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The Lifespan Lyme Disease Center at Newport Hospital recently opened. The first of its kind in the state, the center unites academic and clinical infectious diseases experts. Complementary therapies, such as cognitive behavioral therapy and physical therapy, and nutrition guidance and more are available to those who need it.

“This is a big medical problem and a big challenge, particularly in Rhode Island,” said infectious diseases specialist TIMOTHY P. FLANIGAN, MD, medical director of the Center. “Reported cases of Lyme disease in Rhode Island alone rose fourfold over the past six years, and the rise in other tick-borne illnesses, such as babesiosis, ehrlichiosis and anaplasmosis, is almost as steep.”

“Our team of infectious diseases specialists is highly experienced in treating patients with these conditions,” he added, “particularly those coping with Post-treatment Lyme Disease Syndrome, sometimes called chronic Lyme disease. We collaborate with specialists in neurology, rheumatology and other fields to provide integrated, seamless care for patients with acute tick-borne illnesses, especially those who continue to struggle with symptoms after the initial infection has been treated.”

To help patients achieve their own health and wellness goals, a wide range of services is available to them at the Lifespan Lyme Disease Center, including:

- **Diagnosis and testing** – The most current, reputable methods are used to test for and diagnose Lyme disease. Testing is also done for other rare and co-occurring tick-borne illnesses, such as babesiosis, ehrlichiosis and anaplasmosis.
- **Evaluation of symptoms** – The center assesses all chronic symptoms that are difficult to classify and address to rule out the involvement of Lyme disease. However, the center treats tick-borne diseases exclusively.
- **Individual treatment plans** – Customized treatment plans are developed for each patient based on unique needs and goals.
- **Management of symptoms** – As with any chronic condition, some symptoms cannot be eliminated, but their effects can be alleviated, allowing patients to feel and function better. Patients’ progress and reaction to different therapies and treatments is monitored to identify the best course of care.

The center’s multidisciplinary team includes physicians with expertise in infectious diseases and tick-borne illnesses; behavioral, physical and occupational therapists; and specialists in nutrition and other fields. In addition to Dr. Flanigan, the core team includes adult infectious diseases specialist REBECCA REECE, MD, pediatrician JEROME LARKIN, MD, and behavioral therapist ANNE DAVIDGE, PhD.

Individual treatment plans, which feature evaluation and collaborative assessment over a period of six to 12 months, include:

- Appropriate antibiotic therapy, which is carefully evaluated;
- Cognitive behavioral therapy to assist with the cognitive and emotional issues some patients experience;
- Physical therapy to build strength and resilience and alleviate muscle and joint pain;
- Nutritional consultation to review a patient’s current diet and educate them about optimal dietary choices; and
- Complementary therapies, including non-traditional approaches such as yoga, acupuncture and more.

The center also uses a comprehensive team approach to Post-treatment Lyme Disease Syndrome, or chronic Lyme disease, and its impact on patients’ health. According to the Centers for Disease Control and Prevention, approximately 10 to 20 percent of patients treated for Lyme disease with a recommended two- to four-week course of antibiotics will have lingering symptoms of fatigue, pain, or joint and muscle aches. In some cases, these can last for more than six months.

“There are newer tick-borne illnesses that we are just starting to discover and all of these can affect patients’ lives – their ability to work and live as they wish,” said Dr. Reece, a lead physician at the Lifespan Lyme Disease Center. “This is a place where patients will be cared for long term. It’s not enough to tell patients that the infection has been treated. We want patients to know that we’re going to work through the lingering effects to help them feel better.”

“This is a wellness model,” added Dr. Flanigan, “and our aim is to help patients build their immune response, their resilience, and quite simply – to feel better and get back to daily living.” ▶
Kent performs first elective coronary angioplasty
A 24-hour, emergency angioplasty service will follow early in 2016

WARWICK – Kent Hospital successfully completed its first elective coronary angioplasty in August after receiving state approval earlier this year to move forward with both an elective and emergency angioplasty program.

With the addition of Kent Hospital, there are now four hospitals in the state (two in Providence and one in Woonsocket) offering the procedure.

The successful procedure was performed by interventional cardiologists, ED THOMAS, MD, and ASHISH SHAH, MD, along with a team of highly trained nurses, technicians and other clinical support staff, who have been participating in additional and intensive training both locally at Kent and at Brigham and Women’s Hospital in Boston, a clinical affiliate with Care New England.

A 24-hour, emergency angioplasty service will follow early in 2016 after the completion of construction on a second cardiac catheterization lab. The catheterization lab expansion will essentially double patient capacity and will allow for the cardiac nursing and technical team to be expanded. Elective PCI when done in a high-volume setting builds a strong base for readiness and quick response to emergency PCI patients.

