

Financial Planning for Physicians



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The Baystate Financial Medical Division was created to specifically address the unique challenges that face physicians and medical practitioners in today's financial environment. We help medical practitioners, at all stages of their careers, plan for the financial future for themselves, their practice and their families.

Mid Career Practitioners: Breaking Through

Physicians have a distinct disadvantage in meeting mid-life financial demands because of delayed entry into the workforce. Doctors are challenged to pay down hefty student loan debt while making up for the earning-time gap. They need expert financial advice to cover mid-life household expenses and avoid a major shortfall at retirement.



Working with Baystate Financial, mid-career doctors can develop detailed cash-flow plans, formulate strategies to maximize after-tax returns on their investments and monitor their continual progress.

Late Career Practitioners: Meaningful Wealth

Doctors nearing retirement prefer to have a firm grasp of the financial and tax implications of winding down their careers, as well as estate planning and securing adequate resources to enjoy a comfortable retirement. Making realistic assumptions about the future is a key attribute of a quality long-term retirement plan.



The team at Baystate Financial offers a variety of financial planning and management services geared to the medical professional and can custom tailor a fee-based financial plan to meet your individual needs.

For more information please contact **Brian Falconer** at **401-432-8836**
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The Miriam and Newport hospitals named two best regional hospitals by U.S. News & World Report

The two Lifespan hospitals tie for first place in annual ranking of top hospitals

NEWPORT AND PROVIDENCE – Newport and The Miriam hospitals have both been recognized as top hospitals for 2015–16 in Rhode Island and the Providence metro area by U.S. News & World Report. The U.S. News Best Hospitals rankings recognize hospitals that excel in treating the most challenging patients.

Newport Hospital was recognized for high performance in the areas of chronic obstructive pulmonary disease (COPD) and heart failure. The Miriam Hospital was noted for its high performance in gastroenterology and GI surgery and geriatrics.

“A Best Hospital has demonstrated expertise in treating the most challenging patients,” says Ben Harder, chief of health analysis at U.S. News. “A hospital that emerged from our analysis as one of the best has much to be proud of.”

For 2015–16, U.S. News analyzed

nearly 5,000 hospitals for adult and pediatric care based on critical criteria and patient outcomes, including excellence in multiple common procedures and conditions. Objective measures such as patient survival and safety data, and adequacy of nurse staffing largely determined the rankings.

Data were produced for U.S. News by research organization RTI International. U.S. News used that data, as well as the new Best Hospitals for Common Care ratings published in May, to produce the state and metro rankings. The rankings are available at <http://health.usnews.com/best-hospitals>.

“This special distinction is acknowledgment of the life-saving, life-changing work that our dedicated staff members perform every day,” says Arthur J. Sampson, president of The Miriam Hospital. “Our team of experts is truly dedicated to our patients –

working tirelessly to ensure that we positively impact them and that they have an outstanding experience while under our care. Our patients say they feel they are treated like family – which speaks volumes about our commitment to delivering the best patient-centered care we can.”

Crista F. Durand, president of Newport Hospital, says, “It is often the series of small human exchanges that our patients have with our providers and staff that makes all the difference and gets to the heart of our mission and the higher standard of excellence that we hold ourselves to. Our core principles of empathy, respect and accountability can be found at play in our halls and units day after day, and I feel fortunate to lead a group of such committed, talented people who share the common goal of ensuring patients receive the highest quality care.” ❖

OHIC Adopts Standards to Improve Health Care Delivery and Payment Systems

CRANSTON – In a step aligned with Governor Gina M. Raimondo’s efforts to strengthen the health care system for all Rhode Islanders, Health Insurance Commissioner **KATHLEEN C HITTNER, MD**, today adopted standards to significantly align health care payment methods with efficiency and quality by setting targets for commercial health care payment reform and for continued investments in the primary care patient centered medical home. These standards stem from the Affordability Standards implemented in 2010 by the Office of the Health Insurance Commissioner (OHIC) to support the agency’s mission of improving the affordability of health insurance for consumers and employers.

