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## Brown receives \$100M donation to advance brain science efforts

*Brain Institute renamed Carney Institute for Brain Science in honor of donors*

PROVIDENCE [BROWN UNIVERSITY] — A new \$100 million gift to Brown University's brain science institute from alumnus **ROBERT J. CARNEY** and **NANCY D. CARNEY** was announced in April.

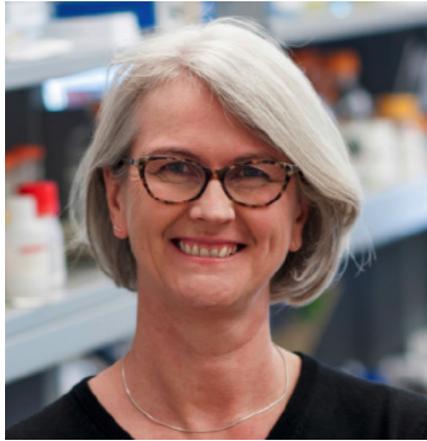
The Carneys' gift changes the name of the Brown Institute for Brain Science to the Robert J. and Nancy D. Carney Institute for Brain Science, and establishes the institute as one of the best-endowed university brain institutes in the country.

Core areas of research at the institute include work on brain-computer interfaces to aid patients with spinal injury and paralysis; innovative advances in computational neuroscience to address behavior and mood disorders; and research into mechanisms of cell death as part of efforts to identify therapies for neurodegenerative diseases that include amyotrophic lateral sclerosis (ALS) and Alzheimer's.

Carney said he is excited that he and his wife are making their gift at a time when brain science has emerged as one of the fastest growing programs at Brown, both in terms of research and student interest.

"Nancy and I have long been impressed by the phenomenal research and education of bright young minds that we see at Brown," Carney said. "We are excited to see the brain institute continue to grow and serve society in ways that are vitally important."

With up to 45 labs across campus engaged in research at any given time – and 130 affiliated professors in departments ranging from neurology and neurosurgery to engineering and computer science – Brown's brain science institute already has built a reputation for studying the brain at all scales, said



Diane Lipscombe, director of the brain science institute at Brown.

**DIANE LIPSCOMBE**, the director of the institute since 2016 and a professor of neuroscience. From studying genes and circuits, to healthy behavior and psychiatric disorder, the institute's faculty contribute expertise to routinely produce insights and tools to see, map, understand and fix problems in the nervous system.

"This is a transformative moment that is going to catapult Brown and our brain science institute," said Lipscombe, who is president-elect of the Society for Neuroscience, the field's international professional organization. "We will be able to crack the neural codes, push discoveries forward and

address some of the largest challenges facing humanity, at the same time training the next generation of brain scientists."

The Carney Institute had its start at Brown as the Brain Science Program in 1999, later becoming the Brown Institute for Brain Science. The scope of its work has increased dramatically in recent years, and the institute now has affiliated faculty spanning 19 academic departments, including clinical departments in the Warren Alpert Medical School.

Brown President Christina Paxson said the \$100 million donation – one of the largest single gifts in Brown's history – will help establish the University as a leader in devising treatments and technologies to address brain-related disease and injury. "This is a signal moment when scientists around the world are poised to solve some of the most important puzzles of the human brain," Paxson said. "This extraordinarily generous gift will give Brown the resources to be at the forefront of this drive for new knowledge and therapies. We know that discoveries in brain science in the years to come will dramatically reshape human capabilities, and Brown will be a leader in this critical endeavor." ❖



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## CharterCARE announces intent to purchase Memorial Hospital from Care New England

CharterCARE Health Partners CEO **JOHN HOLIVER**, Pawtucket **MAYOR DONALD GREBIEN** and other elected officials and community stakeholders held a press conference on April 12 at Pawtucket City Hall to announce CharterCARE's intention to purchase and reopen Memorial Hospital. Reopening the emergency room would be the first step in a phased process to restore hospital services at Memorial.

"Memorial Hospital was formed in 1894 and for well over a century it provided the residents of Blackstone Valley with critical hospital care services. It survived through the decades based on the goodwill and generosity of too many people to mention. Today, we embark on a path to return Memorial Hospital to the people of Blackstone Valley and to restore this critical community asset," said Holiver.

"Generations of Pawtucket residents came to rely upon Memorial Hospital for their healthcare needs, particularly in times of crisis. Regardless of what has transpired in the past six months, we stand here today unified around the opportunity to bring back Memorial, hundreds of employees and access to emergency room care for the residents of Blackstone Valley," said Mayor Grebien. "I asked CharterCARE to see what they could do to address this situation, and they have responded."

Under the terms of a proposal, CharterCARE would purchase the hospital property and infrastructure and will commit to \$10 million in capital improvements. CharterCARE will host healthcare job fairs that prioritize hiring Rhode Islanders. CharterCARE will also pay property taxes to the City of Pawtucket and is working closely with the city to establish a tax stabilization framework. CharterCARE expects to submit a formal offer to CNE to purchase Memorial in the coming days.

The offer will be contingent on getting all appropriate regulatory licenses and certificates of need reinstated so that CharterCARE may provide services historically provided by Memorial Hospital. The purchase is also contingent on CharterCARE's ability to either negotiate fair rates with insurance providers or the adoption of legislation that would mandate reimbursement rates inline with other hospitals in Rhode Island. Legislation to address the imbalance in hospital rates will be introduced in the coming days.

