



# joimax® Education Program

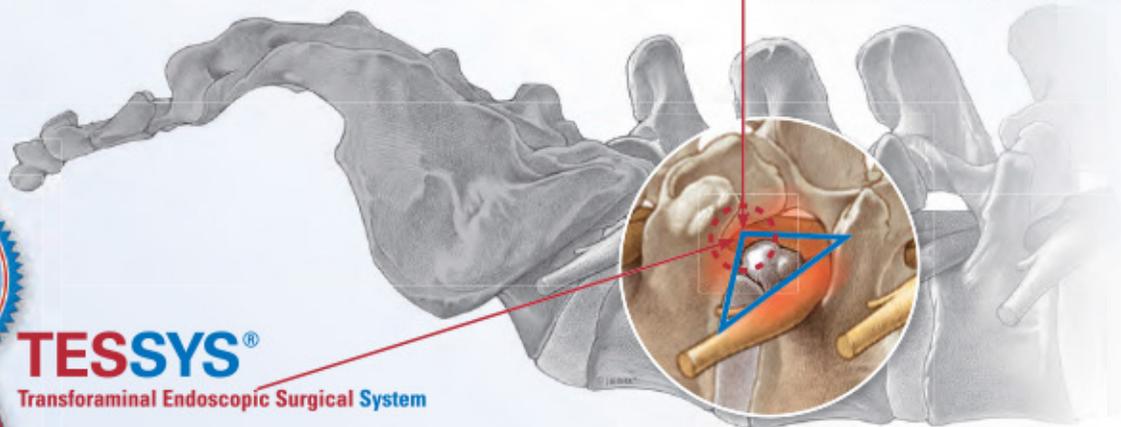
**Dynamic 3-step-concept** for learning the joimax® surgical techniques – education and supervision of the surgeon and the complete surgical team! With the CM3 Education Program you are given the opportunity to learn the surgical techniques in three steps (**1. visitation, 2. cadaver workshops, 3. first surgery**). In addition to the education and training of your complete surgical team, the joimax® holistic education concept also comprises the professional supervising of your first surgeries.



The joimax® techniques allows for the quick recovery of your patients. Get detailed information about workshops, visitations and detailed workshop dates online at [www.joimaxusa.com](http://www.joimaxusa.com) and [www.joimax.com](http://www.joimax.com).

## 2 types of access – 1 goal 360° decompression of the spinal canal

**iLESSYS®**  
Interlaminar Endoscopic Surgical System



■ Target area of the access – 360° decompression  
■ Kambin Triangle



**TESSYS®**  
Transforaminal Endoscopic Surgical System

joined minimal access



joimax® Inc.  
14 Goodyear, Suite 145  
Irvine, CA 92618-3759, USA  
Net [www.joimaxusa.com](http://www.joimaxusa.com)

joimax® GmbH  
Amalienbadstrasse 41 · RaumFabrik 61  
76227 Karlsruhe · Germany  
Net [www.joimax.com](http://www.joimax.com)

## Dr. Wael Asaad awarded \$486,000 to study neural transitions in PD

PROVIDENCE – **WAELE ASAAD, MD, PhD**, has received a three-year Clinical Scientist Development Award of \$486,000 from the Doris Duke Charitable Foundation for his project, “Breaking Beta: Decoding and Manipulating Critical Neural State Transitions in Parkinson’s Disease.”

According to the Foundation, the grants provide funding to young clinician investigators, enabling them to secure 75 percent of their professional time for clinical research as they establish their own labs and research teams.

Dr. Asaad, an assistant professor of neurosurgery at the Alpert Medical School, received his undergraduate degree from Amherst College in 1993, then earned a PhD in systems neuroscience from Massachusetts Institute of Technology in 2001, and his MD from Yale University in 2003. In 2011, he joined the department of neurosurgery at the Alpert Medical School.

His basic science interests focus on the ways in which neuronal circuits in the frontal cortex and basal ganglia underlie visual-motor learning, memory and decision-making, and how a better understanding of these might lead to strategies to alleviate the cognitive aspects of psychiatric



RHODE ISLAND HOSPITAL

Wael Asaad, MD, PhD

and neurological diseases, including traumatic brain injury and stroke.

