

# Community forum seeks ways to quell overdose epidemic in RI

## Less than 20 percent of physicians use prescription monitoring database

MARY KORR  
RIMJ MANAGING EDITOR



Dr. Michael Fine, Rebecca Boss, and Michelle McKenzie listen to Elise Reynolds, who shared her story of how she lost her two sons to overdoses.

PROVIDENCE – At a community forum on overdose prevention held February 19 at the Miriam Hospital, Director of the R.I. Dept. of Health Dr. Michael Fine’s words gave the grim statistics: seven more dead of drug overdoses in the past week, 45 since January. He said that 28 of the dead had shown evidence of fentanyl-laced heroin in their bloodstream.

On the podium, gold lights remem-

bered the dead and symbolized the hope that something can be done to reverse the epidemic. Kim, a mother from Woonsocket, was one of a handful of parents who put a face to the numbers. “I lost my son from an overdose a week-and-a-half ago. He is being buried tomorrow.”

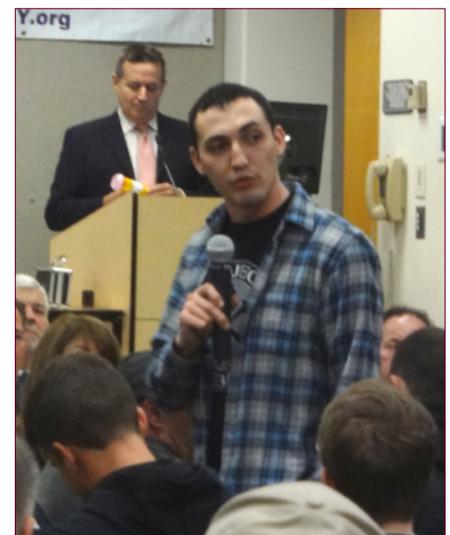
One man related how he has been in recovery for 40 years. He has lost one son to addiction; another has been sober for six years. He also has a grandson in recovery, he said. His purpose in speaking was to describe the sense of isolation a person suffering from addiction often feels, and the stigma attached to it.

“This stigma can keep people from accessing care,” said Rebecca Boss, the administrator

of Behavioral Healthcare Services for the state. She said the medical community, too, has much to learn about medication-assisted addiction recovery and related the story of a physician who would not prescribe methadone to a patient, because he didn’t like the drug. “That’s like offering a patient open-heart surgery because the doctor doesn’t like angioplasty. Abstinence does not work – medicated-assisted recovery in a treatment plan does.”

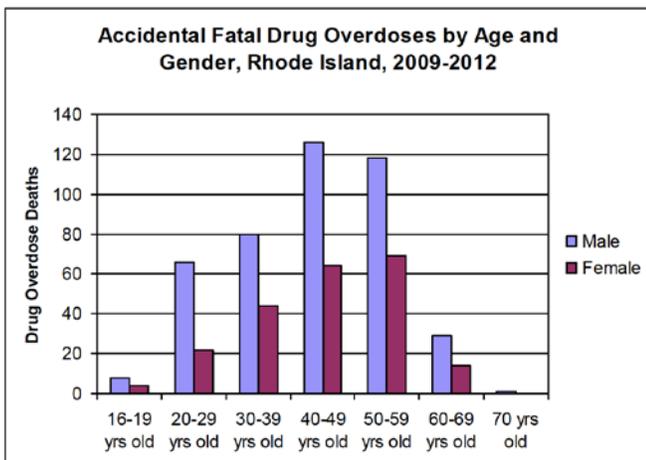
She said expanding treatment options in “health homes” and access to the opioid antagonist Narcan once patients leave treatment can save lives. “Patients are most vulnerable when they first step out the treatment door,” she said.

