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Alpert Medical School, 6 foundations partner to form Brown Physicians, Inc.

Physician groups include: The Neurology Foundation, Inc.; University Emergency Medicine Foundation; University Medicine Foundation; University Surgical Associates, Inc.; Brown Urology, Inc.; and Brown Dermatology, Inc.

PROVIDENCE – Six physician practice foundations have agreed to form a new physician-led federation, Brown Physicians, Inc., in partnership with the Warren Alpert Medical School of Brown University.

Members of the Corporation of Brown University joined the presidents of the six foundations in signing a formal agreement at a ceremony at Brown May 25, to create the non-profit Brown Physicians, Inc. (BPI). The foundations are: The Neurology Foundation, Inc.; University Emergency Medicine Foundation; University Medicine Foundation; University Surgical Associates, Inc.; Brown Urology, Inc.; and Brown Dermatology, Inc.

The agreement will take effect on July 1, 2017. At the outset, the foundations will retain their status as individual corporations within the BPI federation. Caliendo said the agreement outlines parameters for further integration in the future to achieve evolving goals for expansion and growth.

In forming the partnership, both the physician practice foundations and Brown's medical school will invest financially to ensure BPI's success in both the short and long term. The University will contribute funds toward operations during BPI's first decade and raise funds to endow professorships and make new hires within the partnership. Meanwhile, the members of the foundations will contribute a modest percentage of revenues toward supporting research and other academic activities.

Together, the six foundations employ more than 500 doctors, all of whom are also members of the Warren Alpert Medical School faculty, and many of whom work side-by-side in local hospitals with physicians and other health care providers employed by the hospitals.

DR. JACK A. ELIAS, senior vice president for health affairs and dean of medicine and biologic sciences at Brown, will join the presidents of the foundations and a second Brown appointee to form BPI's board of directors. He said the new organization will enable enhanced partnership between the foundations, Brown and its affiliated hospitals as they seek to develop new therapies in laboratories and deliver the best medical care in clinical settings.

"I look forward to working with my colleagues to identify and implement a strategic approach that will help clinicians across important specialties identify efficient, effective ways to improve care for patients across the region," Elias said. "BPI will yield new opportunities for our Brown medical students, focus resources on urgent areas of innovative research and enhance our ability to hire the best physician-scientists."

Discussions on the effort to form BPI began among Brown's medical school leaders, clinical faculty and affiliated health



Dr. Jack A. Elias, senior vice president for health affairs and dean of medicine and biologic sciences at Brown, signs a new agreement creating BPI as **Dr. Angela Caliendo**, vice president of University Medicine Foundation and interim executive director of BPI looks on.

care providers approximately five years ago, Elias noted, and the partners worked over the last 15 months to outline an agreement.

DR. ANGELA CALIENDO, vice president of University Medicine and BPI's interim executive director, said the foundations and their physicians will experience many benefits from sharing administrative resources, such as greater operating efficiency.

"Forming BPI is an important step, as it provides the foundations with the opportunity to enhance coordination of care, improve the quality of care for patients in RI and the region, better position us for success in the changing healthcare environment, and facilitate partnerships with the hospitals," said Caliendo, who is also a professor of medicine at Brown. "The creation of BPI also underscores our commitment to the research and teaching missions of the medical school."

Elias and Caliendo noted that the potential for improved patient care in the region is an important focus of the agreement. While patients of the six foundations will face no practical changes to how they receive care, they stand to benefit from enhanced administrative and medical coordination. Over the longer term, greater collaboration on research can lead to the development of advanced therapies that will ultimately benefit patients.

"We believe that collaborating with our clinical partners to more tightly integrate patient care, research and education will result in a significant and positive impact on the local community," said University President Christina Paxson.

The creation of BPI will enhance the ability of its members to serve the community's health care needs, Paxson explained, to optimally educate the next generation of medical professionals, to grow combined research portfolios, and to contribute to the state's plans to cultivate a thriving biomedical economy in Providence and the greater region. ❖

New Secretary of Veterans Affairs, Dr. David J. Shulkin, visits Providence VA, Veterans Home



Dr. Susan D'Andrea, director of the Virtual Reality and Motion Analysis Rehabilitation Laboratory, demonstrates to Veterans Affairs Secretary Dr. David Shulkin and Sen. Jack Reed a virtual reality system that creates virtual environments and uses motion-capture cameras to animate an avatar in the virtual environment based on the motion of an individual walking on a treadmill in the real world. She said the system provides effective training by creating realistic and challenging environments with accurate visual perception of a motor task being performed by the user.

a briefing on research to improve the access, quality and value of care for Veterans in nursing homes.