“I am honored to receive this generous grant from the Doris Duke Charitable Foundation, supporting our research into normal and abnormal brain rhythms in Parkinson’s Disease,” said Dr. Asaad, who is affiliated with Rhode Island Hospital. “We aim to understand how such rhythms arise with various forms of movement,

and how we can apply deep brain stimulation at just the right moments and in just the right amounts to transform bad rhythms into good ones. We hope that our work will result in tangible improvements to this effective but still imperfect therapy, in order to improve the lives of those suffering from this neurological disease.” ❖

## Butler, Kent Hospitals providing Narcan to overdose patients

PROVIDENCE – Care New England Health System announced recently that two of its hospitals, Butler and Kent, are distributing naloxone, more commonly referred to as Narcan, to patients who have been treated for a drug overdose or who are at risk for an overdose.

The distribution of Narcan kits at Kent began August 1. The clinical staff in the emergency department follow normal protocol for an overdose patient. After consent, patients will receive the kit before discharge. In addition, through an affiliation with The Providence Center and funding from the Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), Kent Hospital provides weekend access to on-call recovery coaches for patients who are in need of support and counseling. Additionally, trained staff from The Providence Center are available during the week for patient education and outpatient treatment referral.

Butler has been providing kits to patients in its Alcohol and Drug Partial Hospital Program since October 2013

and upon discharge from the Alcohol and Drug Inpatient Unit since April 2014. Since that time, 164 kits have been provided to patients who consented to receive them and also receive education about its use.

At Butler, patients are assessed by a doctor who prescribes Narcan if it is indicated, after informed consent. The patient is shown a brief educational video and receives education on opiate overdose prevention and Narcan use from the physician and from a pharmacist. The patient receives a naloxone kit (syringe and nasal atomizer) when they leave the hospital. Partial hospital patients receive the kits the day it is ordered by the doctor.

“Given the dramatic increase in overdose deaths here in Rhode Island it is critical that the health care community and those facilities that are on the front lines in treating this crisis confront the problem head on,” said **JAMES SULLIVAN, MD**, senior vice president and chief medical officer at Butler Hospital. “This is an important opportunity to help save lives

and provide treatment and education that will hopefully help reverse this alarming trend.”

“This is a collaborative project that has come together through the effort of staff and clinicians across Care New England, including those in our emergency departments, pharmacies and drug and alcohol programs. We see the horrible impact that drugs have on people almost on a daily basis. It ruins lives and it ends lives. We can help change this,” said **PETER GRAVES, MD**, chief, Department of Emergency Medicine at Kent Hospital.

Butler’s Patient Assessment Services Department (emergency department for those needing urgent psychological evaluation and treatment) is coordinating a distribution program but currently provides information about the availability of kits to patients and families through Walgreens (no prescription needed).

Currently, Memorial Hospital, also a Care New England facility, is developing its program. ❖

## Opioid prescription data now available on Dept. of Health website

PROVIDENCE – Beginning Aug. 22, the Rhode Island Department of Health (HEALTH) is thought to be the first state to make data from its Prescription Monitoring Program (PMP) available to the public on the Department’s website. Rhode Islanders will be able to learn what percentage of prescribers are enrolled in and utilize the PMP, the number of prescriptions being written for controlled substances, and some of the trends in substance abuse. Data is available from 2004, when the PMP started in Rhode Island.

“All prescribers need to check the data in the PMP every time a prescription for a controlled substance is written,” said Director of Health Michael Fine, MD. “It is not enough to just enroll in the PMP. Prescribers need to consult the patient-specific data to check for any patterns that may indicate a

substance abuse problem. The PMP is full of valuable information that is vastly under-utilized.” Currently only 25% of Rhode Island prescribers have registered for the PMP.

**Currently only 25% of Rhode Island prescribers have registered for the PMP.**

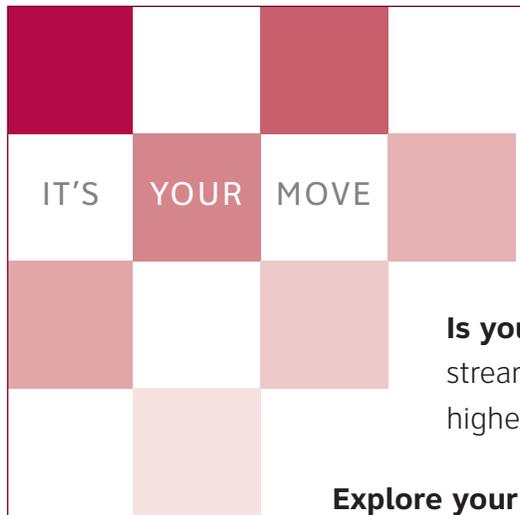
The PMP data show that the amount and volume of prescribed opioids is not decreasing. On a national level, data from the Center for Disease Control and Prevention (CDC) identifies that Rhode Island has the fourth highest rate in the country for prescribing benzodiazepines. Decreasing the amount

of opioids prescribed and dispensed is a key component to combating the epidemic of substance abuse.

