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## Letter to Congress on the Affordable Care Act from the ACP

*The following letter was sent by Rhode Island physician **Nitin S. Damle, MD, MS, MACP**, president of the American College of Physicians (ACP) on Jan. 3.*

Dear Majority Leader McConnell, Minority Leader Schumer, Chairman Michael Enzi, and Ranking Member Bernie Sanders:

On behalf of the American College of Physicians (ACP), I am writing to express our strong concern that the Senate version of the budget resolution for fiscal year 2017 will start a process that could result in repeal of essential coverage and consumer protections established by the Affordable Care Act (ACA) while destabilizing coverage in the meantime, resulting in tens of millions of Americans losing coverage, benefits, and other protections established by current law.

ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 148,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The ACP has long supported the goal of universal health coverage. While we acknowledge that the ACA is not perfect (and no law is) and improvements to it can and should be made, our continued support for the ACA is grounded in the fact that it has reduced the uninsured rate to the lowest ever, a major stride toward providing affordable coverage to all Americans. The ACA also ensures key consumer protections for all Americans, including the prohibition against insurers turning down, charging higher premiums, or canceling coverage for 52 million people, one out of 4 Americans, who have pre-existing medical conditions; prohibiting insurers from putting annual or lifetime limits on coverage, and ensuring coverage of essential medical services including no-cost preventive services – protections that apply to just about every American, not just those who get coverage directly from programs created by the ACA.

The congressional leadership's expressed goal is to follow up on the budget resolution by passing a budget reconciliation package that would repeal these and other key parts of the ACA, while delaying the date when they would



sunset to sometime in the future, during which Congress would strive to develop a replacement plan. However, independent and non-partisan analyses show that enactment of such a “repeal, delay and replace” bill, especially without an alternative being offered now that could be thoroughly evaluated based on its impact on quality, access, and coverage,

would create chaos in insurance markets, causing plans to pull out of the markets with more than 7 million losing coverage in 2017 alone; full repeal could result in nearly 60 million people becoming uninsured.

Accordingly, our commitment to ensuring that patients have access to affordable coverage and medical care obligates us to urge the Senate to vote no on the budget resolution.

While we cannot support the budget resolution, the College welcomes dialogue on constructive, bipartisan approaches to improve on the ACA by making coverage even more affordable and accessible, including ideas to stabilize insurance markets by bringing more young people into them without disadvantaging older and sicker patients; expand consumer choice of insurance products and of physician and hospitals; ensure network adequacy; support state innovation including in Medicaid provided that current eligibility, benefits, and protections for current and future enrollees are not undermined, reduce administrative burdens on physicians and their patients, and support the critical role played by primary care physicians in providing accessible, high quality and cost-effective care to all types of patients. We encourage Congress to first put forward such ideas for review and consideration rather than committing to a process that would repeal the ACA's coverage and protections for many millions of people.

Thank you for your consideration and the College looks forward to working with you and the Senate as you move ahead with these important issues.

Sincerely,  
Nitin S. Damle, MD, MS, MACP  
President

## Brown to lease space in proposed Innovation Center

PROVIDENCE – Brown University and the Cambridge Innovation Center (CIC) have signed letters of intent to lease space in an Innovation Center being developed by Wexford Science & Technology.

The letters of intent to lease were announced by Wexford in collaboration with the Rhode Island Commerce Corporation and the I-195 Redevelopment District Commission, which voted on Monday, December 12, to authorize incentives from the state's I-195 Redevelopment Fund to support the \$158 million project.

As envisioned, Phase I of the multi-part Wexford project would include a 191,000-square-foot Innovation Center with Brown and the CIC – an incubator and co-working facility that assists entrepreneurs in launching new products and companies – as anchor tenants.

Brown would lease 50,000 square feet of space for a period of 15 years for its School of Professional Studies, which includes a program leading to an executive master of healthcare leadership.

In addition to creating an expanded student presence in the Jewelry District, a new home for the School of Professional Studies will allow for additional programs, significant enrollment growth in existing programs, and the potential for collaboration between CIC startups and Brown student, faculty and alumni entrepreneurs.

