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Kent Hospital opens new cardiac catheterization lab

Dr. Robert Baute, past president, paved way for program



Hospital. Beginning his career as an internal medicine physician in private practice, he went on to become the hospital's medical director and then served a 10-year term as president and CEO.

"We are very pleased to be able to offer our community the best possible care close to home while helping to save lives and keep people well. This new cardiac catheterization facility does just that," said **MICHAEL DACEY, MD**, Kent Hospital president and COO. "On behalf of Kent

for her commitment and direction of this project, as well as physicians and the tireless work of our nursing staff and many others."

Said Dr. Baute, "This program is a culmination of a vision that began more than 20 years ago. Our commitment is to provide comprehensive and high quality cardiac services to our community. I'm so pleased that it has come to fruition and know it will provide a benefit for cardiac patients over generations. I am deeply grateful and humbled that the new facility will bear my name."

Warwick Mayor Scott Avedisian said, "I'm extremely proud of the progress

WARWICK – Kent Hospital dedicated the newly constructed, **ROBERT E. BAUTE, MD**, Cardiac Catheterization Lab, on Tuesday, October 25. The two labs were constructed after Kent received approval from the Rhode Island Department of Health in March 2015, to develop and implement a coronary angioplasty program. Kent began offering elective coronary angioplasty in August 2015 and to date has performed nearly 200 procedures with no major complications.

"The opening of this new cath lab is vitally important to Kent's service area which represents more than 300,000 people," said **CHESTER HEDGEPEETH, III, MD, PhD**, executive chief of cardiology at Care New England. "Over the past year we have successfully offered elective angioplasty and vastly improved the health and well-being of many people. We now look forward to taking the next step in the program with emergency angioplasty beginning in the near future."

The lab is named after **DR. ROBERT E. BAUTE**, who was instrumental in early efforts to grow Kent's cardiology program, while helping to pave the way for the existing angioplasty program. Dr. Baute gave more than 35 years of dedicated service to Kent



At the dedication ceremony for the new cardiac catheterization lab at Kent Hospital were, from left, The Hon. Scott Avedisian; Herbert Brennan, DO; Robert Baute, MD; Barbara Hoak; Edward Thomas, MD; Michael Dacey, MD, president and COO; Chester Hedgepeth, MD, PhD; Rebecca Burke, RN, senior vice president and chief nursing officer, Joseph Spinale, DO, senior vice president and chief medical officer.

Hospital and Care New England, it is a pleasure and honor to officially recognize Dr. Baute for his tireless work both clinically and in shaping the course of Kent Hospital over many years. The dedication of this cath lab will stand as a lasting tribute to someone who means so much to the community and our hospital. We also recognize **SANDRA COLETTA, COO**, Care New England,

that Kent Hospital has made over the last year in bringing this new cath lab and its technology to the patients they serve. The hard work and dedication of all the doctors and staff involved in this venture is truly admirable. I'm equally as grateful to Dr. Baute for his endless leadership, vision and commitment to bringing the patients of Kent the best medical care possible." ❖



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Southcoast Health, Care New England end plans to affiliate

In separate actions undertaken by their respective governance Boards, Southcoast Health and Care New England have voted to terminate their agreement to affiliate the two not-for-profit health care systems. The announcement was made October 17 by **JEAN MACCORMACK**, chair of the Southcoast Health Board of Trustees, and Charles R. Reppucci, chair of the Care New England Board of Directors.

The organizations first announced they would study a potential partnership in November 2015 when Care New England selected Southcoast Health through a competitive request for proposals (RFP) process. An announcement to proceed with a closer affiliation was made in May 2016. Since that time, while conducting due diligence reviews and preparing regulatory filings, the parties have come to recognize that their visions for the combined system could no longer be achieved. Southcoast Health and Care New England are parting on amicable terms and will continue their longstanding collegial relationship in the southeastern New England community.

“Care New England and Southcoast share a vision of creating a healthier community through community-based care,” said Reppucci. “We believe both organizations will continue in their unrelenting pursuit of this goal. Yet, for Care New England, we now believe the full extent of our mission as teaching, research and clinical organizations will be better served through today’s decision. We wish all of our colleagues at Southcoast continued success in their commitment to excellence and to community.”