In addition, information from the PMP show that an increasing number of Rhode Islanders are “doctor shopping” – meaning a patient goes to multiple providers and multiple pharmacies in an attempt to obtain prescription opioids that they do not need. From 2004 – 2013, the number of individuals who went to five or more prescribers and five or more pharmacies to get schedule 2 or 3 medications doubled.

“We need to fight this public health epidemic together,” said Dr. Fine. “We want everyone to see what the numbers tell us, and we want everyone to collaborate in the effort to make all of the numbers improve.” ❖

<http://www.health.ri.gov/data/controlledsubstances/>



## Is affiliation right for you?

Facing increasingly complex, volatile, and dynamic environments, physicians call on us to help evaluate whether to remain independent or join a larger group.

**Is your practice right for affiliation?** We specialize in streamlining operations and coaching “readiness,” ensuring the highest possible valuation for physician practices.

**Explore your options.** Meet with us for an introductory consultation, whether you are nearing a decision or have only begun to think about it. We’ll demonstrate how our team of healthcare industry experts can make sure your next move is your best move. *Give us a call.*



**203 288 6860** [vantagepointconsult.com](http://vantagepointconsult.com)

**Strategic, Financial and Compliance Solutions for the Healthcare Industry**

## Memorial Physician Co-Authors *New York Times* Op-Ed on alternative approach to treating Ebola

PAWTUCKET – **STEVEN M. OPAL, MD**, chief of infectious disease at Memorial Hospital of Rhode Island, co-authored an editorial piece published by the *New York Times* in August which proposes using existing inexpensive medication to treat people with the Ebola virus. (<http://www.nytimes.com/2014/08/16/opinion/can-statis-help-treat-ebola.html>)

**'For one of them (a statin), a clinical trial has shown that treatment of sepsis patients reduced the occurrence of multi-organ failure (the complication that kills Ebola patients) by 83%...'**

"An Alternative Approach to Treating Patients with Ebola Virus," which is also garnering international attention from scientists and the media, was written with Dr. Opal's colleague, **DAVID S. FEDSON, MD**, director of medical affairs with Aventis Pasteur MSD. It draws on research from more than a decade ago that showed "striking similarities between patients with Ebola and bacterial sepsis."

Both conditions, the doctors assert, involve severe dysfunction of the endothelial cells that line blood vessels throughout the body. This triggers abnormalities in blood coagulation, and can lead to the failure of internal organs like the liver and kidneys, which can lead to death. Infectious disease specialists have since learned that abnormalities of endothelial function and coagulation can be modified

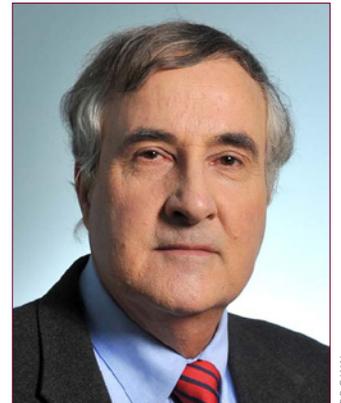
or even reversed by treatment with modern drugs initially developed to treat patients with cardiovascular disease and diabetes, including statins, ACE inhibitors and angiotensin receptor blockers.

"For one of them (a statin), a clinical trial has shown that treatment of sepsis patients reduced the occurrence of multi-organ failure (the complication that kills Ebola patients) by 83%," the editorial reads in recommending the use of these drugs, available inexpensively in generic form, to treat Ebola patients in Africa.

"The global implications of this approach to patient care in developing countries could be immense. Viewed this way, the challenge of treating Ebola patients also represents an opportunity to transform the way acute critical illness is managed throughout the world. We should not pass it by."

