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Arrowhead Dental Associates

Arrowhead DENTAL ASSOCIATES

delivering exceptional and comprehensive dental care out of South County, Rhode Island for over 39 years

Blackstone Valley Community Health Care

BLACKSTONE VALLEY COMMUNITY HEALTH CARE

committed to providing high quality, accessible, affordable, comprehensive health care to the residents of the lower Blackstone Valley

Brentwood By The Bay Assisted Living

BRENTWOOD BY THE BAY *Assisted Living*

providing compassionate, comprehensive nursing care and physical rehabilitation for a seamless senior living and care solution

Saint Antoine Community

Saint Antoine Community
THE ULTIMATE IN ASSISTED LIVING AND EXCELLENCE IN NURSING CARE

a caring community serving the physical, social, emotional, and spiritual needs of older adults and their families

Saint Elizabeth Community

Saint Elizabeth Community
Where RI seniors come first

a non-profit, non-sectarian, charitable organization that provides a full spectrum of quality care to older adults and people with physical disabilities

The Branches of North Attleboro

THE BRANCHES of North Attleboro

new assisted living and memory care community scheduled to open in Fall 2017
EOEA certification pending

Thundermist Health Center

Thundermist! HEALTH CENTER

a Federally Qualified Community Health Center, serving three communities -- Woonsocket, West Warwick, and South County -- for 45 years

University Orthopedics

UNIVERSITY ORTHOPEDICS
Healers. Innovators. Teachers.

a regional referral center for patients with back and neck pain, joint pain, sports medicine problems, shoulder pain, hand problems, hip and knee pain, and foot and ankle injury

Visiting Nurse of Hope Health

Visiting Nurse of HopeHealth
Touching Lives

an independent, non-profit, community-based home health care provider providing high-quality care to residents of Rhode Island and Massachusetts

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Multidisciplinary approach may help vets with pulmonary hypertension and coexisting conditions

PROVIDENCE – A paper published August 22 in the print version of *Pulmonary Circulation* by a Providence VA Medical Center researcher suggests that a multidisciplinary approach may improve outcomes for Veterans with pulmonary hypertension and coexisting cardiopulmonary conditions.

"A multispecialty approach to a suspected case of pulmonary hypertension is recommended, but there are few data available on the adherence to guidelines or outcomes in such patients," said **DR. MATTHEW JANKOWICH**, a researcher at Providence VAMC and the Alpert Medical School of Brown University, and lead author of the paper.

The study evaluated the clinical characteristics, outcomes and prognoses of Veteran patients with suspected pulmonary hypertension who are receiving care from the Pulmonary Hypertension Clinic at the Providence VAMC. It revealed a high prevalence of coexisting cardiopulmonary conditions in these patients. The patients underwent evaluation according to established guidelines for pulmonary hypertension and, although the patients showed a high rate of hospitalizations and mortality, supportive care for these patients improved following a comprehensive, multidisciplinary evaluation. The paper is available online at: http://journals.sagepub.com/doi/pdf/10.1177/2045893217726063.

"The results are encouraging, but further research is needed to determine if the approach can improve outcomes in the larger Veteran population with pulmonary hypertension," said Dr. Gaurav Choudhary, the senior author for the paper and chief of the Research and Development Service at the Providence VAMC. ❖

PROVIDENCE VA MEDICAL CENTER PHOTO BY WINFIELD DANIELSON

Dr. Matthew Jankowich, a researcher at Providence VA Medical Center and the Alpert Medical School of Brown University, uses a project poster at the Providence VAMC Wednesday, Aug. 23, 2017, to explain his study regarding a multidisciplinary approach to evaluating Veterans with pulmonary hypertension and coexisting cardiopulmonary conditions. Jankowich published a paper in "Pulmonary Circulation" Aug. 22, 2017, that suggested a multidisciplinary approach may improve outcomes.

RI first state to require coverage of fertility preservation for at-risk patients

PROVIDENCE – Rhode Island has become the first state to pass a law explicitly requiring coverage for fertility preservation prior to gonadotoxic medical therapy, treatment that could directly or indirectly cause infertility.

