELCH

Dr. Raymond H. Welch prepares to testify at a U.S. Senate subcommittee hearing on United Healthcare's dismissal of physicians from its Medicare Advantage provider network held January 22 in Connecticut.

"You would think a high-value network would be able to pick up the deadness of a doctor," Whitehouse later observed, after an insurance trade association's legal counsel (not speaking for UHC) emphasized the industry's commitment to building "high-value" networks; this remark was questioned in this particular case by two physicians on the panel of witnesses.

In a subsequent interview with the *Rhode Island Medical Journal*, Dr. Welch described some of his patients as veterans of World War II, and the Korean and Vietnam wars. "In fact, of our 120 affected patients, over 90% have had skin cancers or pre-cancers. Almost 10% of our patients with UHC's Medicare Advantage plan are 89 years old or older," he said.

One such patient of his is an elderly man with a heart-transplant who has had more than 140 pre-cancerous and cancerous lesions removed as a result of the immuno-therapy he is on. "These are patients that need our continuity of care. But, of course, skin cancer care incurs higher costs," Dr. Welch said.

Circuit court sends UHC, physicians to mediation

If mediation is unsuccessful, judges will render decision

NEW YORK, N.Y. – In December, the Hartford and Fairfield medical associations in Connecticut sued UnitedHealthcare (UHC) as a result of its actions in the termination of physicians from its Medicare Advantage (MA) network. The suit claimed the insurer violated federal laws by dropping the physicians without a stated reason and recourse to appeal the reasons for the decision.

In December, a state district court issued an injunction and temporary restraining order against UHC, which then appealed the decision. Initial oral arguments were heard Jan. 21 in the U.S. Court of Appeals for the Second Circuit in Manhattan before a three-judge panel.

On Jan. 23, the court ordered the groups to mediation this week, which is overseen by a court-appointed attorney. Typically mediation lasts a day and if a settlement or agreement is not reached, the three-judge panel will then issue a ruling, expected within a two-month period.

The Medical Society of New York also filed suit on Dec. 23. in the Eastern District Court of N.Y. "By terminating numerous physicians from the . . . network, United seeks to stem financial losses occasioned by reduced federal payments under the Affordable Care Act," the suit claims. It is in abeyance until a decision is made in the Connecticut case.

At the U.S. Special Subcommittee on Aging hearing held in Hartford on Feb. 22, Connecticut's Sen. Richard Blumenthal, a subcommittee member who presided over the hearing, didn't mince words on UnitedHealthcare's (UHC) actions, which resulted in several thousand Connecticut physicians jettisoned from the UHC MA provider list.

"It is an outrageous abuse and should not be permitted. It is unacceptable and unjustifiable in terms of the doctors and probably illegal under present law," he said, "but if we need to change the law we will," he said.

— *Mary Korr*

Appeals' process

When Dr. Welch queried UHC on the metrics it used to determine the cuts, he was informed that was considered "proprietary" information. "Our 'appeal' was held via a conference call with a UHC moderator and two of its medical directors. The only question under discussion was: 'Did I feel we were properly and legally notified?' I said no."

He questions UHC's stated reasons – that the contraction of the network was to "create a more focused network to allow UHC to work more closely with providers to improve outcomes and, ultimately, lower costs."

Dr. Welch said no avenue has been provided to refute the implied statement that doctors are not providing high quality, cost-effective care for their patient population. "UHC has not improved quality by reducing one-third of the dermatologists, as well as other subspecialists, in its Rhode Island network. For patients who need to find new doctors, there is a significant loss in continuity of care. I know these patients and their cancer history. Doctors are not interchangeable widgets. There will be delays in diagnosis and treatment, and increased morbidity and suffering and possibly death for some of my patients."

Where does this leave his patients? Dr. Welch said the State of Rhode Island was able to negotiate an out-of-network benefit for retirees to allow them to continue to see the terminated providers, if the providers are willing to accept an out-of-network fee schedule. He also noted that about half of the remaining patients have switched their insurance to other carriers rather than lose their doctors. Others have switched to the traditional Medicare A/B plans with Medigap or supplemental insurance.

And then there are those who are bound by their retirement plan to remain with UHC MA who may have to wait longer for appointments with new physicians, or may be unable to find ones accepting new patients. "Some of advanced years may give up trying to find another doctor. This is truly unacceptable. I cannot believe that the government ever thought that giving Medicare Advantage plan contracts to publicly-held corporations would result in a limitation of access to care," Dr. Welch said.

He ended his testimony at the hearing by stating: "I have dedicated my life to serving and caring for my patients in accordance with the Oath I professed 33 years ago. In that oath, I vowed:

> *That above all else I will serve the highest interests of my patients through the practice of my science and my art;*
>
> *That I will be an advocate for patients in need and strive for justice in the care of the sick.*

"This is why I am here today and I hope that you will join me in protecting and advocating for these Medicare patients."

