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Care New England announces layoffs at W&I, Kent, Butler, VNA

Care New England (CNE) Health System announced on April 26 that as a result of ongoing financial challenges, additional staff restructuring has been implemented. Notifications were made this week affecting a wide array of staff across the system, including clinical and non-clinical, union and non-union employees. The vast majority of the FTE reductions took place at Women & Infants Hospital; however, there was some impact at Kent and Butler hospitals, as well as the VNA of Care New England.

This action follows extensive efforts to improve the cost structure across Care New England over recent years, including improvements to the system's revenue cycle, growth of volume where possible in key service lines, and expense management. Despite these efforts, Care New England continues to face significant financial challenges.

"Today's announcement marks a difficult yet necessary step in what has been a challenging period for CNE, said Jim Beardsworth, system director of communications. "We continue to make significant progress in our efforts to right our ship but that comes with careful and painful decisions affecting dedicated and hard-working people. It

is important to note that these actions are not related to recent partnership announcements; these decisions are the result of an ongoing and exhaustive review of our operations. CNE management has determined that reducing the workforce is a fundamental necessity given our current environment and unwavering delivery of our mission to our patients through our valued and highly regarded hospitals, services and community-based programs."

Specific to Women & Infants Hospital

"At Women & Infants and across Care New England, we have undertaken extensive measures to improve our financial stability while trying to minimize the impact on labor. Unfortunately, it has not been enough, as we have continued to experience reduced volumes due to changing demographics, reduced inpatient neonatal care, a declining birth rate, and a decrease in reimbursements," said **MARK R. MARCANTANO**, president and chief operating officer at Women & Infants Hospital. "We must adapt to significant changes in health care delivery and payment, such as decreased population and births, and advances that change the way we provide care. Our payer mix is

worsening, and the volume in the NICU is likely not going to recover to the levels that we previously experienced, which presents new challenges as this is a trend being seen elsewhere across the country. The irony, of course, is that this trend is good news from a public health perspective that there are fewer sick and premature infants. Unfortunately, that good news does have a significant impact on our financial health under our current payment systems."

Butler, Kent hospitals and VNA

While also experiencing some changes associated with today's announcement, **DR. LAWRENCE PRICE**, president, Butler Hospital and **DR. MICHAEL DACEY**, president, Kent Hospital, and **KATHLEEN PEIRCE**, vice president of operations, executive director and chief nursing officer, VNA of Care New England, issued this statement, expressing optimism in the face of these immediate changes. "We are in the midst of enormous change in health care in Rhode Island and across the nation. Although extremely painful, these actions are intended to improve our ability to serve our patients well into the future as we react to the continuing shift in the landscape of health care." ❖

Rhode Island Medical Journal Submissions

The *Rhode Island Medical Journal* is a peer-reviewed, electronic, monthly publication, owned and published by the Rhode Island Medical Society for more than a century. It is indexed in PubMed within 48 hours of publication. The authors or articles must be Rhode Island-based. Editors welcome submissions in the following categories:

CONTRIBUTIONS

Contributions report on an issue of interest to clinicians in Rhode Island. Topics include original research, treatment options, literature reviews, collaborative studies and case reports.

Maximum length: 2000 words and 20 references.

PDFs or Jpegs (300 dpi) of photographs, charts and figures may accompany the case, and must be submitted in a separate document from the text. Color images preferred.

POINT OF VIEW

The writer shares a perspective on any issue facing clinicians (eg, ethics, health care policy, patient issues, or personal perspectives). Maximum length: 600 words.

IMAGES IN MEDICINE

Authors submit an interesting image or series of images (up to 4), with an explanation of no more than 400 words.

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Care New England, Partners HealthCare explore merger

PROVIDENCE – Care New England Health System (CNE) announced on April 19th it has signed a Letter of Intent (LOI) to affiliate with Partners HealthCare of Massachusetts, and to negotiate exclusively with Partners.

The LOI sets forth a process to negotiate a transaction pursuant to which CNE will become part of Partners. Both organizations will continue to work together as the process moves into the next phase – developing and signing a definitive agreement. Following this phase, it is expected the organizations would move forward with the needed state and federal regulatory approvals.