A.T. Wall, director of the Dept. of Corrections, said those leaving incarceration are at great risk of relapse into drug use and said the department is engaged with Dr. Jody Rich in a pilot project providing suboxone and

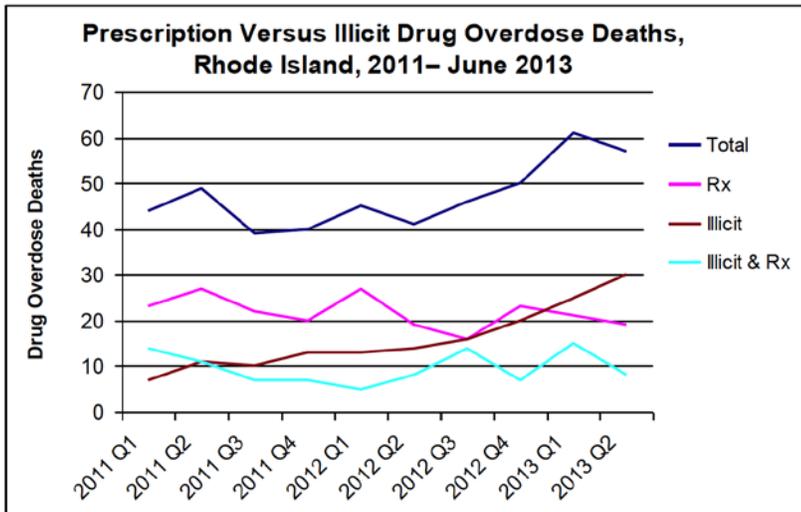


Jonathan Goyer, in recovery, overdosed last year and was saved when a friend who is a nurse found him and injected him with Narcan. Both spoke at the meeting.

PHOTOS BY MARY KORR



Data source: Office of the Rhode Island Medical Examiners, 2009–2012



Rx = Prescription drug

Data source: Office of the Rhode Island Medical Examiners, 2011–2013

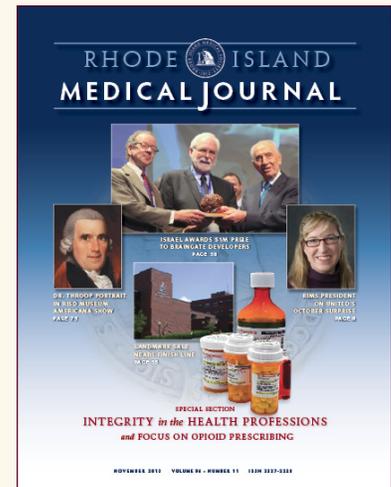
educational training to inmates before returning them to the community.

Miriam Hospital researcher Michelle McKenzie, director of the Preventing Overdose and Naloxone Intervention (PONI) program at Miriam, educates high-risk populations on drug-overdose risk and prevention, and trains them to administer Naloxone, and then distributes the drug following training. She said making the drug available, such as Walgreen’s does, saves lives.

Dr. Fine said key intervention strategies have been implemented in the state over the past year and that Naloxone is now available to anyone at all Walgreens pharmacies without a prescription. In addition, the Dept. of Health launched its prescription monitoring program, but it has been under-utilized. Only 18 percent of prescribers have registered. He would like to more physicians utilize it, and for the program to expand and include schedule IV and V drugs prescribed nationwide. The program now allows prescribers to currently see what schedule II and III drugs their patients are taking in the state.

At the forum, Craig S. Stenning, the director of the Department of Behavior Healthcare, said the department recently issued emergency regulations requiring that all substance abuse and mental health treatment agencies in Rhode Island have their staff educated in overdoses and the use of Naloxone and then to provide that education to all of their patients.

In addition, state police officers are now being trained to administer the opioid antidote and should soon have Narcan on the job as they are often



For Physicians:

**Special Focus on Opioid Prescribing** from the RI Dept. of Health, RIMJ, Nov. 2013

Patterns of Prescribing – The Rhode Island Prescription Monitoring Program  
Catherine Cordy, RPh; Patrick Kelly, RPh

Opioid Prescribing: Guidelines, Laws, Rules, Regulations, Policies, Best Practices  
James V. McDonald, MD, MPH

first responders to overdose cases. Kim, the mother from Woonsocket, hoped it gets to her town’s local police.

Presenters at the forum stressed prevention, expanded treatment options, increased behavioral health funding, and reducing the stigma attached to addiction all need to happen before the epidemic can be controlled.

The forum was sponsored by R-CARES, an advocacy and recovery organization, the Miriam Hospital, the Department of Health, and the state department of Behavioral Healthcare. ❖



PHOTO BY MARY KORR

A T-shirt, held up by a member of the audience, remembers an overdose victim.