Sen. Whitehouse summed up the hearing by stating that UHC's actions was a consumer-protection problem because it placed the burden on the sickest and most vulnerable patients. He likened it to "Medicare gamesmanship."

The MA program, he said, was supposed to "compete head-to-head with Medicare and was being paid 14 percent more than the traditional plan." The Affordable Care Act (ACA), he said, eliminates that premium and "may enhance the incentive by insurers to 'cherry-pick' patients," which amounts to "privatizing profits and socializing costs." He said UHC's actions raise a "flag of suspicion."

Sens. Whitehouse and Richard Blumenthal (CT) called for greater oversight of the plans by CMS. "If CMS does not have the resources to do this, we need to address that," Blumenthal said.

UHC declined an invitation to participate in the hearing; however, a UHC representative was in the audience, according to a news report in the *Hartford Courant*. ❖

Alpert students seek volunteers for newly-formed human rights asylum clinic

Physicians, healthcare professionals invited to forensic training conference to be held Saturday, February 8

BY MARY KORR
RIMJ MANAGING EDITOR

MARY KORR

From left, William Berk (MD'16), Rebecca Slotkin (MD'16) and Andy A. Hoang (MPH, MD'17) view the website of the Brown Human Rights Asylum Clinic.

PROVIDENCE – A group of Alpert medical students have formed a student-run clinic to provide forensic psychological and medical evaluations to survivors of persecution seeking asylum in this country. A training session will be held this Saturday and space remains available. *(See details, link to program on next page.)*

Called the Brown Human Rights Asylum Clinic (BHRAC), it is one of a handful nationwide, modeled on the Weill Cornell Center for Human Rights in New York City, the first student-run asylum clinic, which was formed several years ago. Its medical director, 1977 Brown graduate Joanne Ahola, MD, a psychiatrist, will serve on the expert panel at the Saturday conference. She has trained health professionals nationwide in evaluating and documenting the psychological effects of torture and other forms of persecution.

The Brown clinic partners with Physicians for Human Rights (PHR), which acts as the referral organization for asylum seekers, via immigration attorneys. Brown Professor Eli Y. Adashi, MD, PHR board member and former dean of the medical school, serves as faculty advisor.

REBECCA SLOTKIN MD'16, one of the founders of the Brown clinic, an outgrowth of her interest in global health issues, said volunteers are needed to perform physical, psychological and gynecological evaluations to those seeking asylum. "We need physicians who are interested in doing these kinds of evaluations and who are passionate about this kind of work," she said.

Her words aptly describe the motivations of two of her peers who helped found the group. **WILLIAM BERK, MD'16**, said his experience as a 17-year-old working on an Indian reservation for five months sparked his interest in domestic refugee populations. And a summer stint last year brought him face-to-face with the plight of migrants. Last summer he volunteered with an organization called No More Deaths on the Mexican-Arizona border in the Sonoran Desert, "shuttling food, water and medical supplies to areas where migrants come across the border," he said. The *New York Times* featured this humanitarian effort in an August article. Berk's boots-on-the-ground approach is, he said, "apolitical." He describes asylum seekers as encompassing a wide range of individuals – from artists, to political dissidents, to victims of state-sponsored violence.

Co-founder **ANDY A. HOANG**'s passion for this work is deeply rooted. At age 7, he arrived here from Vietnam with his family. "My grandfather, my

COURTESY OF WILLIAM BERK

Alpert student William Berk, at left, volunteered last summer with a group called No More Deaths. He and other volunteers deposited food, water, and first-aid supplies to areas in the Sonoran Desert, Arizona, where migrants traverse and where many have perished.

PHOTO COURTESY BHRAC

Alpert medical students instrumental in the formation of the asylum clinic are, from left, Sean Love (MD'17), Andy Hoang (MD'17), David Corner (MD'17), Nat Nelson (MD'17), Peter Kaminski (MD'15), Liam Sullivan (MD'17), Michelle Chiu (MD'17), Caitlin Ryus (MD'17), Josh Rodriguez-Sdrenicki (MD'16), Rebecca Slotkin (MD'16), William Berk (MD'16), and Linnea Sanderson (MD'17). The Yellow Lab is Penny, the therapy dog.

father, and my uncle were political prisoners. My dad spent half a decade in a re-education camp, and my uncle and grandfather spent a decade. Our entire family was considered traitors to the state; they were blackballed from all forms of formal employment, and we lived in abject poverty up until we came to the United States.

"My memories of Vietnam are just images of poverty and hopelessness," he continues. "My childhood, like that many asylum seekers, was colored by many social and economic difficulties even after coming to the Unites States. But we were given asylum and a right to resettle in the United States. Not everyone is as fortunate as we were. The clinic will serve to help other victims of torture and abuse receive the same opportunity."

Before attending medical school, Hoang, MD'17, who also has a master's degree in public health, worked with children with disabilities and as a consultant for PHR.

