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## Lifespan, several Rhode Island physician groups form independent physician association

*Community Physician Partners, Inc., includes Anchor Medical Associates, Medical Associates of Rhode Island, University Internal Medicine and University Medicine*

PROVIDENCE – On April 28, Lifespan announced the formation of Community Physician Partners, Inc., (CPP) an independent physician association that includes Anchor Medical Associates, Medical Associates of Rhode Island, University Internal Medicine and University Medicine, all in partnership with Lifespan.

The creation of CPP allows the physician groups to remain independent yet contract with health insurers in partnership with Lifespan to share

**“There is a strong desire for primary care physicians to want to go it alone, but in this day and age, we just can’t.”**

*—David A. Marcoux, MD, co-founder of University Internal Medicine, president of CPP.*

responsibility for total cost and quality of care delivered in their patient-centered medical home practices. Patients continue to see their primary care physician, nurse practitioner, and nurse care manager for routine and preventive medical care management as well as management of chronic illnesses.

As an integrated health system providing care throughout the state, Lifespan and CPP seek to streamline and enhance the delivery of health care for their patients. The CPP was founded by Anchor, Medical Associates and University Internal Medicine, with University Medicine joining in April.

Lifespan President and CEO **TIMOTHY J. BABINEAU, MD**, said this

new, integrated approach leverages the unique strengths of each partner to elevate the quality of care.

“We strongly believe that the primary care physician must take center stage in our efforts to deliver care in an extremely cost effective way and, importantly, in a way that clearly demonstrates quality outcomes,” said Babineau.

He added that Lifespan is able to support the work of the primary care physician by easing some of their business burdens, giving them quick easy access to electronic records and providing them full access to the depth and talent of specialty physicians with Lifespan.

Approximately 170 primary care physicians throughout most parts of the state are members of the CPP. Anchor Medical Associates has practices located in Lincoln, Providence and Warwick; Medical Associates of Rhode Island has practices located in Bristol and East Providence; University Internal Medicine practice is located in Pawtucket; and University Medicine has practices located in Providence and its surrounding communities.

“There is a strong desire for primary care physicians to want to go it alone, but in this day and age, we just can’t,” said **DAVID A. MARCOUX, MD**, co-founder of University Internal Medicine and president of CPP. “The beauty of Community Physicians Partners

is that we still have the autonomy to treat our patients in the manner we believe most appropriate, but with the incredible bench support of the Life-

**“The most significant shift, however, is that we are now in the role of quarterback for our patients and are able to consult specialists with ease, such as with cardiologists, brain surgeons, cancer specialists, all of whom are working on the same team. This is accomplished in a cohesive way, not a fragmented one.”**

*—Nathan Beraha, MD, medical director of Anchor Medical*

span network of specialty physicians and infrastructure assistance, which frees up precious time for the primary care doctor to do what he or she does best – care for the patient.”

**NATHAN BERAHA, MD**, medical director at Anchor Medical, added, “The most significant shift, however, is that we are now in the role of quarterback for our patients and are able to consult specialists with ease, such as with cardiologists, brain surgeons, cancer specialists, all of whom are working on the same team. This is accomplished in a cohesive way, not a fragmented one.” He continued, “All aspects of the patient’s care is known to us and we are able to serve as guide and advocate, which hopefully reduces time in a hospital emergency room, reduces unnecessary tests and streamlines the delivery of care.” ❖

## Bradley Hospital launches new outpatient program for high-risk adolescents

*Mindful Teen program helps teens develop emotion regulation skills to avoid hospitalization, improve quality of life*

EAST PROVIDENCE – Bradley Hospital has launched a six-month outpatient treatment program for adolescents 13 to 18 years old who struggle with suicidality, nonsuicidal self-injury (NSSI) or other self-destructive behaviors. The Mindful Teen program offers dialectical behavior therapy for adolescents (DBT-A), a proven treatment that combines individual, family and group-based therapies to help eliminate life-threatening and self-destructive behaviors and improve overall quality of life.

The Mindful Teen program helps adolescents learn to effectively manage their emotional experiences and eliminate self-destructive behaviors by providing a structured environment for adolescents and caregivers to learn new skills. The ultimate goal of the program is for teens to learn to function safely outside of an intensive treatment setting.