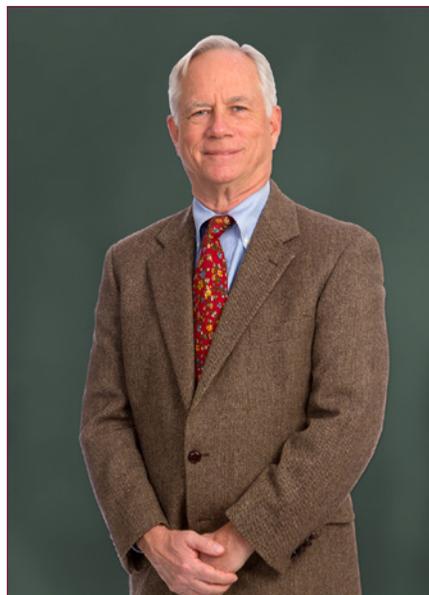
## Bryant U. to start School of Health Sciences with PA program in Jan. 2015 Will partner with Alpert Medical School

SMITHFIELD – Bryant University and The Warren Alpert Medical School have signed an agreement granting the use of the Alpert Medical School facility for key aspects of Bryant’s new Master of Science in Physician Assistant Studies graduate program (MSPAS).

The physician assistant program, currently in the process of accreditation, will begin accepting applications in April 2014. The inaugural class of 32 students will begin the 27-month program in January 2015. It will be housed in a new facility to be constructed this year on the Bryant campus.

MSPAS students will complete the majority of the first year’s preclinical study at Bryant and study the foundational human anatomy course at the medical school. Alpert Medical School Morphology Director **DALE RITTER, PhD**, will teach the course. Brown and Bryant will facilitate adjunct appointments for faculty.

After the first year, the Bryant PA students will take part in 15 months of clinical rotations provided through



**Boyd 'Peter' King, MD**, is medical director for the new graduate program.



PHOTOS: BRYANT

**Jay Amrien, MPAS, PA-C**, will serve as program director.

Bryant’s clinical affiliations with partners including Care New England, Southcoast, and multiple specialty practices throughout the Lifespan health system, as well as independent

clinical providers.

**JAY AMRIEN, MPAS, PA-C**, serves as program director and **BOYD "PETER" KING, MD**, is medical director for the new graduate program. ❖



The planned School of Health Sciences will be housed in a new facility to be constructed this year on Bryant’s 428-acre campus in Smithfield.

## RIH, Brown researchers identify components in *C. difficile* that may lead to new diagnostic tools



BROWN

Leonard Mermel, DO

PROVIDENCE – Rhode Island Hospital researchers have identified components in *Clostridium difficile* (*C. diff*) that may lead to new diagnostic tools. The study is published online in advance of print in *The Journal of Molecular Diagnostics*.

“With the emergence of a more severe *C. diff* strain (NAP1/027/B1), there is an urgent need for a highly sensitive and rapid method of detection and strain typing,” said

**LEONARD MERMEL, DO,**

medical director of the department of epidemiology and infection control at Rhode Island Hospital. “The assay we have developed has the potential to quickly and accurately indicate the presence of specific markers of certain hypervirulent strains of *C. diff*. We believe that rapid identification of this bacterium will assist in timely initiation of antimicrobial therapy and admission to a setting where the patient is more appropriately observed based on his or her signs, symptoms and strain of bacteria causing the infection.”

The technology revealed in this study can be integrated as a point-of-care device to help quickly detect and identify *C. diff* strains that pose significant health threats in hospitals and other health care settings.

The funding was provided in part by the National Science Foundation and the National Institutes of Health. Other researchers involved in the study are Stephanie L. Angione and Anubhav Tripathi of the Center for Biomedical Engineering at Brown University, Aleksey Novikov, MD, and Jennifer Fieber, both of Brown University, and Aartik A. Sarma of Harvard Medical School. ❖

## Classified Advertising

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## Update

### Appeals court directs UHC, CT. physicians to arbitration

NEW YORK, NY – On February 7, a three-judge panel on the U.S. Court of Appeals for the Second Circuit directed UnitedHealthcare and Connecticut physicians in the Hartford and Fairfield County Medical Associations to arbitration after an attempt at mediation failed.