“Let me just say how proud I am of Kent Hospital, Drs. Thomas and Shah and the entire clinical team who performed our first angioplasty. This truly is an important day for this hospital but even more so for those who live in the vicinity of Kent and points south,” said Michael Dacey, Jr., MD, Kent Hospital president and COO. “This standard-of-care procedure will result in lives saved because of decreased travel time to access this critical treatment.”

Data presented to the state Department of Health during the approval process demonstrated that patients residing south of the metro Providence area (more than 300,000 Rhode Islanders) would benefit greatly from expanded access to coronary angioplasty via the new program at Kent Hospital.

Women’s Medicine Collaborative receives $2.7M NIH grant to study impact of sleep apnea on placental function
One-of-a-kind study will explore placental function in women with sleep apnea

PROVIDENCE – The National Institutes of Health [NIH] has awarded $2.7 million to the Women’s Medicine Collaborative to study the placenta and its function to determine whether changes in the placenta are linked to sleep abnormalities.

“Sleep disturbances in pregnancy are rarely investigated,” says GHADA BOURJEILY, MD, lead researcher and attending physician in pulmonary services and obstetric medicine, and director of research at the Women’s Medicine Collaborative. “When we and others in the scientific community started identifying the various links between sleep disturbances such as snoring and short sleep duration with adverse pregnancy outcomes such as preeclampsia and gestational diabetes, we decided to start working on better understanding that link in the hope that by treating these sleep disturbances we could modify these outcomes.”

As the population – both young and old – becomes more overweight, disorders such as sleep apnea, become more prevalent. As a result, disorders associated with weight problems are also becoming more widespread. Knowing that sleep disturbances are associated with adverse effects in various organs, Dr. Bourjeily and researchers decided to study the placenta and its function to figure out whether changes in the placenta are associated with sleep abnormalities.

In a separate study, Dr. Bourjeily and researchers recently discovered that sleep apnea appears to be associated with alterations in certain placenta secreted proteins. This discovery served as the springboard for this NIH-grant-funded study. Dr. Bourjeily, whose clinical and research interests center around understanding sleep disordered breathing in pregnant women, and researchers found that more than a third of pregnant women now snore.

Additionally, women who snore and have sleep apnea have an elevated risk of developing preeclampsia and gestational diabetes – just as these sleep disturbances are associated with high blood pressure and diabetes in the general population. However, sleep has some unique characteristics in pregnant women. For instance, pregnant women are more sleepy in general than non-pregnant individuals, but also appear to have some distinguishing features in some breathing parameters observed during a sleep study that set them apart from the non-pregnant population.

“We spend about a third of our lives asleep,” Dr. Bourjeily says, “so sleep likely plays an important role in regulating many health processes. If we can find a link between sleep disturbances and pregnancy outcomes, it would become more important to ask questions about sleep during pregnancy. These findings will set the stage for future interventions that could, potentially, modify placental function.”

The funded grant will recruit women who snore in the early weeks of pregnancy and have obesity, assess them for the presence of sleep apnea; and enroll women with sleep apnea into a trial that will test the effect of a device used for the treatment of the disorder on various markers secreted by the placenta. Women will be recruited at the Women’s Medicine Collaborative and at various obstetric practices in Rhode Island.
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URI awarded $2.5M grant to educate health care providers, students for improved geriatric care

KINGSTON – The University of Rhode Island has been awarded a $2.5 million grant to implement a program for the state’s health care workforce that will lead to higher quality care for older patients.

The Geriatrics Workforce Enhancement Program, an initiative of the U.S. Health Resources and Services Administration, is a $35-million program aimed at preparing the health care professionals for the issues associated with advancing age. The program will train and educate providers, students and patients about the integrated, interprofessional delivery of health care often needed by older adults.

URI is one of 44 universities and organizations to receive the grant and is among 14 – including Johns Hopkins University, the University of North Carolina-Chapel Hill and the University of California-Los Angeles – that received the maximum allocation of $2.5 million over three years. Other schools receiving grants include Yale University, Duke University and the University of Southern California. U.S. Department of Health and Human Service Secretary Sylvia M. Burwell announced the awards July 13 at the White House Conference on Aging.

The Rhode Island Geriatrics Workforce Enhancement Program aims to:

• Prepare health professions trainees to practice in and lead integrated geriatrics and primary care settings.

• Develop providers who can assess and address the needs of older adults and their families by integrating interprofessional geriatrics education into primary care delivery systems to provide coordinated, comprehensive, patient/family-centered health care.

• Develop and offer community-based education programs for patients, families and caregivers to improve the management of multiple chronic conditions.

• Provide Alzheimer’s disease and related disorders education to health professions students, providers, patients, families and caregivers.