“Because emotion regulation difficulties, self-harm and suicidality are chronic conditions for many adolescents, teens in this program receive ongoing support in generalizing new skills to all aspects of their everyday lives,” said **KARYN HOROWITZ, MD**, director of outpatient child psychiatry and behavioral health services at Lifespan. “Without such support, teens remain at a high risk for repeated emergency room visits and inpatient and partial psychiatric hospitalizations due to unsafe behaviors that arise from difficulties in effectively managing distress and negative emotions.”

The Mindful Teen program is offered at the Bradley Hospital campus in East Providence and will also be offered at the Newport County Community Mental Health Center in Middletown. Both programs are staffed entirely by intensively trained DBT clinicians who also participate in an ongoing weekly DBT-A consultation team. Program services include weekly multifamily DBT-A skills groups, individual and family therapy, and phone coaching available to patients and parents 24 hours a day, seven days a week.

Research has validated that DBT-A treatment is successful in managing symptoms of suicidality and NSSI while also reducing health care costs associated with the frequent emergency room visits and psychiatric inpatient and partial hospitalizations that are often associated with these symptoms.

“Similar to teens with chronic medical conditions such as diabetes, adolescents who struggle with chronic suicidality or self-injury require long-term support in implementing new skills to safely manage their symptoms in an outpatient setting,” said **JENNIFER KITTLER, PhD**, outpatient DBT-A program manager at Bradley Hospital.

For more information on the Mindful Teen program, call Bradley Hospital’s outpatient department at 401-432-1119.

## RIH study finds more deaths in US from sailing than football

*Alcohol use is critical factor in many sailing fatalities*

PROVIDENCE – A new study from Rhode Island Hospital researchers based on data from the U.S. Coast Guard found that sailing has a higher fatality rate than football and downhill skiing. Despite an image of carefree jaunts in sun-splashed waters, sailors experience fatalities at a higher rate than that of sports known for lightning speeds, falls and collisions. In fact, falls overboard, high winds and operator inattention are known factors lifting American sailing death rates, with alcohol implicated in 15 percent of all sailing deaths.

“Drowning was the most common cause of death and, sadly, 82 percent of drowning victims were not wearing a life jacket,” said **ANDREW NATHANSON, MD**, an emergency medicine physician at Rhode Island Hospital and clinical professor of emergency medicine at the Alpert Medical School of Brown University. “Death and injury can be prevented when skippers and passengers wear life jackets, abstain from alcohol while boating, and maintain proper vigilance.”

The vast majority of the sailing-related deaths during 2000 and 2011 occurred when boaters fell into the water. Alcohol intoxication was the leading preventable factor contributing to death, followed by operator inexperience and inattention. Together, operator-preventable contributing factors were associated with 37 percent of all fatalities. Weather or hazardous waters were listed as primary contributing factors in 28 percent of deaths.

“Neither experienced nor novice boaters were spared from injuries and death,” said Nathanson. “The boating accident reports chronicled mishaps from day sailing on a small boat on a lake, to cruising a catamaran along the coast, to racing competitively in a regatta. For the eight million people who go sailing at least once a year in the United States, the risks must be understood.”

By law, all boating deaths, disappearances, significant injuries and major vessel damage must be reported to authorities. The Coast Guard maintains a database of the reports, and the researchers analyzed the 4,180 reports detailing 271 fatalities and 841 injuries. They estimated the fatality rate at 1.19 deaths per million sailing person-days. Comparatively, the fatality rates for alpine skiing and snowboarding are 1.06 per million skier/snowboarder person-days. During the 11-year study period, 271 deaths were related to sailing versus the 197 incidents of American football players who died during play or practice.

Nathanson’s study was published recently in the journal *Wilderness and Environmental Medicine*, a peer-reviewed international journal devoted to original scientific contributions on medicine defined by isolation, extreme natural environments, and limited access to medical help and equipment. ❖

## Body Dysmorphic Disorder symptoms improve, relapse preventable with sustained medication

*RIH, Mass. Gen. researchers collaborate on groundbreaking study*

PROVIDENCE – People with Body Dysmorphic Disorder (BDD) fare better and are less likely to relapse when treated with medication on a long-term basis, according to researchers at Rhode Island Hospital and Massachusetts General Hospital.

BDD is an often-chronic mental illness in which people focus intensively on perceived physical flaws, which to others appear minor or even nonexistent. Cognitive behavioral therapy (CBT) that is tailored to BDD and certain types of antidepressant medication called serotonin-reuptake inhibitors (SRIs) often alleviate symptoms. Until this study, no research existed to verify that medication was effective in preventing a relapse of symptoms after medication is suspended. In addition, previous studies regarding the efficacy of medications were short-term.