Clinicians from the Fertility Center and Program in Women's Oncology/Breast Health Center at Women & Infants Hospital initiated the legislative process, co-wrote the bill, and along with patients testified on behalf of its passage at hearings at both the Rhode Island House of Representatives and Senate.

This law explicitly mandates fertility preservation coverage prior to medical treatment that could render a patient infertile, setting a new precedent nationwide.

More than 100,000 new cancer diagnoses in the United States are in patients under the age of 45. Advances in cancer therapies, particularly chemotherapies, have led to dramatic improvements in patient survival, and thus a growing population of cancer survivors who wish to start a family.

According to **EDEN CARDOZO, MD**, a reproductive endocrinologist with Women & Infants' Fertility Center, "Unfortunately, in nearly 90 percent of cases, these treatments result in infertility, which has been shown to have negative physical and psychological consequences. There are options currently available to preserve the fertility of these patients, but the unfortunate reality is that without insurance coverage, most patients can't afford to see a reproductive specialist for these services."

RUBEN ALVERO, MD, director of the Division of Reproductive Endocrinology and Infertility at Women & Infants and the Warren Alpert Medical School, credits Dr. Cardozo with developing the idea for the legislation. This physician team, along with government affairs and legal teams, shepherded the legislative process for fertility preservation coverage in Rhode Island.

Legislation aimed at providing fertility preservation coverage was passed in Connecticut in June, which revises the definition of infertility to include "medically necessary" treatments. The Rhode Island law provides a separate definition, which explicitly mandates fertility preservation coverage prior to gonadotoxic therapies. ❖

Quit Smoking Study!
Refer Your Female Patients

WE QUIT
Women Engaging in Quitting Smoking Together

Rhode Island Hospital

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.

WE QUIT is enrolling women who want to quit smoking and are concerned about gaining weight after quitting.

Please contact us to request flyers to display in your waiting rooms or exam rooms or to give directly to patients.

Dr. Bloom can also visit your practice to provide more information about WE QUIT.

Phone: 401-450-2731

Email: wequit@lifespan.org

www.lifespan.org/studies-for-women/WE-QUIT.html

Enrolling participants until 2018!

- Group program at RI Hospital and nicotine patches at no cost
- Compensation and free parking

University Medicine

BROWN
Alpert Medical School

WE QUIT is funded by the National Institutes of Health

State reduces health care premium increases requested for 2018

CRANSTON – Health insurance premium rates for 2018 have been approved by Rhode Island's Office of the Health Insurance Commissioner (OHIC).

Overall, these 2018 premiums will be $16.7 million dollars lower than what the insurers asked OHIC to approve.

OHIC's decisions include some reductions in insurers' cost estimates and contributions to reserves and profit. Across the US, health insurers are seeking double-digit rate increases for 2018 plans.

The main drivers of Rhode Island premiums for 2018 are:

- Double digit annual increases for prescription drug costs, which range from 9.7% to 13.7% across insurers.
- Higher hospital outpatient use than in recent years.
- The reinstatement of a federal health insurance tax, which adds up to 2% to most premiums.

"Fortunately, the outlook is better in Rhode Island relative to health insurance premium increases in other states, and we have been able to reduce the 2018 rate increases by $16.7million. However, health insurance costs are already very high for many Rhode Islanders, and we understand that annual increases are a burden for individuals and companies in our state," said state health insurance commissioner **MARIE GANIM**. "It is our job at the Office of the Health Insurance Commissioner to continue to work to transform the health care system to get costs under control."

