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Health Care Providers Can Help Prevent Domestic Violence

A look at the impact of domestic violence in Rhode Island and providers' roles in addressing domestic abuse

RACHEL ORSINGER, CYNTHIA ROBERTS



As we go into October's Domestic Violence Awareness Month, it seems that more people than ever are talking about how this public health issue is affecting our communities. The current conversation has been propelled to the national stage by high-profile NFL cases, but every day, similar incidents occur in Rhode Island. Each year, approximately 10,000 Rhode Islanders receive domestic violence services, and others may not seek services at all. Health care professionals are often in a unique position to make a difference in the lives of these victims.

While domestic violence has historically been seen as primarily a criminal justice issue, there is an increasing focus on framing it as a public health

issue. Rhode Island is a leader among its national peers for pioneering practices in the primary prevention of domestic violence. Through the Centers for Disease Control and Prevention's (CDC) DELTA FOCUS (Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States) grant, the Rhode Island Coalition Against Domestic Violence (RICADV) is one of ten national grantees working collaboratively across sectors to design, implement, and evaluate promising community- and neighborhood-level strategies in collaboration with community partners in Newport and Cranston. Two of the RICADV's member agencies, the Women's Resource

Center in Newport and the Elizabeth Buffum Chace Center in Warwick, are immersed in the local implementation efforts. The RICADV is also working on policy, systems and environmental changes at the state level to prevent domestic violence more broadly across the state population.

The immediate health impacts of domestic violence on victims can be quite serious; according to the CDC, more than 1 out of 5 female victims and 1 out of 20 male victims of domestic violence have had to seek medical attention for injuries caused by the abuse. In addition, more than 3 out of 5 female victims and 1 out of 6 male victims of domestic violence have suffered symptoms of post-traumatic stress disorder (PTSD).¹ Patients may be more willing to disclose abuse to a trusted health care professional, both because of the existing relationship and because of the confidentiality offered by the doctor/patient relationship.² Intervention from health care professionals, even an action as simple as providing a referral card for domestic violence services, has been shown to reduce threats of abuse, assaults, and risks for homicide.³

Those victims who do not proactively approach their physicians about the abuse may nevertheless be willing to respond to direct questions, especially if they are delivered in a non-judgmental manner in a safe space away from their abusers. A number of domestic violence screening tools have been found to be highly accurate.⁴ Tools and best practices for screening can be found at www.healthcaresaboutipv.org.

Some victims may not disclose the abuse, even to direct questions, but a physician might see other signs that indicate abuse. Perhaps there are injuries that do not match the explanation

provided, a delay in seeking treatment for injuries, or a partner who seems overly protective and unwilling to leave the victim's side. If a physician suspects that a patient is experiencing abuse but there is an unwillingness to talk about it, the physician can offer to be a source of referrals in the future. Remaining non-judgmental will increase the likelihood that the victim will feel comfortable seeking this help in the future.

Victims who do wish to seek help can be referred to appropriate victims' services. In Rhode Island, the 24-hour **Helpline (1-800-494-8100)** is a resource for either physicians or their patients to call. The Helpline can provide referrals to local domestic violence agencies for services such as emergency shelter, court advocacy, counseling, support groups and safety planning. The Helpline can also provide advocates to accompany victims who would like support at the hospital.

Tips for Practitioners

Remember that domestic violence victims' medical information is strongly protected by state and federal law. Sharing information about victims of domestic violence without their consent is not just a legal and privacy issue but can also risk the physical safety of the victim and children in the family. It is important to disclose any limits on your confidentiality before asking a victim about possible abuse. Rhode Island does not have mandatory reporting for domestic violence, but health care workers who have come from states that do may need training in Rhode Island privacy laws.

To minimize defensiveness, it may help to frame screening questions as routine questions asked of all patients. It is important to listen to patients without judging those choices; while you may not understand their choices, victims of domestic violence know what is safe in their particular situations better than any external party can. Victims may face barriers to leaving abusive relationships, including financial dependence, fear of their abusers or

threats of harm to themselves or loved ones. It is helpful to express support for victims, emphasize that this situation is not their fault and that no one deserves to be abused.

When offering pamphlets or other printed resources on domestic violence, be aware that some victims may not be safe if their abusers find these in their possession. Never insist that a reluctant victim take these resources; instead, think creatively about how to make the information safely accessible to your patient. For instance, consider writing the Helpline number (1-800-494-8100) on a blank appointment card for a victim who doesn't feel safe taking a brochure with that same information.

