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AMA announces next phase of national effort to create the medical schools of the future

Alpert Medical School one of 32 in consortium

CHICAGO – As part of its ongoing efforts to ensure physicians are trained to meet the needs of patients in both modern and future health systems, the American Medical Association (AMA) recently announced the next phase of the AMA Accelerating Change in Medical Education Consortium.

Each of the consortium's 32 medical school members, including the Alpert Medical School at Brown, have committed to continuing their work together to reimagine medical education and develop new – and expand upon existing – education innovations that can be shared among medical schools nationwide. The projects being announced today include curricular innovations focused on improving student well-being, addressing social determinants of health, improving quality of patient care and enhancing patient safety.

“Our consortium of medical schools has been an invigorating and productive community of innovation over the past five years. Knowing that our work to transform medical education is far from finished, the AMA is excited to continue to foster this environment where individuals and institutions can learn from each other and innovate,” said AMA CEO and Executive Vice President **JAMES L. MADARA, MD**. “This next phase of work will allow consortium schools to continue to explore new concepts and create new solutions for medical education – impacting the national direction of medical education and better preparing all of our future physicians for practice in the continually changing health care environment.”

As part of a new three-year commitment, all 32 medical schools will continue the work that began in 2013 to create the medical schools of the future – with some schools building on existing curricular innovations developed through the consortium and others generating new concepts and curricula altogether. The AMA's goal for the work of the consortium remains focused on fostering collaboration across institutions and disseminating meaningful innovations to medical schools across the country. The AMA will continue to convene regular meetings of the consortium, providing funding for representatives of member schools to attend.

To further cultivate the innovation ecosystem needed to significantly transform medical education, the AMA also plans to expand the consortium and invite other medical schools to collaborate with the consortium in the future.

Some of the newly proposed consortium projects announced include curricular innovations focused on improving student well-being and addressing social determinants of health. Other projects will build upon the innovations and concepts developed and implemented over the past five years by the consortium. These projects include implementing competency-based programs, a teaching electronic health record (EHR), curricula that allow medical students to be totally immersed within the health care system from day one of medical school, training in physician leadership, education in team care skills, and curricula aimed at achieving health equity and increasing diversity in the physician workforce.

Additionally, many of the new projects aim to incorporate the teaching of Health Systems Science – the third pillar of medical education identified by the consortium – to help students learn how to navigate the changing landscape of modern health systems when they enter practice, especially as the nation's health care system moves toward value-based care.

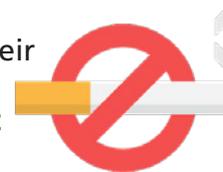
The AMA launched its Accelerating Change in Medical Education initiative in 2013 to bridge the gaps that exist between how medical students are trained and how health care is delivered in the modern health care system. Since then the AMA has awarded \$12.5 million in grants to 32 of the nation's leading medical schools to develop innovative curricula that can ultimately be implemented in medical schools across the country. 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.

As part of the AMA's commitment to improving physician training across the continuum of medical education, the AMA will also soon announce a new initiative aimed at transforming residency training to better address the workforce needs of our current and future health care system. ❖

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Lifespan Cancer Institute to help establish national research center

Study will examine effectiveness of asking patients to electronically submit symptoms following surgery, treatment



The National Cancer Institute with the Beau Biden Cancer Moonshot Initiative has announced that the Lifespan Cancer Institute (LCI) will be among six cancer programs nationally participating in a program to study whether having patients electronically report their symptoms can decrease hospitalizations following surgery or chemotherapy. LCI's participation in this study will be led by **DON DIZON, MD**, director of medical oncology at Rhode Island Hospital.

Also participating in the SIMPRO Research Center will be the Dana-Farber/Brigham and Women's Cancer Center, Baptist Memorial Medical Center, Dartmouth-Hitchcock Medical Center, West Virginia University Cancer Institute and Maine Medical Center.

The project will create a reporting and management system within Epic, the comprehensive health record used by the consortium members and many health systems around the country. Patients' smart devices will enable a secure connection to their cancer care team via the electronic health record system – called LifeChart at Lifespan facilities

– and facilitate symptom tracking following procedures and treatments.

The study will test whether monitoring the symptoms patients experience and providing coaching on how to manage them can decrease the need for hospitalizations and emergency room visits.

