

Bradley Hospital Study Finds Difference in Bipolar Disorder in Children, Adults

Meta-analysis suggests children may benefit from targeted treatments specific to pediatric brain activity

PROVIDENCE – A new study from Bradley Hospital has found that bipolar children have greater activation in the right amygdala – a brain region very important for emotional reaction – than bipolar adults when viewing emotional faces. The study, now published online in *JAMA Psychiatry*, suggests that bipolar children might benefit from treatments that target emotional face identification, such as computer based “brain games” or group and individual therapy.

This study is the first ever meta-analysis to directly compare brain changes in bipolar children to bipolar adults, using data from 100 functional MRI (fMRI) brain imaging studies with a pool of thousands of participants. **EZRA WEGBREIT, PHD**, a postdoctoral research fellow at Bradley Hospital, led the study along with senior author **DANIEL DICKSTEIN, MD**, director of the PediMIND Program at Bradley Hospital.

“Bipolar disorder is among the most debilitating psychiatric illnesses affecting adults worldwide, with an estimated prevalence of one to four percent of the adult population, but more than 40 percent of adults report their bipolar disorder started in childhood rather than adulthood,” said Wegbreit. “Despite this, very few studies have examined whether brain or behavioral changes exist that are specific to children with bipolar disorder versus adults with bipolar disorder.”

Analysis of emotional face recognition fMRI studies showed significantly greater amygdala activity among

bipolar youths than bipolar adults. The team also analyzed studies using emotional stimuli, which again showed significantly greater levels of brain activation in bipolar children, this time in the inferior frontal gyrus and precuneus areas of the brain. In contrast, analyses of fMRI studies using non-emotional cognitive tasks showed a significant lack of brain activation in the anterior cingulate cortex of bipolar children.

“Despite our best current treatments, bipolar disorder exacts a considerable toll on youths, including problems with friends, parents and at school, and high rates of psychiatric hospitalization and suicide attempts,” said Dr. Dickstein. “More research into targeted treatments is needed now that we know children’s brains are impacted in specific, identifiable ways by bipolar disorder.”

Dr. Dickstein added that Bradley Hospital’s PediMIND Program is currently conducting several research projects on pediatric bipolar disorder, including potential brain-based treatment. “Understanding more about the brains of children and adults with mental illness is very important because, ultimately, all mental illnesses are reflected in changes in brain activity,” said Dickstein. “Locating the underlying brain change in bipolar youths could lead us to new, brain-based ways to improve how we diagnose and treat this disorder.” ❖

Engaging Patients Proven to Lower Readmissions, Helping Hospitals Avoid Penalties

PROVIDENCE – When patients are discharged from the hospital without fully understanding what to do next, they can land back in the emergency department or hospital within days or weeks. Not only can this be stressful and contribute to poor outcomes, but it also adds to the rising health care costs that affect all Rhode Island residents. Researchers at Healthcentric Advisors found that an intervention to engage patients in their care successfully lowered utilization and costs for a full six months after hospital discharge.

From 2009 through 2011, Healthcentric Advisors worked with six Rhode Island hospitals to implement Dr. Eric Coleman’s Care Transitions Intervention (CTI), a patient-centered coaching model. By pairing hospitalized patients