It can be frustrating when a victim doesn't respond to your offers of help or remains in an abusive situation. Know that it might not be safe for that victim to accept your help in the moment, but that your listening and supporting that person in a non-judgmental way may help in building a path away from abuse in the future.

This Domestic Violence Awareness Month, we ask you to partner with us. Discuss your workplace's policy on training staff on domestic violence and how patients are screened. Take a leadership role in your professional community by implementing best practices for screening and intervening with victims. Together we can end domestic violence in Rhode Island.

For tips and best practices on screening for domestic violence go to www.healthcaresabouttipv.org and visit www.ricadv.org for more information about how you can help in Rhode Island. ❖

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Hasbro Children's Specialty Practice opens pediatric multispecialty clinic in Fall River

PROVIDENCE – Hasbro Children's Specialty Practice has opened its new Fall River Multispecialty Clinic to provide more localized, high-level specialty care to the families it serves in South-eastern New England. A team of practitioners from Hasbro Children's Hospital ambulatory clinics is now available to treat patients in a family-friendly clinical space that is more easily accessible to families east of Providence.

This new clinic expands Hasbro Children's Hospital's current offerings in the region, which already include a partnership with Saint Anne's Hospital, where Hasbro Children's Hospital specialists care for patients at the Fernandes Center for Children & Families.

"Easy access to care is very important to the families we serve and we are

glad to provide more convenient access to a greater number of our specialty clinicians in the southern Massachusetts community," said Patricia Flanagan, MD, interim pediatrician-in-chief and chief of clinical affairs at Hasbro Children's Hospital. "Our physicians are eager to provide more localized pediatric care to children with specialized needs who currently have to travel to have their needs met."

The new space features five exam rooms and a multipurpose treatment room, as well as a vibrant waiting room with a children's play area. Medical staff are able to perform on-site EKG and echocardiogram services, as well as specimen collections. The clinic has also partnered with local laboratories to provide laboratory services close to home.

The clinic, located at 10 North Main Street in Fall River, is the latest offering in Hasbro Children's Hospital's evolution from a provider of acute care for the region's children to a provider of health maintenance and wellness. The Fall River Specialty Clinic is part of an ambulatory clinic group that already includes locations in East Providence and East Greenwich.

Hasbro Children's Specialty Practice clinics being offered at the Fall River location include:

- Gastrointestinal medicine
- Cardiology
- Endocrinology
- Nephrology
- Pulmonology services will also be offered later this fall. ❖

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Bradley Hospital collaborative study identifies genetic change in autism-related gene

Changes in ADNP gene may be among the most common causes of autism

PROVIDENCE, R.I. – A new study from Bradley Hospital has identified a genetic change in a recently identified autism-associated gene, which may provide further insight into the causes of autism. The study, now published online in the *Journal of Medical Genetics*, presents findings that likely represent a definitive clinical marker for some patients’ developmental disabilities.

Using whole-exome sequencing – a method that examines the parts of genes that regulate protein, called exons – the team identified a genetic change in a newly recognized autism-associated gene, Activity-Dependent Neuroprotective Protein (ADNP), in a girl with developmental delay. This change in the ADNP gene helps explain the cause of developmental delay in this patient. This same genetic change in ADNP was also found in a boy who was diagnosed with autism.

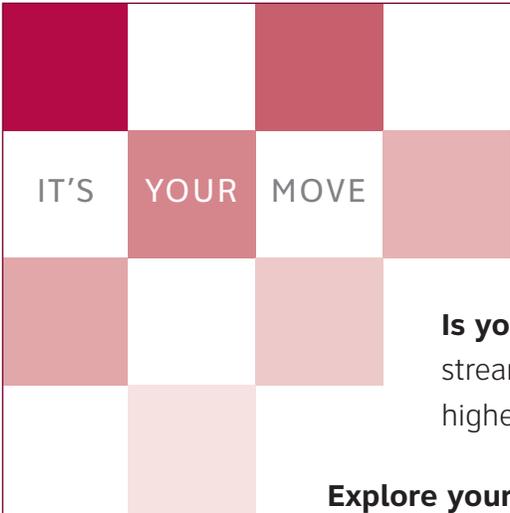
The ADNP gene plays an important role in regulation of early brain development. Recently, genetic changes in this gene have been found to cause a novel genetic syndrome associated with autism. Changes in this gene may be among the most common causes of autism.

“Genetic testing is a very powerful diagnostic tool for individuals with developmental delay,” said **ERIC MORROW, MD, PhD**, director of the Developmental Disorder Genetics Research Program at Bradley Hospital and lead author of the study. “Through genetic testing, which is available to some in

the clinical setting as well as in research, a medical diagnosis is possible for a large subset of patients.”