“We have a great deal of respect for our counterparts at Care New England, their staff and their high-quality programs. However, we believe that it is best for both parties to end affiliation discussions,” said MacCormack. “When we entered into this process, we did so with the promise that we would always keep the best interests of our patients, communities, physicians and staff at the forefront of our deliberations. We held true to that promise throughout this process, including with today’s announcement.”

“We appreciate that Care New England identified Southcoast Health as the best potential partner during their RFP process, and we have enjoyed getting to know many of their employees,” said **KEITH A. HOVAN**, president and CEO of Southcoast Health. “This was one opportunity that presented many potential benefits for both organizations, and, as we said from the beginning, Southcoast Health would always do what is best for our patients, communities, physicians and staff.”

He added, “Southcoast Health is fortunate in that we are well positioned in all aspects to confidently move forward. We are continuing to make strategic investments for growth that will provide our patients with even greater access to clinically excellent care close to home. While our strategic plans no longer include Care New England, we will continue

to explore all options and opportunities to best serve our patients. We wish our colleagues at Care New England well in their future pursuits and endeavors, and we thank all those in Massachusetts, Rhode Island and our local regions, including elected and community leaders, for their interest and support throughout this process.”

DENNIS D. KEEFE, president and CEO of Care New England, expressed gratitude for the Southcoast and Care New England governance, leadership, and advisory teams for their months of effort working to advance the proposed partnership. “There has been tremendous work that has gone on throughout this process. One tangible outcome of all this effort is coming to know some very fine people at Southcoast, and we hope to continue in these relationships as both organizations work to improve the health and well-being of our community across the region.

“Care New England has worked strenuously in the past year to improve its financial position and its programmatic excellence,” Keefe continued. “Over the coming months, we will reassess the local environment and, in working with our Board, our physicians and management team, determine our strategic plans for the future. I believe we are poised for a strong future.” ❖



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Hope Hospice & Palliative Care Rhode Island Celebrates 40 Years

PROVIDENCE – Hope Hospice & Palliative Care Rhode Island (Hope Hospice RI), is celebrating its 40th anniversary. Hope Hospice RI was founded in 1976 by a volunteer planning committee of health care professionals and community members who cared deeply about providing stronger end-of-life care in Rhode Island.

Today, the organization is the major teaching affiliate for hospice and palliative medicine of the Warren Alpert Medical School of Brown University and recently expanded into Massachusetts through an affiliation with HopeHealth in Massachusetts.

“We are deeply committed to our mission of providing outstanding, high quality care for our seriously ill patients and their families for the past 40 years,” said Diana Franchitto, President & CEO of Hope Hospice RI. “As the second oldest hospice in the nation, it is an honor to be able to help people live s with as much comfort and dignity as possible when time matters most.” ❖

Women & Infants to participate in project to reduce primary cesareans *Hospital accepted into American College of Nurse-Midwives (ACNM) Reducing Primary Cesareans Project*

PROVIDENCE – Women & Infants Hospital has been accepted into the American College of Nurse-Midwives (ACNM) Reducing Primary Cesareans Project. Women & Infants is working with other hospitals from across the United States and ACNM to improve healthy outcomes for mothers and families by focusing on reducing the incidence of first cesarean sections in low-risk women who have never given birth.

“Our team of academic and community-based midwives is thrilled to champion this interprofessional opportunity to strengthen our current knowledge of what promotes healthy labor and birth,” said **ELISABETH HOWARD, PhD, CNM, FACNM**, director of nurse midwifery in the Department of Obstetrics and Gynecology at Women & Infants Hospital and associate professor of obstetrics and gynecology (clinical) at The Warren Alpert Medical School of Brown University. “As providers, midwives possess considerable



expertise in physiologic approaches to the care of women during childbirth. We look forward to working with others both here and around the country to identify the optimal care practices that will lead to a reduction in the cesarean section rate.”

