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AMA partners with Rhode Island Medical Society, state to combat opioid epidemic

Pilot program designed to reduce prescription opioid misuse and heroin use

PROVIDENCE – The American Medical Association (AMA), the Rhode Island Medical Society (RIMS), and officials from the Rhode Island Department of Health and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals announced on Aug. 10th a partnership to develop and distribute a statewide educational toolbox for healthcare providers to help reverse the state's opioid epidemic. Rhode Island and Alabama are the first two states participating in this pilot program with the AMA.

The pilot program will build a toolbox – available online and in print – that incorporates the best information from the AMA, the RI Medical Society, and state health officials. It will be provided to physicians and other health care professionals with key data, valuable resources, and practice-specific recommendations they need to enhance their decision-making when caring for patients suffering from chronic or acute pain and opioid use disorders, as well as for patients needing overdose prevention education.

The toolbox will be released in September, and the AMA, RIMS and state officials will work together to distribute it throughout Rhode Island.

The AMA was awarded funding through the Prescriber Clinical Support System for Opioid Therapies, funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the American Academy of Addiction Psychiatry.

"The opioid epidemic is complex; there are multiple factors that can lead to addiction, and patients have many different needs. We want to provide physicians with a relevant set of useful tools," said **PATRICE A. HARRIS, MD**, chair of the American Medical Association Board of Trustees and the chair of AMA's Task Force to Reduce

Opioid Abuse, at the program's launch. "That is why the AMA is collaborating with the Rhode Island Medical Society and the State of Rhode Island to provide physicians and other health care professionals with the data, tools and resources they need to better inform their prescribing practices."

Preventing overdose deaths through safer prescribing is a key strategy in the action plan by the Overdose Prevention and Intervention Task Force, which was created by Rhode Island Gov. Gina M. Raimondo.

"Physicians and other healthcare providers are key partners in our work to address Rhode Island's drug overdose crisis," said **NICOLE ALEXANDER-SCOTT, MD, MPH**, director of the Rhode Island Department of Health and co-chair of the state task force. "Yet to do their jobs most effectively, they need the right resources and support. We are pleased to partner with the American Medical Association and Rhode Island Medical Society to develop this new set of tools for Rhode Island healthcare providers."

SARAH FESSLER, MD, president-elect of the Rhode Island Medical Society, said the following:

"The RI Medical Society is honored to welcome the top physician leader in the country to RI. By choosing our medical society and our state to benefit from this grant, the AMA clearly recognizes the efforts being made here, on so many levels, to battle the opioid epidemic and save lives.

"Our governor has created this opioid task force and committed RI to an action plan that will help get us to the goal of reducing deaths related to opioids by one-third in three years. Our Senate President and House Speaker



Patrice A. Harris, MD, chair of the American Medical Association Board of Trustees and the chair of AMA's Task Force to Reduce Opioid Abuse, at the program's launch.

have strengthened our Good Samaritan law to help ensure that a rescue from an overdose is widely available. They and their General Assembly colleagues passed a budget that provides critical funding for substance use disorder treatment and recovery.

"The RI Medical Society joined with our elected leaders on legislation to limit initial prescriptions for opioids, and to make our prescription drug monitoring program more effective in protecting patient safety.

"Now we are pleased to join with the AMA, the RI Department of Health and the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals to design and develop a Rhode Island-specific toolbox of resources to help us provide consistently excellent care for our patients who are in pain or who suffer from opioid use disorders.

"Our road is still long. However, with this toolbox we will have more resources to guide the care of our pain patients, improve safety, identify non-pharmacological treatment alternatives and provide access to medication-assisted therapy for our patients who need it." ❖

OHIC approves commercial health insurance rates for 2017

CRANSTON – Health Insurance Commissioner **KATHLEEN C. HITTNER, MD**, announced on August 11 her final decision on commercial health insurance premiums for 2017. She approved lower rates than those requested for most health insurers, resulting in approximately \$18 million dollars in savings for individuals and employees. The rising cost of medical care – the prices insurers pay to providers for particular services and the number of services members use – continues to be the main driver of health insurance premium growth.

“Throughout the rate review process, my staff and I must continuously balance affordability to the consumer with a legal obligation to guard the solvency of insurers,” said Commissioner Hittner. “We were encouraged to see several requests filed this year that sought more modest increases than in previous years, or even sought rate decreases. However, too many hardworking Rhode Islanders and business owners still struggle with the

increasing cost of health insurance for their families and their employees. There continues to be room to improve affordability as we transform the health care system.”