Rhode Island, in particular, has a clear need for investment in this type of training because it has the highest percentage of residents ages 85 and older in the nation. Geriatric patients – and their physicians – are often unaware of how the effects of aging can alter the type of care delivered to this population, according to Philip Clark, director ofURI’s Gerontology Program, professor of Human Development and Family Studies and director of the Rhode Island Geriatric Workforce Enhancement Program.

“The reality is, treatment for geriatric patients can be considerably different from that of other adults,” Clark said. “These differences can be subtle and, without the very specific training we can provide through this program, some primary care providers may not even be aware of them.”

URI, in association with a host of partners – including Care New England, Brown University, Rhode Island College, the Rhode Island chapter of the Alzheimer’s Association and Healthcentric Advisors, and networks of primary care providers – worked to identify the specific geriatrics education and training needs of the state’s health care workforce. Subsequently, they developed a program responsive to those needs, with the goal of providing more tailored care.

“The partnerships forged as part of this successful collaborative agreement are ones that will bring positive change and increased awareness of the need for improved, individualized, and high-quality care for older adults to the entire state,” said Dr. Ana Tuya Fulton, director of geriatric medicine at Care New England.

The variety of partners and the interprofessional nature of the education program will allow for more integrated and thorough care, according to Dr. Jeffrey Borkan, chairman of the department of family medicine at Brown University’s Alpert Medical School.

“This grant provides a framework for meaningful collaboration across the state that will improve the care of the elderly through the creation of interprofessional teams, integration of geriatrics into primary care, and outreach to underserved populations,” Dr. Borkan said.

“This partnership is a model for the future and should help train the future generation of providers.”

Clark emphasized that proper education across all health care professions, and at all levels – from students to providers – is essential to the delivery of quality health care for older patients.

“The idea is to foster a team environment, with providers – including physicians, nurses, pharmacists, social workers, and other health professionals – learning to work with each other, with patients and with their patients to deliver quality health care,” Clark said. “Older people are affected by chronic medical issues and have a variety of unique psychosocial needs. For example, their bodies react differently to medications than a younger adult might. Diseases can present very differently in older patients and primary care providers may not recognize the symptoms.

“Physicians are not trained in all of these areas, so we need the expertise of all those professions to meet the challenges faced by an aging population.”

Alicia Curtin, director of geriatrics at Brown University’s Alpert Medical School, said the grant will ensure that the next generation of health care professionals is prepared to meet the needs of these adults.

“This collaboration with the Rhode Island Geriatric Education Center atURI will strengthen our educational programs in training the next generation of health care professionals in medicine, nursing, pharmacy, nutrition, physical therapy and social work, to improve the care of older adults throughout the state of Rhode Island,” Curtin said.
Kent Hospital Laboratory awarded College of American Pathologists accreditation

WARWICK – The College of American Pathologists (CAP) has once again awarded accreditation to the Kent Hospital laboratory and Wickford Junction laboratory based on results of a recent on-site inspection as part of the CAP’s accreditation programs. This is a two-year accreditation.

Kent Hospital was advised of this national recognition and commended for the excellence of service provided. The Kent Hospital laboratory is one of more than 7,600 CAP-accredited facilities worldwide, and performs more than 1.5 million tests annually.

“We are very pleased to maintain our CAP accreditation here at Kent Hospital,” said MICHAEL DACEY, president and COO, Kent Hospital. “The laboratory clinical leadership and dedicated staff work extremely hard to achieve the highest standards for our patients and to provide the excellence of care they deserve. Meeting and exceeding these rigorous standards is an important achievement we continually strive towards.”

The U.S. federal government recognizes the CAP Laboratory Accreditation Program, begun in the early 1960s as being equal – to or more-stringent – than the government’s own inspection program.

During the CAP accreditation process, designed to ensure the highest standard of care for all laboratory patients, inspectors examine the laboratory’s records and quality control of procedures for the preceding two years. CAP inspectors also examine laboratory staff qualifications, equipment, facilities, safety program and record and overall management.
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$600K NIH training grant renewed at RIH

Funding for trauma and inflammation research training fellowship program

PROVIDENCE – The Division of Surgical Research at Rhode Island Hospital successfully renewed funding for its trauma and inflammation research training fellowship from the National Institutes of Health. The $600,000 award will support clinician-scientists studying trauma-related diseases and how the body reacts to them.

“Trauma is a leading cause of death and disability in the U.S.,” said WILLIAM CIOFFI, MD, chairman of the department of surgery. “Because major injuries initiate a wide variety of responses within the human body, the study of traumatic injury and inflammation can advance understanding of all types of diseases and reactions outside of normal conditions. The capacity of well-trained individuals to simultaneously think as scientists and act as clinicians provides the most rapid and efficient path for the identification of new issues to investigate and to drive forth cutting-edge therapies.”

“Rhode Island Hospital stands with only 17 other institutions in the U.S. that offer trauma, burn and peri-operative injury research training programs for postdoctoral candidates,” said Jorge E. Albina, MD, director of the program.