Publication of the pair's paper has earned global coverage from such organizations as the American Association for the Advancement of Science and news outlets in Europe. ❖

*Dr. Opal is also a professor of medicine at The Warren Alpert Medical School of Brown University.*



Steven M. Opal, MD

## New prescribed food insurance law will allow affordable treatment for rare diseases

STATE HOUSE – Legislation requiring insurance coverage for special baby formula and prescribed food is now law.

The new measure, which is now in effect, abolishes the mandated cap on coverage for those suffering from rare diseases and inherited disorders requiring prescribed nutrition mandates. The bills (2014-S 2505A, 2014-H 7903), sponsored by Sen. Ryan W. Pearson (D-Dist. 19, Cumberland, Lincoln) and Rep. Raymond A. Hull (D-Dist. 6, Providence, North Providence), induced passionate testimony from patients and family members of patients who require prescribed diets and formulas during the hearing process.

Senator Pearson said he had introduced the bill because the family of a constituent suffering from a rare disease called phenylketonuria (PKU) asked him for help. PKU is a birth defect that causes an amino acid called phenylalanine to build up in the body. Too much phenylalanine can cause a variety of health problems, and babies, children and adults with PKU need to follow a strict diet that limits this type of protein building block.

Newborns suffering from PKU need special formula that can cost around \$1,000 per month, placing a heavy burden on middle class and low-income families. The number

of people suffering from PKU in the state is an estimated 40 individuals, but the struggle over cost of care has not been overlooked. The legislation could also be beneficial to much larger populations afflicted with Crohn's disease, gastroesophageal reflux disease (GERD), and more prevalent conditions that may call for unusual dietary restrictions. ❖

## Electric vehicle license plates will protect first responders

PROVIDENCE – Gov. Lincoln D. Chafee signed a bill into law that requires owners of hybrid and electric-powered vehicles to obtain special license plates so that first responders and emergency crew members don't accidentally electrocute themselves while using jaws of life to extricate passengers from wreckage.

The legislation allows first responders to determine what instrument is appropriate to use for the rescue of those trapped inside electric vehicles quickly simply by looking at the license plate. ❖



Proud to be endorsed by the Rhode Island Medical Society

**COLLECTIONS WITHOUT ALIENATING**



**YOUR  
PATIENTS**

**24/7 Online  
Client  
Management  
System**

DMI is dedicated to providing accurate, efficient, confidential and reliable service by increasing revenues, providing overall client satisfaction and reducing costs.

**Local \* High Recovery \* Customized Programs  
Improved Patient Retention**

As a client of DMI, you'll have confidence we are collecting your money in a respectful professional manner

**For a free consultation call Carmella Beroth at  
508-553-1916 or visit [www.debtmanagementinc.com](http://www.debtmanagementinc.com)**

**Debt Management, Inc.  
"Collecting the Uncollectible"**

## Editorial by Women & Infants surgeon published in *Obstetrics & Gynecology*

*Dr. Charles Rardin contributes to the debate over the techniques used for specimen extraction*

PROVIDENCE – This spring, the U.S. Food and Drug Administration (FDA) issued a statement discouraging the use of laparoscopic power morcellation for the removal of the uterus or uterine fibroids, citing that the procedure poses risks of spreading undetected cancerous tissue. Since then, there has been much debate about the risks and benefits of using this technique.

An editorial by **CHARLES RARDIN, MD**, a urogynecologist in the Division of Urogynecology and Reconstructive Pelvic Surgery and director of the Robotic Surgery Program for Women at Women & Infants Hospital of Rhode Island, director of Minimally Invasive Surgery at Care New England, and associate professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University, entitled “Mitigating Risks of Specimen Extraction – Is In-Bag Power Morcellation an Answer?,” is published in the

August issue of *Obstetrics & Gynecology*.

“In use for more than 20 years, the technique of power morcellation has brought minimally invasive surgery to women with gynecologic issues requiring surgery, reducing the incidence of laparotomy, or ‘open’ surgery. This has resulted in reduced postoperative pain and recuperation time, and, by many studies’ estimation, reduced rates of pelvic infection, incisional hernia, thromboembolic disease, and adhesion formation,” said Dr. Rardin.