OHIC reviewed increases to premium rates for health plans sold to individuals, small employers, and large employers who purchase their coverage through Blue Cross Blue Shield of Rhode Island (BCBSRI), Neighborhood Health Plan of Rhode Island (NHPRI), Tufts Health Plan (Tufts) and United-Healthcare (United).

All reviews were conducted under OHIC’s annual rate review process except for Blue Cross Blue Shield of Rhode Island’s individual health plans. BCBSRI’s individual plans were subject to a separate rate review hearing that is required by Rhode Island law. OHIC also reviewed each health insurer’s contracts to ensure that plans sold in Rhode Island meet all benefit, access, and member cost sharing standards required by the State and the Affordable Care Act. OHIC’s final decision

includes changes to insurers’ medical expenses and contributions to reserves and profit.

In the individual and small group markets, the EHB (Essential Health Benefits) Base Rate represents the premium for a hypothetical plan with no cost-sharing for a 21-year-old. The Weighted Average Overall Rate Change includes adjustments to the plans offered to reflect the benefits selected, including modifications to prior year benefits and pricing. This is the average premium increase to consumers, before reflecting changes in age. Final rates will differ based on a subscriber’s age and the benefits he or she chooses. In the large group market, the expected premium increases are averages—employers will see higher and lower rates depending on demographic changes in their workforce and their own company’s rates of medical care utilization.

For more detailed information, see the Requested and Approved Summary for 2017 Rates. ❖

Screening women with endometrial cancer for genetic risk recommended

PROVIDENCE – Women & Infants Hospital of Rhode Island was the fourth largest recruiter of women for a study in which the authors concluded that women with endometrial cancer should also be screened for genetic risk for Lynch syndrome, a hereditary colorectal cancer.

The study - entitled “Combined Microsatellite Instability, MLH1 Methylation Analysis, and Immunohistochemistry for Lynch Syndrome Screening in Endometrial Cancers from GOG210: An NRG Oncology and Gynecologic Oncology Group Study” – was printed in the *Journal of Clinical Oncology*. Authors include **PAUL DISILVESTRO, MD**, interim director of the Program in Women’s Oncology at Women & Infants and head of the Program’s research arm.

“This research reinforces the need for screening, and the value for us is that Women & Infants already does these screenings,” notes Dr. DiSilvestro, who is also a professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University. “The study is based on a large cohort of women with endometrial cancer who had

information and tissue collected for examination.”

The researchers took on the challenge of identifying a best screening practice for Lynch syndrome, which had not been identified to that point despite the fact that endometrial cancer is the second most common malignancy in patients with Lynch syndrome.

Analysis of more than one thousand endometrial cancer tissue samples through the study suggested a probable link to Lynch syndrome in 41 percent of the women. The results also indicated that women of all ages with endometrial cancer should be screened. More than 24 percent of those women identified as genetic mutation carriers as part of this study were over the age of 60.

“Restricting Lynch testing to certain age groups could result in missing a substantial fraction of genetic disease,” Dr. DiSilvestro says. “Identifying women with endometrial cancer and Lynch syndrome benefits them as well as their at-risk relatives.” ❖

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Gateway \$1.2M grant focused on homelessness

Creating comprehensive, multi-agency resources across state key to program

PAWTUCKET – Gateway Healthcare was awarded a \$1.2 million grant over three years from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop a program to provide behavioral health treatment to Rhode Island's homeless, Gateway announced today.

The program will offer treatment to homeless adults with chronic mental health issues, including substance abuse disorder, serious mental illness and serious emotional disturbance. Gateway, a Lifespan affiliate, will develop and manage the program using evidence-based mental health care practices endorsed by SAMHSA. Critical to the program is the coordination of diverse community resources that will play a vital role in helping ensure program participants' continuum of care. This includes networking with primary care services, emergency departments, law enforcement, medical benefits agencies and homeless shelters.

"At the core of this effort is community," said **RICHARD LECLERC**, president of Gateway Healthcare. "As a behavioral

health care organization, we have the ability to help people regain mental strength and help them work toward a stable and healthier future for themselves and their families. To be successful, this program must involve a health care system that works together, and a community that is understanding and accepting of these individuals as they re-enter society."

"These individuals are highly vulnerable, have very complex needs," added James DiNunzio, administrative director of Gateway Adult Services. "But just like all of us, they have their own background and experiences. With that understanding, we will work with each program participant to determine what care and resources are best for them. This includes helping them break out of addiction cycles, gaining access to specific care and benefits resources, and finding housing options."