“This research yielded clinically important data about BDD, a common, often-chronic and understudied illness in need of more evidence-based treatment,” said **KATHARINE PHILLIPS, MD**, director of the BDD program at Rhode Island Hospital. “We showed that the risk of relapse can be substantially reduced by continuing effective medication and also that the continuation of medication after the acute period can further improve symptoms.”

Authored by Phillips and her colleague, **SABINE WILHELM, PhD**, director of the OCD and related disorders program at Massachusetts General Hospital, the study found that 81 percent of adults with BDD who took the SRI escitalopram, also known as Lexapro, for a full 14 weeks experienced substantial improvement in BDD symptoms. The responders who continued to take the medication for another six months tended to further improve. Furthermore, those who responded to escitalopram and continued taking the medication were less likely to experience worsening of BDD symptoms in comparison to those who were switched from escitalopram to placebo (a “sugar pill”). The study was published recently in *The American Journal of Psychiatry*.

Approximately two percent of the American population suffers from BDD, and it affects men and women about equally. People with BDD obsess about perceived flaws in their appearance and perform repetitive and time-consuming behaviors, such as mirror checking and comparing with others, in response to their appearance concerns. A majority receive cosmetic treatment, such as surgery and dermatologic treatment, which is rarely effective for BDD concerns. SRI medications can help relieve the obsessive

and compulsive symptoms of BDD as well as accompanying symptoms such as depression and anxiety.

This research study found that six months of additional treatment following initial response to the medication did positively affect outcomes. Across the sites, 74 people completed phase one, which involved escitalopram treatment during the 14-week, acute period. During phase two, the relapse prevention efficacy phase, 58 participants were randomized to double-blind continuation treatment with escitalopram or were changed to placebo treatment.

“Among patients who responded to acute-phase escitalopram, continued pharmacological treatment significantly delayed time to relapse compared to patients in the placebo group,” said Wilhelm. “Further, more than twice as many placebo-treated patients relapsed than escitalopram-treated patients. This is important data for providers treating patients with BDD. Research studies are also needed that investigate whether treatment with CBT for BDD will decrease the risk of relapse when an effective medication is stopped.”

Phillips and Wilhelm have presented the results of this research at the New England OCD Research Symposium; the Anxiety and Depression Association of America Annual Conference; the International College of Obsessive Compulsive Spectrum Disorders Scientific Meeting; BDD Research Day at the Institute of Psychiatry, Psychology and Neurosciences, Kings College London; the Annual Meeting of the American Society of Clinical Psychopharmacology; the Annual Conference of the International OCD Foundation; and the annual meeting of the American College of Neuropsychopharmacology.

Phillips and Wilhelm are currently conducting a study that is comparing the effectiveness of two different kinds of therapy for people with BDD: CBT and supportive talk therapy.

The study was supported by a grant from the National Institute of Mental Health to Phillips (R01 MH072917) and Wilhelm (R01 MH072854)

Other researchers contributing to the study were: **APARNA KESHAVIAH, ScM**, of Massachusetts General Hospital; **DARIN DOUGHERTY, MD**, of Massachusetts General Hospital and Harvard Medical School; **ROBERT L. STOUT, PhD**, of the Alpert Medical School of Brown University and Decision Sciences Institute in Pawtucket and **WILLIAM MENARD, BA**, of Rhode Island Hospital and Butler Hospital. ❖

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## Women & Infants/Brown to Continue Participation in NIH's Maternal Fetal Medicine Units Network (MFMU) and Neonatal Research Network (NRN)

PROVIDENCE – Since 1986, a great deal of research to improve the care and outcomes of high-risk pregnant women and newborns, especially very low birth weight infants, has been organized and conducted through two networks in the National Institute of Health's (NIH) *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) – the 12-center Maternal Fetal Medicine Units Network (MFMU) and the 15-center Neonatal Research Network (NRN).

Following a rigorous review process, Women & Infants Hospital and The Warren Alpert Medical School of Brown University, have recently received notification that their participation in both research networks has been renewed for the five-year cycle that begins in 2016. Women & Infants/Brown is one of only a few sites nationwide – and the only one in New England – to be part of both networks simultaneously.