The Court upheld an earlier district court injunction, with an amendment, keeping the physicians in the Medicare Advantage physician provider network and gave the physicians 30 days to initiate arbitration, at which time the preliminary injunction expires.

“This is a victory for our member physicians who have won another round in court to protect our patients and to let UnitedHealthcare know that we will not allow them to manipulate patient care,” said Dr. Robert D. Russo, chairman of the board, Fairfield County Medical Association.

“This once again reinforces the fact that big insurance companies can’t just come in the way of the doctor-patient relationship and do whatever they want derailing continuity of care. They are answerable to the law and to the public. Doctors and the associations that represent them will continue to demand accountability on the part of insurance companies like UnitedHealthcare that strayed from their expected mission of providing care through access, improving quality and cost effectiveness (to decrease premiums) but not just focus on their profits to fill their pockets,” said Dr. Bollepalli Subbarao, president of the Hartford County Medical Association. ❖

### UHC drops Yale-New Haven

In a related matter, UnitedHealthcare recently notified customers that, effective April 1, 2014, Yale-New Haven Health System will no longer be a provider of the company’s Medicare Advantage plans.

In a statement, Conn. Gov. Daniel Malloy said that due to this change, beneficiaries enrolled in this plan will not be able to continue seeing their doctors in the Yale-New Haven network, unless they re-enroll in original Medicare by February 14, 2014.

State Department of Aging (SDA) Commissioner Edith Prague said, “I am extremely concerned that so little notice was given to Medicare Advantage beneficiaries about this change. This is not only a disruption in the lives of these seniors, but it also severs the relationships current beneficiaries have established with their trusted doctors.” ❖

## Women & Infants researchers uncover way to target ovarian cancer treatment

PROVIDENCE – Researchers at Women & Infants Hospital have developed a biologic drug that would prevent the production of a protein known to allow ovarian cancer cells to grow aggressively while being resistant to chemotherapy. This would improve treatment and survival rates for some women.

The work coming out of the molecular therapeutic laboratory directed by **RICHARD G. MOORE, MD**, of the Program in Women's Oncology, entitled "HE4 (WFDC2) gene overexpression promotes ovarian tumor growth" was recently published in the international science journal *Scientific Reports*, a Nature publishing group.

"We have known that the protein HE4 is present in women who have ovarian cancer," says Dr. Moore, who created the Risk of Ovarian Malignancy Algorithm (ROMA) to determine if a pelvic mass is cancerous based on the levels of HE4 and another protein. "What no one knew was why the protein is there or what activates it."

The WFDC2 gene produces a "messenger RNA" that encodes for the HE4 protein, not only imparting an aggressiveness to the tumor, enabling it to grow quickly, but also conveying a resistance to chemotherapy drugs used to treat the tumor.

"It plays a part in allowing the cancer to grow without restriction," Dr. Moore says. "We have determined that HE4



Richard G. Moore, MD

WOMEN & INFANTS HOSPITAL

plays a part in allowing ovarian cells to become cancer cells, giving them the ability to grow and resist chemo."

Once they identified the function of the protein, Dr. Moore's research team was able to design a biologic drug that can prevent the messenger RNA gene from creating HE4. The novel biologic has been tested in cell and animal models, and the results are that the cancer does not grow as aggressively and responds to chemotherapy.

"We would give this biologic – which has minimal side effects – to any patient we identify through a blood test as producing HE4," he says, adding that oncologists have recognized that women with high levels of

HE4 do not respond to treatment and their survival rates are lower. "This would be an individualized treatment that could increase survival rates of some women with ovarian cancer."

Dr. Moore and his team will continue testing the biologic drug, preparing for clinical trials in humans.

"This is a tremendous discovery and could mean the difference between life or death for some women with ovarian cancer," says **MAUREEN G. PHIPPS, MD, MPH**, chief of obstetrics and gynecology at Women & Infants. "Dr. Moore's research is ground-breaking in the area of ovarian cancer, and it's all happening in his laboratory in the Knowledge District of Providence." ❖

## Maternal-fetal specialists at W&I question oxygen use for intrauterine resuscitation

PROVIDENCE – When a fetal heartbeat pattern becomes irregular during labor, many practitioners give oxygen to the mother. But questions remain whether this oxygen supplementation benefits the fetus or may actually be potentially harmful.