"Central Falls residents need a nearby community hospital for our emergency needs," said Central Falls **MAYOR JAMES DIOSSA**. "Our rescues have been in waiting lines since the closure of Memorial Hospital, putting the health of our residents at serious risk. We took legal action to stop the

### Statement from CNE regarding Memorial Hospital

In response to the CharterCARE announcement made on April 12 regarding the purchase and reopening of Memorial Hospital, Jim Beardsworth, CNE spokesman, said, "We made the difficult decision more than six months ago to close Memorial Hospital and begin transitioning the facility into an outpatient center. In the process, we preserved 200 local jobs and positioned community-based health care for a solid future. Today's announcement by Prospect Health/CharterCare certainly comes as a surprise as there has been no previous discussion or formal proposal submitted to Care New England.

"Any plan to reopen the closed facility, as suggested today, is simply unfeasible especially since we previously had conversations with CharterCare about buying Memorial and those proved fruitless. Today's announcement represents nothing more than an opportunity to muddy the health care landscape with an ill-conceived plan with no true thought for serving the community need."

closure of Memorial and now support this effort to reopen the hospital, its emergency department and to restore jobs and services to the Blackstone Valley."

"We are committed to Rhode Island, and to the Blackstone Valley community. We are prepared to invest \$10 million into Memorial, and reopen this facility creating a first wave of over 100 jobs with more to come. Currently, we are the lowest reimbursed hospital system in the state. We want to work with state and legislative leaders to correct this imbalance," said Holiver.

As a first step, CharterCARE is committed to reopening the emergency room and will then look to phase in outpatient services.

Last October, Care New England announced it would be shutting down emergency services and in-patient units at the hospital, after the failure of a proposed sale to Prime Healthcare. The announcement affected approximately 700 employees, limited access to hospital care in the Blackstone Valley and caused an emergency room crisis when other area hospital emergency rooms were inundated with an overflow of patients during the winter.

"Memorial will not be what it was overnight, but by reopening the emergency room as a first step we can bring back over one hundred jobs. Our goal would be to bring this hospital back in phases by offering services that best meet the demands of the community," added Holiver. ❖

## CharterCARE debuts new first-responder 'Twiage' technology

PROVIDENCE – Fatima Hospital and Roger Williams Medical Center are the first hospitals in Rhode Island to utilize Twiage, a new technology that enables first responders to send crucial information about a patient's status, symptoms, and needed care to a hospital before arrival. On April 11, EMS teams from Providence rescue used Twiage to communicate with both the Roger Williams and Fatima Hospital Emergency Departments while en route with patients.

Nine cities and towns in Rhode Island have already trained their EMS professionals to utilize Twiage and those rescue teams are using the technology to better communicate with the Emergency Departments at both CharterCARE hospitals.

"My members love Twiage," said Providence EMS rescue chief **ZACH KENYON**. "Having an app on the phone makes it so easy and fast, which frees up valuable time for patient care."

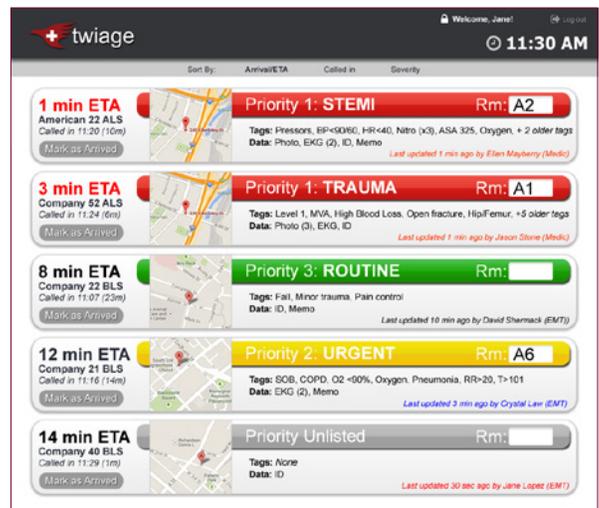
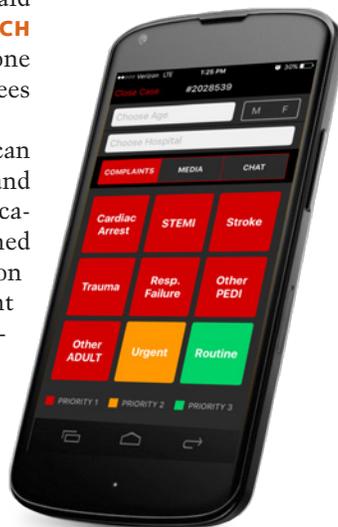
With the Twiage app, EMS teams can send videos or photos of patients and information like symptoms, medications, or tests like an EKG performed on the rescue. All of this information can help the Emergency Department team better assess needs while preparing for the patient's arrival. Twiage also allows EMS professionals to provide accurate GPS tracking of their vehicle so hospitals have a more accurate idea of arrival time.

"Timely care is essential – and in some cases, lifesaving – when it comes to emergency medicine," said **REBECCA BROCCOLI**, Associate Director, Emergency Services, CharterCARE. "Real-time information and GPS tracking for incoming rescues allows us to better prepare for an ambulance's arrival so we can accelerate potentially lifesaving emergency care."

Armed with this information in advance, staff in the Emergency Department can map out a course of action for patients before their arrival. The information is then transmitted back to the paramedic through the app, which reduces time in the Emergency Room



On April 12, the Providence EMS crew became the first to use Twiage at Roger Williams Medical Center. EMS team members from the first two crews that utilized Twiage are pictured here with **Demetra Ouellette**, President, Roger Williams Medical Center; **Rebecca Broccoli**, Associate Director, Emergency Services, CharterCARE, and **Darlene Cuhna**, Chief Operating Officer, CharterCARE.



waiting area and introduces the patient more quickly to direct care. This can be especially important when a patient is exhibiting symptoms of a stroke or similar condition where immediate care is critical.

Twiage is a secure, HIPAA-compliant web app. Once the EMS team arrives at the Emergency Department, the patient's medical information is deleted from the rescue teams' app and becomes irretrievable.