Slotkin describes the clinic concept as a medico-legal arrangement, rather than the traditional doctor/patient relationship. According to these students, the affidavits the medical students draft under the physicians is crucial information judges use to determine whether or not to grant asylum.

The trio was trained as medical student evaluators at a conference in Chicago last year. They said the clinical examinations help determine if the injuries or trauma sustained, the "sequelae of the events," are consistent with the accounts of those seeking asylum. Hoang said the trauma may have happened decades before applying for asylum and the effects are not readily apparent.

Currently, those seeking asylum must travel to New York or Boston to undergo evaluation. The Brown clinic will fill a much-need gap in services, these students believe.

Hoang concludes from the heart. "Doctors occupy unique positions – not leveraging that power to push for the protection of human rights is a missed opportunity," he said.

The eventual commitment on the part of medical volunteers who join them in this effort would be two hours a month at a local clinic location. The students will coordinate the schedules and logistics involved. ❖

For more information, contact andy_hoang@brown.edu, or visit https://sites.google.com/a/brown.edu/phr/brown

Asylum Training: Documenting Torture and Other Human Rights Abuses

BHRAC Brown Human Rights Asylum Clinic

PROGRAM Forensic medical evaluators and legal experts will train conference participants in the skills needed to diagnose, evaluate and document the physical and psychological after-effects of torture and severe human rights violations in order to create a pool of trained evaluators in the state. View program brochure

WHEN Sat., February 8, 2014, 9 am to 5 pm

WHERE Alpert Medical School, 222 Richmond St., Providence

COST $40 residents; $60 medical and legal professionals (Includes program, parking, breakfast, lunch)

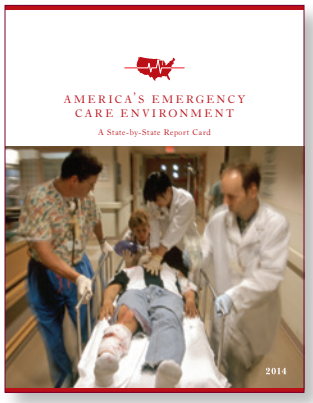
SPEAKERS

Joanne Ahola, MD, Medical director, Weill Cornell Center for Human Rights

Jillian Tuck, JD, Asylum Program Manager, Physicians for Human Rights

Sarah Kimball, MD, MPH, Asylum network trainer, Physicians for Human Rights

National Emergency Physicians' Group Issues Report Card for Nation



WASHINGTON – Emergency physicians on January 16 sounded a warning that the continuing failure of state and national policies is endangering emergency patients, citing as proof a grade of D+ for the nation in the 2014 American College of Emergency Physicians' (ACEP) state-by-state report card on America's emergency care environment ("Report Card").

The District of Columbia ranked first in the nation with a B-, surpassing Massachusetts, which held the top spot in the 2009 Report Card. Wyoming ranked dead last, receiving an F overall.

The top ranked states were:

- The District of Columbia (1st, B-),
- Massachusetts (2nd, B-),
- Maine (3rd, B-),
- Nebraska (4th, B-) and
- Colorado (5th, C+).

Rhode Island received an overall C- grade.

The Report Card forecasts an expanding role for emergency departments under Obamacare and describes the harmful effects of the competing pressures of shrinking resources and increasing demands.

The report also evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers. It has 136 measures in five categories:

1. Access to Emergency Care (30% of grade)
2. Quality and Patient Safety (20%)
3. Medical Liability Environment (20%)
4. Public Health and Injury Prevention (15%)
5. Disaster Preparedness (15%)

"Rhode Island continues to have strong public health and disaster preparedness policies, but its rankings have dropped significantly in the category of Quality and Patient Safety," said **DR. ACHYUT KAMAT**, president of the Rhode Island Chapter of ACEP. "We have the 7th longest emergency department waits times in the nation, and our medical liability environment received a failing grade. Policymakers need to make emergency care a top priority in our state."

The report evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers.

RI strengths noted in report card

- Ranks first in the nation with:
  - Proportion of hospitals developing a diversity strategy or plan (62.5%)
  - Proportion of patients with acute myocardial infarction given percutaneous coronary intervention within 90 minutes of arrival (98%).
- Ranks second in the nation by dramatically increasing its burn center capacity; and the state also requires that all emergency medical services (EMS) personnel be trained in disaster management and response.
- The state supports the second largest emergency medicine resident population, with 70.5 per 1 million people.
- Continues to benefit from low rates of traffic fatalities, fatal occupational injuries, homicides, and suicides. The proportion of traffic fatalities due to alcohol has fallen significantly in the past 5 years. The state also has banned smoking in restaurants, bars, and worksites.

