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

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.

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