Beginning in March 2015, OHIC convened two advisory committees to develop recommended plans to expand the use of health care payment methods that reward efficiency and quality, instead of volume, and to increase the percentage of insurer-contracted primary care practices that are operating as patient-centered medical homes (PCMHs). Upon Commissioner Hittner’s approval, the recommended plans became standards which the Commissioner will enforce with the full power of the Office.

“My Office is committed to holding premiums in check through our annual rate review process and directing insurers toward practices that change the fundamental factors

underlying high medical expense growth rates,” said Commissioner Hittner. “OHIC’s new standards will address those fundamentals by rewarding cost efficiency and quality, instead of volume, and further enhancing primary care’s ability to manage population health and total cost of care.”

The Care Transformation Plan requires insurers to increase the percentage of their primary care network functioning as a PCMH by 5 percentage points for 2016 and sets a target of 80% of Rhode Island primary care clinicians practicing in a PCMH by 2019. The Alternative Payment Methodology Plan establishes payment reform targets for commercial insurers and sets a target for at least 30% of insured medical payments to be made through an alternative payment model by 2016. The payment reform targets will increase the use of payments that emphasize value rather than volume and include efficiency-based global and bundled payment models, as well as payments based on quality performance.

“OHIC’s Affordability Standards support our efforts to make health care more accessible and affordable for all Rhode Islanders,” said Health and Human Services Secretary Elizabeth Roberts. “We will continue to work closely with OHIC and align targets as we build a more innovative health care system.” ❖

Drs. Kenneth Chen, Raymond Powrie lecture at ISOM annual course

PROVIDENCE – **KENNETH K. CHEN, MD**, director of the Division of Obstetric and Consultative Medicine and co-director of the Integrated Program for High Risk Pregnancy at Women & Infants Hospital, and **RAYMOND O. POWRIE, MD, FRCP, FACP**, interim chief of medicine at Women & Infants Hospital, an attending physician in the Center for Obstetric and Consultative Medicine and senior vice president for Quality and Clinical Effectiveness for Care New England, served as lecturers at the International Society of Obstetric Medicine (ISOM) Regional Course and 6th Maternal Medicine Course at Singapore General Hospital in May.

“These lectures were given to a number of delegates - mainly of the Asia-Pacific and Oceania regions – from various medical specialties who wished to learn more about the management of pregnant women with preexisting and/or acquired medical disorders,” said Dr. Chen. “A number of delegates proceeded to sit the RCOG (Royal College of Obstetricians and Gynaecologists) fellowship examinations which were held shortly after the completion of the course and the general feedback was that this course prepared them very well for this examination.”

Dr. Chen delivered lectures titled: Updates in Treatment Options for Diabetes in Pregnancy, Obesity and Pregnancy Post Bariatric Surgery, Endocrine Disorders in Pregnancy, and Critical Care in Obstetrics. Dr. Powrie gave the following lectures: Prescribing Medications in Pregnancy, Neurological Disorders in Pregnancy, and Common Hematological Problems for Obstetricians. Additionally, Drs. Chen and Powrie both served on a workshop panel to discuss complex cases of medical disorders in pregnancy. ❖



Women & Infant physicians Drs. Kenneth Chen and Raymond Powrie delivered lectures at the International Society of Obstetric Medicine (ISOM) Regional Course and 6th Maternal Medicine Course at Singapore General Hospital in May.

Memorial Earns \$1.25M Grant to Boost Primary Care Coverage for Children, Adolescents In Underserved Areas

PAWTUCKET – The U.S. Health Resources & Services Administration (HRSA) recently awarded a five-year, \$1.25-million grant to the Department of Family Medicine at Memorial Hospital to improve the availability of primary care for children and adolescents in underserved areas.

The grant, entitled “Transforming Family Centered Primary Care for Children and Adolescents in Underserved Areas,” will focus on care provided by Memorial’s Family Care Center to families in Pawtucket and Central Falls.

“The purpose of this grant is to enhance the training of medical students, family medicine residents and family medicine faculty at Memorial, as well as community faculty throughout these two underserved communities,” says **MELISSA NOTHNAGLE, MD, MSc**, residency director for The Warren Alpert Medical School at Brown University Family Medicine Residency Program at Memorial, and principal investigator on the grant.