"Patient-reported outcomes have been shown to help providers and patients connect outside of the usual clinical visit. Compared to usual clinical visits, one study showed that allowing patients living with metastatic cancer to use a platform to report symptoms electronically not only lead to lower rates of emergency room visits and other health care costs, but also helped patients survive longer," said Dr. Dizon, who is director of women's cancers for LCI.

"The initial project will aim to help patients undergoing cancer surgery report their symptoms in real time and to see if we can help them recover safely and reduce costs associated with issues requiring readmission to the hospital."

After development and pilot testing, the system will be fully integrated into Epic at each participating center, allowing for direct communication and real-time updates for clinicians who will have access to a dashboard of patients' symptoms to prioritize outreach efforts and coaching. ❖



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Providence VA awarded funding for study on female veterans with upper limb amputation

PROVIDENCE – The Department of Veterans Affairs Rehabilitation Research and Development Service awarded funding for a three-year research study starting October 1 to a career research scientist at the Center for Neurorestoration and Neurotechnology (CfNN) at the Providence VA Medical Center and Professor of Health Services, Policy and Practice at Brown University.

DR. LINDA RESNIK'S nearly \$600,000 project, titled "Validation of Patient Reported Outcomes for Female Veterans with Upper Limb Amputation," will develop measures sensitive to the needs of women with upper limb amputation.

"Women are more likely to reject or abandon upper limb prostheses, in part due to dissatisfaction with devices and lack of appropriately gendered prostheses," said Resnik. "Currently available measures of prosthesis satisfaction and function were developed for men, and may not reflect the issues or concerns most important to women."

The study will allow Resnik and her



Dr. Linda Resnik, center, a career research scientist at the VA Rehabilitation Research and Development Service's Center for Neurorestoration and Neurotechnology at the Providence VA Medical Center, and Professor of Health Services, Policy and Practice at Brown University, meets with research team members, from left to right, **Sarah Biester**, **Anisha Gill**, **Matthew Borgia** and **Akosua Adu-Boahene** at the Providence VAMC October 2, 2018.

[PROVIDENCE VA MEDICAL CENTER PHOTO BY WINFIELD DANIELSON]

team to develop and use new measures that compare outcomes of male and female amputees; identifying disparities and unmet needs. Ultimately, the research will help improve assessment

and care for women with major upper limb amputation. Dr. Melissa Clark and the Office of Survey Research at the University of Massachusetts Medical School will participate in the study. ❖

More housing vouchers to help area homeless veterans

PROVIDENCE – Public Housing Authorities within the Providence VA Medical Center catchment area received \$217,928 to support 27 rental assistance vouchers through the U.S. Department of Housing and Urban Development and U.S. Department of Veterans Affairs Supportive Housing program, known as HUD-VASH, bringing the total number of vouchers in Rhode Island, Southeastern Massachusetts and Cape Cod to 436.

"We're very proud of the strong partnerships we have with HUD, the State of Rhode Island and other organizations, such as Operation Stand Down Rhode Island, working together to ensure homeless Veterans get a place to call home," said **DR. SUSAN MACKENZIE**, director of the Providence VAMC. "This joint effort is a critical part of our commitment to help those who sacrificed so much for us."

VA announced the award of \$35 million in rental assistance vouchers to public housing agencies, known as PHAs, October 3. These vouchers will allow 212 PHAs across the

country to provide permanent supportive housing for more than 4,000 homeless Veterans.

The HUD-VASH program combines rental assistance vouchers from HUD with case management and clinical services provided by VA. Since 2008, more than 93,000 vouchers have been awarded and approximately 150,000 homeless Veterans across the country have been served through the program. Nationwide, the vouchers have contributed to a 46 percent decline in homelessness among Veterans since the Federal Strategic Plan to Prevent and End Homelessness was launched in 2010.

In the HUD-VASH program, VA medical centers assess Veterans experiencing homelessness before referring them to local housing agencies for vouchers. Veterans participating in the program then rent privately owned housing, and generally contribute no more than 30 percent of their income toward rent. Visit <http://www.va.gov/homeless/hud-vash.asp> to learn more about HUD-VASH. ❖

Annual VA Report shows Providence VAMC improvement

PROVIDENCE – Using an annual web-based report scorecard that measures, evaluates and benchmarks quality and efficiency at its medical centers, the U.S. Department of Veterans Affairs recently released data that showed significant improvements at the majority of its health care facilities.