2018 Individual Market Rate Summary:
Weighted Average Overall Rate Requested and Approved

Insurer	2018 – Requested	2018 – Approved	2017 - Requested	2017 - Approved	2016 - Requested	2016 - Approved
BCBSRI	13.9%	12.1%	9.0%	5.9%	11.0%	3.8%
NHPRI	5.0%	5.0%	-5.0%	-5.9%	8.6%	5.8%

2018 Small Group Market Rate Summary:
Weighted Average Overall Rate Requested and Approved

Insurer	2018 – Requested	2018 – Approved	2017 - Requested	2017 - Approved	2016 - Requested	2016 - Approved
BCBSRI	8.6%	7.3%	3.9%	2.1%	2.3%	0.0%
NHPRI	6.3%	6.3%	-2.2%	-3.1%	0.8%	2.4%
UnitedHealthcare (HMO)	12.8%	8.1%	0.4%	-1.8%	13.5%	7.2%
UnitedHealthcare (PPO)	12.8%	8.1%	0.4%	-1.8%	13.5%	7.2%
Tufts Health Plan (HMO)	6.0%	6.0%	-1.0%	-1.0%	-2.5%	-4.1%
Tufts Health Plan (PPO)	6.5%	6.5%	-0.9%	-0.9%	-2.9%	-4.5%

2018 Large Group Market Rate Summary:
Weighted Average Overall Rate Requested and Approved

Insurer	2018 – Requested	2018 – Approved	2017 – Requested	2017 – Approved	2016 - Requested	2016 - Approved
BCBSRI	11.9%	10.5%	8.9%	7.0%	7.3%	5.1%
UnitedHealthcare	10.3%	8.0%	5.3%	3.6%	7.6%	4.4%
Tufts Health Plan HMO	9.8%	9.8%	4.8%	4.8%	6.7%	6.1%
Tufts Health Plan PPO	10.4%	10.4%	4.3%	4.3%	7.2%	6.6%

The tables above reflect the average premium increase to consumers, before reflecting changes in age. Final rates will differ based on a subscriber's age and the benefits he or she chooses. In the large group market, the expected premium increases are averages – employers will see higher and lower rates depending on demographic changes in their workforce and their own company's rates of medical care utilization. ❖

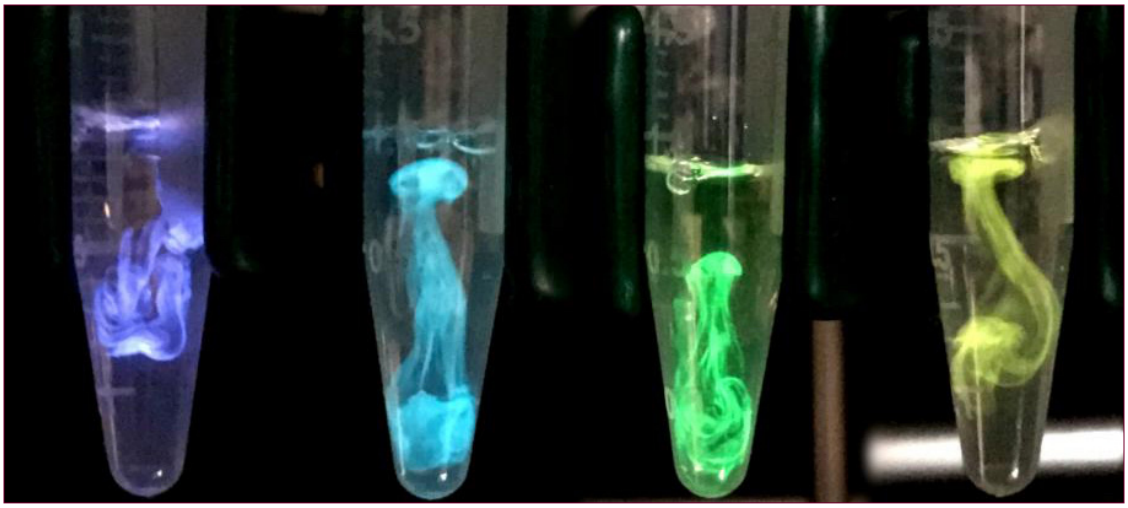
Brown to lead center for creating bioluminescent neuroscience tools with NSF $9.2M grant

PROVIDENCE – With up to $9.2 million in funding over five years from the National Science Foundation, Brown University will lead a national center dedicated to developing and disseminating new tools based on giving nervous system cells the ability to make and respond to light. Neuroscientists could use the tools to uniquely manipulate and observe the circuitry of the brain in a variety of model organisms.