In addition to cultivating a workforce of primary care providers who are well prepared to deliver patient and family-centered care for children and adolescents, the intent of

the grant is to encourage practitioners to work in underserved communities.

“We will be looking to these practitioners to become the future leaders in transforming primary care delivery systems,” Dr. Nothnagle explains.

The nation’s health care system is evolving to be more focused on keeping people well instead of helping people when they are sick. This grant, according to **JEFFREY BORKAN, MD, PhD**, chief of the Department of Family Medicine at Memorial and chair of the Department of Family Medicine and assistant dean for Primary Care-Population Health Program Planning at Alpert Medical School, will help further the efforts to strengthen the primary care services at Memorial and broaden their availability.

“This grant is a wonderful accomplishment and it will directly benefit the training of our residents and the patients for whom they care – both now and in the future. An incredible family medicine residency team put together a top-notch grant and this award will support continued educational innovation and the care of Rhode Islanders,” Dr. Borkan says. ❖

Roberta Goldman, PhD, on Reducing Obesity Risk Factors in Hispanic Children

PAWTUCKET – Childhood obesity is more prevalent among Hispanic children than children of other ethnic groups, a problem that has been steadily increasing in the United States over the past decade. An anthropologist and researcher with the Center for Primary Care and Prevention at Memorial Hospital is part of a team that conducted focus groups to best determine a plan for reducing risk factors for obesity in Hispanic children.

The study – entitled “Reducing Hispanic Children’s Obesity Risk Factors in the first 1,000 Days of Life: A Qualitative Analysis” – was published in a recent issue of the *Journal of Obesity*.

ROBERTA GOLDMAN, PHD, of Memorial, was one of its authors.

“According to the CDC (Centers for Disease Control), one in three Hispanic children is overweight or obese,” Dr. Goldman notes. “The obesity epidemic in Hispanic communities has become a crisis, and Hispanic children are becoming obese earlier in their lives than ever before.”

The researchers’ goal was to examine underlying reasons for early life obesity risk factors and identify potential early intervention strategies. Through seven focus groups gathering almost 50 pregnant or new mothers, the following reasons for early life obesity were identified:

- Some mothers’ attempts to cope with the physical changes of pregnancy trumped healthy eating and physical activity, even among women who believe good nutrition and exercise are important.
- Women believed excessive gestational weight gain negatively impacted their baby’s health, but they did not think it would lead to childhood obesity.
- Women understood that chubby babies are not necessarily healthy, but did not connect that to later life obesity.
- Mothers felt responsible for ensuring that their babies felt full. Fear of infant hunger can drive bottle use and the early introduction of solid foods.
- Mothers felt compelled to offer early solids and sugary drinks based on their belief that their babies did not like anything else.
- Mothers did not see the harm in television viewing, and some actually felt that screen time promotes infant learning and visual development.

In terms of possible interventions, Goldman says the study participants identified physicians and nutritionists as key resources, and many expressed interest in mobile technology and group or home visits.

“What we found is that there are opportunities to improve Hispanic mothers’ understanding of the role of early weight gain in childhood obesity and other obesity risk factors. This can be done in the first 1,000 days of a baby’s life,” the researchers explain in summation. “Interventions that link health care and public health systems, and include extended family, may help reduce obesity among Hispanic children.” ❖

First Cardiovascular Genetics Clinic opens at the Cardiovascular Institute

PROVIDENCE – The new Cardiovascular Genetics Clinic at Rhode Island Hospital is the first in the state to offer evaluation and genetic counseling for cardiac conditions.

“If we can identify an inherited cardiac disease in advance, keep it under surveillance, and intervene appropriately, a patient’s life can be dramatically improved and prolonged,” said **JOSEPH B. WEISS, MD, PHD**, the director of the new clinic and a cardiologist with the Cardiovascular Institute of Rhode Island, The Miriam and Newport hospitals.