The CNE Board of Directors selected Partners after an expedited review of more than 12 state, regional and national health care organizations, including for-profit and not-for-profit entities.

Care New England has maintained a close working relationship with Partners HealthCare since 2009 through a clinical affiliation with Brigham and Women's Hospital (one of the founding members of Partners) in cardiology, and vascular, thoracic and colorectal surgery.

In addition, there has been a longstanding collaborative and collegial relationship between McLean Hospital (a Partners hospital) and Care New England's Butler Hospital.

The LOI includes Kent Hospital, Women & Infants Hospital, the VNA of Care New England, Butler Hospital and The

Providence Center in several Rhode Island locations. Under the proposal, the strong educational and research relationship that CNE has fostered with Brown University will continue to play a critical role.

"Today's announcement represents the positive results of an extremely careful and deliberate process intended to ensure the best clinical, financial, and strategic direction forward for CNE," said Board Chair **CHARLES R. REPUCCI**.

Said CNE President and CEO **DENNIS KEEFE**, "This is a tremendous opportunity for both organizations to further advance their commitment to high-quality health care, access to leading-edge clinical treatment, world-class academics, and most importantly, enhanced opportunities for patients."

In a media conference call following the announcement, Keefe said he hopes the two sides can reach an agreement within a three-month time span, which would then be followed by the regulatory review process.

"As health reform here and across the nation evolves, providers are developing more regional strategies and this affiliation between Partners and Care New England is a natural step in that evolution," said Partners HealthCare President and CEO **DAVID TORCHIANA, MD**. "Today's announcement is the beginning of a process that will better meet the needs of this region's patients by improving access to specialized care while working to create new efficiencies in the delivery of that care."

About Partners

Partners HealthCare is an integrated health system founded by Brigham and Women's Hospital and Massachusetts General Hospital. In addition to its two academic medical centers, the Partners system includes community and specialty hospitals, community health centers, a physician network, a managed care organization, home health and long-term care services, and other health-related entities. Partners is one of the nation's leading biomedical research organizations and a principal teaching affiliate of Harvard Medical School. Partners HealthCare is a non-profit organization.

About CNE

CNE was founded in 1996, and today it is the parent organization of Butler Hospital, Kent Hospital, Memorial Hospital of Rhode Island, Women & Infants Hospital of Rhode Island, the VNA of Care New England, The Providence Center, and Integra, a certified accountable care organization (ACO) created in collaboration with the Rhode Island Primary Care Physicians Corporation. Care New England includes 970 licensed beds and 216 infant bassinets. Through Butler, Memorial and Women & Infants, Care New England has a teaching and research affiliation with The Warren Alpert Medical School of Brown University. Kent is a teaching affiliate of the University of New England College of Osteopathic Medicine, located in Maine. ❖



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Care New England, Prime Healthcare Foundation sign letter of intent for Memorial Hospital sale

PROVIDENCE – Care New England Health System (CNE), announced on April 19 it has selected Prime Healthcare Foundation to pursue an acquisition of Memorial Hospital in Pawtucket, RI. The CNE Board has voted unanimously to sign a Letter of Intent (LOI) with the non-profit Prime Healthcare Foundation, a 501(c)3 public charity.

Prime Healthcare Foundation's 14 hospitals are affiliated with Prime Healthcare, based in Ontario, California with 44 hospitals in 14 states.

With the LOI in place, both parties will now negotiate with the purpose of developing a definitive agreement and moving forward with needed approvals, including state and federal regulatory processes. The proposed transaction is expected to culminate in Prime Healthcare Foundation assuming control of Memorial Hospital, taking over operations of the hospital, and providing significant investment in Memorial post-closing.

CNE Board Chair **CHARLES R. REPPUCCI** said, "The path to today's selection of Prime Healthcare Foundation by CNE has long been about ensuring that the important needs of the community and the employees continue to be met. Not only does this proposal ensure the continuity of acute care services for this community, but it also maintains a local hospital board, commitment to existing services, the medical residency program, and continued opportunity for the staff of Memorial Hospital."