"We are proud to be the first hospitals in Rhode Island to utilize Twiage," said **DR. JOHN JARDINE**, EMS Director

for CharterCARE. "By embracing this innovation, we are ensuring patients get diagnosed and treated more quickly, which can make a tremendous difference in both outcomes and a patient's experience."

"CharterCARE has a history of leadership in emergency medicine," said **JOHN J. HOLIVER**, CharterCARE CEO. "We are home to the state's only elder-friendly hospital emergency departments, were the first to post our ED wait times on our websites, and now, are the first to utilize Twiage." ❖



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## Study: Lifespan, CNE teaching hospitals, AMS bring \$2.4B into RI; supported 26,400 jobs in 2017

A new study shows that Lifespan and Care New England teaching hospitals and The Warren Alpert Medical School supported 26,449 jobs across the state last year. Those jobs, on average, provided \$69,189 in wages, salaries, and benefits for a total of \$1.83 billion in labor income to Rhode Island.

The study by the Association of American Medical Colleges (AAMC) also found that its member organizations in Rhode Island infused \$2.46 billion into the state in direct and secondary economic impact. Secondary benefits include purchases of equipment, services, or supplies, and employee purchases at local businesses.

Conducted by RTI International on behalf of the AAMC, the study examined the economic impact of medical schools and teaching hospitals represented by the AAMC in 46 states, the District of Columbia, and Puerto Rico.

Lifespan, Rhode Island Hospital and The Miriam Hospital as well as Care New England (CNE) and its Women & Infants Hospital are AAMC members, as is Brown's medical school.

"The AAMC findings further validate the vital role Lifespan plays as an economic engine for Rhode Island as we fulfill our mission of providing world-class health care to our patients as well as advancing medical discovery. Our investment in our physicians, clinical staff, researchers and other health care professionals has been unflinching in recent years despite the challenging environment," said **TIMOTHY J. BABINEAU, MD**, president and CEO of Life-span, the state's largest health system and largest private employer.

Babineau pointed to Lifespan's nearly 25 percent increase in its workforce from 2009 to 2017. Lifespan has 14,882 employees across the health system, which also includes Newport Hospital, Gateway Healthcare and Bradley Hospital, another academic affiliate of Brown but not a member of the AAMC.

"Academic medical centers contri-

bute to their local environment in a number of ways. It is easy to see how the research and clinical care that take place improve human health. The academic activities also garner grant support from the National Institutes of Health and philanthropic foundations. In so doing, they provide good paying jobs and generate intellectual property and knowledge about diseases that can lead to new companies and eventually new therapies," said **JACK A. ELIAS, MD**, senior vice president for health affairs and dean of medicine and biological sciences at Brown.

"The contributions of medical students, residents, fellows, and other trainees across our Care New England hospitals are crucial to our ability to provide high quality care, conduct groundbreaking research, and train the next generation of caregivers," said **JAMES E. FANALE, MD**, CNE's president and chief executive officer. "We attract some of the best and brightest from across the country and around the globe. These trainees contribute to our local economy and, through this foundation of education, offer long-term financial contributions locally and nationally."

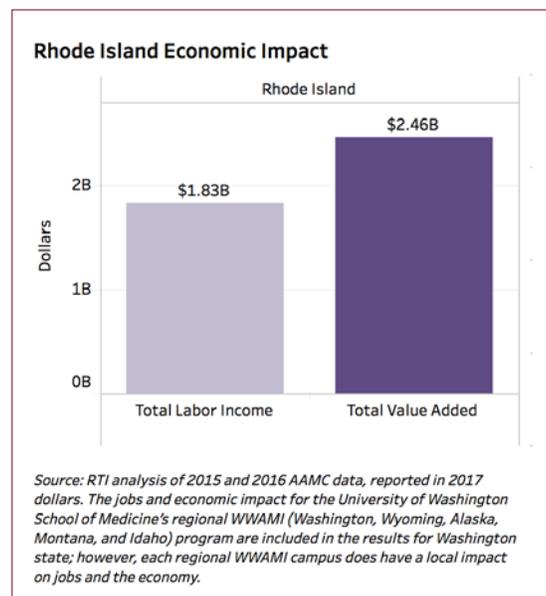
CNE's Butler Hospital is an academic affiliate of Brown as well but not a member of the AAMC. CNE's Kent Hospital has an academic affiliation with the University of New England College of Osteopathic Medicine, which is not a member of AAMC.

In addition to national data, the full report also provides state-level data on jobs and labor income created, total

economic value added by medical schools and teaching hospitals, and impacts of the medical research conducted by AAMC member institutions. ❖

View the full report at [www.aamc.org/EconomicImpact](http://www.aamc.org/EconomicImpact).

<b>Total Jobs</b>	Direct Jobs	13,839
	Indirect Jobs	4,630
	Induced Jobs	7,980
	<b>Total Jobs</b>	<b>26,449</b>
<b>Jobs from Research</b>	Direct Jobs from Research	754
	Indirect Jobs from Research	132
	Induced Jobs from Research	275
	<b>Total Jobs from Research</b>	<b>1,162</b>
<b>Total Labor Income</b>	Direct Labor Income (\$)	1,162,042,255
	Indirect Labor Income (\$)	269,430,169
	Induced Labor Income (\$)	400,702,256
	<b>Total Labor Income (\$)</b>	<b>1,832,174,680</b>
<b>Labor Income from Research</b>	Direct Labor Income from Research (\$)	43,501,238
	Indirect Labor Income from Research (\$)	5,925,945
	Induced Labor Income from Research (\$)	13,833,992
	<b>Total Labor Income from Research (\$)</b>	<b>63,261,176</b>
<b>Total Value Added</b>	Direct Value Added (\$)	1,294,842,693
	Indirect Value Added (\$)	446,765,504
	Induced Value Added (\$)	715,576,056
	<b>Total Value Added (\$)</b>	<b>2,457,184,253</b>
<b>Value Added by Research</b>	Direct Value Added from Research (\$)	55,416,327
	Indirect Value Added from Research (\$)	15,831,056
	Induced Value Added from Research (\$)	24,712,477
	<b>Total Value Added from Research (\$)</b>	<b>95,959,859</b>
<b>Output from Research</b>	Direct Output from Research (\$)	87,246,380
	Indirect Output from Research (\$)	23,869,312
	Induced Output from Research (\$)	39,680,179
	<b>Total Output from Research (\$)</b>	<b>150,795,872</b>



