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## Colleagues and Friends Remember David S. Greer, MD

MARY KORR  
RIMJ MANAGING EDITOR

David S. Greer, MD, 89, the second dean of medicine at Brown University (1981–1992), died November 18, 2014, just seven weeks after his wife Marion. “This community lost both Dave as well as his wife of six decades. An immense loss – and we are all the poorer,” said **STANLEY M. ARONSON, MD**, Brown’s first dean of medicine.

He described Dr. Greer’s passing as “a profound loss to me and also to Brown University. Dave and I grew up in the same breeding ground, a place called Brooklyn; and we both served in the military during WW II, and were educated by separate branches of the City University of New York.”

Dr. Aronson said the then Program in Medicine recruited Dr. Greer in 1974. “Dave was given the task, as our first associate dean, of assembling the many organizations

subsumed under the collective title of ‘community health.’ And under his supervision an approved residency training program was initiated, one of the finest in the nation. Dave chaired the newly gathered Department of Community Health, an academically vigorous and important impetus in improving the health of Rhode Islanders.”

At Dr. Greer’s funeral service Nov. 21 at Temple Beth El in Fall River, Mass., the city where he began to practice medicine in 1957, **VINCENT MOR, PhD**, professor of health services, policy and practice at Brown, eulogized his longtime mentor and friend as “a giant of a man but with the softness



David S. Greer, MD  
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The late Dr. David S. and Marion Greer (center), seated next to Dr. Stanley M. and Gale Aronson (left), attended the May 2014 Alpert Medical School celebration to announce the formation of the Dean Stanley M. Aronson Fund for Research and Innovation. Alpert Medical School Dean Jack A. Elias, MD (at the podium), Brown Chancellor Thomas J. Tisch (far left), former Dean Richard W. Besdine, MD, the Greer Professor in Geriatric Medicine, and Terrie Fox Wetle, PhD (right).

and warmth of a father...I love the memory of meetings at the Greer home, sitting beside him in his study as he edited my turgid prose, telling me that simple language was elegant language; like music, extra notes are a distraction."

He said Dr. Greer recruited him to Brown after starting the Center for Gerontology and Health Care Research in 1980. Dr. Greer had been awarded several major grants to develop gerontology training and to evaluate the emergence of Medicare funding for hospice care. "That was when he made me an offer I couldn't refuse – less money, more work, more responsibility! Fortunately, I was smart enough to realize the value of the opportunity to learn from him."

Dr. Mor said Dr. Greer was a leader, "offering vision, advice and giving direction. He shaped the direction of Brown Medical School and nudged the University itself. He provided an example of how Brown could offer support and energy to Providence and Rhode Island. This outward looking impulse, that now reflects a new value which the University has adopted is a reflection of David Greer, and will remain his legacy." (Read Dr. Mor's eulogy)

In the days following the memorial service, **DAVID C. LEWIS, MD**, said, "Dr. Greer's funeral was a reminder of the love and respect with which he was held in his hometown. He was remembered as a physician who made house calls and always had time to listen to patients and their families, often scheduling urgent appointments late in the afternoon so that he could give his full attention to their needs. He founded one of the first elderly housing complexes linked to a hospital in the country in order to insure continuity of care for the seniors of Fall River."

Dr. Lewis said Dr. Greer's caring and compassion for his patients translated into his role at Brown. "I'm not sure how many medical school deans come directly from a family practice to the dean's office but I doubt there are many. Most are specialists coming directly from academia with backgrounds in research. David Greer's solid clinical grounding allowed him to embrace and lead the academic enterprise without ever forgetting the role and obligation that medicine has in the community – a value that he stressed to the medical students and faculty.

"He sought to reform medical education by establishing a close connection with Brown's undergraduate college and the medical program. Thus was born the PLME (Program in

**'David Greer's devotion to his patients in Fall River was legendary. He was rounding on Sunday mornings, making house calls at 10 p.m., possibly riding in an ambulance with a patient at 2 a.m. That level of dedication carries with it the obligation to advance science.'**

— *Richard W. Besdine, MD*

Liberal Medical Education) that combined admission to college and medical school," Dr. Lewis reflected.