Dr. Morrow continued, “Genetic changes in ADNP are highly associated with autism and are found in at least .17 percent of autism cases. In these patients, changes in this gene represent an important part of the medical cause for developmental delay and/or autism. The use of these genome-wide sequencing methods in patients with developmental disorders is one of the best examples of the applications of modern genomics in clinical practice.”

This study represents one of the first publications resulting in part from Morrow’s work with the Rhode Island Collaborative for Autism Research and Treatment (RI-CART), which is co-led by Morrow. Funding for RI-CART is provided in part by a grant from the Simons Foundation for Autism Research and also through support from the Brown Institute for Brain Science (BIBS), the Norman Prince Neuroscience Institute at Rhode Island Hospital, the Department of Psychiatry and Human Behavior at Brown University, Women & Infants Hospital and the Groden Network. This cross-disciplinary collaboration, including the work of **CHANIKA PHORNPHUTKUL, MD**, director of Hasbro Children’s Hospital’s division of Clinical Genetics, and the paper’s lead authors from several departments and training programs, represents an important development in research and clinical care for patients. ❖



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Women & Infants breast cancer specialist reports advance in treatment of triple-negative breast cancer



WOMEN & INFANTS HOSPITAL

PROVIDENCE – **WILLIAM M. SIKOV, MD**, a medical oncologist in the Breast Health Center and associate director for clinical research in the Program in Women's Oncology at Women & Infants Hospital of Rhode Island, served as study chair and lead author for a recently-published major national study that could lead to improvements in outcomes for women with tri-

ple-negative breast cancer, an aggressive form of the disease that disproportionately affects younger women.

"Impact of the Addition of Carboplatin and/or Bevacizumab to Neoadjuvant Once-Per-Week Paclitaxel Followed by Dose-Dense Doxorubicin and Cyclophosphamide on Pathologic Complete Response Rates in Stage II to III Triple-Negative Breast Cancer: CALGB 40603 (Alliance)" was accepted as a rapid publication and published online last month by the *Journal of Clinical Oncology*.

Because of its rapid growth rate, many women with triple-negative breast cancer receive chemotherapy to try to shrink it before undergoing surgery. With the standard treatment, the cancer is eliminated from the breast and lymph nodes in the armpit before surgery in about one third of women. This is referred to as a pathologic complete response (pCR). In patients who achieve pCR, the cancer is much less likely to come back, spread to other parts of the body, and cause the patient's death than if the cancer survives the chemotherapy.

Dr. Sikov and his collaborators studied the addition of other drugs – carboplatin and/or bevacizumab – to the standard treatment regimen to see if they could increase response rates. More than 440 women from cancer centers across the country enrolled in this randomized clinical trial.

"Adding either of these medications significantly increased the percentage of women who achieved a pCR with the preoperative treatment. We hope that this means fewer women will relapse and die of their cancer, though the study is not large enough to prove this conclusively. Of the two agents we studied, we are more encouraged by the results from the addition of carboplatin, since it was associated with fewer and less concerning additional side effects than bevacizumab," Dr. Sikov explains.

"More studies are planned to confirm the role of carboplatin in women with triple-negative breast cancer, and also to see if we can better identify which of these patients are most likely to benefit from its use. Until we have those results, medical oncologists who treat women with triple-negative breast cancer will have to decide whether the potential benefits of adding carboplatin outweigh its risks for each individual patient."

Triple-negative breast cancer accounts for 15 to 20 percent of invasive breast cancers diagnosed in the United States each year, and is more common in younger women, African-Americans, Hispanics, and BRCA1-mutation carriers. With no identified characteristic molecular abnormalities that can be targeted with medication, the current standard of treatment is chemotherapy.

"Overall prognosis for women with this type of breast cancer remains inferior to that of other breast cancer subtypes, with higher risk of early relapse," Dr. Sikov says. ❖

Kent, Memorial awarded \$20,000 Verizon grant to pilot cardiovascular telemedicine program

WARWICK – Through the support of a \$20,000 Verizon Foundation Grant, Care New England's Kent and Memorial hospitals will take part in a cardiac telemedicine pilot program.

The goal is to improve the cardiovascular health of women in Rhode Island. Telemedicine will be used to connect patients and caregivers when being treated remotely or when transferring from one hospital to another. It also will enable patients to communicate with their entire health care team while at home. ❖

Kent's Graduate Medical Education Program receives five-year accreditation

WARWICK – Kent Hospital's Graduate Medical Education Program (GME) recently received a five-year accreditation from the American Osteopathic Association for its Family Medicine, Internal Medicine and Hyperbaric Medicine Fellowship Program.