The federal grant will fund support services like assessment, community support, crisis intervention and stabilization, housing, and medical benefits research. ❖

Gateway's The Autism Project awarded \$1.26M

Will extend reach of autism spectrum disorder and developmental disabilities services throughout Rhode Island

JOHNSTON – Gateway Healthcare's The Autism Project was awarded a \$1.26 million grant from the Health Resources and Service Administration, Gateway announced August 11. The grant will fund Project IDENTIFY, a program designed to improve Rhode Island's system of care integration for children and youth with autism spectrum disorder (ASD) and developmental disabilities (DD). The funding will help The Autism Project provide community resources, innovative telehealth technologies, and family navigation to improve knowledge of and access to ASD and DD diagnoses, services, and supports throughout Rhode Island.

Project IDENTIFY is focused on increasing care coordination for children and adolescents at-risk for ASD/DD and support their families through partnerships with the Rhode Island Department of Health's Screening to Succeed program and Early Intervention, as well as United Way's 2-1-1 program, the Northeast Telehealth Resource Center, and other initiatives.

The project will also educate professionals, key community members and organizations, and medical providers on the early signs of ASD/DD, as well as how to get referrals, screenings, and proper diagnosis. Outreach will be accomplished through family navigators, who will be available face-to-face and via telehealth technologies. Live online trainings and a library of webinars will also be offered. Project IDENTIFY will partner with the Department of Health on

the launch of Rhode Island's Medical Home Portal, ensuring that information on ASD/DD resources in the state is current and that families and providers have access to the portal.

"The HRSA grant not only provides critical funding but sends a message that there are critical autism spectrum disorder- and developmental disabilities-related services needed throughout many communities," said **JOANNE QUINN**, executive director of The Autism Project. "We are grateful to have this opportunity to help more families, especially those in underserved areas of the state."

The Autism Project will collaborate with its Lifespan partner Bradley Hospital on other key program components such as evaluation and outcome reporting. ❖

OFFICE SPACE AVAILABLE – The Medical Society has 442 square feet of newly renovated office space (3 contiguous offices of 200 sq ft, 121 sq ft and 121 sq ft), complete with convenient sheltered parking and the opportunity for tenants to share three well-equipped meeting spaces, break room, office machinery, etc. on the western edge of downtown Providence. Suitable for a small non-profit organization, boutique law firm, CPA firm or other office-based small business.

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Brown School of Public Health, Health Dept., form academic partnership

PROVIDENCE – Rhode Island now has two accredited public health entities – the Rhode Island Department of Health (RIDOH) and the Brown University School of Public Health – which have launched a new academic partnership aimed at building healthy communities and creating a hub of public health research and innovation in Rhode Island.

This alliance makes RIDOH an “academic health department”, or a teaching health department—the public health equivalent of a “teaching hospital” affiliation that formalizes the relationship between medical schools and hospitals.

The partnership is one outgrowth of the newly formed RIDOH Academic Center, which aims to ensure a highly skilled public health workforce focused on innovation, research, evaluation, quality improvement, and academic collaboration. The Academic Center, under development since **NICOLE ALEXANDER-SCOTT, MD, MPH** was appointed Director of Health, has four components: the Continuous Quality Improvement Program, which applies the continuous quality improvement training that staff engage in; the Workforce and Career Development Program, which aims to instill a culture of learning within the Department; the Public Health Education Academy, which formalizes partnerships with Rhode Island academic institutions and

develops a cadre of Public Health Scholars; and the Public Health Research Laboratory, which will drive public health research to advance innovative public health outcomes.

“This new collaboration will allow us to develop, implement, and evaluate cutting-edge public health interventions that will help improve health outcomes and build healthier communities in every zip code in Rhode Island,” said Dr. Alexander-Scott. “Good public health does not happen without research and collaboration. I’m proud to be entering into this partnership with the Brown University School of Public Health, and to establish a national model for partnerships between academic institutions and public health departments.”

“The Brown University School of Public Health and RIDOH have worked side by side for the well-being of Rhode Islanders for many years as we strive together to improve population health. This new agreement strengthens our ties to better translate public health science into policy and delivery of services across the state,” said **TERRIE FOX WETLE, MS, PHD**, Dean of the Brown University School of Public Health.

The partnership builds upon years of close cooperation and will include: research and evaluation collaboration, data exchanges, staff and faculty exchanges, public health job placement initiatives, teaching agreements, and technical assistance and consultation.