The Providence VA Medical Center was one of the facilities that made positive strides and continues to progress. Compared with the end of fiscal year 2017, the Ambulatory Care Sensitive Conditions, or ACSC, composite score improved 3 percent through the second quarter of FY 2018, in addition to a more than 14 percent improvement from the end of FY 16 to the end of FY 17. The ACSC score focuses on reducing hospital admissions for patients whose medical conditions can be effectively managed in the outpatient setting, such as diabetes.

The Providence VAMC made several strategic efforts to maximize outpatient care as much as possible for such patients, including innovative programs such as Hospital in Home, where patients are seen by nurses and nurse practitioners in their home for care that would have previously been given in an inpatient setting.

“It’s really about patient-centered care and quality of life,” said **DR. SUSAN MACKENZIE**, director of the Providence VA Medical Center. “Now many patients have the

option to receive quality treatment at home versus being in the hospital.”

Compared with data from the same period a year ago (https://www.va.gov/QUALITYOFCARE/measure-up/Strategic_Analytics_for_Improvement_and_Learning_FY2017_Q2.asp), the July 2018 release of VA’s Strategic Analytics for Improvement and Learning report (https://www.va.gov/QUALITYOFCARE/measure-up/Strategic_Analytics_for_Improvement_and_Learning_SAIL.asp), known as SAIL, showed 103 VA medical centers have improved in overall quality – with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Seven VAMCs experienced a small decrease in quality.

The quarterly SAIL report, which has been released publicly since 2015, assesses 25 quality metrics and two efficiency and productivity metrics in areas such as death rate, complications and patient satisfaction, as well as overall efficiency and physician capacity at 146 VAMCs. It is used as an internal learning tool for VA leaders and personnel to pinpoint and study VAMCs with high quality and efficiency scores, both within specific measured areas and overall. The data is also used to identify best practices and develop strategies to help troubled facilities improve. ❖



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Barry M. Lester, PhD, publishes research on genetic changes linked to breastfeeding

It has long been known that there are many physical and mental health benefits of breastfeeding for mothers and babies. But can these benefits be due to genetic changes induced by breastfeeding? New research suggests that connection.

The research, published in the September 2018 edition of *Pediatrics*, was led by **BARRY M. LESTER, PhD**, director of Women & Infants Hospital's Brown Center for the Study of Children at Risk, a professor of psychiatry and pediatrics at The Warren Alpert Medical School of Brown University.

"What we found is that maternal care changes the activity of a gene in their infants that regulates the infant's physiological response to stress, specifically the release of the hormone cortisol," explained Dr. Lester.

Dr. Lester and his colleagues looked at more than 40 full-term, healthy infants and their mothers, one-half of whom breastfed for the first five months and one-half of whom did not. They measured the cortisol stress reactivity in infant

saliva using a mother-infant interaction procedure and the DNA methylation (changing the activity of the DNA segment without changing its sequence) of an important regulatory region of the glucocorticoid receptor gene which regulates development, metabolism, and immune response.

"Breastfeeding was associated with decreased DNA methylation and decreased cortisol reactivity in the infants. In other words, there was an epigenetic change in the babies who were breastfed, resulting in reduced stress than those who were not breastfed," said Dr. Lester.

The research team also included **LINDA LAGASSE, PhD**, and **JAMES F. PADBURY, MD**, of Women & Infants Hospital/Warren Alpert Medical School; **ELISABETH CONDRADT, PhD**, of the University of Utah; **EDWARD TRONICK, PhD**, of the University of Massachusetts Boston; and **CARMEN MARSIT, PhD**, of Emory University. ❖

RIH, Brown win grant to conduct trial of opioid addiction intervention

PROVIDENCE – Researchers from Brown University and Rhode Island Hospital have been at the forefront of battling the opioid epidemic in Rhode Island, and a new \$800,000 grant from the Laura and John Arnold Foundation will help them to keep up the fight.

With the grant, researchers will conduct the first randomized controlled trial of a peer-based recovery intervention for patients at high risk of overdose. The peer recovery support services program will be compared to the current standard of care, which is a single session with a social worker, for providing recovery support to patients who arrive in the emergency department with opioid overdoses. The team plans to begin enrolling patients in the four-year trial next week.