Source: RTI analysis of 2015 and 2016 AAMC data, reported in 2017 dollars. The jobs and economic impact for the University of Washington School of Medicine's regional WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) program are included in the results for Washington state; however, each regional WWAMI campus does have a local impact on jobs and the economy.

## AMA marks milestone in efforts to create the medical school of the future

*Leading medical schools convene in Providence to expand work reshaping how future physicians are trained –building on innovations developed by Brown University and 31 other leading medical schools as first cohort of medical students to receive training under national curricula redesign efforts begin to graduate in May.*

PROVIDENCE – The American Medical Association (AMA) is marking five years of progress in its ongoing work to develop bold, innovative ways to improve physician training that can be implemented across medical education. The AMA, along with the Warren Alpert Medical School of Brown University, convened its 32 school Accelerating Change in Medical Education Consortium in Providence recently to build on efforts underway to ensure future physicians across the country are prepared to care for patients in the changing health care landscape.

Brown's Medical School is among this select group of schools that developed a new curriculum as part of the AMA's Accelerating Change in Medical Education Consortium to reshape medical education nationwide. Through the \$1 million grant it received in 2013 to work with the Consortium, Brown created a first-in-the-nation program designed to train physicians who, with a focus on population and public health, can be future leaders in community-based primary care at the local, state or national level. This is an important innovation given that the modern health system will require physicians to think beyond caring for just an individual's health and take into account the health of a population to improve patient safety and health care quality.

"Since launching this bold effort nearly five years ago, the AMA and our 32-medical school Consortium

have made significant progress toward ensuring future physicians are prepared to meet the needs of patients in the modern health system," said AMA CEO & Executive Vice President **JAMES L. MADARA, MD** "This May, the first medical students to receive full training under the new curricula developed at some Consortium schools will begin to graduate—directly impacting the way that health care is delivered to patients nationwide. During a period of rapid progress, new technology, and changing expectations from government and society, we believe these students will be better equipped to provide care in today's modern, technology-driven health care environment."

Launched in 2015, Brown's new Primary Care-Population Medicine program is helping its students learn how to deliver care that meets the needs of patients in modern health systems – the main objective of "Health Systems Science," the third pillar of medical education which was identified by the AMA Consortium that should be integrated with the two existing pillars: basic and clinical sciences. Brown was among the 11 founding Consortium schools to formalize the strategy and write a textbook to help physicians navigate the changing landscape of modern health systems, especially as the nation's health care system moves toward value-based care. The "Health Systems Science" textbook was released in 2016 and is being used by medical schools across the country – including Brown – to ensure future physicians learn about value in health care, patient safety, quality improvement, teamwork and team science, leadership, clinical informatics, population health, socio-ecological determinants of health, health care policy and health care economics.

"The support of the AMA Consortium

has been critical to the development and success of our innovative Primary Care-Population Medicine program. In addition, all of our medical students now have instruction in health systems science, helping them to understand the broader context of health care in which they will be practicing. We are excited to welcome the AMA, representatives of the other Consortium schools, and leaders in medical education to Brown and Providence," said **ALLAN R. TUNKEL, MD, PhD**, associate dean for medical education at the Warren Alpert Medical School.

The AMA launched its Accelerating Change in Medical Education initiative in 2013 – providing \$11 million in grants to fund major innovations at 11 of the nation's medical schools, including Brown's Warren Alpert Medical School. Together, these schools formed a Consortium to share best practices with a goal of widely disseminating the new and innovative curricula being developed to other medical schools. The AMA expanded its Consortium in 2015 with grants to an additional 21 schools to develop new curricula that better align undergraduate medical education with the modern health care system. These innovative models are already supporting training for an estimated 19,000 medical students who will one day care for 33 million patients each year – including an estimated 500 medical students in Rhode Island who will one day care for more than 900,000 patients annually.

The AMA will continue to work with more leaders and innovators from medical and health professions education to advance its efforts aimed at accelerating change in medical education to ensure future physicians are prepared to quickly adapt to the changing health care landscape and provide value-based care as soon as they enter practice. ❖



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## Hospital leaders testify in opposition to significant reductions in the governor's proposed FY 2019 state budget

PROVIDENCE – On April 11 hospital leaders from throughout the state testified at the House Committee on Finance Subcommittee on Human Services hearing regarding the Executive Office of Health and Human Services proposed FY 2019 State Budget. Their testimony focused on the restoration of state funds, which were included in the 2018 State Budget, to provide the state's match to the federal funds available through the Disproportionate Share Hospital (DSH) program.

The Medicaid Disproportionate Share Hospital (DSH) program provides financial assistance to hospitals that care for our state's most vulnerable populations – children, the poor, the disabled and elderly.

Last year, the budget introduced by the Governor established the Licensing Fee or provider tax paid by the hospitals at 5.652%. The final budget passed by the General Assembly and signed by the Governor increased the Licensing Fee to 5.856%. This generated \$182

million in state revenue. The hospitals have worked in partnership with the State on this issue every year.