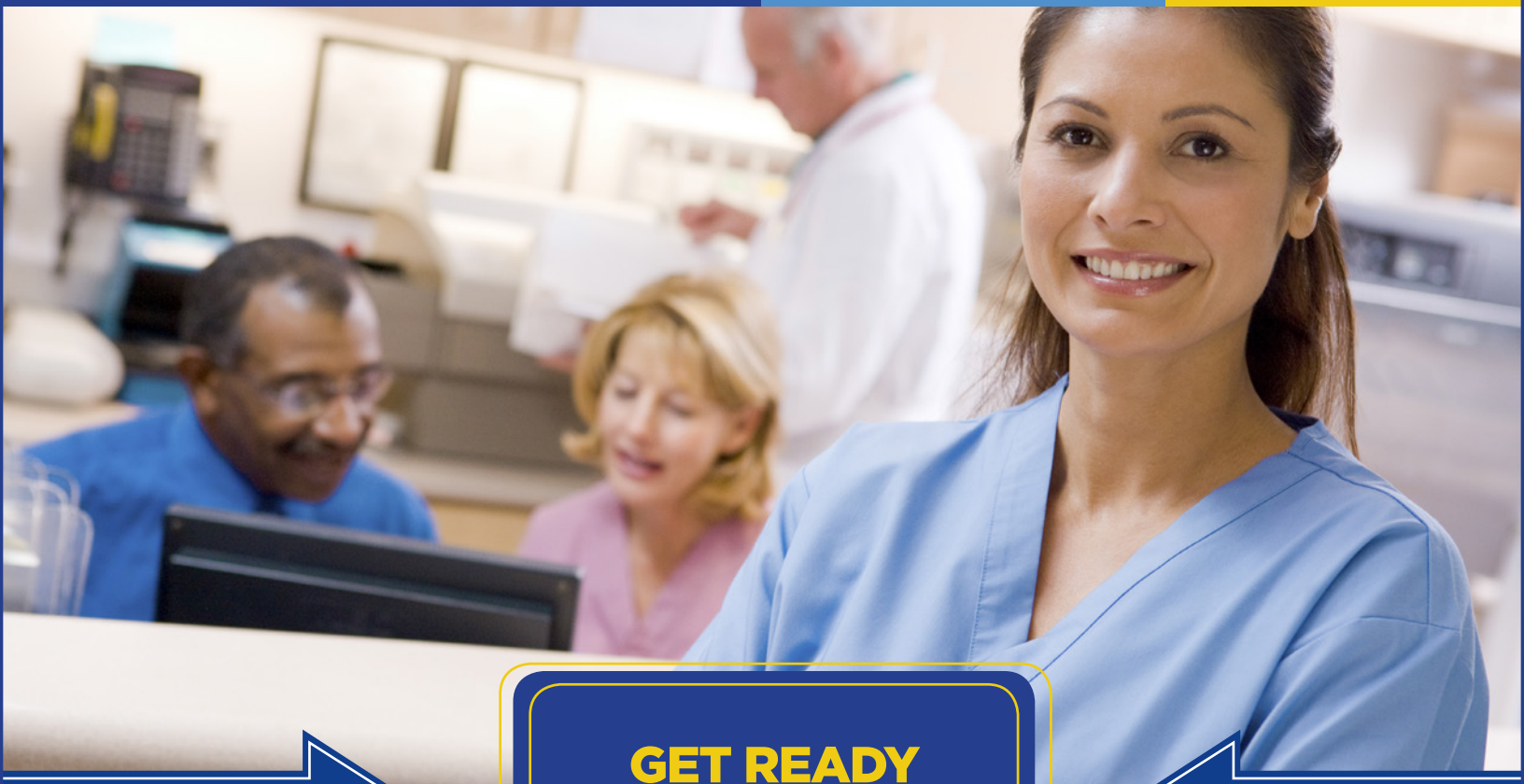
with a health coach for the critical 30-day period following hospital discharge, the intervention helped patients to better manage their care. The coach’s role included helping patients make and keep doctors’ appointments, use a personal health record to track information and questions, and know when to ask their doctor for help.

Compared to those who were eligible but didn’t participate, the group that received the CTI intervention:

- Had significantly lower health care utilization in the six months after discharge
- Incurred lower mean total health care costs (\$14,729 vs. \$18,779)
- Avoided \$3,752 in healthcare costs per patient

“As a doctor, I know how difficult hospital discharge can be for patients and families, especially if something goes wrong,” said **DR. REBEKAH GARDNER**, Senior Medical Scientist at Healthcentric Advisors and lead author of the paper. “When patients and families don’t have the right information or skills to navigate the health care system, they are confused and anxious. Poor discharges can result in people returning to the hospital when they could have stayed at home.”