In particular, the two agencies will:

- Co-lead the Public Health Academic Working Group that was established to place students in the RIDOH Academic Center’s Public Health Scholars Program to work on pressing public health projects for academic credit;
- Promote opportunities for collaborative research with School of Public Health faculty and RIDOH staff;
- Refine the mechanisms for RIDOH staff to be reviewed for faculty appointments at the School of Public Health, and for School of Public Health faculty to participate on RIDOH committees and project teams; and
- Establish a centralized mechanism for sharing public health data and information, such as preventoverdose.org, which supports the work of Governor Gina M. Raimondo’s Overdose Prevention and Intervention Task Force to reduce overdose deaths by one-third in three years.

The School of Public Health was accredited recently in June by the Council on Education for Public Health, to join with RIDOH that was accredited by the Public Health Accreditation Board in November 2015 to become the state’s public health- accredited entities. ❖



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Charles Eaton, MD, awarded \$2.6M NIH grant to study the effect of exercise on heart failure in elderly women

PAWTUCKET – **CHARLES EATON, MD**, director of the Center for Primary Care and Prevention at Memorial Hospital recently received a \$2.6-million grant from the National Heart, Lung and Blood Institute to launch the first and largest community-based primary prevention trial on the effects exercise and strength training have on heart failure in elderly women.

The five-year Women’s Health Initiative Strong and Healthy (WHISH)-2 Prevent Heart Failure Study - an extension of the Women’s Health Initiative that has continued for the past two decades across the country, including a site at Memorial – will examine the effects of physical activity both on the prevention of heart failure and the burden of the disease in women who were previously diagnosed with it.

“Poor outcomes for the sub-type of heart failure called ‘heart failure with preserved ejection fraction’ or ‘diastolic heart failure’ in the elderly have changed little in the past two decades, despite advances in therapy for the other type of heart failure associated with reduced ejection fraction,” Dr. Eaton explains.

The incidence of heart failure, he continues, is more common in women than in men, and affects people as they age, when they typically exercise less and lose muscle strength and physiologic reserve.

“We believe that improving exercise capacity and muscle strength could attenuate and even reverse heart failure as the person ages,” Dr. Eaton says. “Previous observational research has shown that even modest levels of physical activity can help, in comparison to a sedentary lifestyle.”

There have, however, been no research trials to date that probe whether changing levels of physical activity is effective in reducing one’s risk of heart failure, especially in older adults. In addition, the amount of physical activity needed for such protection is unclear. The WHISH-2 Prevent Heart Failure study will address the following aims:

- Test whether older women who do not initially have heart failure avoid it by beginning a physical activity regimen compared with women who do not exercise.

- Test whether older women with or without heart failure at the beginning of the trial see a reduction in the burden of the disease, in the form of hospitalizations and death, by engaging in physical activity compared with women who do not exercise.

In addition, Dr. Eaton says the study will analyze the type, intensity and frequency of physical activity, including skeletal muscle strengthening, to see if there’s a related reduction in the risk of heart failure and heart failure burden in the study participants.

“We believe we will find that women who increase or maintain light or moderate intensity physical activity will experience reduced rates of heart failure,” he says. “Those who add skeletal muscle strengthening will see additional health benefits.”

All study participants have already been recruited and randomized to receive the physical activity intervention or not. ❖

Pet Scans not effective enough in identifying lymph nodes with cervical cancer

PROVIDENCE – Despite their popularity, positron emission tomography (PET) scans are not effective in uncovering cervical cancer in a woman’s lymph nodes, according to research recently published by a team of oncologists.

In the study – entitled “Utility of PET-CT to Evaluate Retroperitoneal Lymph Node Metastasis in Advanced Cervical Cancer: Results of ACRIN6671/GOG0233 Trial,” published in the trade journal *Gynecologic Oncology* – the researchers compared the effectiveness of using computed tomography (CT) scans alone and combined with PET scans to find cervical cancer in the lymph nodes of more than 150 women.

“What we found is that the combination of CT and PET scans is only 50 percent effective if the cancer is located in the lymph nodes in the patient’s abdomen,” explains **PAUL**



DISILVESTRO, MD, interim chief of the Program in Womens’ Oncology at Women & Infants and head of the program’s research division. He is also a professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University. “We feel that the PET scan doesn’t add anything.”

Women & Infants was one of the lead enrolling facilities for this study, which Dr. DiSilvestro says underscores the need for physicians to assess each situation before recommending screening or treatment.