http://www.emreportcard.org

http://www.emreportcard.org/uploadedFiles/States/Rhode_Island/RhodeIsland.pdf

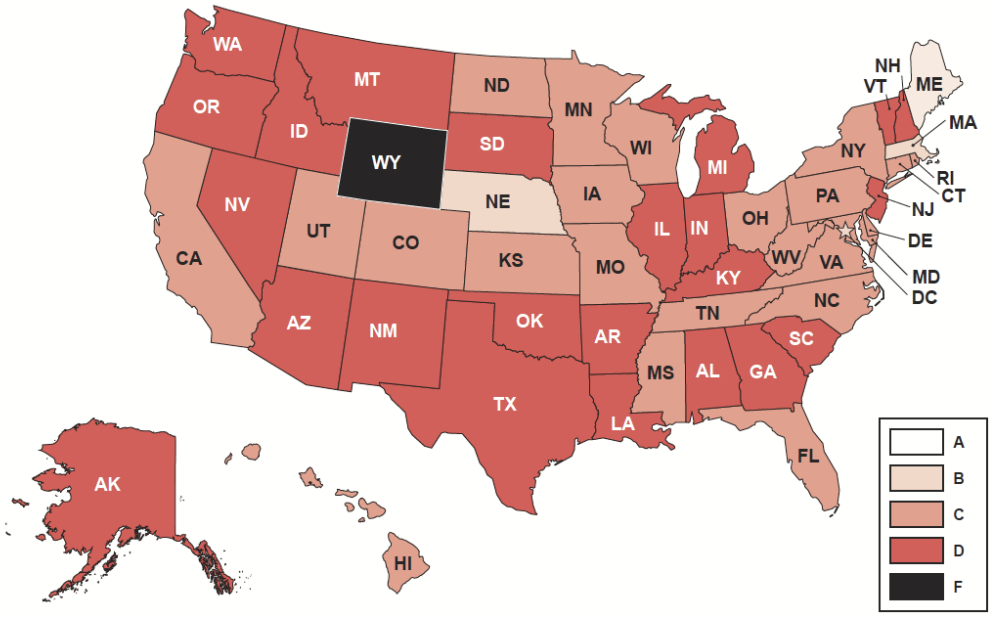
RI results

- In the category of Access to Emergency Care, Rhode Island received a C, dropping from the B- grade it received in 2009. According to the Report Card, Rhode Island has a low rate of emergency departments for its population and a high hospital occupancy rate (72.5 per 100 staffed beds). The state also has suffered a severe decrease in the availability of psychiatric care beds since 2009 (from 37.2 to 25.9 per 100,000 people). These factors all likely contribute to the seventh longest ER wait times in the nation (343 minutes from arrival to departure for admitted patients).
- The state received a D+ in category of Quality and Patient Safety, ranking 35th in the country — compared with an A grade and 7th place ranking in 2009. According to the Report Card, Rhode Island does not fund quality improvements of the EMS system and no longer has a funded

state EMS director. The state also lacks a uniform system for providing pre-arrival instructions, field trauma triage protocols or guidelines and a statewide trauma registry.

- Rhode Island received an F in the category of Medical Liability Environment, ranking it 46th in the nation. According to the Report Card, the state has not passed any meaningful liability reforms, and the average malpractice award payments are increasing, which reduces the number of medical specialists who are willing to care for emergency patients. Average medical liability insurance premiums for primary care physicians and specialists are well above the average across the states. Insurance premiums for specialists ($82,426) are a particular concern at more than 43% above the national average ($57,459). At the same time, the average malpractice award payment has increased markedly from $260,388 in the 2009 Report Card to $355,199.

OVERALL STATE GRADES



RHODE ISLAND REPORT CARD

	2009		2014	
	Rank	Grade	Rank	Grade
Access to Emergency Care	10	B-	10	C
Quality & Patient Safety Environment	7	A	35	D+
Medical Liability Environment	49	F	46	F
Public Health & Injury Prevention	8	B+	15	B
Disaster Preparedness	13	B+	9	B-
OVERALL	2	B-	18	C-

- While Rhode Island's B grade in Public Health and Injury Prevention worsened somewhat, the state continues to benefit from low rates of traffic fatalities, fatal occupational injuries, homicides, and suicides. The proportion of traffic fatalities due to alcohol has fallen significantly in the past 5 years. The state also has banned smoking in restaurants, bars, and worksites. Rhode Island has strengthened its adult seatbelt laws to include primary enforcement of the law.
- Rhode Island received a B- in the category of Disaster Preparedness. The state has dramatically increased its burn center capacity, currently making it second in the nation, and the state also requires that all emergency medical services (EMS) personnel be trained in disaster management and response.