Shulkin concluded his visit by challenging Providence VAMC and Rhode Island officials to effectively end Veterans homelessness in the state within the next few years, noting the progress already made and how close they are to the goal.

Prior to the cornerstone ceremony, the Secretary toured the new 208-bed Veterans Home,

located on the site of the current Rhode Island Veterans Home in Bristol, with Gov. Gina Raimondo, Sen. Jack Reed, Sen. Sheldon Whitehouse, Rep. Jim Langevin, Rep. David Cicilline, Kasim Yarn, director of the Rhode Island Office of Veterans Affairs, Dr. Susan MacKenzie, Director of the Providence VAMC, E.J. McQuade, director of the Providence VBA Regional Office, and other state and local officials.

Scheduled to open in the fall, the facility is being built using new federal design guidelines that maximize independent living. ❖

PROVIDENCE – The new Secretary of Veterans Affairs, **DR. DAVID J. SHULKIN**, visited Rhode Island May 5 to participate in a cornerstone ceremony at the Rhode Island state Veterans Home and visit the Providence VA Medical Center.

After the ceremony, the secretary traveled to the Providence VAMC, and received a tour of the Virtual Reality lab. Dr. Noah Philip, director of the Neuromodulation Clinic, described non-invasive brain stimulation research that will help Veterans suffering from PTSD.

Shulkin was then shown DEKA, the first computer-driven prosthetic arm capable of multiple simultaneous movements.

Next was a tour of the Virtual Reality and Motion Analysis Rehabilitation Laboratory. Dr. Susan D'Andrea, lab director, said the system creates realistic and challenging virtual environments for training and rehabilitation.

The secretary then received briefings on selected research and facility achievements, and discussed his priorities.

Shulkin said that VA strategy is focused on transparency, and that new access and quality of care information is now available to Veterans on the VA access website, www.accesstocare.va.gov.

DR. LEIGH HOCHBERG, director of the VA Center for Neurorestoration and Neurotechnology, gave a presentation on BrainGate, a neuroscience consortium that includes Brown University and the PVAMC, and research on new technologies for brain-computer interface.

DR. JAMES RUDOLPH, director of the Center of Innovation in Long-Term Services and Supports for Vulnerable Veterans, gave



Dr. Leigh Hochberg, director of the VA Center for Neurorestoration and Neurotechnology, left, shows Secretary of Veterans Affairs **Dr. David Shulkin**, right, and **Dr. Satish Sharma**, Providence VAMC chief of staff, a device for brain-computer interface during a presentation on BrainGate, a neuroscience consortium that includes Brown University and the Providence VA Medical Center.



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Director: Erika Litvin Bloom, PhD

Dr. Bloom is a clinical psychologist at RIH and University Medicine and faculty at the Alpert Medical School of Brown University.

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Health insurers to end prior authorization for opioid dependency medications

Agreements reached with all of Rhode Island's major commercial insurers

CRANSTON – **DR. KATHLEEN HITTNER**, Health Insurance Commissioner for the State of Rhode Island, has executed agreements with all major commercial health insurers in the state to end the practice of requiring prior authorization for certain prescription drugs used to treat patients with opioid dependence disorders.

“I am very pleased to announce these agreements, which will greatly improve access to necessary medications for patients with opioid dependence disorders,” Dr. Hittner said. “Working together with Rhode Island’s health insurers, we’ve found a way to streamline processes for coverage of these treatments. I am grateful for the insurers’ collaboration and commitment to fighting this public health crisis.”

All four major health insurers – Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, Tufts Health Plan, and United Healthcare – joined in the agreement to eliminate prior authorizations for patients prescribed medications such as buprenorphine and Suboxone. The agreements will allow opioid dependent patients more timely access to medications.

