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PROVIDENCE – After conducting an extensive request for proposals process, the Providence Rhode Island-based Care New England Health System (CNE) has chosen Southcoast Health System, Inc. (SHS), a four-hospital health care system located in southeastern Massachusetts, as a potential strategic partner. The two organizations have signed a Letter of Intent (LOI) to engage in exclusive discussions and to work toward the goal of forming a new not-for-profit parent organization that would oversee both systems.

The announcement came November 16 from DENNIS D. KEEFE, president and CEO of Care New England, and KEITH A. HOVAN, president and CEO of Southcoast.

If the two health systems come together, the new organization would become one of New England’s largest not-for-profit health care systems dedicated to the advancement of population health, the delivery of community-based care and a commitment to academic medicine. It would encompass eight hospitals, an expansive network of ambulatory sites, two established Accountable Care Organizations, more than 1,700 aligned physicians and providers, a continuation of the academic relationship Care New England currently enjoys and the educational relationship Southcoast currently enjoys with The Warren Alpert Medical School of Brown University, and the responsible stewardship of charitable assets.

The announcement follows a comprehensive and deliberative process undertaken by the Care New England Board of Directors to assess the need for a strategic partner and enlist proposals from a number of organizations. During that process, the Care New England Board and senior leaders evaluated potential partners against defined criteria and considerations which included clinical program quality, population health management, physician enterprise, academic focus, governance and corporate infrastructure, capital commitment, community benefit, and mission alignment. That confidential process concluded favorably after the Board voted unanimously to select Southcoast Health for exclusive negotiations.

“In most every respect,” commented GEORGE W. SHUSTER, chairman of the CNE Board, “Southcoast represents the best possible choice in enabling us to move forward strengthening quality, transitioning to population health, improving the value proposition, finding the right structural and cultural fit for both organizations, and maintaining our valued relationships with key academic, provider and organizational partners. We believe this partnership will truly be a win for our community.”

“We are pleased that Care New England has selected Southcoast Health as their preferred choice to enter into exclusive negotiations,” said JEAN M AccRAMACK, chair of the Southcoast Board. “This partnership will further enable our health systems to continue providing our patients with the high quality care they have come to expect and deserve. Care New England is a highly respected health system that shares our values, vision, and culture, and our dedication to patients, their families and care providers. It is a trusted organization with a wide array of advanced services and innovative programs. This partnership reaffirms Southcoast’s commitment to our not-for-profit mission of promoting the optimal health and well-being of individuals in the communities we serve.”

The execution of the LOI, which was also unanimously approved in separate action by the Southcoast Board, now paves the way for the two organizations to conduct due diligence and work toward the development of a definitive agreement. The hope is, following this phase, the organizations would agree to partnership terms and move forward with the needed approvals, including state and federal regulatory processes.

“We believe the complementary services of Southcoast and the geographic span of their service area will enable us to advance the high quality, high value continuum of care we have been building,” said Keefe. “We already see the common ties to community and an unwavering commitment to mission and values both our organizations share, and we look forward to further study of the partnership potentials that could come to fruition in a new vision for health care delivery for our region.”

“Southcoast has long been focused on providing the very best care within our region of Southeastern Massachusetts and Rhode Island, finding ways to remain highly competitive, cost effective, and at the forefront of technological and strategic change,” said Hovan. “We believe that Southcoast can be a strong and complementary partner for Care New England, and that together our respective organizations could form the foundation of a highly competitive, community-based and value-driven integrated health care system throughout southern New England.”

Care New England, Southcoast Health agree to explore affiliation
Partnership would create one of New England’s largest not-for-profit, community-based health care systems
Miriam NIH grant to study phone-based mindfulness for HIV patients

First facility in the nation to evaluate phone-delivered MT

PROVIDENCE – The Centers for Behavioral and Preventive Medicine at The Miriam Hospital has received a $146,000 research project grant from The National Center for Complementary and Integrative Health to explore whether telephone-delivered mindfulness training (MT) can help individuals living with HIV better cope with stress, anxiety and depression; increase their adherence to antiretroviral therapy (ART); and promote healthy behaviors. The Miriam Hospital is the first facility in the nation to evaluate phone-delivered MT for people living with HIV.