He worked closely with Dr. Greer when he became dean of the medical school. "I was his surprise pick (a surprise to me as well) to succeed him as Chair of the Department of Community Health," said Dr. Lewis. "We worked closely on expanding the academic program of the department and the clinical teaching program which included a combined clerkship sponsored by Primary Care Internal Medicine at Rhode Island Hospital and Family Medicine at Memorial Hospital."

He said Dr. Greer's help in developing the initial plan for the Center for Alcohol and Addiction Studies at Brown, was "invaluable."

In 2000, donors and friends of Brown and The Miriam Hospital established the David S. Greer, MD, Professorship in Geriatric Medicine in 2000 to create a lasting legacy for his work. **RICHARD W. BESDINE, MD**, has held this position since its inception and his arrival at Brown. He described his late friend and fellow geriatrician as a "great physician I have had the privilege of knowing."

Dr. Greer was, he said, "incredibly modest but not shy and very direct in his opinions. He never gave me advice; he would simply state his opinion." The two had monthly dinners at the University Club, especially helpful when Dr. Besdine served as interim dean at the medical school for more than three years. "I spoke to him about the dean's role and activities. During those dinners and my one-on-one with him I got to know the person very well; he was an incredibly reliable and loyal friend."

When asked what future physicians might learn from Dr. Greer, Dr. Besdine said, "knowing that medicine begins with the patient. The patient is everything. If you stay close to the patient you will never go astray."

He elaborated that, "honoring the patient with your career dedication is more than providing clinical care. David Greer's devotion to his patients in Fall River was legendary. He was rounding on Sunday mornings, making house calls at 10 p.m., possibly riding in an ambulance with a patient at 2 a.m. That level of dedication carries with it the obligation to advance science. If you are dedicated to your patients, you want to learn more than there's currently known about the best ways to care for them and that is what research is all about. That's what David would say. It's a lifelong commitment." ❖

## HEALTH Announces Prescription Monitoring Data Link with Connecticut

PROVIDENCE – The Rhode Island Department of Health (HEALTH) announced a new data link between Rhode Island and Connecticut that will help further the efforts to detect overprescribing of opioids as well as combat drug diversion and drug abuse.

Through the National Association of Boards of Pharmacy PMP InterConnect program, Rhode Island and Connecticut Prescription Monitoring Program (PMP) data can now be viewed across state lines. This new data link between Rhode Island and Connecticut enhances the benefits of Rhode Island's PMP by providing the ability for physicians and pharmacists to more easily identify patients with prescription drug abuse and misuse problems, especially if those patients are crossing state lines to obtain drugs. This increased interoperability and data sharing makes it harder for doctor shoppers to avoid detection.

The Prescription Monitoring Program is a tool for the prescriber and for the pharmacist. It gives a more complete picture of a patient's pharmacy

history with controlled substances and allows healthcare providers to take the best care of patients. "This PMP partnership with Connecticut broadens the scope of available data so we can get a better idea of what is actually going on. It is critically important for prescribers to sign-up for the PMP so they can consult the patient-specific data to check for any patterns that may indicate a substance abuse problem," says Director of the Rhode Island Department of Health, Michael Fine, MD. "Now that we have access to more data, we need to use it to help quell the pattern of over-prescribing opioids in Rhode Island."

Rhode Island continues to experience a prescription drug and street-drug overdose crisis. Data from Rhode Island's (PMP) demonstrate that the amount and volume of prescribed controlled substances is not decreasing. In September, 116,383 individuals filled a prescription for a schedule 2, 3, or 4 drug in Rhode Island. Likewise, in September alone, 1.16 million doses of stimulants, 1.6 million doses

of schedule 2 pain medicines, and 5.4 million doses of benzodiazepines were prescribed. Since January 1, 2014, there have been 181 apparent accidental drug overdose deaths, 23 of which occurred in the month of October.

In August of 2014, the Rhode Island Department of Health made data from its PMP available to the public on the Department's website. Thought to be the first state to make this data available, Rhode Islanders can learn how often prescribers utilize the PMP, the number of prescriptions being written for controlled substances, and some of the trends in substance abuse.