“Often, advanced technology doesn’t provide the best information,” he begins. “Our job is to combine our clinical diagnostic strategizing skills with the new technology to help create the best treatment regimen for our patients.” ❖

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Research evaluates 18-month neurobehavioral outcomes in single-family room neonatal intensive care units

PROVIDENCE – New research suggests that the environment of care in a neonatal intensive care unit (NICU) contributes not only to the short-term, but also to the long-term neurobehavioral development of preterm infants.

Research led by **BARRY M. LESTER, PhD**, director of the Brown Center for the Study of Children at Risk at Women & Infants Hospital of Rhode Island and professor of psychiatry and pediatrics at The Warren Alpert Medical School of Brown University, found the single greatest contributor to long-term neurobehavioral development in preterm infants is maternal involvement – and that a single-family room NICU allows for the greatest and most immediate opportunities for maternal involvement. The research, entitled “18-Month Follow-Up of Infants Cared for in a Single-Family Room Neonatal Intensive Care Unit,” has been published in the current issue of *The Journal of Pediatrics*.

“We found that the amount of maternal involvement was greater shortly after birth, increased rapidly, peaked within the first two weeks, and was then sustained in the single-family room NICU, in contrast to a more gradual increase in maternal involvement in an open bay NICU,” explained Dr. Lester. “In other words, the single family room NICU appears to ‘jump start’ high maternal involvement.”

Dr. Lester and his colleague, **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, published research in September 2014 in *Pediatrics*, which found that a single-family room NICU environment provides for appropriate levels of maternal involvement, developmental support, and staff involvement, which are essential to provide the kind of care that can optimize the medical and neurodevelopmental outcome of the preterm infant and lead to the development of preventive interventions to reduce later impairment.

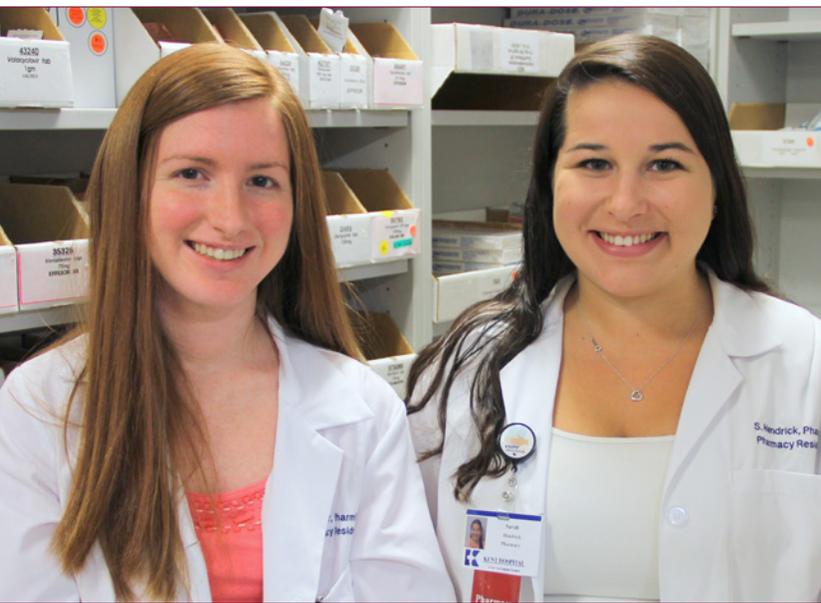
An 18-month follow-up was undertaken that compared infants born earlier than 30 weeks gestation at Women & Infants Hospital – 93 were cared for in an open bay NICU and 123 were cared for in the single-family room NICU. Infants were divided into high vs. low maternal involvement based on days per week of kangaroo care, breastfeeding, bottle feeding, and maternal care. Infants with high vs. low maternal involvement in the single-family room and open bay NICUs were compared on the Bayley Cognitive, Language and Motor scores and Pervasive Developmental Disorders autism screen.

Dr. Lester said, “What we learned is that of the four components of maternal involvement, kangaroo care (a method of caring for premature babies in which the infants are held skin-to-skin with a

parent, usually the mother, for as many hours as possible every day) was the most important contributor, followed by maternal care. It is likely that kangaroo care, when started early, triggers a cascade of maternal care, breastfeeding and bottle feeding.”

“In the original study, we found that the single-family room model of care facilitated maternal involvement, and that more maternal involvement was related to better neurobehavioral outcomes at NICU discharge,” continued Dr. Lester. “For this most recent study, we hypothesized that maternal involvement would be associated with improved neurodevelopmental outcome at 18 months, especially in infants cared for in a single-family room NICU. Our study results suggest, as hypothesized, that the improvements are sustained through 18 months. The fact that the early findings were maintained through 18 months suggests that the improvements could be permanent. Notably, infants in a single-family room NICU also had fewer symptoms of autism spectrum disorder (ASD), so that model of care might also help combat ASD in preterm infants.”