A form of meditation, mindfulness is an awareness of the present and moment-to-moment activities. It is a fundamental ability of the mind, but studies have shown that it is a teachable skill and mindfulness levels increase with training.

“Mindfulness has been proven effective in lessening anxiety, depression and physical symptoms associated with many medical conditions ranging from cancer to rheumatoid arthritis and fibromyalgia,” said Michael Carey, PhD, lead researcher and director, The Centers for Behavioral and Preventive Medicine. “However, few studies have examined mindfulness training for those with HIV.”

Consisting of several phases, this research project will determine the feasibility and acceptability of phone-based MT and explore its effectiveness for improving ART adherence and promoting healthy behaviors. First, a series of focus groups will be conducted with up to 30 individuals including those living with HIV, HIV care providers and HIV advocates. They’ll share their perspectives about what is needed to expand the care provided at The Samuel and Esther Chester Immunology Center at The Miriam Hospital, and help inform new immunology center health programs that are in development. The information will be used to refine related programs and research materials.

Next, a clinical trial will assess 50 immunology center patients who will be provided with one of two health improvement programs. Both programs will be designed to address the health needs of people living with HIV. One will feature mindfulness meditation and the second program will feature broader health promotion programs with specific content determined following completion of the focus groups. The study phases will include an individual baseline assessment and individual intervention conducted via phone, as well as a three-month follow up. At the time of enrollment and again over the subsequent three months, all patients will complete surveys and provide specimens to measure the effectiveness of both programs.

“Preliminary research suggests that traditional mindfulness training can help people with HIV cope more effectively with stress, but it has limitations and there is little to no information available about the possible effect of MT on ART adherence and other health behaviors,” said Dr. Carey.

Other researchers in the study include Elena Salmoira-Go-Blotcher, MD, PhD, a research scientist at The Miriam Hospital Centers for Behavioral and Preventive Medicine and an assistant professor of medicine and assistant professor of epidemiology at the Alpert Medical School of Brown University and Brown’s School of Public Health; and Aadia Rana, MD, an internal medicine and infectious diseases physician at The Miriam Hospital and an assistant professor of medicine at the Alpert Medical School of Brown University.

Miriam recruiting for clinical trial of Parachute device to treat heart failure

PROVIDENCE – The Miriam Hospital is actively recruiting participants for a U.S. clinical trial of the Parachute device for treating heart failure. The study is focused on determining if the new minimally invasive catheter-based device can slow the progression of heart failure, reduce repeat hospitalizations and death, and significantly improve quality of life for patients who experience enlargement of the left ventricle after a heart attack. The only site in Rhode Island to take part in the study, The Miriam has already completed the Parachute implant on two local patients. The Parachute device, an experimental treatment, is the first of its kind in the U.S.

“Presently, there are very few treatment options available for patients who experience enlargement of the left chamber of the heart, which makes this clinical trial crucial,” said Paul Gordon, MD, director of the cardiac catheterization laboratory at The Miriam Hospital and principal investigator of the trial there. “Heart attack survivors currently suffering from heart failure may be candidates for the Parachute device research study and should discuss their condition with their physician.”

The Parachute device works by separating the damaged muscle from the healthy, functional segment to decrease the overall volume of the left ventricle and restore its function.

The PARACHUTE IV randomized clinical trial explores the effectiveness of the device by comparing it to medical therapy and placement of an internal cardiac defibrillator (ICD) in approximately 500 patients with ischemic heart failure at up to 65 centers.
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Southcoast offers implantable device as an alternative to long-term blood thinners

The Watchman Device is a new option for patients with non-valvular atrial fibrillation that has been shown to reduce patients’ risk of stroke.