“We have created an exceptional and competitive fellowship that helps the providers bridge the gap between academia to bedside medicine,” said ALFRED AYALA, PhD, co-director.

Hasbro study shows protective eyewear mandate reduces eye and orbital injuries

In high school field hockey players without increasing concussion risk

PROVIDENCE – A study conducted by researchers at Hasbro Children’s Hospital, Boston Children’s Hospital, Fairfax [VA] County Public Schools and the University of Colorado School of Medicine has found that nationally mandated protective eyewear results in a greater than three-fold reduced risk of eye and orbital injuries in high school (HS) girls’ field hockey players without increasing rates of concussion.

The study, currently online and appearing in the September 2015 print issue of Pediatrics, examined injuries among high school field hockey players 14 to 18 years of age two seasons prior (2009–10, 2010–11) and two seasons following (2011–12, 2012–13) the NFHS implementation of a national mandate requiring the use of protective eyewear for all HS field hockey players, effective during the 2011–12 season.

Researchers found that the incidence of eye and orbital injuries was significantly higher in states without mandated protective eyewear (MPE) than in states with MPE (before the 2011/12 mandate) and the post-mandate group. There was no significant difference in concussion rates for the two groups. After the 2011/12 MPE, severe eye and orbital injuries were reduced by 67 percent and severe and/or medically disqualifying head and face injuries were reduced by 70 percent.

“The results of this study support a policy change regarding mandatory protective eyewear in field hockey at all amateur levels, both in practice and competition,” said PETER KRIZ, MD, the study’s principal investigator and co-author, and sports medicine physician at Hasbro Children’s Hospital. “Critics of protective eyewear in field hockey have voiced concerns that the eyewear increases concussion rates due to loss of peripheral vision and increased player-to-player contact. Our study found that concussion rates did not change as a result of the national MPE.”

Dr. Kriz added, “Other youth sports such as baseball and softball are gradually adopting use of protective facemasks for batters, pitchers and infielders. Just watch how many batters in this summer’s Little League World Series tournament now wear a face protector.”

“Professional ice hockey has made significant strides in implementing mandated visor use over the past decade,” said Dr. Kriz. “In comparison, the governing organizations for amateur field hockey remain reluctant to endorse eye protection in amateur elite field hockey. Meanwhile development, college and national level field hockey coaches and programs have voiced concern that MPEs will jeopardize international recruitment efforts, as no other country mandates eyewear protection, and hurt the ability of the U.S. national teams to remain competitive internationally.”

“We remain hopeful that our study results will persuade the National Collegiate Athletic Association (NCAA) to mandate protective eyewear use among its student athletes,” he said. “Additionally, we are hoping to close some of the loopholes which permit middle- and high-school players to participate in games, practices, camps, tournaments and showcases without protective eyewear.”

Data for this study was collected from the National High School Sports-Related Injury Surveillance System, High School RIO™ (Reporting Information Online) and from Fairfax County [VA] Public Schools Athletic Training Program. The study was funded in part by Prevent Blindness America, the Centers for Disease Control and Prevention, and the National Operating Committee on Standards for Athletic Equipment.
In the front row, from the Advanced Education in Pediatric Dentistry Program, are this year’s graduates: Robyn Marie Hofelich, DMD; Avani Shah Khera, DMD; Margaret Virginia Maclin, DMD; and Anna Emily Abrahamian Ross, DMD. Pictured in back from the Advanced Education in General Dentistry Program are Dave A. Patel, DMD, and Brittany D. Sloan, DDS.

St. Joseph Pediatric & Family Dental Center residency program graduates six

PROVIDENCE – On June 26, 2015, graduation ceremonies were held for six new dentists from the joint residency program between the St. Joseph Pediatric & Family Dental Center and NYU Lutheran. The program, the first and only pediatric dental residency program in Rhode Island, added adult dentistry to its list of offerings last year.

The graduation ceremony at the Providence Art Club was attended by family, friends, and colleagues from the dental center, along with administration from CharterCARE Health Partners including CEO Lester Schindel and Fatima Hospital President Thomas Hughes.

The health center services low income and immigrant children in Providence. The Center operates satellite dental centers in Pawtucket and Johnston. All three centers offer a full range of preventative and restorative dental services and school-based dental programs. The Center has received national recognition and acclaim for its high quality services. In 2014, visits to the Dental Center and its satellite offices totaled approximately 45,000.

The St. Joseph dental staff includes pediatric dentists, general dentists and other dental specialists (oral surgeons, orthodontists) serving children, adults and patients of all ages with special health care needs and complex medical conditions. In partnership with NYU Lutheran, St. Joseph provides educational programs for dentists seeking advanced training in general dentistry or as pediatric dental specialists.