**DWIGHT ROUSE, MD**, of the Division of Maternal-Fetal Medicine at Women & Infants Hospital and a professor of obstetrics and gynecology at the Alpert Medical School, is the Brown/Women & Infants principal investigator for the MFMU.

The Network conducts large randomized clinical trials aimed at improving outcomes for pregnant women and their offspring. With 140,000 births spread among its 12 centers, the Network is able to perform trials of sufficient size to reach definitive conclusions that result in health-improving practice changes locally, nationally and internationally. These trials directly inform the guidelines of the American College of Obstetricians and Gynecologists and clinical obstetric practice in the U.S. and abroad. As a result of MFMU Network trials, in the U.S. it is now routine to:

- Use weekly 17-alpha hydroxyprogesterone caproate to prevent repeat preterm birth.
- Administer antibiotics to women with preterm premature rupture of membranes to improve neonatal health.
- Give women in early preterm labor magnesium sulfate to lower the chance that their baby will suffer from cerebral palsy.
- Treat mild gestational diabetes to improve maternal and neonatal health.

Dr. Rouse said, “The two most recently completed MFMU Network studies will also directly improve practice. The Antenatal Late Preterm Steroids (ALPS) study showed that betamethasone administered to mothers delivering in the late preterm period (from 34 to 36 weeks gestation) lowers the risk of respiratory problems in their babies. Of the 2,800 women in this study, 290 were enrolled at Women & Infants. The TSH study, presented orally at this year’s Society for Maternal Fetal Medicine Meeting but not yet published, showed that treating pregnant women with subclinical hypothyroidism does not improve the intelligence of their children at age five (as had been claimed), and therefore screening pregnant women for this condition is not warranted.”

### Neonatal Research Network conduct studies of newborn medicine

**ABBOT LAPTOOK, MD**, medical director of the neonatal intensive care unit (NICU), professor of pediatrics at the Alpert Medical School, and principal investigator for the Women & Infants/Brown Neonatal Research Network, said, “The Neonatal Research Network has conducted a number of important

clinical trials which have improved the outcomes of sick newborns and changed how neonatologists care for their patients. Not all trials performed by the NRN have changed clinical practice; even when this occurs, the results are important to guide neonatologists as to what treatments are not helpful and should not be used.”

Treatments that have been demonstrated in NRN trials to help newborn infants include:

*Therapeutic hypothermia:* This trial demonstrated that cooling the brain from a normal temperature to 92.3°F for three days is the only treatment to be of benefit for infants with a serious brain condition at birth, encephalopathy.

*Targeted oxygen saturations:* This trial showed the risks and benefits of maintaining oxygen levels either high or low in extremely preterm infants requiring supplemental oxygen.

*Aggressive phototherapy:* This trial demonstrated better outcomes of extremely preterm infants when phototherapy for yellow jaundice was used aggressively compared to conservative use.

*Vitamin A supplementation:* This trial demonstrated that administration of vitamin A over the first month of life decreased the risk of Bronchopulmonary Dysplasia (BPD, a form of chronic lung disease) among extremely low birth weight infants.

*Prophylactic Indocin:* Administration of low doses of Indocin (similar to aspirin) in the first 24 hours of life reduces the extent of severe intracranial hemorrhage among extremely low birth weight infants.

*Inhaled nitric oxide:* This trial helped clinicians understand when to start nitric oxide therapy for serious conditions affecting the circulation to and within the lungs among infants born at term. ❖



Left to right, Dr. David Dosa, the associate director of the VA Center of Innovation in Long-Term Services and Supports for Vulnerable Veterans, Debra D'Allesandro, the center's administrative officer, Krista Tocco, program assistant, and Dr. James Rudolph, the center's director, at the Providence VA Medical Center Monday, April 11, 2016. The center was awarded funding for continued research by VA Health Services Research and Development, to improve the access, quality and value of long-term care for vulnerable veterans.

### Long-Term Services Research for Vulnerable Vets gets funding

PROVIDENCE – The VA Center of Innovation in Long-Term Services and Supports for Vulnerable Veterans, located at the Providence VA Medical Center, was awarded funding for continued research by VA Health Services Research and Development.

"With the projected doubling of veterans over 65 years old who will be eligible for VA-funded long-term care in the next 10 years, there's a critical need for innovative ways of providing long-term care that both meets the needs of veterans and promotes their independence," said **DR. JAMES RUDOLPH**, director of the LTSS Research Center. "Long-Term Services and Supports are focused on keeping veterans in their home as long as possible, which is not only the veterans' preferred environment, but is cost effective, as well."