NEW BEDFORD, MASS. -- Southcoast Health announced recently that it is just the third hospital in New England to offer a surgical implant that will allow certain atrial fibrillation patients to stop taking blood-thinning medications that are currently used to prevent stroke.

The newly approved Watchman Left Atrial Appendage Closure (LAAC) Device, from Boston Scientific, reduces the risk of stroke in atrial fibrillation (AFib) patients by preventing the heart from producing blood clots. A heart with AFib beats irregularly and as a result can produce clots, which is why doctors prescribe blood-thinning drugs such as Coumadin or Warfarin.

“Patients who undergo a procedure to implant Watchman have a much lower risk of major strokes related to bleeding and also had significantly lower mortality at long-term follow up when compared to Coumadin therapy for stroke reduction with atrial fibrillation,” said Dr. Nitesh Sood, electrophysiologist at Southcoast Health.

The procedure will benefit patients with non-valvular AFib who prefer a non-drug alternative to blood thinners. They can include individuals who take part in sports or other activities that carry the risk of injury and thus excessive bleeding.

Lahey Hospital & Medical Center in Burlington, MA, and Catholic Medical Center in Manchester, NH, are the only other hospitals in New England to offer the treatment.

“The big advantage is if the procedure goes well, you have the ability of getting someone off blood thinners and reducing their risk of stroke,” said DR. ADAM SALTZMAN, cardiologist at Southcoast Health.

Implanting the Watchman Device is a one-time, minimally-invasive procedure that usually lasts about an hour. Following the procedure, patients typically stay in the hospital for 24 hours.

The device was approved by the FDA in March, but has been available internationally since 2009. As of March, more than 10,000 patients worldwide had been implanted with the device. The approval was based on a clinical trial program that included more than 2,400 patients. The studies showed the device reduced the risk of stroke. A meta-analysis of the randomized studies found patients who received the device had reductions in hemorrhagic stroke, disabling stroke and cardiovascular death compared with the warfarin group.

Aurora Pop-Vicas, MD: flu shots prevent hospitalizations in elderly

PAWTUCKET – New research authored by AURORA POP-VICAS, MD, an infectious disease physician at Memorial Hospital, in conjunction with a research team from Brown University’s Health Policy Department, reinforces the importance of vaccinations in the elderly to prevent flu and related hospitalization.

The authors studied Medicare claims data from more than 1 million nursing home residents in the United States. Their retrospective cohort study “Estimating the Effect of Influenza Vaccination on Nursing Home Residents’ Morbidity and Mortality,” was published recently in the Journal of the American Geriatrics Society.

“Influenza causes almost 40,000 deaths each year, mostly among the elderly. Those who live in nursing homes are especially vulnerable because of the natural weakening of the immune system due to the aging process, other health issues, and living in close institutional quarters,” explains Dr. Pop-Vicas.

“What we found was that even in years when the vaccine match was insufficient, influenza vaccination was an important primary prevention strategy for nursing home residents,” Dr. Pop-Vicas says. “This is in contrast with recent literature suggesting that there are limited or no benefits to the elderly from influenza vaccination.”
New Gateway Healthcare residential program opens
Treats mental health and substance use issues in adolescents

PROVIDENCE – Gateway Healthcare launched on Wednesday, November 4, the state’s only residential treatment program for adolescents struggling with both mental health and substance use issues. The new Caritas ARTS program provides cognitive behavior therapy designed to help youth learn skills to regulate and change behavior as well as prepare them to transition to the least restrictive level of care possible.

Located in Cranston, the residential program serves males and females ages 12 to 17. The average length of stay ranges from five to 15 days.

The program brings together two well-established Gateway programs. The Acute Residential Treatment Service (ARTS) has helped thousands of adolescents with mental health issues over the last 15 years, while the Caritas program has been a critical resource to patients with substance use problems for more than 40 years. The program – licensed for up to 16 patients – is staffed by a multidisciplinary team that includes a psychologist, a psychiatrist, nurses, master-level therapists and residential staff.