Information on HEALTH's PMP:

<http://www.health.ri.gov/programs/prescriptionmonitoring/>

Information on Rhode Island Controlled Substances usage:

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

Information on NABP PMP

InterConnect: <http://www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect>

## Memorial Researcher Co-Authors Study on Statin Therapies and Diabetes

PAWTUCKET – **CHARLES B. EATON, MD, MS**, director of the Center for Primary Care and Prevention (CPCP) at Memorial Hospital and The Warren Alpert Medical School of Brown University, recently co-authored a study that determined statin drugs taken to lower cholesterol can also increase the person's risk for diabetes and weight gain. However, the study determined that the risks were very small compared with the benefits of lowering cholesterol.

The study – entitled "HMG-coenzyme A reductase inhibition, type 2 diabetes, and body-weight: evidence from genetic analysis and randomized trials" – was published in *Lancet*, the world's leading general medical journal.

Pooling multiple genetic studies – including the Women's Health Initiative Study, for which Dr. Eaton is the principal investigator in Rhode Island – the authors compared whether a participant had zero, one or two copies of a gene



Charles B. Eaton, MD

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(one for each arm of the chromosome) associated with production of cholesterol and the risk of diabetes. Those with two copies of the gene had a much higher risk of diabetes than those with no copies and those with one gene copy were at immediate risk.

The genes studied, besides affecting cholesterol production, also affects body weight and insulin levels, both known to be associated with developing diabetes. The researchers then validated these findings using a second gene associated with cholesterol production and by looking at the summary of 12 randomized trials of statin-lowering drugs. They found the same increased risk of diabetes.

"This study shows that statin drugs likely cause diabetes but this increased risk is relatively small and the benefits in reducing coronary heart disease far outweigh this risk," Dr. Eaton says of the statins. ❖

## Memorial Hospital Receives Award for Stroke Care

PAWTUCKET – The Stroke Center at Memorial Hospital of Rhode Island has received the Get With The Guidelines®–Stroke Gold Quality Achievement Award from the American Heart Association. This is the fifth consecutive year Memorial Hospital has been recognized by the American Heart Association for its ongoing commitment to and success in implementing a higher standard of care by ensuring that stroke patients receive treatment according to nationally-recognized guidelines.

“Memorial’s Stroke Center boasts a collaborative, interdisciplinary team approach to stroke care that follows patients from the emergency room to home care. Our CARF-certified Center for Rehabilitation also plays an integral part in providing comprehensive care to our stroke patients,” said **JOSEPH DIAZ, MD**, physician-in-chief of Medicine.

“The Stroke Center’s teleneurology program bolsters our capabilities to provide expertise 24/7 for stroke and other neurological emergencies,” said **MASON GASPER, DO**, director of the Stroke Center. “This program adds to the excellent care our stroke patients are getting,” he added.

To receive this recognition from the American Heart Association, The Stroke Center at Memorial achieved and sustained 85% or higher adherence to specific evidence-based guidelines, over a 24-month consecutive time period as measured in the Get With The Guidelines-Stroke program.

These measures include aggressive use of medications such as IV-tPA, antithrombotics, anticoagulation therapy, DVT prophylaxis, cholesterol reducing drugs, and smoking cessation. All of these measures are aimed at reducing death and disability and improving the lives of stroke patients. ❖

## Rhode Island Hospital Receives Leader in LGBT Healthcare Equality Status

PROVIDENCE – In October, the Human Rights Campaign (HRC) announced that Rhode Island Hospital achieved Healthcare Equality Index (HEI) leadership status for its commitment to providing the best practices in lesbian, gay, bisexual and transgender (LGBT) care. The HEI LGBT model is based on four foundational criteria: patient non-discrimination, equal visitation, employment non-discrimination and training in LGBT patient-centered care.

“We have worked tirelessly to assess our practices in treating members of the LGBT community here at Rhode Island Hospital,” says Laurie Sawyer, chair of Spectrum Lifespan’s LGBT employee resource group. “Our patient visitation policies and rights and responsibilities brochures that are handed out in registration areas and posted on the walls throughout the hospital have been changed to qualify for this status. Additionally, the HRC survey has given staff the opportunity to attend LGBT training webinars so they know how to provide the best care for all patients who come to Rhode Island Hospital.”