A clinical opinion written by third-year resident **MAUREEN HAMEL, MD**, along with maternal-fetal medicine specialists **BRENNA ANDERSON, MD**, and **DWIGHT ROUSE, MD**, of the Department of Obstetrics and Gynecology at Women & Infants Hospital, has been published in the January 10, 2014 online edition of the *American Journal of Obstetrics & Gynecology*.

The manuscript, entitled "Oxygen for intrauterine resuscitation: Of unproved benefit and potentially harmful," aimed to make recommendations about the safety of the use

of maternal oxygen supplementation in laboring women.

According to lead author Dr. Hamel, "Maternal oxygen is often given to laboring women to improve fetal metabolic status or in an attempt to alleviate non-reassuring fetal heart rate patterns. However, there are only two randomized trials investigating the use of maternal oxygen supplementation in laboring women. These studies did not find that supplementation is likely to benefit the fetus and may even be harmful."

Based on their research, the team concludes that until it is studied properly in a randomized clinical trial, maternal oxygen supplementation in labor should be reserved for maternal hypoxia (lack of oxygen) and should not be considered an indicated intervention for non-reassuring fetal status. ❖



Stroke Survivor, Lisa Deck shared her story at the Go Red For Women Luncheon accompanied by her mother Ann and daughter Kaitlyn.

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## News briefs

### CharterCARE, Prospect Medical Holdings begin official HCA process for approval

PROVIDENCE – CharterCARE Health Partners (CCHP), the corporate parent of Roger Williams Medical Center, Our Lady of Fatima Hospital and Elmhurst Extended Care, recently joined with California-based Prospect Medical Holdings (PMH) to make an initial presentation to the Rhode Island Health Services Council, one of two regulatory agencies that is reviewing the CCHP-PMH proposal.

Senior management of CCHP and PMH co-presented a 90-minute description of the joint venture proposal. This included a review of the planned regional coordinated care health system, the benefits this would bring to CCHP and to Rhode Island, and why PMH's expertise in designing innovative managed-care reimbursement models, strong allied physician networks and management and fiscal processes is a natural fit for CharterCARE.

The next step in the regulatory review process, as proscribed by the Rhode Island Hospital Conversion Act, will include additional hearings before the review committee and a series of public hearings in the metropolitan and north central Rhode Island areas. ❖

### HARI: Hospitals provide \$6.7B to RI economy

CRANSTON – The Hospital Association of Rhode Island (HARI) released its annual economic impact report on Feb. 11, which details \$6.7 billion in economic contributions. "Hospitals are a key ingredient to Rhode Island's quality of life. They are a major contributor to the state economy and to keeping families healthy and secure by providing needed health services," said **EDWARD J. QUINLAN**, HARI president. "The financial health of hospitals is directly tied to the strength of our state overall. Hospitals must be financially strong to continue investing in our state's economy."

Highlights of hospitals' economic impact in 2012 include:

- Employing 20,800 health care professionals
- Supporting 22,300 jobs with economic activity
- Paying \$1.9 billion in wages
- Spending more than \$1.4 billion on goods and services
- Dedicating \$90 million to improving facilities and upgrading technology ❖

### Lifespan's Comprehensive Cancer Center opens clinic to target upper GI cancers

PROVIDENCE – The Comprehensive Cancer Center at Rhode Island, The Miriam and Newport hospitals has opened the Upper Gastrointestinal Multidisciplinary Clinic (UGMDC) for the treatment of esophageal, stomach, pancreatic, liver and bile duct/gall-bladder cancers.

"Receiving a cancer diagnosis is overwhelming for the patient and his or her loved ones," said **KEVIN CHARPENTIER, MD**, director of the UGMDC. "There is a lot of information to absorb and a lot of clinicians involved in the patient's care. At the UGMDC, we coordinate all care in one setting and walk patients and family members through every step of their care – from diagnosis to treatment to survivorship."

At diagnosis and during one visit, patients meet with physicians in all related disciplines including surgical oncology, medical oncology, radiation oncology and vascular radiology. The team then meets with the patient to recommend a personalized care plan.

Each patient also will meet with a nurse practitioner who is trained in oncology, specializing in gastrointestinal cancers and who serves as a patient navigator. ❖