The Office of the Health Insurance Commissioner is currently conducting a Market Conduct Examination for Mental Health and Substance Abuse Parity. Commissioner Hittner said the ongoing examination “led my staff and me to reach out to the insurance carriers and begin to consider ways to improve access to MAT.” ❖

Southcoast Health opens Urgent Care center in Seekonk

SEEKONK – Southcoast Health opened its new Urgent Care center May 1. The 4,800 square-foot center provides immediate, non-emergency care. It is staffed by a specialized team of physicians, mid-level providers and a number of ancillary and support staff, and offers a full array of services including on-site radiology and laboratory services, basic orthopedics, gynecologic and minor surgical treatments, and medications.

Open seven days a week, the center treats both adults and children (6 months of age and older). Walk-ins are welcome,

and no appointment is needed. Patients are not required to have a Southcoast primary care physician, and the patient’s primary care physician is electronically alerted to the visit.

Patients seeking services can now use a new online check-in system. Visitors to www.southcoast.org/urgentcare can find the closest center, its current wait time and click “Save My Spot” to get in line electronically.

The new facility in Seekonk is Southcoast Health’s fourth Urgent Care center.



At the ribbon-cutting ceremony for Southcoast Health’s new Urgent Care center, were, from left, Chief Michael Healy, Seekonk Fire Department; Nelia O’Donnell, Urgent Care staff; Lori Minor, Urgent Care staff; Captain Sandra Lowry, Seekonk Fire Department; Karen Scott, Urgent Care Manager; Kelly Houde, Urgent Care Practice Administrator; Dr. Pamela Spatz, Urgent Care Medical Director; Renee Clark, COO of Southcoast Hospitals Group; Keith A. Hovan, President & CEO of Southcoast Health; Shawn Cadime, Seekonk Town Administrator; Representative Steven Howitt; Brad Silverman, Urgent Care Executive Director; Jeff Harris, Chairperson of Seekonk Economic Development Committee, Marigloria Murphy, Urgent Care staff; Diane Sweet, Urgent Care staff; and Rebecca Finlaw, Urgent Care staff.

Southcoast Health partners with Stratus Video to improve care for limited English proficiency and Deaf/Hard-of-Hearing patients

Health system offers video remote interpretation for patients throughout Southeastern Mass.

NEW BEDFORD – Southcoast Health has partnered with language access and telehealth company, Stratus Video, to better serve its limited English proficiency (LEP) and Deaf/Hard-of-Hearing patients. The community-based health system now provides easy access to video remote interpretation (VRI) at all three of its hospitals in Southeastern Massachusetts.

Ever-expanding language diversity, coupled with evolving federal regulations of the Americans with Disabilities Act (ADA), has brought on-demand interpreting from a “nice-to-have” to “mission-critical” for health systems looking to provide quality care for all patients. For Southcoast Health, there

were 42,195 interpretation requests across all of its hospitals in FY 2015, of which 24,486 were for Spanish, alone. The health system realized the need to offer its diverse patient population access to a broader array of simple and effective communication tools.

“We are very focused on leveraging innovation to promote health and well-being in the communities and populations we serve, and our LEP population is no exception,” said **DR. ROBERT CALDAS**, Chief Medical Officer and Senior Vice President of Southcoast Health. “We have been so pleased with how Stratus Video Interpreting has helped enhance communication and care delivery in our hospitals that

we are now beginning to discuss rolling the VRI technology out to our affiliated physician practices.”

Stratus Video Interpreting combines the benefits of face-to-face interpretation with the on-demand nature of over-the-phone interpretation. The mobile app is easy to use and can be loaded onto any tablet, smartphone, desktop or laptop, giving users instant access to medically qualified interpreters at a push of a button. On the back-end, the technology incorporates sophisticated automation and intelligent routing, enabling easy integration into existing processes and workflows. ❖



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Blackstone Valley Surgicare acquired by CharterCARE Health Partners



“CharterCARE’s breadth of services, contracting expertise and capital strength will ensure stability and growth for our organization in the years ahead.”

Blackstone Valley SurgiCare is fully licensed by the state of Rhode Island, certified by Medicare and accredited by AAAHC, and accepts all major insurance. ❖

Ann Dugan, administrator, is pictured discussing Blackstone Valley Surgicare’s capabilities with Johnston Mayor Joseph Polisen and John Holiver, CharterCARE CEO.

JOHNSTON – Blackstone Valley Surgicare, an ambulatory surgery center in Johnston, has been acquired from Surgical Care Affiliates by CharterCARE Health Partners. The purchase was approved by the Rhode Island Department of Health last month.