"Randomized controlled trials are really the gold standard for making evidence-based decisions," said **DR. FRANCESCA BEAUDOIN**, a principal investigator on the grant, emergency department physician at Rhode Island Hospital and Brown faculty member.

Peer recovery support specialists, also known as peer recovery coaches, are people who have been in recovery from substance abuse for at least two years and have received specialized

training in addiction support and referrals to treatment. Rhode Island is a national leader in developing peer-based approaches to combating the opioid overdose epidemic, said **BRANDON MARSHALL, PhD**, a principal investigator on the grant and associate professor of epidemiology at Brown's School of Public Health.

"We're looking at two promising interventions: social workers, who have specific clinical training and expertise and are the standard of care, and the peer recovery support specialists, who are unique in that they bring their life experiences with addiction and follow up with the patients, often several months after discharge from the emergency department," Marshall said. "The best outcome is if both interventions do really well at increasing uptake of treatment and reducing subsequent overdoses."

Beaudoin, who also has appointments as an associate professor of emergency medicine at Brown's Warren Alpert Medical School and of health services, policy and practice at Brown's School of Public Health, is the site director for the study and will be oversee day-to-day patient recruitment and operations.

Marshall, who serves as scientific director of Prevent Overdose R.I., a drug overdose surveillance dashboard that stems from Governor Gina Raimondo's Overdose Prevention and Intervention Task Force, will coordinate with various partners to collect and analyze the data on the intervention outcomes. These include being admitted to the emergency room with another opioid overdose within 18 months or initiating substance use disorder treatment.

"We're trying to optimize the treatment of opioid use disorders when patients come to the emergency department, especially after an overdose," Beaudoin said. "Intervening after someone has just experienced an overdose may be a critical moment in treating addiction. If patients seek out additional treatment after being released from the emergency department, that's a win. If they never have another overdose, that's really a win."

Partners involved in the peer recovery support program and the trial include the Rhode Island Department of Health; Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals; Lifespan and the Anchor Recovery Center. ❖

RIDOH, W&I awarded five-year grant to screen pregnant, postpartum women for behavioral health conditions

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, has recently awarded the Rhode Island Department of Health a five-year, \$650,000 per year grant in partnership with the Center for Women's Behavioral Health at Women & Infants Hospital. Together, they will establish a centralized resource to assist health care providers in screening and treating pregnant and postpartum women who have behavioral health conditions.

MARGARET M. HOWARD, PhD, is division director of the Center for Women's Behavioral Health and founder of the Day Hospital at Women & Infants Hospital, the nation's first mother-baby perinatal psychiatric partial hospital program. She has long been an advocate for mental health screening in pregnant and postpartum women and recently received the 2018 Leadership Award from the American Psychological Association's Committee on Women in Psychology.

"Many people, including health care providers who treat pregnant and postpartum women, don't realize how common mood disorders are and that they can affect any woman. Postpartum depression cuts across social, economic, geographic,

racial, and ethnic lines," said Dr. Howard. "While there are risk factors for developing postpartum depression, the postpartum period (up to one year after delivery) is the most vulnerable time in any woman's life to come down with a mood or anxiety disorder. This is exactly why screening is so important."

According to the Rhode Island Department of Health, the overarching goal of the grant is to improve the mental health and well-being of pregnant and postpartum women and, thereby, their infants' social and emotional development through increased access to affordable, culturally and linguistically appropriate treatment and recovery support services.

"This partnership will allow us to get vital screening services to women throughout the state and will allow us to focus on critical risk factors, such as experiencing stressful life events, being a teen mom, and having a history of depression. Working together, we can get every woman and family in Rhode Island the supports they need to ensure their health and wellness during every phase of life," said Director of Health **NICOLE ALEXANDER-SCOTT, MD, MPH**. ❖

FDA approves new drug, Xofluza (baloxavir marboxil), to treat influenza

The U.S. Food and Drug Administration recently approved Xofluza (baloxavir marboxil) for the treatment of acute uncomplicated influenza (flu) in patients 12 years of age and older who have been symptomatic for no more than 48 hours.