Recommendations

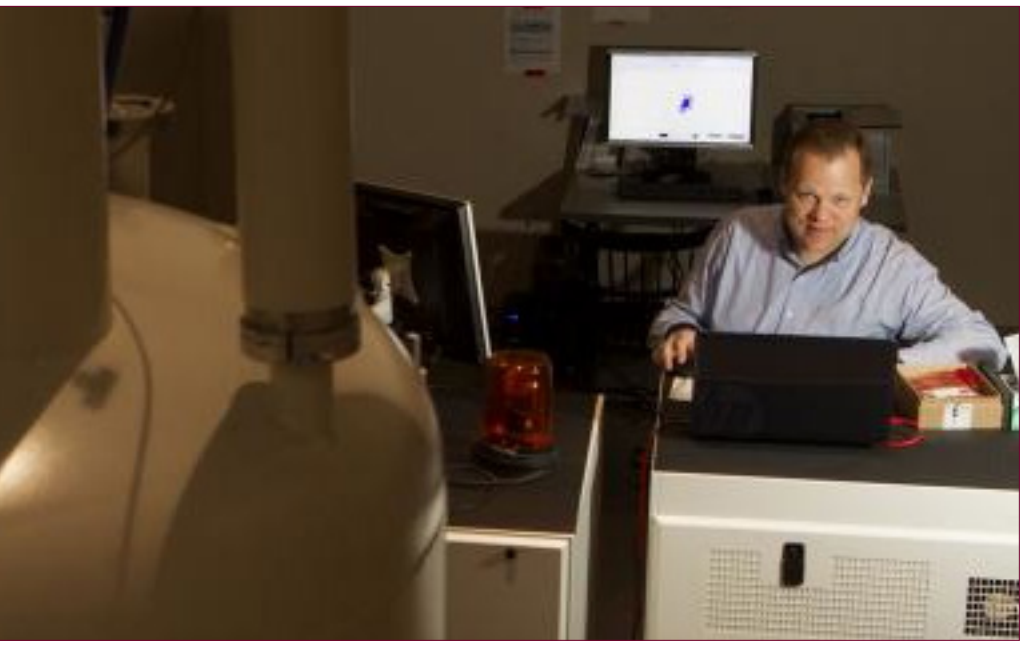
The Report Card's recommendations for Rhode Island improvement included:

- Increase the availability and accessibility of hospital inpatient beds and psychiatric care beds.
- Enact medical liability reform to encourage specialists to provide on-call services for emergency patients; recommended reforms include strengthening expert witness rules to include case certification and requiring expert witnesses to be licensed to practice medicine in the state.
- Decrease emergency department wait times.
- Increase access to substance abuse treatment and outpatient mental health services. ❖

With $1.6M award, biochemist tackles diabetes

BY DAVID ORENSTEIN
BROWN UNIVERSITY SCIENCE OFFICER

PROVIDENCE – **WOLFGANG PETI**, a biochemist who studies the structure, motions, and interactions of proteins at the atomic scale, has won a five-year, $1.625-million New to Diabetes Research Accelerator Award announced January 9 by the American Diabetes Association. Peti is one of only five researchers around the country to win.



MIKE COHEA/BROWN UNIVERSITY

Brown's powerful new NMR magnet will allow Wolfgang Peti to study the motion and timing of protein interactions, advancing the effort to understand and possibly to improve insulin signaling in people with type 2 diabetes.

His goal is to help develop drugs to improve the body's insulin signaling so that injections become unnecessary. As it is for millions of people around the world, the pervasive condition is personal for Peti. His grandmother battled it for decades.

"It affected her ability to see, her ability to walk through the mountains of Austria, and her ability to eat all the traditional foods she grew up eating and cooking," Peti said. "And while she successfully battled the disease for many years, eventually the doctors had to amputate both of her legs (first at age 80, second at age 88) and she was confined to a wheelchair for the last eight years of her life."

Although he hasn't focused specifically on diabetes before, decades of research have given him a deep expertise in the atomic structure and behavior of some of the key proteins of insulin signaling. He and his collaborators have refined these proteins in the lab to the degree that they and their interactions can now be fully analyzed with advanced techniques such as nuclear magnetic resonance spectroscopy and X-ray crystallography.

Last year, when Brown acquired a powerful new NMR magnet, Peti gained a rare degree of capability to study the dynamic motions of these proteins and the timing of their interactions, as well as their basic structure.

Peti's ambitious goal is to enable the development of medicines that improve on the status quo so greatly that insulin injections might no longer necessary.

"The easiest thing would be if you have type 2 diabetes instead of injecting insulin, you'd just take a tablet," he said. "If you can control the insulin-signaling pathway with a drug, that would make your life much easier."

Three targets

Peti still sees the insulin-signaling pathway as rife with potential new leads. He plans to look in novel ways and in novel places at the interactions of three main proteins in particular.

One target is the binding between insulin and the insulin receptor. That step activates the "TK" domain, or section, of the receptor, kicking off the cascade of protein signaling that leads to the metabolism of glucose. This may seem like an obvious place to start, but the complexity comes from trying to observe the movements of the TK domain and the specific timing that may be going awry in type 2 diabetes.

Peti and his colleagues have been able to model it all in E. coli bacteria, which will allow them to observe it precisely with NMR. That will allow Peti see how the TK domain reshapes and moves, how quickly and when. That could yield a clear understanding of whether a drug could block or slow a key movement that is happening too soon or too quickly.