"It is certainly no secret that we have had significant financial challenges here," said CNE President and CEO **DENNIS KEEFE**. "But at the same time it has been clear there is an important obligation to maintain the care and services offered to those in and around Pawtucket. The only way for this to continue is through the partnership we announce today with Prime Healthcare Foundation. It represents an extremely positive outcome with tremendous opportunity ahead."

Prime Healthcare is a national, for-profit hospital system with 44 acute-care hospitals providing nearly 43,500 jobs in 14 states. The potential acquisition of Memorial Hospital will complement the Prime Healthcare's existing presence

in Rhode Island with Landmark Medical Center and The Rehabilitation Hospital of Rhode Island, located in Woonsocket and North Smithfield.

"Prime Healthcare's motto is saving hospitals, saving jobs and saving lives, and we are confident Memorial Hospital will grow stronger under our management," said **PREM REDDY, MD**, chairman, president and CEO of Prime Healthcare. "We look forward to working with the Memorial Hospital employees, nurses and physicians, and ensuring that the community and patients continue receiving exceptional care and service."

Memorial Hospital of Rhode Island is a 294-bed community teaching hospital that has served northern Rhode Island and southeastern Massachusetts since 1901. A teaching affiliate of The Warren Alpert Medical School of Brown University, Memorial is the main site for the medical school's residency programs.

In 2013, Memorial joined Care New England Health System to expand the scope of services available to its patients and provide a strong primary care focus within the system.

SOLIC Capital Advisors, LLC serves as financial advisor to Care New England, and McDermott Will & Emery provides external legal counsel. ❖



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CMS Selects Care New England for 5-year \$3.9M ACO agreement

Care New England (CNE) has been selected by the Centers for Medicare & Medicaid Services (CMS) as the recipient of one of 32 national Accountable Health Communities model grants, awarding an anticipated \$3.9 million for the five-year initiative focused on ensuring high-risk Medicare & Medicaid patients have access to high-quality health care services while also achieving cost savings.

The Integra Community Care Network, an accountable care organization comprised of CNE, Rhode Island Primary Care Physicians Corporation and South County Health, will serve as the bridge organization for the Integra Accountable Health Communities (AHC) Partnership in collaboration with and a broad, statewide network of clinical providers, community service organizations, academic institutions and governmental partners. Clinical sites will include Memorial Hospital, Women & Infants Hospital, Butler Hospital, South County Health, The Providence Center, CODAC Behavioral Health and CCAP Health Center.

Through the cooperative agreement, qualifying patients will be screened for specific health-related social needs at each clinical site. Participants will be screened for needs in the following core areas: housing, food insecurity, transportation, interpersonal violence, and utility needs. Additionally, participants will be screened for needs in the supplemental areas of substance use/addiction and independent living/caregiver support.

The overarching goal of the initiative is to impact the cost of health care and reduce avoidable health care utilization.

“Rhode Island is an ideal location to undertake this initiative because of our deep commitment to population health and to reaching beyond the traditional medical context to address health-related social needs,” said **DENNIS KEEFE**,

president and CEO of Care New England. “Care New England, Integra and all of the partners provide a strong platform upon which to build and test the AHC program in cooperation with CMS.”

In addition to screening and navigation, the initiative will seek to increase Rhode Island Medicare and Medicaid beneficiaries’ awareness of community resources available to address unmet health-related social needs and improve statewide capacity to address health-related social needs through quality improvement, data collection and alignment of community-based resources.

“By addressing critical drivers of poor health and high health care costs, the model aims to reduce avoidable health care utilization, impact the cost of health care, and improve health and quality of care for Medicare and Medicaid beneficiaries,” said **JAMES FANALE, MD**, executive vice president and chief clinical officer for Care New England and chief clinical officer for Integra. “The key to the success of this initiative is that everyone remains focused on ensuring that the necessary services and supports are available and responsive to the beneficiaries’ needs.”