This study demonstrates that evidence-based interventions, such as the CTI, can have a lasting and powerful impact on the health care system by simply providing patients with the tools necessary to better understand and manage their needs. ❖



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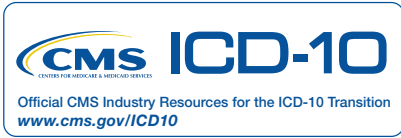
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Bills Aimed At Stemming Overdose Deaths Become Law

STATE HOUSE – Two bills supported by the Senate Health and Human Services Committee to address the recent increase in drug overdose deaths in the region have been signed into law, and a third was passed by the Assembly and awaits the governor's action.

One of the bills signed into law addresses health insurance coverage for people with opioid substance use disorder and chronic addiction, which would:

- Strengthen parity in coverage of mental health and substance use disorders, in clear language aligned with federal regulation, and require that both methadone treatment services and medications to treat opioid overdoses be included as covered health benefits.
- Provide patients with substance use disorders with information they need about critical services, when they need it most – when they are being discharged from a hospital. The legislation outlines a process that hospitals can use to make sure that patients with substance use disorders leave with real-time information in hand about community-based facilities and providers that have openings for them. As they leave, patients would also have a follow-up appointment scheduled for them with licensed professionals who understand substance use disorders.
- Extend the safety net to other health care settings that patients with substance use disorders also consult – places like urgent care settings, freestanding clinics and emergency room diversion facilities. This legislation ensures that these settings also receive information about community and health care resources that can be consulted to support patients with substance use disorders. ❖

Providence Center, Care New England Seek Formal Affiliation

PROVIDENCE – Following a year of strategic and programmatic partnerships focused on enhancing the delivery of behavioral health care in the region, The Providence Center (TPC) and Care New England (CNE) announced they have begun negotiating the terms of a formal affiliation.

The formal agreement seeks to solidify the integration of behavioral health services across community-based and hospital-based systems in order to provide comprehensive treatment and support across the full continuum of care to patients with mental illness and substance use disorders. The larger focus on public health, a key element to Care New England's vision for the future of health care, includes a broader view that incorporates primary care, acute and specialty care, post-acute care and wellness.

TPC and CNE announced a strategic affiliation agreement in March 2013. The final affiliation agreement will require approval from the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHHDH). ❖

Miriam Hospital Receives 8th Consecutive Award for Quality Care

PROVIDENCE – The Miriam Hospital has received the Get With The Guidelines-Stroke Gold-Plus Quality Achievement Award for using American Heart Association/American Stroke Association quality improvement measures when treating stroke patients. The distinction, which recognizes evidence-based clinical guidelines, acknowledges The Miriam's commitment to quality, excellent care. The hospital treats more than 600 stroke patients each year and has received the Gold or Gold Plus designation for stroke care every year since 2008.

"Receiving this acknowledgment from the Heart Association/American Stroke Association over the last eight years validates the proven, comprehensive model of care we use when treating our stroke patients," said **THOMAS F. TRACY, JR, MD**, chief medical officer and senior vice president of medical affairs at The Miriam Hospital. "Our exemplary team of physicians, nurses, and staff in The Miriam Stroke Center and emergency department work together as one to consistently administer the highest level of quality care."

"We are pleased to recognize The Miriam for their commitment and dedication to stroke care," said **DEEPAK L. BHATT, MD, MPH**, national chairman of the Get With The Guidelines steering committee and executive director of Interventional Cardiovascular Programs at Brigham and Women's Hospital and professor of medicine at Harvard Medical School. "Studies have shown that hospitals that consistently follow Get With The Guidelines quality improvement measures can reduce patients' length of stays and 30-day readmission rates and reduce disparity gaps in care."

The Get With The Guidelines-Stroke quality program embodies adoption of the latest, research-based treatment guidelines intended to speed recovery and reduce death and disability among stroke patients. In receiving the award, The Miriam met specific quality achievement measures for the rapid diagnosis and treatment of stroke patients. These measures include achieving and sustaining 85 percent or higher adherence to specific evidence-based guidelines over 24 consecutive months and aggressively using medications and risk-reduction therapies aimed at reducing death and disability and improving stroke patients' lives. ❖

Lifespan, Blue Cross & Blue Shield of RI Sign Cost-sharing Agreement

PROVIDENCE – Lifespan and Blue Cross & Blue Shield of Rhode Island (BCBSRI) have announced a collaboration that will affect the way health care is delivered to over 35,000 patients and includes more than 110 primary care providers.