Brown's total investment in the project is expected

to exceed \$35 million between lease payments, capital improvements, furniture, fixtures and equipment. Wexford and its partners will continue work on project financing and design and expects to break ground in the second quarter of 2017 with completion and occupancy targeted for the first quarter of 2019. ❖



The Cambridge Innovation Center (CIC) being developed by Wexford Science & Technology.

## Bryant School of Health Sciences awarded \$2.5M grant from Alpert Foundation

SMITHFIELD — Bryant University has secured a \$2.5-million challenge grant from the Warren Alpert Foundation in support of its School of Health Sciences. Gifts contributed by June of 2017 up to \$2.5 million will be matched by the Foundation. The grant will help Bryant University advance the growth of the School of Health Sciences and develop innovative approaches that address challenges in the health care industry.

Increasing demands for high-quality care at manageable costs drive the need for businesses and practitioners to think and operate innovatively. Developing the best health care delivery systems for the future will require providers and administrators to function interdependently to improve outcomes and create sustainable growth.

Bryant University established the School of Health Sciences in 2014 with the launch of its first clinical program,

the Master of Science in Physician Assistant Studies, which will graduate its first class in March 2017.

Bryant is now in the process of developing an integrated Health Care Management program. **DAVID FINE, PhD**, health care industry executive and scholar with more than 30 years of leadership experience, has joined Bryant's administration and faculty to help develop an integrated best-in-class curriculum. ❖



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The Brown Medical Alumni Association awarded Rajiv Kumar, MD, its Early Achievement Award this year.

### Virgin Pulse to expand in RI after acquiring ShapeUp Inc., founded by Rajiv Kumar, MD

PROVIDENCE – Virgin Pulse, which acquired ShapeUp Inc. earlier this year, a company co-founded by Brown alumnus **RAJIV KUMAR '05, MD '11**, in 2005, will significantly expand its Rhode Island presence and create nearly 300 new jobs in the next five years, the office of Gov. Gina Raimondo announced on Dec. 15 at a press conference.

Virgin Pulse is part of Sir Richard Branson’s Virgin Group.

Dr. Kumar, ShapeUp’s CEO, will be staying on as Virgin Pulse’s president and as chief medical officer at its research arm, the Virgin Pulse Institute.

ShapeUp developed comprehensive integrated wellness platforms which included biometric screening, health risk assessments, smoking cessation programs, stress management programs, as well as team events.

Dr. Kumar also co-founded Adopt A Doctor, a nonprofit organization established in 2003 that provides financial support for underpaid doctors in Africa. The roots of Dr. Kumar’s self-described “passion for preventive medicine” run deep in his family. He comes from a family of 30 doctors.

“Prior to its acquisition by Virgin Pulse, ShapeUp benefited immensely from strong partnerships with the Rhode Island state government, local institutions and community leaders. I’m thrilled that Virgin Pulse saw the potential that exists here and decided not only to stay, but to grow our footprint in this supportive and vibrant community,” said Dr. Kumar.

Virgin Pulse is a Framingham, Massachusetts-based wellness company, along with another business, Global Corporate Challenge of Melbourne, Australia. The three-way merger creates what Virgin Pulse says will be the largest well-being company in the world, with more than 450 employees and 2,200 customers across 185 countries.

The company is a provider of software and technology solutions that increase employee productivity and business performance by improving employee health, wellbeing and engagement. Third-party analysis projects the expansion will generate an additional \$10.5 million in revenues to the state and nearly \$60 million of additional GDP, once Virgin Pulse completes its full hiring.

“We considered a Boston office but ultimately chose Providence because of the access to talent and supportive business climate,” said David Osborne, President and COO of Virgin Pulse. “Our growth strategy is centered on hiring high-potential, early-in-career talent. With its hip vibe, low cost of living and high density of college students, Providence was a great fit from both a business and cultural perspective.” ❖

### Johnson & Johnson chooses RI for a Health Technology Center

PROVIDENCE – Johnson & Johnson plans to open its new health technology center in Rhode Island. The center will specialize in optimizing information technology and data analytics to create software applications that will serve to improve health outcomes. The center expects to fill



approximately 75 highly-skilled positions in the first half of 2017.