Hospital Association of Rhode Island President **TERESA PAIVA WEED** testified that “the current budget does not include the funding needed to draw down on all of the federal DSH funds agreed to in the FY 2018 enacted budget. Absent this restoration, the impact on the hospitals in Rhode Island is a total loss of over \$32 million.”

**LOU GIANCOLA**, chief executive officer of South County Health, testified that “the \$800,000 reduction in state funding to South County Health resulting from the Governor's proposed budget would undermine the financial health of an important resource for the residents of South County.”

CharterCARE Health Partners Chief Executive Officer **JOHN HOLIVER** stated that this reduction “threatens to destabilize our hospitals and jeopardize the efforts we have made to transform the Rhode Island healthcare delivery system.”

“Full restoration of the DSH funds is critical to our hospitals, our employees and to our ability to fulfill our vision of creating a community of healthier people,” said **JAMES FANALE, MD**, president and chief executive officer of Care New England Health System. “The disproportionate share funding provides partial compensation to our hospitals for the treatment and services provided to Medicaid patients, uninsured and underinsured individuals, and our hospitals will be in serious and immediate jeopardy if these funds are not restored.”

**MICHAEL SOUZA**, chief executive officer of Landmark Medical Center, located in Woonsocket, remarked in his testimony on the importance of the DSH funds to hospitals that primarily serve Medicaid populations. According to Souza “the proposed budget will leave hospitals with one option...to further reduce expenses that ultimately impact patient care.” ❖

## Study examines low-current stimulation with VR for treating PTSD

PROVIDENCE – Can virtual reality exposure augmented with a small amount of electrical stimulation help treat posttraumatic stress disorder?

A team of physicians and scientists, led by **DR. NOAH S. PHILIP** and **DR. MASCHA VAN 'T WOUT-FRANK** of the Center for Neurorestoration and Neurotechnology at the Providence VA Medical Center and Brown University, are now recruiting participants at the Providence VAMC for a study examining whether a small amount of electricity – called transcranial direct current stimulation, or tDCS – can improve PTSD symptoms and quality of life when used to augment virtual reality therapy, which provides simulated warzone exposure in a safe environment.

“Virtual reality plus tDCS seems to help Veterans suffering from PTSD, even in individuals who have tried many medications and treatment approaches with little to no benefit,” said Philip. “PTSD affects as many as 25 percent of Veterans and is a signature injury of the recent wars in Iraq and Afghanistan.”

Prior research by this group demonstrated that tDCS can be used to stimulate the ventromedial prefrontal cortex, a brain region not sufficiently active in people suffering from PTSD. This tDCS-Augmented Virtual Reality Exposure, or TAVRE, study is the first of its kind to combine tDCS with VR therapy and will evaluate whether improvements in PTSD symptoms extend to quality of life.



**Dr. Mascha van 't Wout-Frank**, left, and **Dr. Noah S. Philip** at the VA Center for Neurorestoration and Neurotechnology, or CfNN, located at the Providence VA Medical Center, are leading a team of physicians and scientists from CfNN and Brown University investigating whether a small amount of electricity can improve posttraumatic stress symptoms and improve quality of life when used to augment virtual reality therapy. [PROVIDENCE VA MEDICAL CENTER PHOTO BY KIMBERLY DIDONATO]

Van 't Wout-Frank noted, “This study builds on increasing evidence that tDCS can be used to augment the learning that occurs in therapy for PTSD, and this novel approach holds promise for people who may be otherwise unable or unwilling to take standard medications for PTSD.” ❖

For more information, visit the TAVRE study website at <https://clinicaltrials.gov/ct2/show/NCT03372460>.

## URI/state partner in 11 projects to serve Medicaid recipients

Rhode Island's Executive Office of Health & Human Services has partnered with the University of Rhode Island to develop innovative education and training programs that will prepare the health care workforce with the knowledge and skills needed to help achieve the goals of the R.I. Medicaid Health System Transformation Project.

The funding comes from about \$130 million in matching funds awarded to the state in 2016 by the federal Centers for Medicare and Medicaid Services. Most of the award was earmarked for redesigning the health care delivery system that serves the more 300,000 Medicaid beneficiaries. About five percent was set aside for workforce development to train future health care workers.

"Reforming the state's health care system requires partnership, initiative and commitment from all health care stakeholders including private sector payers, providers, publicly-funded health care systems and advocates to ensure we keep our focus on improved outcomes, better care and lower cost," said Health and Human Services Secretary Eric J. Beane. "This strategic investment in education will support future job growth in Rhode Island."

"For 2018, more than \$1.5 million will flow back to URI, funding 11 new projects being used to promote improved access and quality of care for Medicaid beneficiaries in Rhode Island," according to Bryan Blissmer, director of URI's Institute for Integrated Health and Innovation, which is spearheading the University's involvement.

The Institute is part of URI's Academic Health Collaborative, which comprises the Colleges of Health Sciences, Nursing and Pharmacy. The Institute provides research, evaluation and programmatic expertise to the University and to external partners and manages delivery of related services. These include care management for Medicaid recipients, clinical and professional consultative services, quality improvement plans, program evaluation, analytic and subject matter expertise and support of grant funding to deliver health care transformation.