Peti also plans to work with fellow Brown biologist Marc Tatar to take the ideas into the fruit fly where they can investigate the differences made by known genetic mutations.

Another target is an enzyme called PTP1B, which can shut off insulin signaling. Because the goal in treating type 2 diabetes is to improve insulin function, Peti wants to stop PTP1B.

PTP1B has proven time and again to be tough to block without unintended consequences, but Peti hopes a less direct approach than others have taken will make a difference. Rather than targeting the main catalytic parts of the enzyme directly, he's looking at the behavior of a more peripheral but nevertheless influential structure called the "c-terminal segment." It's an underexplored region that could be targeted very specifically, likely with a combination of surgical strikes on more than one area. A key requirement of any drug is that it only affects insulin signaling and not other interactions by similar enzymes.

Sure enough, along with colleague Nicholas Tonks at the Cold Spring Harbor Laboratory, Peti has begun to characterize a drug that works in this area. They plan to use NMR to improve the understanding of the drug's workings further and use that knowledge to improve its abilities.

Peti's third approach under the ADA award is more traditional in that it depends "simply" on characterizing the structure of a complex of proteins, together known as GM:PP1. That complex controls the balance between storing glucose in the form of a larger "glycogen" molecule and breaking glycogen down into glucose. GM:PP1 accomplishes the latter by turning on an enzyme called glycogen phosphorylase.

Peti's idea is to figure out how a drug could inhibit GM:PP1's recognition of glycogen phosphorylase so that it doesn't break down glycogen into glucose so readily. Peti already knows where he wants to look on the proteins to try the idea and has developed a means of screening drugs that might interact with those areas.

Success with any of the three approaches is hardly guaranteed, but if there is a chance he can save anyone else from the kind of difficulty his grandmother endured, Peti is eager to try. ❖

NIH awards URI pharmacy professor $1.3M grant to fight cancer with nanoparticles

KINGSTON — The National Institutes of Health have awarded a University of Rhode Island pharmacy professor a $1.3 million grant to further study a new class of inorganic nanoparticles that target primary cancer, and help control the disease's spread (metastases) and recurrence.

WEI LU, assistant professor of biomedical and pharmaceutical sciences in the College of Pharmacy, has discovered in his preliminary research that hollow copper sulfide nanoparticles are effective in delivering chemotherapy and heat through a laser that can burn the tumor.

The Kingston resident will be using the four-year NIH grant to further his laboratory study with a focus on breast cancer, the second most frequently diagnosed malignancy in women worldwide.

"We are developing a novel cancer therapeutic technology that has several innovative features: biodegradability, multimodality and simplicity," said Lu, who is teaming with Pharmacy Professor Bingfang Yan, a specialist in genetic and environmental factors that combine to regulate the expression of genes involved in drug response and the cellular switches related to tumor formation.

"One nanoparticle can carry hundreds or even thousands of drug molecules to a target like a tumor cell," Lu said.

He wants to enhance photothermal ablation therapy, a process that uses lasers in cancer treatment.

"As is the case with surgical removal of a tumor, getting all of the cancer is critical, " Lu said. "The new nanoparticles provide a three-way punch to the tumor: a more widespread ability in a tumor to distribute heat and burn the tumor, a more efficient and comprehensive way to deliver chemotherapy, and better use of heat to activate the chemotherapeutic agents and immunotherapeutic agents. The new nanotechnology offers promise in tumor eradication.

"Such nanoparticles are introduced intravenously and are absorbed into a tumor." Lu said. "This study is using near-infrared laser light instead of ultraviolet light or visible light because it penetrates tumor tissue better and has much lower side effects. In addition, these particles are readily degradable in the body, minimizing potential organ toxicity."

URI PHOTO BY JOE GIBLIN

Wei Lu, assistant professor of biomedical and pharmaceutical sciences in URI's College of Pharmacy, in his lab conducting research on novel nanoparticles to battle metastatic breast cancer.

Lu, who came to the University in 2010, said he could not have competed for the NIH award if it weren't for the support of the Idea Network of Biomedical Research Excellence, a $45 million initiative funded by NIH and headed by URI to increase research capacity among biomedical faculty in Rhode Island. ❖

Hasbro study finds high number of pediatric injuries caused by school violence

Article published in Pediatrics *implicates bullying and violence*

PROVIDENCE – **SIRAJ AMANULLAH, MD, MPH**, an emergency medicine attending physician at Hasbro Children's Hospital, recently led a study that found children between the ages of five and 19 still experience a substantial number of intentional injuries while at school. The study, titled "Emergency Department Visits Resulting from Intentional Injury In and Out of School," has been published online ahead of print in the journal Pediatrics.

Dr. Amanullah's team analyzed data from the National Electronic Injury Surveillance System All Injury Program from 2001 to 2008 to assess emergency department (ED) visits after an intentional injury. Of an estimated 7.39 million emergency department visits due to injuries occurring at school, approximately 736,014 (10 percent) were reported as intentional, such as those from bullying and peer-to-peer violence.