The overall goal of the research is to improve the access, quality and value of LTSS for veterans. To do this, the center has launched a Collaborative Research to Enhance and Advance Transformation and Excellence, called CREATE, program focused on improving care for veterans in long-term care, and a Community Nursing Home Quality Enhancement Research Initiative, called CNH-QUERI, to measure and improve the quality of care provided to veterans in community nursing homes. Other initiatives are focused on shifting care from the nursing home to the home.

The new funding will continue the research through fiscal year 2021. Rudolph said, "The LTSS Center of Innovation works closely with VA Geriatrics leadership to design research that will improve care today and build a system for innovative long-term care tomorrow."

"The continued funding of these initiatives, combined with our research partnerships with the Brown Center for Gerontology and the University of Rhode Island, will help us deliver the excellence in long-term care Veterans have earned through their service," said **DR. SUSAN MACKENZIE**, director of the Providence VA Medical Center. ❖

### Health department confirms first case of Zika virus in RI

PROVIDENCE – On April 19th, The Rhode Island Department of Health announced the first confirmed case of Zika virus in the state. The individual who tested positive, a male in his 60s, had recently traveled to Haiti, where there is active mosquito-borne transmission of Zika.

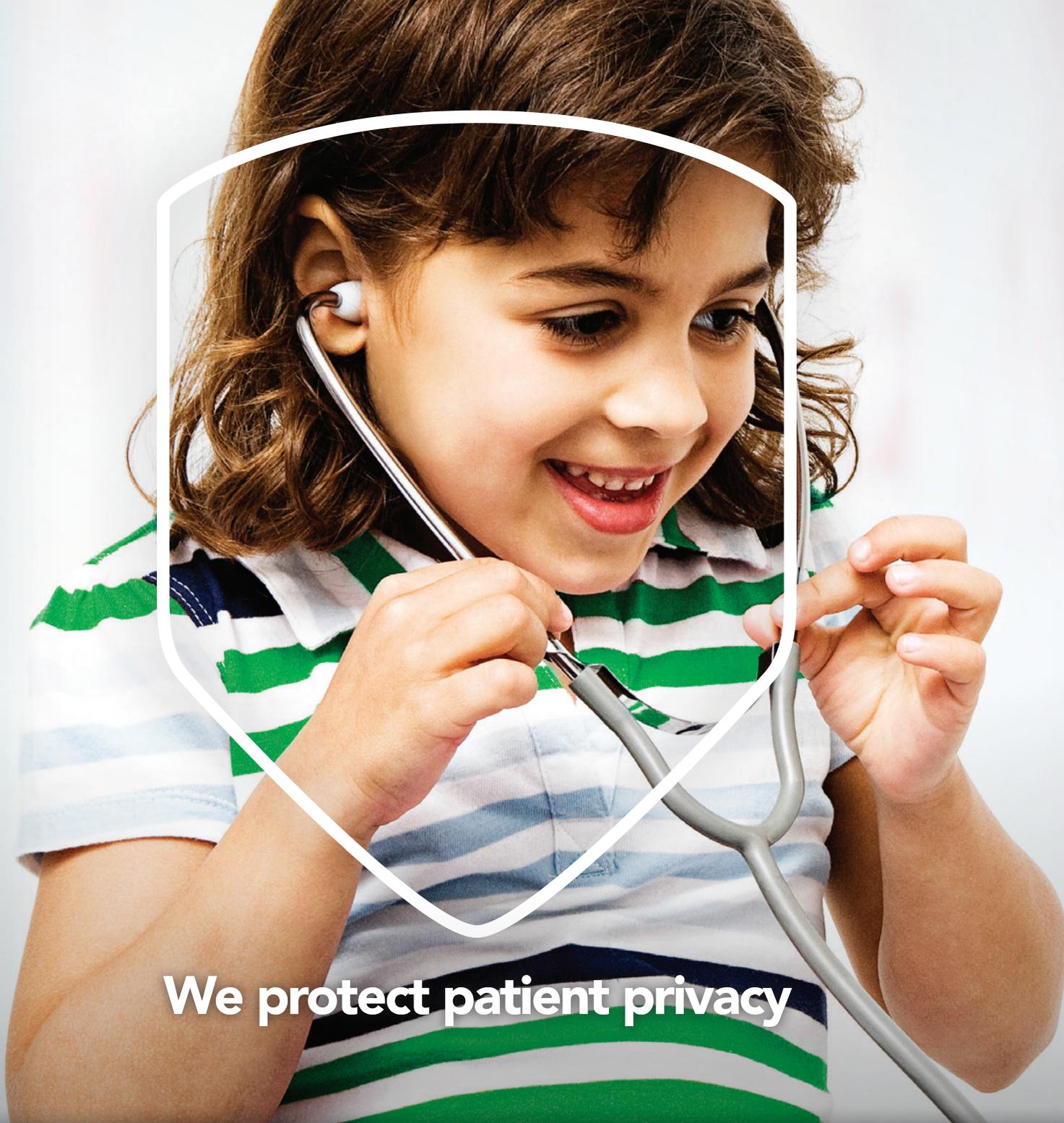
"We have been closely monitoring the Zika situation internationally and have been coordinating with Rhode Island healthcare providers for months. We were fully prepared for this first case," said Director of Health Nicole Alexander-Scott, MD, MPH. "While the risk to the public is very low, we are coordinating with doctors, especially those who work with pregnant women, on how best to identify symptoms and educate patients about prevention."