The new center plans to lease approximately 9,000 square feet of temporary office space at One Ship Street in Providence’s Innovation & Design District and expects to complete its move to Rhode Island by spring 2017. To support its new center, the company intends to apply for incentives under the Qualified Jobs Incentive Act and the First Wave Closing Fund.

“Rhode Island has a strong network of educators, employers and decision makers that are advancing the integration of different health-related technologies,” said **STEVE WRENN**, Global VP-Chief Applications Officer for Johnson & Johnson. “The I-195 corridor is uniquely suited to support Johnson & Johnson’s new health technology center and Rhode Island gives us access to the economic development tools and university assets we need to stay competitive in the rapidly growing health tech space. As a company with locations and options worldwide, we are very pleased with the opportunity the Ocean State provides for this new center.”

The 75 employees expected to be hired for the new center will specialize in advanced information technology. With assistance from the Rhode Island Commerce Team, Johnson & Johnson will work with local colleges and universities to fill these open roles with top-tier candidates. The company has already begun outreach for this purpose. ❖



## Charlton Memorial implants world's smallest pacemaker

NEW BEDFORD, MASS. – Southcoast Health announced recently that Charlton Memorial Hospital is the first hospital in Southeastern Massachusetts and Rhode Island to implant the world's smallest pacemaker. **DR. ARNOLDAS GIEDRIMAS** performed the initial procedure.

Comparable in size to a large vitamin, physicians at Southcoast Health have elected to use the Medtronic Micra Transcatheter Pacing System (TPS) because unlike traditional pacemakers, the device does not require cardiac wires (leads) or a surgical pocket under the skin to deliver a pacing therapy.

Instead, the device is small enough to be delivered through a catheter and implanted directly into the heart with small tines, providing a safe alternative to conventional pacemakers without the complications associated with leads – all while being cosmetically invisible. The Micra TPS is also designed to automatically adjust pacing therapy based on a patient's activity levels.

"By having a design that is 93 percent smaller than a traditional pacemaker, this pacemaker is able to eliminate the need for leads and a separate pacemaker pocket. This eliminates complications that can come with those aspects and has been shown to have half the complication rate of traditional devices. It offers a new option to patients that have had a prior complication such as device infection, lead fracture or where there is difficulty in using the upper veins to implant the pacemaker. It maintains excellent battery longevity and is MRI compatible. It also offers a new option to patients that want to avoid the cosmetic aspects of a pacemaker in the upper chest area," explained Dr. Giedrimas.

Recently approved by the U.S. Food and Drug Administration (FDA), the Micra TPS is the only leadless pacemaker approved for use in the U.S. It is approved for patients suffering from bradycardia.

The Micra TPS also incorporates a retrieval feature to enable retrieval of the device when possible; however, the device is designed to be left in the body. For patients who need more than one heart device, the miniaturized Micra TPS was designed with a unique feature that enables it to be permanently turned off so it can remain in the body and a new device can be implanted without risk of electrical interaction. ❖

## Hasbro Children's Hospital opens new 6-bed 'short-stay' unit

*Average length of stay is 12 to 24 hours*

PROVIDENCE – Hasbro Children's Hospital has opened a new Pediatric Clinical Decision Unit (CDU) adjacent to the Hasbro Children's Hospital Emergency Department. The six-bed "short-stay" unit will serve pediatric patients with acute conditions that often require treatment followed by a period of observation and clinical collaboration, often with a specialist.

Patients who may benefit from the new unit include those with asthma, gastroenteritis and dehydration, cellulitis, falls, pain, seizures and headaches or allergic reactions. The average length of stay for a Pediatric CDU patient is 12 to 24 hours.

The new short-stay beds will help open up acute care beds in the emergency department for new patients and improve the overall turnaround time and flow of the emergency department, as well as reduce the rate of patients leaving without being seen.

"In general, many pediatric patients who require hospitalization for acute medical conditions recover quickly and are discharged within 24 hours," said **LYNN PITTSINGER, RN, MSN**, director of pediatric emergency services at Hasbro Children's Hospital. "There are thousands of patients each year spending hours upon hours in the emergency department, or going through the lengthy process of inpatient hospitalization followed by same-day discharge."