SELBY CONRAD, PhD, Gateway Healthcare’s clinical director of adolescent co-occurring disorders treatment, said the co-occurring treatment structure makes sense because whether the adolescent enters a program for mental health issues, substance use or co-occurring disorder the care team will provide a common therapeutic approach.

“Our ultimate goal is to build skills that help each patient transition to a lower level of care and reengage in their lives,” Conrad said.

The residential program complements inpatient and partial hospitalization programs already provided by Gateway and Lifespan partner Bradley Hospital. Leclerc expects patients to be referred to Caritas ARTS from programs from across the state as well as nearby Connecticut and Massachusetts.

Hasbro now offering minimally invasive pediatric urologic surgeries

PROVIDENCE – Hasbro Children’s Hospital now offers the only pediatric urology program in Rhode Island performing laparoscopic and robotic surgery.

These minimally invasive services will be offered by pediatric urologist LIZA AGUIAR, MD, who recently joined the hospital’s division of urology.

“Robotic surgery is a growing field in pediatric urology, and one that is incredibly valuable to our young patients,” said Dr. Aguiar. “We are able to make precise surgical maneuvers by taking advantage of technology that increases surgical dexterity, improves magnification and utilizes three-dimensional imagery.”

Hasbro Children’s Hospital now offers laparoscopic and robotic surgery for several urological procedures, including:

• partial and total nephrectomy
• pyeloplasty for ureteropelvic junction obstruction (UPJ)
• vesicoureteral reflux
• duplicated systems

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IN THE NEWS

Butler opens The Hall @ Center House to address health crisis for young adults
Day program offers variety of therapies focused on the mental illness of 18-26 year olds

PROVIDENCE – On Nov. 18, a ribbon-cutting for The Hall @ Center House celebrated the opening of the Hospital’s Young Adult Partial Hospital Program. The program, located in newly renovated space, is designed specifically for people ages 18 to 26 years old.

LAWRENCE PRICE, MD, President and COO of Butler Hospital and Executive Chief of the CNE Brain and Behavioral Health Service Line, said, “We are extremely pleased to offer specialized care to a segment of the community that has unique experiences during this transitional period of life. With the support of our specially-selected multidisciplinary team, The Hall offers a place to come together for people addressing the complexities of life situations impacted by depression, anxiety, mood disorders or psychosis.”

The program opened to a soft-launch in mid-October and is already seeing the benefits it’s able to deliver. “Our goal is to create and provide a community of support and respect to help this group of young people better navigate this transitional time in their lives with mental illness. We are already seeing from the feedback to date that this program is filling the unmet need of creating a safe and accepting space for people in this age group,” said Program Chief, MICHAEL WOLFE, MD.

The Hall @ Center House is designed to feel like a campus student union or dorm lounge. The space is a brightly painted hall that connects comfortably furnished shared and private rooms, including a group waiting area, a quiet room, two group therapy rooms, and a series of private offices for the program manager, psychiatrists and team of therapists.

The program offers weekday, day-long treatment sessions that allow for individual, group and family therapy and medication management to support understanding and skill development to address emotional and behavioral health. People admitted to the program have problems that are hindering a healthy daily life at school, at work or with family and friends. The Hall accommodates up to 21 individuals at a time, with each person assigned a psychiatrist, an individual therapist, group therapists, and occupational therapists. Open Monday through Friday from 9 a.m. to 3:30 p.m., patients are scheduled for five to eight treatment days, depending on health concerns and progress in the program. Each day consists of customized individual and group therapy sessions that draw on several types of evidence-based therapies, including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and Acceptance & Commitment Therapy (ACT).

Public Health Accreditation Board accredits RI Department of Health

The Public Health Accreditation Board (PHAB) has awarded five-year national accreditation status to 17 governmental public health departments, including the Rhode Island Department of Health.