Measures that RIDOH has taken to prepare include:

- Established a Zika Task Force that includes fetal medicine specialists from Women & Infants Hospital in February;
- Issuing regular briefs to Rhode Island healthcare providers with updated guidance and information on symptoms and specimen collection;
- Coordinating patient specimen collection and shipment to the Centers for Disease Control and Prevention (CDC); and
- Coordinating with the Rhode Island Department of Environmental Management for increased mosquito surveillance and larvaciding.

Zika is spread primarily through bites from infected mosquitoes. It can also be spread sexually.

"We don't expect locally-acquired cases here because the species of mosquitos that are currently known to transmit Zika are not found in Rhode Island," said Dr. Alexander-Scott. "However, Rhode Islanders who are pregnant or are considering becoming pregnant should avoid travel to countries where there is active transmission of the virus." ❖



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## Miriam Hospital receives \$743,000 federal grant to develop online resources to curb risk behaviors, HIV in men

PROVIDENCE – The National Institute of Mental Health (NIMH) has awarded The Miriam Hospital a five-year grant totaling \$743,869 to study media influences on risk behaviors among young men who have sex with men and develop an online health media literacy intervention to help reduce HIV and sexually transmitted diseases (STDs) among this population.

“In today’s high-tech society in which individuals increasingly turn to the internet for health information – health literacy is inextricably linked to media literacy,” said **KIMBERLY NELSON, PHD, MPH**, research scientist at The Centers for Behavioral and Preventive Health at The Miriam Hospital and an assistant professor of psychiatry and human behavior (research) at The Alpert Medical School of Brown University. “This is particularly true for marginalized populations and stigmatized behaviors – cases in which individuals may not have access to or feel comfortable asking traditional sources for sexual health information. The intersection between health literacy and media literacy is especially pronounced for young men who have sex with men.”

The prevalence of HIV among gay, bisexual, and other men who have sex with men continues to increase. In the U.S., this population accounts for 65 percent of new HIV infections, with younger men – between the ages of 13 and 24 years – having elevated incidence rates.

Because younger men in this population don’t typically have access to developmentally appropriate sexual

education specific to their sexual orientation, they often use online media to learn about sex and gay culture. Not only is this content often incorrect, but it can promote risky sexual behavior. According to the Centers for Disease Control and Prevention, online media may be a significant contributor to this group’s high HIV infection rate.

Nelson said media literacy interventions can positively impact health behaviors. Her study will include both a research component and clinical trial. It will focus on developing online recruitment and retention methods for sexual minority males using feedback from five focus groups. The next aim of the study will be to develop a brief, online sexual health media literacy intervention aimed at lowering HIV-risk behaviors among this population using information from a youth advisory board and a cross-sectional online survey. An exploratory clinical trial will then be used to test the developed online sexual health media literacy intervention. Little research is currently available on at-risk young men, and no empirically supported sexual health interventions exist for this age group.

“This research has the potential to reach a wide audience of sexual minority males at that critical early stage in their sexual development,” said Nelson. “My hope is for them to learn to be better informed and to increase their critical examination of online media, ultimately decreasing their sexual risk taking and reducing their incidence of new HIV infections.” ❖



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