This initiative will be overseen by an Advisory Board with representation from all members of the Integra AHC consortium. Alignment and integration of community resources will be led by a Community Services Council of major statewide organizations representing the core social determinant areas, including Rhode Island Coalition for the Homeless, Childhood Lead Action Project, RI Community Food Bank, Rhode Island Public Transit Authority, RI Coalition Against Domestic Violence, Rhode Island Community Action Coalition, among others. ❖

RI receives \$2.1 million in federal funds to stem opioid crisis

Funding will increase access to treatment, expand prevention efforts

PROVIDENCE – U.S. Senators Sheldon Whitehouse and Jack Reed and Congressmen Jim Langevin and David Cicilline recently announced \$2,167,000 in federal funding for Rhode Island’s Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) to stem the opioid epidemic. The federal funding is the result of \$485 million in grants nationwide that was authorized by Congress last year in the 21st Century Cures Act.

The federal funding will increase access to lifesaving treatment and expand addiction prevention efforts, with the goal of reducing the growing number of prescription drug and opioid overdose-related deaths in Rhode

Island. There were over 326 drug overdose deaths in the state last year and 290 deaths in 2015, according to the Rhode Island Department of Health.

“This vital funding is going to help ensure that tools and resources that are critical to fighting the drug overdose epidemic, such as naloxone, prevention education, and medication-assisted treatment, get to where they are needed most in Rhode Island. The funding that Senator Whitehouse fought for is also going to bring crucial support to our work to prevent fentanyl-related overdoses,” said **NICOLE ALEXANDER-SCOTT, MD**, Director of the Rhode Island Department of Health. “We have lost more than 1,200 lives to drug

overdoses in the last five years. Every single one of those deaths was preventable. Addiction is a disease, but recovery is absolutely possible.”

In July, President Obama signed into law Whitehouse’s Comprehensive Addiction and Recovery Act (CARA), which established a range of policies to prevent and treat addiction to opioid drugs, including programs to increase education on drug use, to expand medication-assisted treatment, to improve prescription drug monitoring programs, to support those in recovery, and to promote comprehensive state responses to the opioid crisis. ❖



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Updated opioid use regulations take effect in Rhode Island

Regulations aim to prevent overdoses through education and dosage limits for acute pain

Updated regulations intended to make the prescribing of opioids more judicious and safe in Rhode Island are now in effect, marking the implementation of a major component of the Strategic Plan developed by Governor Gina M. Rai-mondo's Overdose Prevention and Intervention Task Force. "These updated pain management regulations focus on dosing limitations to help reshape how we as healthcare providers had been taught how to approach opioid therapy, and to make sure that we're only prescribing what's actually needed for the treatment of acute pain," said **NICOLE ALEX-ANDER-SCOTT, MD, MPH**, director of the Rhode Island Department of Health (RIDOH). "While we work to minimize unnecessary prescribing of opioids for acute pain, it is essential that patients' chronic pain needs are appropriately and compassionately treated. Although opioid prescribing in Rhode Island decreased by 16% between 2013 and 2015, which was the largest drop in the nation, the regulations were updated to ensure that acute pain and chronic pain are treated differently."

These updates do not affect the long-term treatment being received by patients with chronic pain. Examples of patients receiving chronic pain treatment include patients with cancer-associated pain diagnoses and patients in palliative/nursing home care. Just as a patient with diabetes would not be abruptly removed from diabetes medication, a patient receiving opioids for chronic pain should not be removed too abruptly from pain medication, but transitioned in a way that is safe for the patient to an acceptable alternative over time. Acute pain is pain that comes on quickly and usually does not last longer than a few days, weeks, or months. Examples of causes of acute pain include dental work, a broken bone, and certain back injuries.

Highlights of the updated pain management regulations focusing on acute pain include:

- Requiring that initial prescriptions for acute pain be limited to 20 doses and no more than 30 morphine milligram equivalents per day;
- Prohibiting long-acting or extended-release opioids for initial prescriptions for acute pain;
- Documenting the results of a thorough medical history, developing a treatment plan, and accessing the Rhode Island Prescription Drug Monitoring Program (PDMP) for relevant prescription monitoring information, all prior to issuing an initial prescription for acute pain; and
- Requiring continuing education training for prescribers on topics such as appropriate prescribing for pain, pharmacology, potential for dependence, and alternatives to opioids for pain management.