The projects are:

- Enhancement of a Home-based Primary Care Program — College of Nursing, Denise Coppa, \$152,909.
- Interpersonal Team Education and Evaluation — College of Health Sciences, Phil Clark, \$268,625.
- Teaching Health Care Management Core Concepts: Core Concepts of Health Transformation — College of Business Administration, Kathryn Jervis, \$47,206.
- Health System Transformation Concepts: Self-paced Learning for Health Care Professionals — College of Nursing, Betty Rambur, \$119,513.
- Five-Year Master's Degree in Mental and Behavioral Health Counseling — College of Health Sciences, Mark Robbins, \$61,538.
- The R.I. Generating Health Care Transformation Project — College of Health Sciences, Kathleen Melanson, \$150,470.
- Establishing a URI Interprofessional Collaboration Center of Excellence — College of Pharmacy, Mary-Jane Kanaczet, \$156,146.
- Nurses for Obesity Prevention: A Need for Education — College of Health Sciences, Alison Tovar, \$66,683.
- Developing and Training Health Professionals in Rhode Island Communities — College of Health Sciences, Brian Quilliam, \$85,193.
- URI Academic Collaborations Officers embedded at Rhode Island Department of Health — College of Pharmacy, Jeffrey Bratberg, \$60,481.
- Interprofessional Workforce Development — College of Health Sciences, Lyn Stein, \$138,015.

## URI receives \$1M gift for nursing scholarships

The University of Rhode Island has received a \$1 million gift to provide scholarships for students in the College of Nursing. The gift comes from the estate of Eleanor Ferrante Barlow and her late husband, Edward, of Rumford and Westerly, RI.

The Barlows' bequest will establish the Eleanor F. Barlow Nursing Scholarship Endowment. The scholarships will support students from Rhode Island public high schools who enroll in URI's nursing program.

"The future of nursing and its critical role in the delivery of health care depends heavily on our ability to provide opportunities to explore innovation and discovery, through research

and experiential learning," says College of Nursing Dean **BARBARA WOLFE**. "This generous gift from Eleanor and Edward Barlow will make these opportunities available to a greater number of Rhode Island students interested in pursuing Mrs. Barlow's own profession. I am deeply grateful and excited about the future of the program."

The College is also part of the University's Academic Health Collaborative, which includes the colleges of pharmacy and health sciences and allows for enhanced multi-disciplinary opportunities.

"Our ability to offer exceptional students scholarship support strengthens our competitiveness and enhances the

impact URI nursing students have on health care in our community and around the globe," says University Provost **DONALD H. DEHAYES**.

A 1947 graduate of the Memorial Hospital School of Nursing, Barlow dedicated her life to the profession, starting as a registered nurse and later serving as nursing supervisor of the operating rooms at Memorial. Barlow was also a founding member of the hospital corporation and an active member of the hospital's nursing alumni association. Eleanor Barlow died in 2016, five years after the death of her husband, a Brown University graduate and former president of the Seekonk Lace Co. ❖



# Brookdale Overview

## Independent Living *An ideal retirement living experience*

- Spacious apartments with minimal maintenance
- Restaurant-style dining
- Plenty of planned activities every day

## Assisted Living *The right choice for people who need extra help with daily activities*

- Qualified staff assists with taking medication, dressing, bathing, etc.
- Floor plans, from studio to two-bedroom apartments
- Activities and events for various levels of acuity

## Alzheimer's & Dementia Care *Person-centered care for people at various stages*

- Programs that leverage the latest dementia care research
- A care philosophy defined by more than the symptoms of Alzheimer's & dementia
- An experienced staff who help residents thrive

## Rehabilitation & Skilled Nursing *For short-term surgical recovery or long-term rehabilitation*

- Around-the-clock, licensed nursing care
- Providing clinical resources in a comfortable setting that feels like home
- A mission and focus to helping residents get well and then get home as quickly as possible

## Personalized Living *For people who just need a little help with things*

- One-on-one non-medical services for home care needs
- Additional personal needs for those in assisted living or home such as escorts to doctor appointments and more

## Home Health *For qualified people in need of therapy or rehabilitation — all in the comfort of home*

- Get Medicare-certified assistance from experienced professionals
- Many healthcare services such as wound care and stroke therapy

## Therapy *Specialized programming personalized to encourage recovery*

- An emphasis on education, fitness and rehabilitation that helps seniors retain or enhance their independence
- Most insurances accepted

## Hospice *Promoting comfort by addressing the full range of needs of patients and families*

- Primary focus of quality of life
- Specially trained staff help families and patients cope with overwhelming feelings accompanying end-of-life care

Not all services are available at all communities. Contact community for details

# The Rhode Island Network

Brookdale Center of New England  
 Brookdale Cumberland  
 Brookdale Smithfield  
 Brookdale Greenwich Bay  
 Brookdale Pocasset Bay

Brookdale Sakonnet Bay  
 Brookdale East Bay  
 Brookdale West Bay  
 Brookdale South Bay

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 how we can help you serve  
 your patients' needs**

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## Southcoast Health implements innovative care model to treat patients with complex medical histories

*Program results show 26 percent reduction in 30-day readmission rates of high-utilization patients*

NEW BEDFORD – Southcoast Health announced in April that it has reduced 30-day readmissions by 26 percent for patients with a personal history of recurrent inpatient utilization and reduced 30-day Emergency Department (ED) revisits by 14 percent for patients with a personal history of recurrent ED utilization in preliminary data analysis. These results were achieved through a new care model called MyCare Teams, which Southcoast Health created and implemented with the assistance of the Massachusetts Health Policy Commission's CHART-2 grant.

During the program's duration from 2016 to 2018, more than 2,000 individual patients received services with 50,000 patient encounters provided by the MyCare Teams. The data and lessons learned through those encounters helped Southcoast Health better understand the eligible patient populations and their needs.

"Over two years, we achieved phenomenal results for our patients," said **PATRICK GANNON**, Chief Quality Officer and CHART Operational Investment Director at Southcoast Health. "The participating patients and the entire health system, not just our hospitals, are beneficiaries of the CHART initiative. We've learned how to accelerate, revitalize and transform healthcare for patients who are the highest and oftentimes most chronic utilizers of inpatient and emergency department services. Traditional care models do not work for the CHART-eligible patients; we had to create something new and innovative."