The three-year agreement will affect 35,000 commercially insured and Medicare patients. It will involve more than 110 physicians; 40 percent of the physicians are affiliated with patient-centered medical homes and 35 percent are Lifespan physicians.

This initiative is the first step in moving away from the traditional fee-for-service model. Throughout the partnership, BCBSRI and Lifespan will jointly invest in programs that support care transformation by coordinating all aspects of a patient's care – from office visits to hospitalizations. In addition, the new payment model will reward

physicians for meeting quality performance and outcome goals.

“This collaboration with Lifespan will provide a physician-led, patient-centered, team-based approach for our members. Our goal is for patients to receive the care they need and to realize better health outcomes at a lower cost,” said **PETER ANDRUSZKIEWICZ**, president and CEO for BCBSRI.

According to **TIMOTHY J. BABINEAU, MD**, Lifespan's president and CEO, this agreement supports Lifespan's ongoing evolution from a system of hospitals into a fully integrated health care delivery system. “Our focus continues to be on enhancing the patient experience and finding the best and most appropriate ways to deliver health with care,” said Dr. Babineau. “This agreement allows us to take another step in this direction all while building on our relationship with the provider community

and recognizing and rewarding quality care for our patients.”

KAREN ROSENE-MONTELLA, MD, Lifespan's senior vice president of women's services and clinical integration, noted that this agreement emphasizes Lifespan's commitment to primary care. “As the state's largest health system, we recognize the importance primary care plays in delivering the best possible care for patients and the best outcomes. By better coordinating patient care among all their providers, whether in an physician's office or hospital setting, and measuring the quality of that care, patients can expect a more streamlined and seamless experience,” she explained. “This agreement is about having the primary care provider be central to the patient's care, guiding them through the health care system for a better patient experience.” ❖

Women & Infants among Best Children's Hospitals in Neonatology in U.S. News Media Group's Rankings

PROVIDENCE – Women & Infants Hospital has been named a 2014–2015 Best Children's Hospital in Neonatology by U.S. News Media Group.

“The care that we provide not only to full-term newborns, but also to the tiniest, frailest infants, is extraordinary, and we are so proud to have that level of care acknowledged,” said **MARK R. MARCANTANO**, president and chief operating officer of Women & Infants Hospital.

“The single-family room NICU has expanded the field of neonatology from ‘survival’ to ‘quality of life, and we have seen that first-hand in the five years since opening our single-family room unit,’” said **JAMES F. PADBURY, MD**, pediatrician-in-chief at Women & Infants and the Oh-Zopfi Professor of Pediatrics for Perinatal Research at The Warren Alpert Medical School of Brown University. “Women & Infants' NICU is a developmentally sensitive unit that enhances infant growth and development by allowing us to adjust the noise, light, temperature and medical interventions in each room based on each patient's



need. Controlling the environment decreases dependence on respiratory support, decreases the incidence of complications, improves weight gain, shortens the hospital stay, and improves the infant's developmental outcome.” ❖

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CharterCARE Health Partners, Prospect Medical Holdings Launch Partnership

PROVIDENCE – CharterCARE Health Partners, corporate parent of Roger Williams Medical Center and Our Lady of Fatima Hospital, and Prospect Medical Holdings, Inc., announced a new joint venture which took effect June 20.

Prospect CharterCARE, LLC, the new joint venture company, which will do business as CharterCARE Health Partners, is jointly owned by Prospect and CharterCARE. The company will operate Roger Williams Medical Center, Fatima Hospital, St. Joseph Health Center and Elmhurst Extended Care and will develop, through acquisitions and partnerships, a coordinated regional health network that will include physician practices, urgent care centers, nursing homes and ancillary health providers such as diagnostic labs.

