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.

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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 MFCU 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

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.

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.