RIDOH's original pain management regulations were developed in 2015. The work of updating these regulations falls within the prevention strategy of the Governor's Overdose Prevention and Intervention Task Force's Strategic Plan. The other three focus areas of the plan are treatment, rescue, and recovery. The goal of the Strategic Plan is to reduce the number of overdose deaths in Rhode Island by one-third within three years.

RIDOH began work on updating the state's pain management regulations after the Rhode Island General Assembly passed a law requiring tighter regulations on opioid prescribing.

To support the implementation of these updated regulations, RIDOH and Brown University's Warren Alpert Medical School will offer education sessions in May. Providers will learn more about how to appropriately prescribe opioids and consider interdisciplinary approaches to treating patients with pain.

Substance-use disorder should be treated as a life-long disease, and substance-use disorder related to opioid use is no different. A greater level of compassion and understanding are called for when patients with opioid-use disorder transition from pain management medication to alternative treatment. Rhode Island offers alternative treatment options for opioid use disorder, including outpatient programs through the Rhode Island Centers of Excellence. The six Centers throughout the state provide Medication-Assisted Treatment (MAT), counseling, peer support, and vocational counseling. A local recovery hotline is also available to connect individuals in crisis with treatment and recovery support. People can call 401-942-STOP (7867) to receive treatment and recovery support 24 hours a day, seven days a week. English and Spanish-speaking counselors who are licensed in chemical-dependency are available.

More information:

- Rhode Island's updated pain management regulations
- General information on safe opioid prescribing
- Dr. Alexander-Scott's letter to prescribers
- Drug overdose death data
- Additional data: <http://preventoverdoseri.org/>

“Warning: This Drug May Kill You” on opioid epidemic airs tonight

MARY KORR
RIMJ MANAGING EDITOR



Documentary filmmaker Perry A. Peltz at the premiere of “Warning: This Drug May Kill You,” held at Brown in April.

The documentary, “Warning: This Drug May Kill You,” which airs on HBO tonight, May 1, addresses the opioid crisis through the experiences of four families who have lost loved ones through addiction to heroin and/or prescription painkillers. Brown alum **PERRY A. PELTZ, MPH**, '82, directed the film, which premiered in April at a Brown University School of Public Health event on population health.

In an opening segment, the film traces the roots of the opioid epidemic to the late 1990s, and illustrates this with a video of a physician speaking for Purdue Pharma (which first marketed OxyContin in 1996). He extols the efficacy and safety of the product for long-term use. Nine years later, the company pleaded guilty to misbranding and deceptive marketing practices and settled for \$600 million in fines.

The “black-box warning” title of the documentary is fitting; at times it is excruciatingly painful to watch as you enter the homes and lives of the victims, whose stories are told through family members; in one segment, a

young girl reviews how to administer Narcan, kept in the kitchen cabinet, in case her mom, Stephany, overdoses.

In the film, Stephany, who has just finished rehab, relates how she was prescribed Dilaudid, OxyContin and Vicodin for pain while being treated for kidney stones at the age of 16. She ended up sharing the pills with her sister, Ashley, and when they could no longer get prescriptions, they turned to the streets and heroin. It is a grim family story. Ashley fatally overdosed. Stephany eventually entered “A Way Out,” a 30-day state-sponsored rehab program involving local police departments.

Another segment of the documentary tells the story of Wynne, a mother of three, whose addiction to opioids began after a C-section. “Doctors were just throwing pills at her and she became a totally different person, like a Jekyll and Hyde. I had no idea what was going on,” her ex-husband Britt says.

After checking in and out of multiple rehab facilities, and millions of dollars spent in the recovery effort, Wynne seemed to be doing better, until she

was hospitalized with kidney stones. She was discharged with pain meds and relapsed. Her two teenage sons found her the next morning, unresponsive. Their panicked efforts to revive her failed.