“Few would argue that tissue morcellation of known cancerous tissue is a poor surgical strategy,” continued Dr. Rardin. “But until there are more effective screening tools to detect unusual or undetected cancers, surgeons and



Charles Rardin, MD

hospitals need to develop appropriate responses that attempt to mitigate the risk of tissue spread during power morcellation procedures.

“Regardless of how surgeons and institutions seek to engage in safer power morcellation techniques, it behooves all surgeons to remember and retain our knowl-

edge and skill in other forms of minimally invasive surgery, including vaginal hysterectomy with extraction techniques,” he said. “Although comparative data are lacking, certain techniques of vaginal tissue extraction should keep any risk of dissemination to a minimum while preserving the patient’s benefits from the original minimally invasive surgery.” ❖

## Dr. Anderson publishes letter on embryo transfer policies

PROVIDENCE – **BRENNA ANDERSON, MD**, of the Division of Maternal-Fetal Medicine at Women & Infants of Rhode Island and an associate professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University, has published a commentary in the current issue of *BJOG: An International Journal of Obstetrics and Gynaecology*, now available online, entitled “The time has come to consider neonatal outcomes when designing embryo transfer policies.”

Dr. Anderson offers her commentary in response to an article in the same issue by Kamphius et al. in which the authors seek to determine “whether an individual’s preterm birth risk should be incorporated into embryo transfer policy for women undergoing in vitro fertilization.”

Dr. Anderson writes, “Kamphius et al. considered only one risk factor for preterm birth, albeit the most important



Brenna Anderson, MD

one: prior preterm birth...While preterm birth is an important factor to consider in subsequent preterm birth risk, one wonders whether a more accurate prediction could be generated using a more complex model, akin to the model developed as part of the Eunice Kenney Shriver National Institutes of Child Health and Human Development’s Neonatal Research Network’s calculator for outcomes among extremely preterm infants.”

She explains that this model calculates risk of preterm birth using five clinical factors: gestational age at birth, birthweight, gender, receipt of antenatal corticosteroids, and multiple gestations. “This calculator might provide a risk of preterm birth as well as an average anticipated length of gestation,” Dr. Anderson explains. “Such a tool, if reliable and easy to use, would be highly useful for patients and clinicians contemplating embryo transfer.” ❖

## Affinity Internal Medicine opens in Pawtucket

*Bilingual specialists include Valeria Fabre, MD; Carolina Fonseca Valencia, MD*

PAWTUCKET – Affinity Internal Medicine recently opened its doors in Pawtucket, offering two new bilingual internal medicine specialists who are accepting new patients. **VALERIA FABRE, MD**, and **CAROLINA FONSECA VALENCIA, MD**, are affiliated with Memorial and Kent hospitals, both members of the Care New England Health System.

Dr. Fabre specializes in primary care, internal medicine and infectious diseases. A native Spanish speaker, she earned her medical degree from the University of Buenos Aires School of Medicine and completed a residency at Memorial Hospital through The Warren Alpert Medical School of Brown University. She also completed a fellowship in infectious diseases at Johns Hopkins University, and earned The Elise M. Coletta, MD Education Leadership Award from the Alpert Medical School's Department of Family Medicine. She is a clinical instructor in the Department of Medicine at the Alpert Medical School, and a member of the Infectious Diseases Society of America. She has been published

in several peer-reviewed journals and in books on topics relating to tuberculosis, staph infections, and sexually transmitted diseases.

Dr. Fonseca Valencia is a board-certified general internist providing primary care for adults. A native Spanish speaker, she earned her medical degree from the Universidad de Antioquia in Colombia and completed her residency at Memorial Hospital through the Alpert Medical School, where she was also chief resident and earned The Elise M. Coletta, MD Education Leadership Award from the Alpert Medical School's Department of Family Medicine. Dr. Fonseca Valencia is a member of the American College of Physicians, as well as the Multi-Cultural Community Outreach Council at Memorial and Care New England's Primary Care Council. She has published research in peer-reviewed journals and made presentations on such health topics as diabetes, heart disease, skin cancer, and nutrition in the elderly. ❖

**business basics**  
We Have Your Essentials

Scrubs & Sportswear

NOTEBOOKS

YOUR LOGO HERE

PEDOMETERS

WATER BOTTLES

PENS

**Payden & Company LLC**  
Promotional Products  
Screen Printed & Embroidered Sportswear  
[www.paydenandcompany.com](http://www.paydenandcompany.com)  
401-884-6811