After the evaluation and genetic testing, the clinic offers counseling, referrals and follow-up for all confirmed cases. ❖

Research Team Wins Best Poster at American Society for Reproductive Immunology Annual Meeting

PROVIDENCE – **SHIBIN CHENG, MD, PHD**, research scientist at Women & Infants Hospital of Rhode Island and assistant professor of pediatrics at The Warren Alpert Medical School of Brown University; **JAMES F. PADBURY, MD**, pediatrician-in-chief and chief of Neonatal/Perinatal Medicine at Women & Infants Hospital and the William and Mary Oh-William and Elsa Zopfi Professor of Pediatrics for Perinatal Research at the Alpert Medical School; **AKITOSHI NAKASHIMA, MD, PHD**, a visiting scientist from the University of Toyama, Japan; and **SURENDRA SHARMA, MD, PHD**, a research scientist and professor in the Department of Pediatrics at Women & Infants Hospital the Alpert Medical School, won the Best Poster Award for their poster, “Understanding and predicting preeclampsia, an enigmatic pregnancy complication, using Alzheimer’s tools,” at the 35th Annual Meeting of the American Society for Reproductive Immunology at Queen’s University, Kingston, ON Canada.

The research examined the similarities in the development of preeclampsia, or pregnancy-induced hypertension, and Alzheimer’s disease. The link that is thought to be common between both diseases is protein misfolding and aggregation. When these proteins aggregate and jumble, they form ball-like structures that deposit in the brain in the Alzheimer’s process and in the placenta causing poor placental transfusion in preeclampsia.

“Making a link between the two diseases provides for an opportunity to understand how they develop and how best to treat them going forward,” explained Dr. Sharma. ❖

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Southcoast Centers for Cancer Care expands Clinical Trials Program through partnership with Brown University Oncology Research Group

FALL RIVER, MASS. — Southcoast Centers for Cancer Care, a part of Southcoast® Health, today announced that it has joined the Brown University Oncology Research Group (BrUOG) network in order to expand the scope of its existing Oncology Clinical Trials Program.

“This is very exciting for our patients,” said **ELIZABETH BLANCHARD, MD**, director of the Clinical Trials Program at Southcoast Centers for Cancer Care. “This will promote research collaborations within Southcoast and help us continue to be a part of the progress happening in cancer care.”

BrUOG is a network of Brown University-partnered hospitals known for cutting edge trials and innovative therapies. Studies done out of the BrUOG network have made significant contributions to cancer medicine and

continue to set the stage for clinical trials being done nationwide.

“BrUOG is a group where physicians have successfully collaborated for the common good of making advances for clinical cancer research,” explained Dr. Howard Safran, Medical Director of BrUOG. “We are very excited to now have Southcoast Centers for Cancer Care as part of our team and look forward to a longstanding partnership and collaboration.”

Through this partnership, Southcoast patients with a broad range of disorders, including cancers of the breast, brain, lung, gastrointestinal tract, skin and prostate, as well as leukemia and lymphoma, will have access to clinical trials specific to their condition. Many of these trials utilize novel therapeutic agents or new combinations

of treatments in an effort to improve outcomes.

Also by partnering with BrUOG, Southcoast physicians will have the ability to develop their own research ideas, while working in collaboration with BrUOG-affiliated physicians.

To date, Southcoast has partnered with Boston Medical Center (BMC) to offer clinical trials as part of their National Cancer Institute (NCI) Minority-Based Community Clinical Oncology Program (MB-CCOP). This has allowed Southcoast oncologists to participate in NCI-sponsored cancer prevention, control and treatment clinical trials with special efforts to raise awareness and participation by minorities. In addition, trials of new therapies and supportive care are currently enrolling patients at Southcoast. ❖

W&I Team Publishes Research on Treatment for Obese Women Undergoing Cesareans

PROVIDENCE – A team of researchers has published a clinical trial in *Obstetrics & Gynecology*, “Cefazolin prophylaxis in obese women undergoing cesarean delivery: A randomized controlled trial,” aiming to clarify the use of prophylactic antibiotic use during cesarean delivery of obese women.

Researchers included **LINDSAY MAGGIO, MD**, a fellow in the Division of Maternal-Fetal Medicine at Women & Infants Hospital; **MELISSA DACOSTA, PharmD**, of the Department of Pharmacy at Women & Infants; **DWIGHT J. ROUSE, MD**, principal investigator for the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development Maternal-Fetal Medicine Units (MFMU) Research Network, and professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University; **BRENNA L. HUGHES, MD**, chief of the Women’s Infectious Diseases Consultative Service at Women & Infants and an associate professor of obstetrics and gynecology at the Alpert Medical School; and **DAVID P NICOLAU, PharmD**, at the Center for Anti-Infective Research and Development at Hartford Hospital.