In the panel discussion after the film, Peltz said, “These are good people who are becoming addicted. It is a chronic brain disease. We need to remove the stigma of addiction; this is happening to 91 people a day. It could be any one of us.”

DR. JODY RICH, medical adviser to the statewide Overdose Prevention and Intervention Task Force, said that 90 percent of those addicted to drugs who enter rehab programs relapse, and that Medication Assisted Treatment (MAT) is one of the best tools currently available to address this. Treatment drugs include methadone, Suboxone (buprenorphine), and Vivitrol (naltrexone).

In Rhode Island, six centers throughout the state provide Medication-Assisted Treatment (MAT), peer-based recovery coaches and vocational counseling. ❖



Following the film, a panel discussion included filmmaker **Perry A. Peltz**; **Rebecca Boss**, acting director of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals; **Jody Rich, MD**, professor of medicine and epidemiology, and **Nicole Alexander-Scott, MD, MPH**, director of the Rhode Island Department of Health. At right is the dean of the Brown School of Public Health **Terrie “Fox” Wetle**, who moderated the event.



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New fund to accelerate medical technologies toward market

Brown's new Biomedical Innovation Fund has made two grants to accelerate the commercialization of technologies – one for diagnosing drug dependence in newborns and a second for discovering anti-ALS medicines.

PROVIDENCE – Often what's needed to turn biomedical advances in the lab into innovations that reach patients through the marketplace is a proof-of-concept stage of funding that allows researchers to explore, develop and

can realize their full potential," Elias said. "Moreover, this targeted program creates an environment that fosters faculty enterprise and provides real-life scientific and entrepreneurial experience to our students."

The new fund is supported by gifts from two donor couples: Brown parents **WES AND LYNN EDENS**, and alumni and parents **DRS. MARK AND RECIA KOTT BLUMENKRANZ**.

Earlier this year, the University called for faculty members to apply for

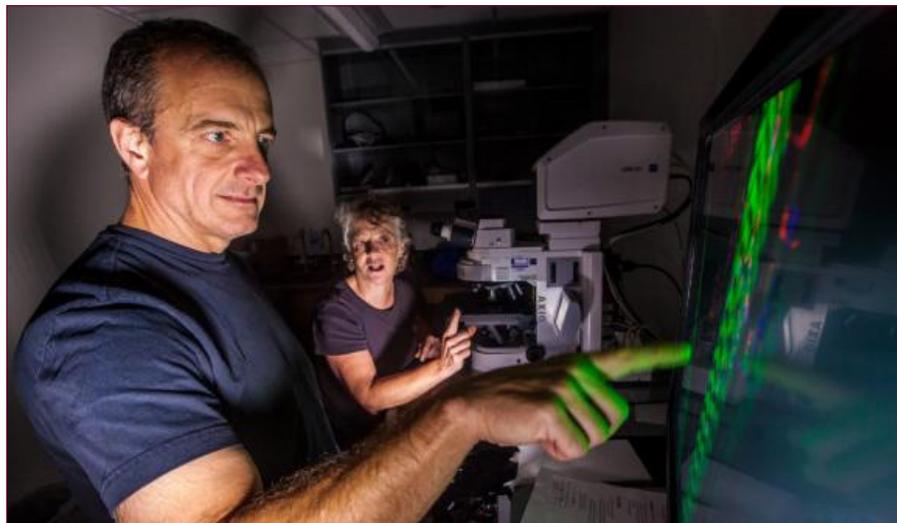
accompany some babies born to a mother with an opioid addiction, such as to prescription pain medications. Babies with NAS have a characteristic cry but measuring it has been, until now, a subjective task. Developed by psychiatry and human behavior and pediatric faculty members Barry Lester and Stephen Sheinkopf and Professor of Engineering Harry Silverman, a computer algorithm that analyzes baby cries could make diagnosis more systematic and reliable.

"This proof-of-concept project will enable us to collect data that would attract potential investors in the development of an automated, hand held 'iPhone-like' device," they wrote in their application.