"This study is the first of its kind to report such a national estimate," said Dr. Amanullah. "The 10 percent number may not seem large, but it is alarmingly high when you consider that such a significant number of intentional injuries are occurring in the school setting, where safety measures meant to prevent these sorts of injuries, are already in place."

The study also identified gender and age disparities. Boys were most likely to be identified as at risk for intentional injury-related ED visits from within the school setting, along with all students in the 10- to 14-year age group; whereas girls were most at risk for intentional injury-related ED visits from outside of the school setting, along with the 15- to 19-year age group.

Additionally, both African-American and Hispanic ethnicities were found to be associated with higher risks for intentional injury in the school setting compared to outside school. "The important point about these disparities related to specific ethnicities and specific age groups is that the findings suggest that preventive safety efforts in the school setting may need to be tailored for the groups that carry much of this injury burden," said Dr. Amanullah.

JAMES LINAKIS, MD, PHD, associate director of pediatric emergency medicine at Hasbro Children's Hospital and co-author of the study, added, "We know that the risk of hospitalization was found to be higher from intentional injury-related ED visits versus unintentional injuries." Dr. Linakis continued, "In supervised environments such as schools, we have a great opportunity to implement additional prevention strategies and reduce the number of seriously injured children who we are seeing in emergency departments nationwide."

Siraj Amanullah, MD

James Linakis, MD

Michael Mello, MD

HASBRO CHILDREN'S HOSPITAL/DEPT. OF EMERGENCY MEDICINE

The study highlights the continued public health impact of bullying and peer-to-peer violence. While there are substantial numbers of emergency department visits due to intentional injuries occurring in U.S. schools, there are still likely many others that do not result in ED visits.

MICHAEL MELLO, MD, MPH, director of the Injury Prevention Center at Hasbro Children's Hospital who also contributed to the study, added a reminder that these injuries not only affect the physical health, but also the emotional health of children, families and both victim and perpetrator. "As parents, guardians and physicians we need to keep talking to our children and patients about this physical and mental health burden. It is our responsibility to address the issue of violence and bullying, both in and out of school, just like prevention efforts for any other medical illness," said Dr. Mello. ❖

News Briefs

BROWN

Josiah D. Rich, MD

Medicaid expansion improves health care services for prison population

PROVIDENCE – As Medicaid eligibility expands under the Affordable Care Act, prison systems are increasingly supporting prisoners' enrollment in Medicaid as a way to help lower prison system costs and improve prisoners' access to health care upon release. These are the findings of a nationwide survey of state prison administrators that was led by **JOSIAH D. RICH, MD, MPH**, director of the Center for Prisoner Health and Human Rights, based at The Miriam Hospital and professor of medicine and epidemiology at the Alpert Medical School. The study is published online in advance of print in the *American Journal of Public Health.*

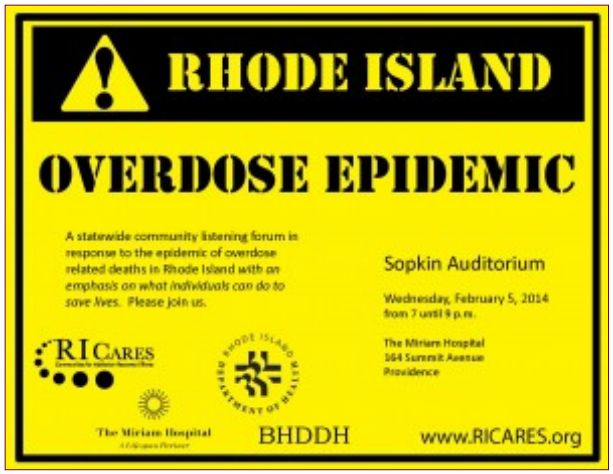
"This study is unique because of the timing with the expansion of Medicaid. We know that an increasing number of prison systems, although far from all, are helping prisoners enroll in Medicaid in preparation for their return to the community," explained Dr. Rich. "Enrollment improves access to basic health services, including substance use and mental health services, and can in turn benefit the health of the communities and families to which prisoners return. There is a possibility that there will be decreased recidivism as people get treatment for their mental illness and addiction." ❖

BCBSRI awards Thundermist $75,000 to fight childhood obesity

WOONSOCKET – Thundermist Health Center, a non-profit community health center that provides health care regardless of ability to pay, has received a $75,000 grant from Blue Cross & Blue Shield of Rhode Island (BCBSRI) to fund its new pilot initiative Impacting Obesity Together: Woonsocket, which focuses on increasing healthy diets and physical activity among low-income Woonsocket families.

The initiative will receive this funding as part of the 2014 BlueAngel Community Health Grant Program (BACHG), which supports nonprofit organizations addressing critical health issues in Rhode Island.