Over the last several years, pediatric emergency department use and overcrowding has steadily increased across the country. Pediatric emergency patients are often healthy, having single medical problems prompting their emergency visits, and medical conditions that require shorter hospital stays. Only about 15 percent of pediatric emergency room visits result in inpatient admissions.

"In observation units, efficient care delivery is achieved through frequent reassessment and timely discharge processes," said **FRANK OVERLY, MD**, medical director of the Hasbro Children's Hospital emergency department. "These units have been shown to have low rates of return visits and readmissions. Most importantly, observation units have been shown to reduce crowding by decreasing inpatient admissions and length of emergency department stay, improving efficiency, and increasing rates of patient and staff satisfaction."

Also part of the renovation is the addition of a family room with comfortable seating, computer and Wi-Fi access and a quieter, more peaceful environment for parents to rest while their child is under observation. The room is readily accessible from the CDU, so families remain close to their child and the medical care team. ❖

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Most times an office may think that sending a monthly statement can be enough, but is important that you try to make verbal contact with your patient so you have the chance to explain the amount owed and why.

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## Memorial researcher: socioeconomic disadvantage may genetically lead to mid-life obesity



PAWTUCKET – A new study performed at Memorial Hospital's Clinical Studies Center in the Center for Primary Care and Prevention with a Brown University team, reveals that the association is likely made through regulation of genes called epigenetics.

**CHARLES B. EATON, MD, MS**, director of the Center for Primary Care and Prevention at Memorial was one of several principal investigators of the study

that led to the publication "Epigenetic Mediators Between Childhood Socioeconomic Disadvantage and Mid-Life Body Mass Index: The New England Family Study" in the professional journal *Psychosomatic Medicine*. This sub-study of a large birth cohort study has men and women from before birth through the age of 47 and is aimed at identifying risk factors that may have epigenetic and early developmental childhood origins. One hundred and forty seven participants in the study were examined at Memorial and had fat biopsies and body fat and carotid artery atherosclerosis measured.

"The objective of this recently published research was to evaluate whether an individual's socioeconomic struggles in childhood alter his or her DNA methylation, a process that determines which genes are expressed in different cells or tissues," Dr. Eaton explains. "Both histones and methylation

are processes that regulate gene expression and determine whether a cell is a muscle cell or a brain cell or fat cell. The pattern of methylation has been shown to be associated with the risk of cancer, cardiovascular disease and becoming obese.

"Epigenetics appears to play a central role in fetal development, and we know that early childhood is a sensitive period during which external environmental stimuli can have considerable influence on the establishment of epigenetic patterning," he says, adding that this appears to be particularly true for women.

In the Memorial study, three genes were found to have associations with both socioeconomic disadvantage and obesity in women and one gene in men. A review of the medical literature showed that 70 percent of studies evaluating women show a connection between childhood disadvantage and obesity in adulthood, compared with only 27 percent of studies evaluating men.

"There has been some research that examined this alteration through changes in white blood cells, but we analyzed both white blood cells and fat tissue samples taken from study participants as we were interested in obesity," Dr. Eaton notes. "We found only associations in the fat tissue."

In identifying the impact of socioeconomic disadvantage, a topic Dr. Eaton says will be pursued through further research, the team hopes to spark the creation of interventions to change the eventual outcomes. ❖

## Statewide needs assessment identifies 3 areas of focus: maternal and child health, behavioral health, chronic disease

PROVIDENCE – Hospitals will collaborate to address three key health care needs identified during a recent study. Maternal and child health, behavioral health, and chronic disease were found to be important areas impacting the health of Rhode Islanders.

Hospitals gathered in the spring to review the findings of a statewide community health needs assessment (CHNA). Following the session, hospitals agreed to collaborate over the next three years to address maternal and child health, behavioral health, and chronic disease. The CHNA Steering Committee and Rhode Island Department of Health (RIDOH) collaborated to ensure statewide efforts for community health improvements were properly aligned.

In addition to cross-communication between the RI DOH and the CHNA Steering Committee, efforts were made to coordinate local research with the

RI DOH Health Equity Zones (HEZ). While hospitals have community-specific implementation plans to address these and other areas, they will continue to meet collectively to address these issues collaboratively and analyze the impact of their activities.