“This acquisition will ensure CharterCARE patients with direct access to a complete range of outpatient surgery procedures and will continue the process of completing our service capabilities,” said CharterCARE President and CEO John Holiver.

“We are delighted to become part of the CharterCARE network”, said Blackstone Administrator **ANN DUGAN**.



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Women & Infants awarded \$12.2M NIH grant

First COBRE of its size, only one in the U.S. to focus on women's health

Women & Infants Hospital has been awarded a \$12.2 million National Institutes of Health (NIH) Center of Biomedical Research Excellence (COBRE) grant to boost interdisciplinary research related to women's reproductive health. This is the first COBRE of its size and the only one to focus on women's health.

"While there are physiological changes in response to pregnancy, some of these changes persist later in life," said **SURENDRA SHARMA, MD, PhD**, a research scientist and professor in the Department of Pediatrics at Women & Infants Hospital and The Warren Alpert Medical School. "The question that remains unanswered is how complications suffered by a woman during pregnancy provide insight into other future adverse health outcomes."

Dr. Sharma will serve as the principal investigator for the COBRE for Reproductive Health. **MAUREEN G. PHIPPS, MD, MPH**, chief of obstetrics and gynecology at Women & Infants, will serve as Deputy Director of the program.

Four investigators will be participating at Women & Infants Hospital:

LYNAE BRAYBOY, MD, a reproductive endocrinologist, proposes a study on the prediction of preeclampsia and gestational diabetes in in vitro fertilization (IVF) patients.

SHIBIN CHENG, MD, PhD, a research scientist, will continue his studies into preeclampsia, which also focuses on the concept that preeclampsia may be a prelude to Alzheimer's disease, a significant disease affecting women later in life.

BEATRICE LECHNER, MD, a neonatologist, will continue her studies into complications causing pre-term birth. Along with a high rate of mortality in newborns, preterm birth has also been associated with a high rate of mortality in mothers, suggesting its long-term health effects on women.

JESSICA S. SCHUSTER, PhD, instructor of pediatrics and a computational biologist in the Department of Pediatrics, will continue her study which focuses on women diagnosed with severe preeclampsia and on using contemporary mathematical and computer science approaches to find answers to scientific questions related to preeclampsia. ❖

Research evaluates effectiveness of yoga in treating major depression

Research led by Lisa Uebelacker, PhD, published in Psychological Medicine

When treating depression, traditional treatment such as medication or psychotherapy is effective for many patients, some may not fully recover even with these treatments. Researchers sought to determine if the addition of hatha yoga would improve treatment outcomes. They found that the benefits of yoga were less pronounced early in treatment, but may accumulate over time.

The research, entitled "Adjunctive yoga v. health education for persistent major depression: a randomized controlled trial," has been published in *Psychological Medicine*. The research was led by **LISA UEBELACKER, PHD**, a research psychologist in the Psychosocial Research Department at Butler Hospital.

"The purpose of this study was to examine whether hatha yoga is effective for treating depression when used in addition to antidepressant medi-

cation," explained Dr. Uebelacker. "We did not see statistically significant differences between hatha yoga and a control group (health education) at 10 weeks, however, when we examined outcomes over a period of time including the three and six months after yoga classes ended, we found yoga was superior to health education in alleviating depression symptoms."

According to Dr. Uebelacker, this is the largest study of yoga for depression to date. The team enrolled individuals with current or recent major depression who were receiving antidepressant medication and continued to have clinically significant depression symptoms. Participants were randomized into two groups – those who participated in a hatha yoga class and a control group who took part in a health education class. The intervention phase lasted 10 weeks and participants were followed for six months afterward.

"We hypothesized that yoga participants would show lower depression severity over time as assessed by the Quick Inventory of Depression Symptomatology (QIDS), as well as better social and role functioning, better general health perceptions and physical functioning, and less physical pain relative to the control group," said Dr. Uebelacker. "We found that yoga did indeed have an impact on depression symptoms."

The team also included Gary Epstein-Lubow, MD; Ana M. Abrantes, PhD; Audrey Tyrka, MD, PhD; Brandon A. Gaudiano, PhD; and Ivan W. Miller III, PhD, of Butler Hospital and the Warren Alpert Medical School; Geoffrey Tremont, PhD and Tanya Tran of Rhode Island Hospital and the Warren Alpert Medical School; Tom Gillette of Eyes of the World Yoga; and David Strong of the University of California, San Diego. ❖