"This is the first new antiviral flu treatment with a novel mechanism of action approved by the FDA in nearly 20 years," said FDA Commissioner **SCOTT GOTTLIEB, MD**.

The safety and efficacy of Xofluza, an antiviral drug taken as a single oral dose, was demonstrated in two randomized controlled clinical trials of 1,832 patients where participants were assigned to receive either Xofluza, a placebo, or another antiviral flu treatment within 48 hours of experiencing flu symptoms. In both trials, patients treated with Xofluza had a shorter time

to alleviation of symptoms compared with patients who took the placebo. In the second trial, there was no difference in the time to alleviation of symptoms between subjects who received Xofluza and those who received the other flu treatment.

The most common adverse reactions in patients taking Xofluza included diarrhea and bronchitis.

Xofluza was granted Priority Review under which the FDA's goal is to take action on an application within an expedited time frame where the agency determines that the drug, if approved, would significantly improve the safety or effectiveness of treating, diagnosing or preventing a serious condition.

The FDA granted approval of Xofluza to Shionogi & Co., Ltd. ❖



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RI Foundation awards \$3.6M to target health disparities

The Rhode Island Foundation has awarded \$3.6 million in grants to reduce illness, chronic disease and health disparities in more than a dozen cities and towns.

The announcement took place at **PROGRESO LATINO**, which was awarded \$600,000 to support a three-year effort to reduce disparities and improve chronic illness management with a focus on the Latino residents of Central Falls and Pawtucket.

In partnership with members of the Pawtucket-Central Falls Health Equity Zone, Progreso will improve communications between patients, primary care providers and community-based agencies; connect patients with resources such as housing, employment and wellness programs; and provide culturally tailored training for clinical providers and community health workers.

The Family Care Center and Internal Medicine Center at the former Memorial Hospital in Pawtucket initially will serve as the primary sites for clinical care. Other local partners include the Pawtucket YMCA and an advisory board comprised of local residents.

ONE NEIGHBORHOOD BUILDERS in Providence received \$600,000 to work in partnership with members of the Olneyville Health Equity Zone to address disparities in health-engagement among Providence Housing Authority residents and the prevalence of abandoned houses and vacant lots in Olneyville.

SOUTH COUNTY HEALTH in South Kingstown received \$600,000 to support the region's Health Equity Zone: South County Healthy Bodies, Healthy Minds initiative. The partners include Thundermist Health Center of South County, the Chariho Youth Task Force and the North Kingstown School Department.

"Washington County has the state's highest suicide rate, dangerous levels of alcohol and substance abuse and poor access to mental health care," said Susan Orban, director of the initiative. South County Healthy Bodies, Healthy Minds.

"According to state Department of Education data, more than a quarter of students in grades 6 through 12 reported

they felt so sad or hopeless that they stopped their usual activities. Mental health issues go untreated or undiagnosed and substance abuse is prevalent," she said.

The work will include designing a long-term strategic plan for improving mental health, encouraging residents to participate and expanding collaborations with hospitals, health centers, schools, police departments and community organizations.

A portion of the funding will be used to analyze the social determinants that lead to multi-generational poverty and school failure as well as to provide much-needed services in two specific communities.

THUNDERMIST HEALTH CENTER OF WEST WARWICK received \$600,000 to expand the work of the Town Well, a coalition of local nonprofit organizations and businesses, residents and municipal agencies that collaborate on health and safety issues.

Most of the clinical care will be available through Thundermist, which will also help with community engagement and providing access to healthy food, including hosting the community garden and farmers market.

THUNDERMIST HEALTH CENTER OF WOONSOCKET received \$600,000 on behalf of the Woonsocket Health Equity Zone to expand health education at Woonsocket High School, ensure healthy food is available and affordable in every neighborhood and expand access to opioid treatment and recovery services among other services.

THE WOMEN'S RESOURCE CENTER (WRC) IN NEWPORT was awarded \$600,000 to support the Newport Health Equity Zone's (HEZ) ongoing work to eliminate health disparities in the city's North End and Broadway neighborhoods.

The work will include creating a culture of equity in the local health care, nonprofit and governmental sectors, providing culturally-specific programs, increasing the civic engagement of residents, advocating for infrastructure improvements and increasing collaboration with organizations outside the HEZ members. ❖