"This accreditation is the culmination of a tremendous amount of hard work from a great team of physicians and staff who have committed to the success of this program," said **JOSEPH SPINALE, DO**, Kent Hospital chief medical officer and director of graduate medical education. "We are proud of this program which will prepare these physicians for a career in caring for their patients and the community."

Each program ranked between 95 and 100 percent in the survey scoring. In addition to the programs receiving accreditation now, the Emergency Medicine Program earlier received its five-year accreditation.

Earlier this year, the GME program graduated 12 doctors. Currently, 44 residents are enrolled across all programs with 14 interns also joining. Also this year, a gastroenterology fellowship was initiated and welcomed two fellows. In 2008, Kent established the GME program and is a teaching affiliate of the University of New England College of Osteopathic Medicine, located in Maine. ❖

Women & Infants researchers examine role of hormone in patient responses to ovarian cancer treatment

PROVIDENCE – Researchers at Women & Infants Hospital of Rhode Island recently published the results of an investigation into how we might better tailor therapy for ovarian cancer.

The work comes out of the molecular therapeutic laboratory directed by **RICHARD G. MOORE, MD**, of Women & Infants' Program in Women's Oncology. Entitled "HE4 expression is associated with hormonal elements and mediated by importin-dependent nuclear translocation," the research was recently published in the international science journal *Scientific Reports*, a Nature publishing group.

The goal of the study was to investigate the role of the hormone HE4 in modulating an ovarian cancer's response to hormones and hormonal therapies. HE4 is a biomarker that is elevated in ovarian cancer and is known to play a role in resistance to chemotherapy.

"There is little known about the biologic functions of HE4 but we did know that there were hormonal responsive elements within the promoter region of the HE4 gene, which regulates gene expression. For this reason, we hypothesized that steroid hormones could influence expression of HE4 in ovarian cancer," Dr. Moore explains.

The study resulted in multiple findings:

Hormonal therapies like Tamoxifen and Fulvestrant are effective because they bind the estrogen receptor. If cells have less estrogen receptor expression, these drugs can't do

their job. This, the researchers believe, is due to epigenetic modifications which modify the DNA structure but not the DNA sequence itself. Overexpression led to the epigenetic modification known as decreased DNA methylation in cell culture and in human tissue samples.

Treatment of ovarian cancer cells with Tamoxifen and Fulvestrant all cause HE4 to translocate to the nucleus, where it can then effect further gene expression in cancer cells.

Using the drug Ivermectin, the researchers were able to inhibit the protein import in-4, which then inhibited HE4 from translocating to the nucleus. If HE4 can't enter the nucleus, it cannot affect gene expression. The ability to block HE4 from entering the nucleus restored sensitivity to hormonal therapy.

"We are not certain but believe this might mean there could be a subset of women whose tumors are more likely to respond to hormonal therapy. Moreover, we might be able to eventually identify which tumors these are and target treatment," Dr. Moore says.

His lab will continue to investigate the expression of estrogen receptors in both primary and recurrent ovarian cancers and how that relates to HE4 expression. In addition, he and other researchers will investigate how importin inhibitors may play a role in addressing chemoresistance to standard therapeutics, particularly in HE4 overexpressing tumors. ❖

RI is national leader in vaccination rates for children and teens

ATLANTA – Immunization rates for child and teenagers in Rhode Island are among the highest in the country, according to data released by the Centers for Disease Control and Prevention (CDC) in September.

The data was gathered through the National Immunization Survey, an annual study conducted through random telephone calls to parents and guardians and follow-up with health-care providers. Rhode Island highlights include:

- Rhode Island's immunization rate for children from 19 to 35 months of age was first in the nation for the childhood vaccine series that protects against 11 diseases (diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenzae type b, hepatitis B, varicella, and pneumococcal disease). 82% of Rhode Island children completed this vaccine series.
- The vaccination rates for children in Rhode Island from 19 to 35 months

of age for varicella and hepatitis B were both greater than 96%, the best in the nation.

- Among adolescents, Rhode Island's immunization rates for the vaccines that protect against chicken pox (varicella), hepatitis B, tetanus, pertussis, diphtheria, measles, mumps, and rubella were all above 92%, well above the national averages.
- 77% of Rhode Island girls and 69% of Rhode Island boys received at least one dose of Human papillomavirus (HPV) vaccine, the highest rates in the country.
- 57% of Rhode Island girls and 43% of Rhode Island boys completed the three-dose HPV series. These rates were also first in the nation, considerably higher than the national averages of 38% for girls and 14% for boys.