The other technology is a fruit fly, or *Drosophila*, model of the devastating neurodegenerative disease amyloid lateral sclerosis. The lab of Robert Reenan, professor of biology, has engineered ALS-causing genetic mutations in the flies and used that to discover further mutations in a "suppressor gene" that mitigates the harmful effects of the disease. The team will use that information to guide a search for "small molecule" compounds that can pharmacologically achieve similarly beneficial effects in the ALS flies.

"These suppressor mutations identify a class of conserved human gene counterparts as potential drug targets of relevance in neurodegenerative disorders such as ALS and dementia," Reenan wrote. "In this grant, we will engineer *Drosophila* expressing proteins from these human gene counterparts and using a powerful 'humanized' model approach, we will interrogate the system using existing small molecules to identify 'hits'."

Katherine Gordon, managing director of Brown's Technology Ventures Office, said the fund will help these projects and future ones overcome a gap that could otherwise leave them unready for licensing or commercialization. ❖



Robert Reenan, in the lab with colleague Kristi Wharton, studies ALS using fruit flies engineered to genetically model the human disease.

demonstrate the value of their ideas for potential investors and industry partners. To guide more of Brown's research toward commercialization, the University has launched a new program, the Brown Biomedical Innovation Fund, and announced the first two grants.

Launched and implemented in partnership with Brown's Technology Ventures Office, the fund is the first program of Brown Biomedical Innovations, Inc., created by **DR. JACK A. ELIAS**, dean of medicine and biologic sciences, as part of a strategic plan to enhance Brown's approach to translational research.

"Through this new innovation fund, we can help our teams of researchers advance promising discoveries toward marketable technologies so that they

the first Biomedical Innovation Fund grants of up to \$100,000 each. A committee reviewed the proposals and decided upon the two winning projects. The members of the review panel are venture capitalists Amir Nashat of Polaris, David Donabedian of the Longwood Fund, Gaye Bok of Excel Venture Management, Rich Horan of Slater Technology Partners and Gregory D. Jay, professor of emergency medicine and engineering.

Two technologies

One technology could help doctors diagnose a tragic and increasingly common condition among newborns: Neonatal Abstinence Syndrome (NAS), or the withdrawal symptoms that

AMA launches effort to increase and improve EHR training in medical schools

CHICAGO – With the majority of today’s physicians graduating from medical school without comprehensive training using electronic health records (EHR), the American Medical Association (AMA) and the Regenstrief Institute are collaborating to ensure more medical students and medical trainees gain real-world experience using EHRs during their training. Developed by Indiana University School of Medicine (IU) and the Regenstrief Institute as part of the AMA’s initiative to create the medical school of the future, the Regenstrief EHR Clinical Learning Platform will be disseminated by the AMA and Regenstrief to medical schools across the country.

The first-of-its kind platform uses real, de- and mis-identified patient data to safely allow students to virtually care for patients with multiple,

complex health conditions by navigating records, documenting encounters, and placing orders within an application that is similar to the EHRs used in practice. It also provides an immersive and cutting-edge way for educators to teach students how EHRs can be used to address important issues pertaining to population health, quality improvement, patient safety and social determinants of health. The platform uniquely offers tools for educators to create customized content that is specific to their curriculum goals and also tools to evaluate students.

Providing medical students with the ability to use EHRs during their training is one of the innovations identified by the AMA’s 32-school Accelerating Change in Medical Education Consortium as necessary to the medical school of the future. As one

of the founding Consortium schools, IU School of Medicine received a \$1 million AMA grant to work with the Regenstrief Institute to develop a way to incorporate EHR training into its curriculum so it could be implemented by other medical schools. After more than a year of use by, and feedback from, IU medical students, the newly enhanced Regenstrief EHR Clinical Learning Platform – which uses real de- and mis-identified patient data from Eskenazi Health, one of the nation’s largest essential health care systems – is now available for widespread adoption. With support from the AMA, the Regenstrief Institute is actively working to engage medical educators from across the country to implement the EHR clinical learning platform into their medical schools’ curricula. ❖



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