The Reducing Primary Cesareans (RPC) Project is part of the ACNM Healthy Birth Initiative® (HBI), a long-term effort with representatives from leading maternity care organizations. HBI focuses on preserving normalcy by promoting evidence-based practices that support a healthy birth based on a pregnant woman’s own physiology. The HBI works to encourage a consistent approach to birth practices and is focused on reducing those that are not evidence-based.

Funded by the Transforming Birth Fund, the RPC Project builds on the HBI by offering unique opportunities for maternity care professionals and health systems to initiate action steps known as bundles. When implemented,

these bundles prompt hospital system change that is aimed at reducing the incidence of primary cesarean births in the United States, which has continued to increase without associated improvements in health outcomes for mothers and babies.

Women & Infants will work with the multi-disciplinary Reducing Primary Cesareans Quality Improvement (QI) expert panel and ACNM staff to identify areas of improvement and track process and outcome measures to demonstrate improvement in readiness, assessment, reliable and appropriate care, recognition and response, and systems learning. Women & Infants will implement at least one of three bundles, based on a data-driven analysis of the major cause of first cesarean in low-risk women at that hospital:

- Improving Care and Comfort in Labor
- Promoting Spontaneous Progress in Labor
- Implementing use of Intermittent Auscultation as the Standard for Fetal Assessment ❖

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Dr. Valery Danilack earns grant to study interventions for labor induction

PROVIDENCE – **VALERY A. DANILACK, MPH, PHD**, research associate in the Department of Obstetrics and Gynecology at Women & Infants Hospital and the Brown University School of Public Health, has recently received a five-year, \$533,000 Research Scientist Development Award from the Agency for Healthcare Research and Quality (AHRQ). Her research is entitled “Comparative Effectiveness of Interventions for Labor Induction.”

“My goal is to determine optimal methods of labor induction that minimize harm and maximize benefits while balancing operational cost,” explained Dr. Danilack. “We propose to utilize advanced statistical techniques to study important trade-offs between the effectiveness, side effects, resource use, and patient preferences of interventions used for labor induction.”

The study has three aims:

- To establish what is known about the comparative effectiveness of labor induction through a systematic review and meta-analysis of published literature;
- To establish a comprehensive database of deliveries at Women & Infants Hospital involving labor induction and survey postpartum patients about the labor induction experience, then analyze the relationship between different labor induction methods and patient-relevant and hospital-level outcomes;
- To examine the trade-off between benefits, harms and costs across different labor induction interventions from the perspective of the patients and of the hospital using decision analyses. ❖




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W&I researcher receives two NIH grants to evaluate treatment strategies for perinatal brain injury

PROVIDENCE – Toward determining the most effective treatment strategies for full-term and premature infants exposed to HI and other perinatal brain injury, **BARBARA STONESTREET, MD**, a neonatal-perinatal specialist at Women & Infants Hospital and professor of pediatrics at The Warren Alpert Medical School, has received two two-year grants totaling \$881,100 from the National Institutes of Health. The grants are entitled, “Beneficial effects of inter-alpha inhibitors in fetal brain injury” and “Inter-alpha inhibitors: Novel neuroinflammatory modulator of neonatal brain injury.”



Collaborating with Dr. Stonestreet on these programs will be **YOW-PIN LIM, MD, PhD**, founder and CEO of ProThera Biologics. ProThera Biologics is pioneering the application of Inter-alpha inhibitor proteins (IAIPs) to severe inflammatory diseases including HI. In addition, **XIAODI CHEN, MD, PhD** who is a member of Dr. Stonestreet’s team and an assistant professor at Brown, has significantly contributed in writing these grants.

IAIPs are known to be effective in modulating inflammatory responses. However, Dr. Stonestreet explained, there is limited information regarding the neuroprotective properties of IAIPs, which could be beneficial in treating full-term and premature infants suffering from perinatal brain injury.

Dr. Stonestreet said, “These studies have exciting translational potential for an important new treatment strategy to prevent or decrease brain injury in infants at risk for brain damage, mental retardation or cerebral palsy.” ❖