Prospect, which will have a majority interest in the new company, will provide an immediate infusion of capital which will be used to retire the two hospitals' long-term debt and invest in the facilities and equipment, as well as support development of the new network.

Prospect and CharterCARE equally share seats on the new company's eight-member governing board. **EDWIN SANTOS**, current chairman of CharterCARE, will serve as the new board's chair. **THOMAS REARDON**, President of Prospect East Holdings, Inc., said, "Prospect will focus on collaboration among hospitals, physicians, medical groups urgent care centers, nursing homes, and other providers, in cooperation with health plans. Our goal is to provide Rhode Islanders with the health care they need at the right time, in the right place, compassionately and efficiently." ❖

Rhode Island Hospital Receives National Cancer Award

PROVIDENCE – The Comprehensive Cancer Center (CCC) at Rhode Island Hospital has received the 2013 Outstanding Achievement Award from the American College of Surgeons' (ACS) Commission on Cancer (CoC). Rhode Island Hospital is one of only 74 U.S. health care facilities with accredited cancer programs to receive this national honor for surveys performed in 2013. The award acknowledges cancer programs that achieve excellence in providing quality care to cancer patients.

The Leonard and Adele R. Decof Family Comprehensive Cancer Center at The Miriam Hospital received this award in 2012.

"Each day the staff at the Comprehensive Cancer Center at Rhode Island Hospital demonstrates its unwavering commitment to our patients," said **JAMES BUTERA, MD**, medical director of the Comprehensive Cancer Center. "That commitment ranges from providing patients with the highest quality medical care to the most innovative clinical trials, from effective educational tools to compassionate support programs. This award recognizes that commitment and rewards our team for all of its hard work."

The Comprehensive Cancer Center at Rhode Island Hospital was evaluated in 2013 on 34 program standards categorized within one of five cancer program activity areas: cancer committee leadership, cancer data management, cancer conferences, clinical services and quality improvement. The program was further evaluated on seven commendation standards. To be eligible, all award recipients must have received commendation ratings in all seven commendation standards, in addition to receiving a compliance rating for each of the 34 other standards. ❖

URI Awarded Nearly \$19M to Expand Biomedical Research

New phase to focus on cancer, neuroscience and molecular toxicology

KINGSTON – A University of Rhode Island-based initiative that has successfully expanded biomedical research capacity at nearly all of Rhode Island's universities and colleges has been awarded another \$18.8 million in federal funding to expand the program over the next five years.

The Rhode Island IDEA Network of Biomedical Research Excellence (RI-INBRE), which has been funded by the National Institutes of Health since 2001 with \$42 million in grants to URI as the lead institution, was initially established to expand the statewide research capacity in biomedical sciences. With this next phase of funding, the interrelated research areas of cancer, neuroscience and molecular toxicology will now be the focus of the program.

The University of Rhode Island partners with Brown University, Rhode Island College, Providence College, Bryant University, Roger Williams University and Salve Regina University in the RI-INBRE program. The Community College of Rhode Island is an affiliate of the network, and its students participate in research opportunities at URI.

ZAHIR SHAIKH, professor of pharmacology and toxicology in URI's College of Pharmacy, has been the principal investigator and program director of the project since its inception in 2001.

Shaikh, and Program Coordinator David Rowley, URI professor of biomedical sciences at the College of Pharmacy, said the grant renewal allows the network to expand. "We are now putting the focus on disease states, like cancer, Alzheimer's, Parkinson's and other neurological diseases," he said.

Shaikh said the grant application pre-dates last November's establishment of the George & Anne Ryan Institute for Neuroscience at URI through a \$15 million gift from Tom and Cathy Ryan, but the Ryan Institute, combined with URI's Interdisciplinary Neuroscience Program and the focus of the grant renewal for the biomedical network, means Rhode Island can accelerate its already strong momentum in neurological research.

"Neuroscience and cancer are not just priorities for us at URI," Rowley said. "They are research priorities for Rhode Island and the nation. This will continue to be a capacity building grant, and it will catalyze the growth and competitiveness of investigators."