"Our partnership with community hospitals is a critical part of the Health Policy Commission's efforts to achieve the Commonwealth's cost containment and quality improvement goals," says **DAVID SELTZ**, Executive Director of the Health Policy Commission. "CHART hospitals were issued a challenge: Propose initiatives that will put you on a path of transformation, while meeting critical health care needs of your community. As the preliminary data released today shows, Southcoast Health has met that challenge. Southcoast's results show that their program is working to achieve its goals and positively impacting its patients. We look forward to continuing to partner with Southcoast Health and the communities it serves to build a more coordinated and affordable health care system."

According to the U.S. Department of Health & Human Services' Agency for Healthcare Research and Quality, 20 percent of the population accounts for 80 percent of total healthcare expenditures.

Southcoast Health created multidisciplinary care teams (including physician, mid-level prescriber, registered nurse, social worker, nurse care manager, community health worker, clinical pharmacist, and a community resource specialist) to care for patients. Teams provided intensive medical and behavioral health services, linkages to outpatient treatment providers, palliative care, diabetes education, and assistance accessing social services support.

"We have since converted the lessons learned during CHART into an Accountable Care model for care navigation," said **LORI DAKIN**, Executive Director of Behavioral Health at St. Luke's Hospital for Southcoast Health. "We are better able to treat patients across the continuum of care, which makes for a more efficient and effective healthcare experience for high-risk patients. These are patients that often fall between the cracks. We learned that revitalization is hard, but necessary. We see firsthand what transforming a patient's care can mean for every life we touch."

Southcoast Health's electronic health record system, Epic, provided the digital infrastructure and technological advancements to help collect and analyze patient data. The CHART leadership team also utilized community health workers as part of the MyCare Teams. ❖

## BCBSRI launches MAT program with Roger Williams

Blue Cross & Blue Shield of Rhode Island (BCBSRI) has partnered with the Addiction Services Center at Roger Williams Medical Center to deliver medication-assisted treatment (MAT) to Rhode Islanders struggling with opioid use disorder.

"BCBSRI remains committed to the Governor's Overdose Prevention and Intervention Task Force goal, shared by legislative leaders, to increase the number of people accessing MAT each year," said **MATT COLLINS, MD**, vice president of clinical integration at BCBSRI. "As part of this program, BCBSRI will collect critical metrics that can help drive positive health outcomes, including measuring access to treatment, services utilized, length of stay, engagement with primary care providers and successful completion of the MAT program, along with others."

"Roger Williams Medical Center is excited to have partnered with BCBSRI to support patients in all stages of their recovery. We understand that patients engaged in MAT need flexibility in their treatment," said **DEMETRA OUELLETTE**, president of Roger Williams. "Our partnership with BCBSRI has allowed us to advance our programming to meet the unique needs of patients in need of MAT. We look forward to reviewing our metrics to further build on the strengths of the program and team."

In addition to medication support, the MAT program will offer comprehensive clinical treatment to BCBSRI members. These comprehensive services include an initial clinical assessment and physician evaluation with ongoing care provided, individual and group counseling, and case management. All services are bundled into one monthly rate and would be charged in one monthly copayment for the member. ❖

## Newport Hospital program addresses dual addiction, mental health issues

Newport Hospital has opened a new track within its existing Partial Hospitalization Program, entirely dedicated to patients with co-occurring substance use and mental health disorders.

“Substance use and mental health disorders often go hand in hand,” says **JON BRETT, PHD**, director of the program. “By treating the whole person, rather than one disorder, we’re breaking down those silos and working toward creating a full continuum of care in our community for patients struggling with mental health/substance use disorders.”

The Partial Hospitalization Program

delivers short-term, comprehensive, outpatient treatment to adults struggling with mental and behavioral health issues, such as depression, anxiety, bipolar disorder and now, co-occurring substance use disorders. The program offers a structured, intensive treatment environment during the day, while enabling patients to return home at night and on weekends.

“We’re so pleased to get this program launched and make this crucial treatment option accessible to residents of Newport County and beyond,” says **CRISTA F. DURAND**, president

of Newport Hospital. “This program responds to a pressing community need, and was made possible by the generous support of many engaged and caring donors. We all know the toll that addiction and mental illness can take on our families and our community, and we are committed to providing comprehensive care.”

The new track is housed in freshly renovated and expanded space – created with the generous support of donors – in the Borden-Carey Building on the Newport Hospital campus, and officially welcomed its first patients on April 2. ❖

## RI Foundation awards \$280,000 in healthcare grants

The Rhode Island Foundation awards more than \$280,000 in grants to seven local organizations for everything from providing medical care to uninsured Rhode Islanders to reducing non-emergency EMS runs.

“Developing an inclusive primary care system that promotes healthy lives is one of our core strategic initiatives. These grants will advance our continuing efforts to make quality health care more accessible and affordable,” said **NEIL D. STEINBERG**, the Foundation’s president and CEO.

The Foundation awarded the grants through its RIGHA Foundation Fund, which was created after Harvard Pilgrim Health Care acquired the former Rhode Island Group Health Association. In 2010, Harvard Pilgrim Health Care and the RIGHA Foundation transferred its \$1.6 million endowment to the Rhode Island Foundation. Harvard Pilgrim Health Care continues to make annual contributions to the fund, which promotes the development of an effective primary health care system in the state.

“Philanthropic support can provide the seed funding necessary to take innovative programs like these to the next level. Our goal is to reduce the cost of delivering high quality primary health care to Rhode Islanders,” said Karen Voci, president of the Harvard Pilgrim Health Care Foundation.