The community health needs assessment provides a comprehensive study of the health care needs of Rhode Islanders. The process was conducted earlier this year by Baker Tilly and included:

- A Secondary Data Profile comprising indicators for each county and hospital service area compared to state and national benchmarks.
- An analysis and comparison of Hospital Discharge Data including emergency room, observation, and inpatient usage.
- Partner Forums with key representatives in each of the three counties served by the CHNA partners.

- Focus Groups with behavioral health consumers and English and Spanish-speaking Latino/a residents.
- An analysis of secondary data provided by the Healthy Communities Institute.

"The 2016 community health needs assessment has provided Rhode Island's health care community with a comprehensive list of findings," said HARI President **MICHAEL SOUZA**. "The assessment has allowed Rhode Island's health care system to encompass and address the health needs within each community."

In accordance with the Affordable Care Act, hospitals recently received approval from their boards of trustees on the assessment and implementation plans they created. The final reports have been released and can be viewed at [www.rihealthcarematters.org](http://www.rihealthcarematters.org). ❖



Cutting the ribbon on the renovated Cancer Center at South County Hospital are, from left to right, Claudia Swain, Eve Keenan, Thomas Breen, Kimberly O'Donnell, Lou Giancola, president/CEO of South County Health; Leah Arsenault, RN; Dr. J. Russell Corcoran, Rob Panoff, Noreen Mattis, Ann Marie McGarty, RN; Dr. Aaron Weisbord, Rachel Craven, Dr. James Smythe, and Anne Schmidt.

## South County Hospital completes extensive Cancer Center renovations

WAKEFIELD – On Nov. 17, South County Hospital celebrated the completion of 14 months of extensive renovations to its Cancer Center with an open house. Located on the first floor of the Hospital's Read Wing, the Center allows many existing services to be accessed in one place – a significant benefit for patients and their families, as well as for providers.

The design of the renovation was based on input from the Patient & Family Advisory Council, South County Health oncology providers, and architectural data on best-practice standards for cancer care environments. The result is a light-filled space that is home to exam rooms, physician offices, consultation rooms, infusion therapy bays, education space, a meditation room, and more – finished and furnished in quality materials and a color scheme that reflects the natural hues of this coastal community.

"Bringing many cancer care services together under one roof enhances clinical collaboration and innovation, while creating a more convenient treatment experience for patients and families," said **GERALD COLVIN, DO**, Medical Director of Oncology/Hematology. "What we have is a true community cancer center."

"We treat virtually every kind of cancer," said medical oncologist **JAMES L. SMYTHE, MD**, noting that South County Hospital is one of only two hospitals in Rhode Island with a board-certified oncology pharmacist on staff. "Even in cases where a specific treatment is needed for a rare cancer, we work closely with other cancer centers, referring for care when needed and often providing prescribed treatments here at the Hospital. It's incredibly important that patients have access to quality cancer care close to home. Commuting

long distances for care presents very real implications for patients. It requires people to spend time in the car during one of the most difficult times of their lives, instead of with family and friends where they belong."

In addition, he said, clinical concerns – from fatigue to the stress caused by navigating urban traffic to post-treatment nausea and other complications – mean the convenience of treatment impacts a patient's well-being.

Accredited by the Commission on Cancer, the services of South County Health's oncology/hematology program includes board-certified providers, a multi-disciplinary tumor board that meets weekly, oncology nurse navigators, rehabilitation, and complementary therapies such as Reiki and massage.

"By the end of the decade, it's estimated that 900 Washington County residents will be diagnosed with cancer annually," **LOU GIANCOLA**, president/CEO of South County Health, noted at the dedication ceremony. "We have a decades-long tradition of caring for cancer patients here and this newly designed space enhances the delivery of that care by facilitating collaboration among providers and improving the patient and family experience. While there are renowned cancer centers in our area, such as Dana Farber in Boston, we – like other community hospitals across the country – are capable of treating most cancers with the same level of expertise, which is why nationally 85 percent of cancer patients receive treatment in a community hospital setting. The added benefit to patients and families is the comfort and convenience of being able to remain close to home." ❖