NICOLE ALEXANDER-SCOTT, MD, MPH, director of Rhode Island Department of Health, praised the rigorous assessment process required for PHAB accreditation, noting, “We have built on our strengths and put quality improvement projects in place that have made the Rhode Island Department of Health a more efficient, effective organization. The national standards of quality and performance to which we will now be held will be instrumental in our work to eliminate health disparities and promote health equity by improving health outcomes for all Rhode Islanders in every zip code throughout the state.”
Three orthopedic practices merge to form Ortho Rhode Island

PROVIDENCE – Three Rhode Island orthopedic practices have consolidated into a new larger orthopedic group. Blackstone Orthopedics & Sports Medicine, Foundry Orthopedics & Sports Medicine and South County Orthopedics, are now Ortho Rhode Island, which is the largest privately-run orthopedic provider in the state.

There are nearly 40 providers in the practice, led by an Executive Committee made up of six physicians. The group encompasses thirteen Rhode Island offices located in Bristol, East Greenwich, East Providence, Lincoln, Newport, North Smithfield, Pawtucket, Providence, Wakefield and Warwick, plus one Massachusetts location in Attleboro, MA. In addition, they provide immediate care for orthopedic injuries at OrthoNowRI, located in Pawtucket, RI.

Ortho Rhode Island offers a holistic approach to musculoskeletal care encompassing the entire continuum of care from diagnosis to treatment, and through rehabilitation.

“We have very similar values and are focused on our patients. We expect that our geographic coverage will create a tremendous opportunity to better serve the entire state of Rhode Island in the current healthcare environment,” said ERIC WALSH, MD, Ortho Rhode Island Vice President and Medical Director.

Ortho Rhode Island President and CEO, MICHAEL BRADLEY, MD, said, “Our scale allows us to leverage clinical and business synergies to improve patient access to affordable orthopedic care, and to benefit from greater bargaining power with suppliers.”

Ortho Rhode Island is not controlled by any hospital or institution; they remain a private orthopedic practice, affording them the agility to keep up with the rapidly changing healthcare environment. “Our size is our strength,” said ROBERT MARCHAND, MD. “We are working with like-minded partners to drive innovation, improve quality and manage our costs.”

Bradley Center for Autism and Developmental Disabilities opens partial hospitalization program – the first of its kind in the nation

Specialized program teaches families to better manage care at home

EAST PROVIDENCE – The Center for Autism and Developmental Disabilities (CADD) at Bradley Hospital has opened a partial hospitalization program for children and adolescents ranging in age from five to 18 years who have autism or developmental disabilities with co-existing emotional or behavioral disorders. The new program, the nation’s first, complements CADD’s already successful inpatient services.

The primary goal of the CADD Partial Program is to help children and adolescents remain safely at home while they and their families work on clinical issues. There has been a demand for this type of program, one that bridges the gap between inpatient and outpatient or home-based care.

“The creation of this partial program completes a full continuum of care that is not matched anywhere. This new service further strengthens the CADD program – a long-standing destination treatment program and national model for the care of some of our most fragile and in-need children,” said J. ZEN MESERVY, MD, CADD program director, who noted that CADD services also include inpatient, outpatient, in-home and residential services.

The program’s interdisciplinary treatment team works to teach and support parents and primary caretakers to better understand the needs of children in the program and to better equip families to manage care at home. “We frequently see children in our CADD inpatient unit who are taken care of by this remarkable interdisciplinary team, but then parents ask us ‘how do you incorporate that at home?’” explained Dr. Meservy. “This partial program takes those services and replicates and modifies them to help families with the transition period for a child between treatment levels.”

The goal of the CADD Partial Program is to help find patients’ strengths and help families maximize those strengths, as children transition from inpatient, outpatient or community-based care. Children and adolescents receive care in a safe, comfortable and nurturing environment five days a week, equivalent to a school day, and return home to their families at night.

As a family-based program, parents and primary caregivers are generally involved between four to 10 hours a week, which includes participation in family therapy and parent-child interaction sessions, staff-supported teaching sessions and daily check-ins. Parents and primary caregivers learn behavior management techniques, which they can utilize with their child upon discharge in an effort to promote and maintain an optimal level of functioning at home and school.