**Blackstone Valley Community Health Care** (BVCHC) received \$70,000 to add health coaches to its primary care teams. The goal is to promote health behavior change and bridge the linguistic and cultural barriers between its medical staff and its patients. BVCHC operates Notre Dame Express Health, the only acute care walk-in clinic in Central Falls.

“We provide care to 60 or 70 percent of the population of Central Falls. Deploying health coaches within a single

clinical enterprise that can instantly produce clinical data on patients has potential to have a profound impact on the public health of an entire community that has high levels of poverty, unemployment and poor health outcomes,” said **RAY LAVOIE**, executive director.

BVCHC will recruit participants in the Community Health Worker Training program at Rhode Island College. The grant will be used to pay stipends to the participants.

“Their role is to facilitate patient behavior change using common motivational techniques to improve health. Working as health coaches will enable trainees to amass the 1,000 hours of work experience required for certification,” said **DR. MICHAEL FINE**, medical director.

The **City of Central Falls** received \$35,000 to help develop partnerships between the city’s EMS service and nearby urgent care centers, starting with the urgent care center at the Central Falls Neighborhood Health Station.

“These partnerships will help us make sure that use EMS is available whenever it is needed, and that Central Falls residents have access to the urgent care and primary care they need. We are creating a more efficient healthcare system for Central Falls residents by working with both hospital emergency departments and the resources we have here in Central Falls,” said **MAYOR JAMES DIOSSA**. “This has become particularly important since Memorial Hospital closed, which made this grant particularly important to the people of Central Falls.”

The goals include improving the delivery of primary health care, reducing instances of non-emergency 911 calls, reducing the number of non-emergent emergency room transports and reducing the number of Central Falls residents

being re-admitted to hospitals due to poor management of chronic disease.

**Clinica Esperanza** received \$20,000 to screen people who are likely to be insured within the next five years for chronic diseases, including diabetes and cardiovascular disease, and to develop treatment programs to manage their health.

“We bear witness to the impact that the lack of access and knowledge about healthcare in the low-income population that we serve. Our patients eat cheap, poor quality, fat- sugar- and salt-laden food. They have limited time to exercise. Many are illiterate, and most have very poor understanding of the impact of diet on health. As a result, more than 50 percent of our patients are overweight or obese,” said **ANNIE DEGROOT**, medical director.

“Their obesity leads to the development of insulin resistance, diabetes, hypertension, and heart disease, all of which are more prevalent in low income groups, especially the predominantly Hispanic population that we serve. Lack of access to primary and preventative healthcare, and – perhaps more important – lack of health literacy – accelerate disparities in health right here in our community and contribute to the economic instability of communities that are already impoverished,” she explained.

**The Rhode Island Free Clinic** received \$20,000 to provide low-income, uninsured patients with expanded behavioral health services, including psychiatry and medication management, psychotherapy and group counseling.

“The goals are to improve patients’ overall health and encourage them – through increased support and health literacy – to self-manage their conditions,” said **MARIE GHAZAL, CEO**.

“We look forward to expanding behavioral health services for uninsured, low-income adults, mobilizing outstanding volunteers, integrating behavioral health services into our medical home model, and improving patient health outcomes by serving more patients, with more visits, in more areas of care than ever before,” she said.

**Rhode Island Hospital** received \$50,000 to expand its Connect for Health program from Hasbro Children’s Hospital to an additional location – its adult primary care clinic in South Providence. Under the program, when patients identify a need, such as adequate food or housing, they will be referred to Connect for Health. Trained health advocates will then help patients access community services to address those needs.

“When your basic needs are not met, you are at increased risk for poor health. As indicated by research, the majority of health outcomes are attributable to factors outside of traditional health care delivery – the social and environmental determinants of health,” said **CARINEL LEGRAND**, Connect for Health Program Coordinator.

Under the program, when people who visit the clinics identify a need, such as inadequate food or housing, they will be referred to Connect for Health. Trained health advocates will then help patients access community services to address those needs.

“The advocates, mostly Brown University student volunteers, use a web-based, community directory to identify services that match the patient’s needs and map them out based on proximity to the patient’s address. Advocates then develop an action plan for their ‘client’ and follow up with him or her until all needs have been addressed or until the client is equipped to navigate the resource landscape on his or her own,” she said.

**The Scituate Health Alliance** received \$35,000 to support the cost of providing a town nurse. Working in collaboration with primary care providers at Well One, social service agencies, religious and volunteer groups, the local libraries and other partners, the town nurse helps ensure that the community’s primary health care needs are being met.

“The goals are to increase the number of residents who use primary medical and dental care, to increase the number of residents who use the Health Access voucher and to provide the community with access to information about health care services,” said John Marchant, president of the Alliance.

According to the Alliance, Scituate is the only town in the United States to guarantee residents access to primary medical and dental care.

“Despite the fact that there is a great deal of evidence of the value of primary medical and dental care for prevention, early detection and treatment for health concerns, far too many members of our community need assistance in order to take advantage these services,” said **LYNN BLANCHETTE, PHD, RN**, vice president of the Alliance. “Retaining the town nurse will enable this program to grow and ensure that unmet primary care needs at the individual and population level are being met, through community assessment, program planning and evaluation.”

**The Providence Center** received \$54,000 to support its School Counseling and Support Program in seven Providence elementary and middle schools. The services for students and families include individual counseling, family counseling, parent training, support groups and assessments.

“Trauma during childhood, poverty, and incarcerated parents are factors that are proven to have a negative effect on a child’s success in school, and later in life,” said **DEBORAH O’BRIEN**, President of The Providence Center. “Connecting our school-based behavioral health clinicians with students’ primary care providers will help deliver coordinated care that will meaningfully address the social determinants of children’s health.” ❖