"Children in Rhode Island are protected against many dangerous diseases thanks to the dedication of Rhode

Island's pediatricians, family physicians, school personnel, and many other unsung heroes," said Director of Health **MICHAEL FINE, MD**. "But as proud as I am of these numbers, we still have more work to do."

The goals of Healthy People 2020 include immunization rates of 90% for most childhood and adolescent vaccines. Healthy People is undertaken every 10 years by CDC to set national health goals.

In addition to the hard work of healthcare providers, other factors in Rhode Island's immunization success include KIDSNET, a statewide health information system, and Rhode Island's Universal Vaccine Policy. This Universal Vaccine Policy allows healthcare providers to order all vaccines for children from birth through 18 years of age at no cost.

The most recent National Immunization Survey data was gathered during 2013. ❖

Link to full report: <http://www.cdc.gov/vaccines/imz-managers/coverage/imz-coverage.html>

CNE opens surgical weight loss program

PROVIDENCE – Care New England Health System recently (CNE) introduced a comprehensive surgical weight loss program offering procedures including the lap band, sleeve gastrectomy and gastric bypass.

The Center for Surgical Weight Loss program will be directed by **JEANNINE GIOVANNI, MD**, a board-certified general surgeon with advanced training in bariatric surgery and extensive experience here in Rhode Island.

Dr. Giovanni completed her surgical training at Boston Medical Center and a fellowship in bariatric surgery at Saint Francis Hospital in Hartford, CT. She has practiced since 2005 and has performed more than 1,000 laparoscopic bariatric procedures. ❖

URI receives one of first Future of Nursing Scholars grants to support students seeking PhDs

KINGSTON – The University of Rhode Island's College of Nursing is one of only 14 nursing schools nationwide to be among the first to receive a Robert Wood Johnson Foundation grant to increase the number of nurses holding doctor of philosophy degrees.

The Future of Nursing Scholars program, which is providing \$150,000 to URI over three years, also received major support from the Rhode Island Foundation, United Health Foundation, Independence Blue Cross Foundation, and Cedars-Sinai Medical Center. The Future of Nursing Scholars program plans to support up to 100 Ph.D. nursing candidates during its first two years.

As an inaugural grantee of the Future of Nursing Scholars program, URI's College of Nursing has selected Pamela McCue, the chief executive officer of the Rhode Island Nurses Institute Middle College Charter School, to receive financial support, mentoring and leadership development during the three years of her doctoral program. McCue receives \$75,000, and the College of Nursing provides a \$25,000 match in the form of a graduate assistantship. An additional scholarship will be awarded later this year.

Mary Sullivan, interim dean of URI's College of Nursing, said such support will help students move more quickly through URI's PhD program, which is critical because numerous experts and studies have said the key factor in having enough nurses to address an impending nationwide shortage is the lack of instructors with doctorates.

"Typically, nurses enter PhD programs later than other graduate students so their scholarly and scientific careers are shorter," Sullivan said. "We have responded to this need by streamlining our program and committing to supporting our students so they finish the program." ❖

URI-Lifespan team up to graduate dozens in R.N. to B.S. program

Nurses continue working while earning bachelor's degree

KINGSTON – With big changes in the health care industry today, registered nurses are looking for ways to further their education to stay informed. The University of Rhode Island and Lifespan are teaming up to provide that opportunity.

Dozens of nurses from Rhode Island and Massachusetts boosted their professional careers recently by earning their bachelor's degrees in nursing, thanks to a successful collaboration between URI and Lifespan.



MICHAEL SALERNO PHOTOGRAPHY

Graduates of the R.N. to B.S. program at the University of Rhode Island. URI administrators and instructors are in the photo as well.

The 61 students awarded degrees Aug. 21 were already registered nurses, which required either two years of study to earn an associate's degree or a three-year hospital diploma. All the nurses studied an additional two to three years to get their bachelor of science degree.

URI started offering the program through the College of Nursing 12 years ago with The Miriam Hospital. That partnership led to an expansion three years ago to include all Lifespan hospitals, including Rhode Island Hospital, Hasbro Children's Hospital, Newport Hospital, Bradley Hospital, as well as The Miriam.

The nurses who received bachelor's degrees all work at Lifespan hospitals. They continued working there four days a week and took classes one day a week at URI's Alan Shawn Feinstein campus in Providence. The partnership with Lifespan is thriving, in part, because it allows the nurses to keep working while studying.

For more information about the R.N. to B.S. program at URI, contact Diane Martins, associate professor of nursing at the University, at 401-874-2766 or dcmartins@uri.edu. ❖