In 2010, Rhode Island Hospital began its pursuit of the HEI designation, though the hospital had begun implementing some of the employment non-discrimination practices before then.

“Lifespan has always been a leader in employment non-discrimination, allowing an employee’s same sex partner to be covered as a family member or a dependent on health insurance, before same-sex marriage was legal in Rhode Island,” says Nancy McMahan, vice president of human resources, The Miriam Hospital and Lifespan Physician Group.

The Equality Leader designation is designed to ensure LGBT patients know about and can protect their health care rights. It also allows patients to decide who is allowed visitation and who will make medical decisions in times of emergency. Finally, the HEI status gives LGBT patients assurance that they will receive the best care possible. ❖

## Joint Commission Recognizes Newport Hospital

NEWPORT – Newport Hospital has been recognized by The Joint Commission as a 2013 Top Performer on Key Quality Measures®. The hospital, the only one in Rhode Island to achieve this distinction, was recognized for its sustained excellence on accountability measures, or core measures, for heart attack, heart failure, pneumonia and surgical care.

“It’s exciting and rewarding to have achieved this important quality milestone for our ongoing efforts to improve clinical performance and the patient experience,” said Crista F. Durand, president of Newport Hospital. “Receiving this Joint Commission recognition reinforces Newport Hospital’s continued commitment to excellence and the high quality care we provide to our patients every day.”

The Top Performer program, which recognized 1,224 U.S. hospitals, acknowledges hospitals for improving performance on evidence-based interventions that increase the chances of healthy outcomes for patients with certain conditions, such as heart attack, heart failure, pneumonia and surgical care.

Hospitals had to meet three performance criteria based on 2013 accountability measure data. These included:

Achieving cumulative performance of 95 percent or above across all reported accountability measures;

Achieving performance of 95 percent or above on each and every reported accountability measure where there were at least 30 denominator cases; and

Having at least one core measure set that had a composite rate of 95 percent or above, and (within that measure set) all applicable individual accountability measures had a performance rate of 95 percent or above. ❖

## Newport Hospital Expands Women's Care with Addition of Certified Nurse Midwife

NEWPORT – Newport Hospital's Noreen Stonor Drexel Birthing Center is bringing midwifery services to the hospital with the addition of certified nurse midwife **KAROLYN ZAMBROTTA, RN, CNM**. Zambrotta began seeing new patients on November 10.

Zambrotta, who has been practicing midwifery for more than 10 years, provides a comprehensive range of women's services spanning pregnancy and delivery including prenatal, postpartum and newborn care, breastfeeding support and routine gynecological care.

"It's such a pleasure to welcome Karolyn to the Newport Hospital medical staff as part of Newport Women's Health," says Crista F. Durand, president of Newport Hospital. "Midwives, as the ultimate caregiver, play a distinctive but critical role in the community – and Karolyn's expertise and focus on working alongside women makes her a real asset to the hospital and our community."

The addition of midwifery at Newport Hospital enhances the services offered through Newport Women's Health and the hospital's Noreen Stonor Drexel Birthing Center, which



Karolyn Zambrotta, RN, CNM

is designated as Baby-Friendly by the World Health Organization (WHO) and the United Nation's Children's Fund (UNICEF).

Zambrotta is no stranger to the Newport Hospital community having served in the past as a labor/delivery nurse at the hospital. In addition, she graduated from the hospital's School of Nursing and later received her bachelor's degree in nursing from Salve Regina University. She earned her master's degree in nursing from the University of Rhode Island.

A member of the American College of Nurses-Midwives, Zambrotta is certified in Advanced Midwifery Practice: Surgical Assisting for Cesarean Birth. She has earned the American College of Nurses-Midwives R.I. Chapter scholarship and the University of Rhode Island Professional Nurse Traineeship.

Zambrotta's community and professional service has included working as a facilitator of Newport Hospital's Breastfeeding Support Group and she has instructed the hospital's breastfeeding and early pregnancy classes. She was also a Newport Hospital Rite Care coordinator and served as a volunteer at Newport's Women's Resource Center. ❖



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