The Impacting Obesity Together pilot program will marry Thundermist's "ThunderKids" program with the YMCA's "Join for Me" program and Farm Fresh RI's "Healthy Foods, Healthy Families" and farmers market programs. ❖



Spike in drug overdose deaths prompts warnings, action

PROVIDENCE – RICares, a grassroots alliance of people in recovery, their family and friends, and concerned members of the community, is holding a forum on overdose prevention Wednesday, Feb. 5, from 7 p.m. to 9 p.m. at the Sopkin Auditorium, Miriam Hospital.

In mid-January the Department of Health reported that there have been 22 deaths due to apparent accidental drug overdose since the first of the year. This alarming number is twice the number of deaths seen for this same time period last year. The deaths were geographically spread throughout the state, and the age range of the decedents is 20-62 years old. The deaths happened most frequently on weekends, with 18 of the 22 happening between Fridays and Mondays. Tests are still pending on the specific substances involved.

The figures were announced by Michael Fine, MD, Director of Health. He was joined by Craig S. Stenning, Director of Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, and Lt. Robert S. Wall of the Rhode Island State Police.

The three also highlighted the state's Good Samaritan Drug Overdose Prevention Act, which provides some legal immunity to people who call 911 to report drug overdoses. ❖

AG Kilmartin's Medicaid Fraud and Control Unit recovers more than $8M

State gets $5.6M from settlement with Johnson & Johnson, Janssen Pharmaceuticals

PROVIDENCE – In 2013, Rhode Island Attorney General Peter F. Kilmartin's Medicaid Fraud and Control Unit (MFCU) recovered more than $8.1 million for the state's Medicaid budget.

"Medicaid is one of Rhode Island's most expensive programs and cannot afford to be plagued with fraud, waste and abuse," said Attorney General Kilmartin. "From big pharma looking to pocket tens of millions of dollars in profits through the off-label marketing of drugs to individual caregivers who defraud the system a few hundred dollars at a time, each must be held accountable."

Last year, the MCFU entered into 16 settlement agreements with major pharmaceutical companies who engaged in off-label billing and/or overbilled the state for drugs totaling $6.8 million in monies returned to the Medicaid budget. The year's single largest settlement was announced in November; Rhode Island received $5.6 million as its share of a multistate and federal settlement with Johnson & Johnson and its subsidiary, Janssen Pharmaceuticals, Inc., to resolve civil and criminal allegations of unlawful marketing practices to promote the sales of their atypical antipsychotic drugs, Risperdal and Invega.

The MFCU also recovered $1,276,530 in civil penalties from physician practices for overbilling and coding errors, including a $244,923 settlement with a former Rhode Island physician, Dr. Hafeez Kahn. In addition, the Unit secured court-ordered restitution of $81,365 from individuals convicted of Medicaid Fraud or patient abuse. ❖

OHIC report: Primary care spending up

PROVIDENCE – On January 17, the State of Rhode Island Office of the Health Insurance Commission (OHIC) released *2013 Primary Care Spending in Rhode Island*. It reported data on primary care spending that each insurer submits to OHIC on a quarterly basis, covering actual spending between 2007 and 2012 and projections for 2013 and 2014.

Highlights include:

- **Overall, insurers spend 9.1% (or $65m) of total premium on primary care**, a 60% increase from 2008 (5.7%, $47m).
- **Insurers are hitting their targets:** In 2012, Blue Cross Blue Shield of Rhode Island and United Healthcare met their primary care spending targets and project doing so in 2014. Though Tufts Health Plan does not yet have a target, it spent roughly the same percentage on primary care as the other two companies did in 2012.
- **Patient Centered Medical Homes (PCMHs)** and other non-Fee for Service (FFS) methods drive the rise in primary care spending. ❖

THE MIRIAM HOSPITAL

Miriam introduces ultraviolet technology

Xenex system shown to be effective in fighting C. diff, MRSA and more

PROVIDENCE – As antibiotic-resistant germs become harder to fight, The Miriam Hospital is using a new tool to disinfect patient areas. The Xenex room disinfection system uses ultraviolet technology to get rid of highly infectious pathogens such as Clostridium difficile (C.diff), Methicillin-resistant Staphylococcus aureus (MRSA), norovirus and even influenza.

Julie Nakos, director of environmental services at the hospital, said, "We are rolling out the use of the Xenex system in our most vulnerable areas first, and eventually we will expand it throughout the hospital. Not only is it portable and easy to use, but based on the reports, we feel confident that we are better able to destroy those pathogens that pose a threat to our patients."

Because the Xenex device is portable, it can be used in virtually every area within the hospital if and when needed. The other benefit is how rapidly it works – the environmental staff at the hospital is able to completely disinfect a patient room in five to 10 minutes. ❖

Kent offers new therapy for dysphagia

WARWICK – The Rehabilitation Program at Kent Hospital has added VitalStim Therapy designed to treat dysphagia, as part of its speech and swallowing program. It is an FDA-approved, non-invasive external electrical stimulation therapy that re-educates the muscles needed for swallowing. ❖