The new "NeuroNex Technology Hub" is a collaboration of labs at Brown, Central Michigan University and the Scintillon Institute. The team's charge is to invent, improve upon and combine several unique bioengineering technologies to create new research capabilities. They will then make their advances rapidly, easily and freely available to the global scientific community.

"Through NeuroNex, we want to enable all scientists to take advantage of the best tools," said principal investigator Christopher Moore, a professor of neuroscience at Brown and associate director of the Brown Institute for Brain Science (BIBS). "There is a real problem in science of certain inequities in access. The idea is to systemically address that."

The center's other leaders are **DIANE LIPSCOMBE**, a Brown professor of neuroscience and BIBS director, **UTE HOCHGESCHWENDER**, a professor at CMU, and Scintillon researcher **NATHAN SHANER**. **JUSTINE ALLEN**, a graduate of



NATHAN SHANER/BROWN UNIVERSITY

Four tubes contain the ingredients that produce bioluminescence: Coelenterazine appears buoyant, swirling as it interacts with luciferase. The three tubes on the right also contain different colored fluorescent proteins attached to the luciferase which, as a result, emit cyan, green or yellow light.

Brown's doctoral program in neuroscience, will serve as the center's administrative director.

In addition to creating the new tools for the scientific community, the team intends to turn its research, which combines elements of biology, chemistry, physics and engineering, into a curriculum to engage and educate high school students.

Enlightened brains

The research has its roots in bioluminescence, the natural ability of cells to make light, as fireflies and many aquatic animals do. Moore, Lipscombe, Hochgeschwender and Shaner have already been working together to engineer bioluminescence into a variety of cells, including neurons, in a project supported in its early stages by the W. M. Keck Foundation. Their work includes making light production contingent on an influx of calcium, a typical means that neurons employ to trigger each other into action. They've also created a brighter form of bioluminescence with proteins they call LumiCaMPsins. In the new project, they will continue to work to create even brighter calcium-modulated bioluminescence in neurons.

Beyond programming cells to regulate their own activity, the team also hopes to develop ways to make cells stimulate each other with light. Such "inter-luminescence" would allow scientists to program and observe calcium-modulated dynamics in whole circuits, Moore said.

Moreover, the group also plans to create new imaging tools. Using a variety of fluorescent molecules, including some that Shaner helped to pioneer, scientists today can make cells glow in response to experimental events, Moore said, but that requires shining a stimulating light on them that can damage tissue and adds a source of noise as that incoming light scatters. Bioluminescence allows cells to glow on cue without that external stimulation, reducing the possibility of damage and reducing a source of scatter. Implanted imaging devices could also be lighter and use less power if they don't have to produce stimulating light.

Moore said one of the reasons the collaborators are excited to share what they are finding is that there is much more room for innovation with the technology than they can fill on their own.

"In our own experience as a cloud of labs working on this stuff, the list of things we want to create to make the world better is getting bigger and bigger," Moore said. "We want to enable the whole field to let them all go after it."

Enlightening minds

As they develop new tools and techniques, the team will employ several means to disseminate them, Moore said. They will produce a website with downloadable experimental protocols, genetic sequences and other documentation and will send "emissaries" to teach other research groups. They will annual hold workshops for visiting scientists to come together, generate and discuss ideas, form new collaborations and learn how to use the new technologies.

"Bring all your students and all your postdocs, and inspire them to take a few of these research questions," Allen said. "Take those home and let this grow."

Moore noted that the collaborators have a strong ethic of such openness. He serves on the board of OpenEphys, an open-source initiative to promote sharing of electrophysiology tools started by two former graduate students in his lab. Lipscombe, Hochgeschwender and Shaner have also openly shared tools and technologies with the research community before, he said.

In addition to teaching other scientists, Moore said, the collaboration will also teach students at several different levels. They plan to hold a weeklong "intensive practicum" course for undergraduate students every spring at the Marine Biological Laboratory in Woods Hole, Mass., to which they encourage applications from students underrepresented in science, technology, engineering and mathematics. They will also create and teach courses in local Providence high schools that already work with the Brown Brain Bee. And finally, Moore said they hope to create an online version of the curriculum for other schools nationwide. ❖