The research team also included Women & Infants/Brown University colleagues Amy L. Salisbury, PhD; Kathleen Hawes, PhD; Lynne M. Dansereau, MSPH; Rosemary Bigsby, ScD; Abbot Laptook, MD; Marybeth Taub, RN; Linda Lagasse, PhD; Betty R. Vohr, MD; and James F. Padbury, MD. ❖



Pharmacy residents Kristen Butler, PharmD and Sarah Hendrick, PharmD.

Kent Hospital announces new pharmacy residency program

WARWICK – Kent Hospital has established a pharmacy residency program affiliated with the University of Rhode Island College of Pharmacy. The hospital's first class of pharmacists began in July and will take part in a one-year residency offering competency development in a broad area of pharmacy practice.

Kent's pharmacy residency program is one of four post-graduate, year-one pharmacy residency programs in the state of Rhode Island. Pharmacy residents contribute to the hospital's mission by providing patient care rounds, target drug monitoring and patient monitoring.

"We are very excited to announce our new pharmacy residency program which is a tremendous benefit to not only the new pharmacists taking part, but to the clinical staff here at Kent Hospital," said Michael J. Dacey, president and COO, Kent Hospital. "The program allows us to grow as a teaching hospital, while enriching educational opportunities for pharmacists, physicians and nurses. This residency will allow the opportunity for increased pharmacy presence and expanded clinical services within the hospital."

Areas of rotations/learning experiences include: cardiology, critical care, infectious disease, internal medicine, neonatology, psychiatry, outpatient oncology, practice management and drug information. Pharmacists who comprise the program are:

The Kent Hospital Pharmacy Department is comprised of 27 pharmacists, 28 pharmacy technicians and inventory support personnel, and a department director.

For more information on the Kent Hospital Pharmacy Residency Program, contact Michelle Kelley, PharmD, clinical coordinator of pharmacy services, director of Kent Hospital Pharmacy Residency Program, at 401-737-7000 ext. 31762. ❖

Hepatitis C virus-related hospitalizations and deaths rise in the last decade

PROVIDENCE – Rhode Island has seen a significant increase in hepatitis C virus-related hospitalizations and deaths in the last decade, underscoring the importance of diagnosis and treatment, according to a new report released recently by the Rhode Island Department of Health (RIDOH) and the Rhode Island Public Health Institute (RIPHI).

"Building healthy communities and a healthy, thriving Rhode Island means working to eliminate infectious diseases such as hepatitis C," said Director of Health, **NICOLE ALEXANDER-SCOTT, MD, MPH**. "As the first comprehensive epidemiological profile of hepatitis C in Rhode Island, this report will be an invaluable tool in our work in the areas of hepatitis C prevention, testing, diagnosis, and treatment, which together will save lives."

Some key findings of the report include:

- Hepatitis C-related deaths rose from 25 in 2005 to 102 in 2014, based on death certificate data, which may underreport hepatitis C-related deaths.
- The number of inpatient hospitalizations with a primary discharge diagnosis of hepatitis C increased six-fold between 2005 and 2014.
- Clinical and laboratory reports since 2009 suggest significant increases in hepatitis C diagnoses at hospital systems throughout Rhode Island, and screening data from both inpatient and outpatient clinical settings suggest that hepatitis C prevalence is much higher than previously estimated.
- The Rhode Island Department of Corrections has significantly increased its efforts in the areas of screening and treatment since 2013.
- Safe, highly effective hepatitis C medications are now available. These medications create an opportunity to reduce rates of hepatitis C and, cure the virus in a few weeks or months.

"The rise in hepatitis C-related death rates is alarming. However, the good news is, we have medications that can cure people living with hepatitis C," said **DR. AMY NUNN**, Director of RIPHI. "The first step in curing Rhode Islanders of hepatitis C is screening. Both Baby Boomers and anyone who is at high risk, such as people who have used injection drugs or people who received blood transfusions prior to 1992, should ask their physicians to screen them for hepatitis C. People should then seek evaluation and treatment if they have hepatitis C."

RIDOH is working closely with the Rhode Island Department of Corrections and with insurers, including Medicaid, to continue expanding access to hepatitis C treatment for Rhode Islanders who would benefit. ❖