“The hypothesis was that the prophylactic antibiotic

dose is not sufficient to reach a high enough concentration in the adipose tissue of obese women. Therefore, it would be ineffective in minimizing infection,” explained Dr. Maggio. “Women in the study agreed to be randomly assigned to receive either the standard two gram cefazolin dose or an increased three gram dose. We then measured the cefazolin concentrations in the adipose tissue. We found that both doses of antibiotics had similar adipose tissue concentrations. In other words, the higher dose of prophylactic antibiotic failed to achieve significantly higher adipose tissue concentrations, which could mean that it may not be any better at preventing infections.”

These findings are important because new recommendations say that obese women undergoing cesarean delivery should receive a higher dose of the antibiotic cefazolin to prevent surgical site infection. In obese women undergoing cesarean delivery, prophylaxis with this higher dose of 3g of cefazolin did not significantly increase adipose tissue concentration. Thus, our data do not support the new recommendations for 3g dosing. ❖

Medical examiner placed on paid administrative leave

Follows OSME accreditation downgraded to provisional in June

PROVIDENCE – Rhode Island’s chief medical examiner, Dr. Christina Stanley, was placed on paid administrative leave on July 22, according to the Rhode Island Department of Health (DOH). Dr. Stanley has held that position since the fall of 2011.

No specific reason was given for the decision, which was made by newly installed DOH medical director, Dr. Nicole Alexander-Scott. Contractual, temporary physicians will be used to absorb the workload.

The department has been reviewing the structure and staffing at the Office of the State Medical Examiner (OSME), following an accreditation downgrade

from full to provisional by the National Association of Medical Examiners (NAME) in June. The department has until December 2015 to remedy deficiencies found in the report.

Among the deficiencies noted were turnaround times in reports of post-mortem examinations; data from 2013 and 2014 showed that 78% and 74% of the reports were completed within 90 calendar days; the standard is 90% of completed reports.

It found insufficient staff coverage to handle the caseload 24/7. The report stated, “the high quality of the work performed by OSME is currently hindered by the lack of a sufficient number

of medicolegal death investigators.” It stated the five investigators are “spread much too thinly to be able to handle case follow-up work and other investigative functions in a timely fashion...”

However, in its summary the report also lauded the Rhode Island Office of State Medical Examiners as functioning at a “highly professional level in all areas of its operations...The OSME has made significant contributions to public health locally and nationally, including the identification of a cluster of deaths due to acetyl fentanyl and the institution of measures to improve the quality of infant death investigations.” ❖

The full report can be found here: <http://www.rimed.org/rimedicaljournal/2015/08/OSME-certification-letter.pdf>

Rhode Island Department of Corrections Medical Program Director



The Rhode Island Department of Corrections is seeking an Internal Medicine or Family Practice Board Certified Physician to serve as its Medical Program Director. This leadership and policy maker position is responsible for inmate clinical healthcare delivery services for the RIDOC and coordinating professional and clinical duties of medical and treatment providers.

The RIDOC is a dual jurisdiction department responsible for both the Jail System as well as the Prison System within the State and services approximately 3200 inmates on an annual basis.

The Medical Program Director develops and implements programs as needed to ensure the RIDOC medical services are in compliance with all required healthcare laws and the community standard of care in Rhode Island. The Medical Program Director is responsible for supervision and clinical support of the medical providers and mid-level providers working within the RIDOC approving consultants, outside referrals, non-formulary medications and labs, medical furloughs, medical complaints, and outside elective medical care. The Medical Program Director also participates in medical education research.

Qualified applicants must have a MD degree and ideally is Board Certified in either Family Practice or Internal Medicine or Board Certified in a related specialty and must be eligible to be licensed in the State of Rhode Island.

The position is a 35 hour non-standard weekly position; the salary range is \$149,658.00 - \$167,551.00 plus a full benefit package.

Interested applicants should visit www.apply.ri.gov and apply for job number 1380-13200-28. The Rhode Island Department of Corrections is an AA/EOE employer.