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American Lung Association applauds Gov. Raimondo's action to ban sale of flavored e-cigarettes

PROVIDENCE – Rhode Island GOVERNOR GINA RAIMONDO issued an executive order on Sept. 25th to protect citizens of her state from the ongoing youth e-cigarette epidemic by ending the sales of all flavored e-cigarettes in Rhode Island. The need for such action is even more urgent in light of continuing reports of severe lung illnesses and deaths linked to vaping, as the developing lungs of youth might be at greater risk.

“The American Lung Association applauds Governor Raimondo for announcing this strong action to suspend sales of flavored e-cigarettes in Rhode Island. Most kids initiate tobacco use with flavors, so ending the sale of flavored e-cigarettes is critical to addressing the youth e-cigarette epidemic,” said MICHAEL SEILBACK, National Assistant Vice President of State Public Policy for the American Lung Association. “We are hopeful that all flavored e-cigarettes including mint and menthol will be included in this measure. We were also excited to see the announcement that the state will look to extend the existing tax on other tobacco products to e-cigarette products, and to also look into restricting the sale of tobacco products to 21 years old.

“The American Lung Association once again reiterates the message for the public to stop using e-cigarettes. We also call for strong and decisive federal action from the FDA to clear the market of all flavored e-cigarettes in order to address the youth e-cigarette epidemic nationwide.”

The youth e-cigarette epidemic is nothing short of a public health emergency that must be urgently confronted. In new preliminary data from the National Tobacco Youth Survey, e-cigarette use soared by another 32 percent among high school students from 2018-2019 showing that now 27.5 percent of high school users have used e-cigarettes in the last month.

Dr. Joseph H. Friedman authors online self-help articles for patients with movement disorders

PROVIDENCE – Butler Hospital’s JOSEPH H. FRIEDMAN, MD, chief of the Movement Disorders Program, neurologist, and professor and chief of the Division of Movement Disorders in the Department of Neurology at the Warren Alpert Medical School of Brown University has authored a series of online self-help articles to support patients and their caregivers. Dr. Friedman’s articles will appear on Butler Hospital’s Movement Disorders webpage at http://www.butler.org/butler-ri/programs/outpatient/movement-disorders.cfm.

“Living with a movement disorder, such as Parkinson’s Disease, can be a trying experience for anyone. I’m hoping my articles will shed light on some common misperceptions about Parkinson’s Disease and show patients that with the right treatment and care, this illness can be properly managed. My articles will focus on topics including dementia in Parkinson’s Disease, staging Parkinson’s Disease, misperceptions, and tremors,” said Dr. Friedman.

He received his medical degree from the Columbia University College of Physicians and Surgeons. He is also an adjunct professor in the School of Pharmacy at the University of Rhode Island.

Announcing the Formation of a Weekly Caduceus Group

A Caduceus meeting is a confidential peer support group of doctoral level healthcare professionals who are in recovery. The meetings are not affiliated with any institution or organization and attendance is free.

Mondays 7–8pm
Alumni Hall, Common Room
Brown University
194 Meeting Street
Providence, RI

For more information, email caduceusri@gmail.com or call 401-585-2793.
NIA awards $53.4M grant to Brown, Hebrew SeniorLife for Alzheimer’s research incubator

Federal grant from the National Institute on Aging will fund a collaborative research incubator to support trials across the nation aimed at improving care for people living with dementia.

PROVIDENCE [BROWN UNIVERSITY] – The National Institute on Aging [NIA] has awarded a five-year grant expected to total $53.4 million to Brown University and Boston-based Hebrew SeniorLife [HSL] to lead a nationwide effort to improve health care and quality of life for people living with Alzheimer’s disease and related dementias, as well as their caregivers.

Together, the institutions will create a massive collaborative research incubator to develop trials aimed at evaluating interventions for Alzheimer’s disease or Alzheimer’s-related dementia (AD/ADRD).

“This grant will revolutionize the national infrastructure for research into how care is delivered to people living with dementia and their caregivers,” said VINCENT MOR, PhD, co-leader of the collaboration and a professor of health services, policy and practice at Brown’s School of Public Health. “The key is figuring out how to take an idea that worked in an ideal situation and adapt it so it can be piloted in the messy real-world system of care providers that exists across the U.S.

The grant from NIA, one of 27 institutes and centers of the National Institutes for Health, will support the incubator for the next five years. For Brown, the grant marks the largest federal award in University history.

The research incubator, called the NIA Imbedded Pragmatic AD/ADRD Clinical Trials [IMPACT] Collaboratory, will take on two primary objectives through eight working groups comprising experts from more than 30 top research institutions. The first objective is to fund and provide expert assistance to up to 40 pilot trials that will test non-drug, care-based interventions for people living with dementia. The second objective is to develop best practices for implementing and evaluating interventions for Alzheimer’s and dementia care and share them with the research community at large.

“The NIA IMPACT Collaboratory will transform the delivery, quality and outcomes of care provided to Americans with dementia and their caregivers by accelerating the testing and adoption of evidence-based interventions within health care systems,” said SUSAN MITCHELL, MD, MPH, co-leader of the collaboration, senior scientist at HSL’s Hinda and Arthur Marcus Institute for Aging Research and professor of medicine at Harvard Medical School.

The 40 pilot projects will be embedded in real-world health care systems and generate the necessary data to inform larger, definitive trials supported with federal funding, the researchers said.

Projects will benefit from guidance from the collaborative’s community of experts, who will assist with ethical concerns (such as how to secure informed consent from people living with dementia); technical support and generation of data on participant populations; statistics and project design; advice on how to measure patient- and caregiver-reported outcomes; dissemination of results and efforts to maximize the likelihood of implementation; partnering with health care systems interested in conducting trials; project administration; training for junior researchers; inclusion of and applicability to people of all backgrounds and cultures; and best practices to engage people interested in this work, including people living with dementia and their caregivers, health care systems and researchers.

Researchers at Brown and HSL have collaborated on aging research for nearly 40 years. Mor is renowned for his expertise in quality measurement and brings decades of experience running clinical trials focused on older adults within real-world health care systems, including skilled nursing centers. Mitchell, director of Palliative Care Research at the Marcus Institute and co-director of the Interventional Studies in Aging Center, has dedicated her career to research to improve the care of people living with dementia, particularly those in the later stages.

For the past four years, Mor and Mitchell have co-led a trial on the effectiveness of videos that guide patients through planning for care preferences to be employed when they become too incapacitated to make decisions. For that trial, they partnered with two large nursing center corporations.

“It’s time for Alzheimer’s and other dementias to receive the same level of research focus and investment as cancer,” said LOUIS WOOLF, HSL president and CEO. “We’re proud to collaborate with Brown University to address this national epidemic that affects not only patients, but their families and caregivers as well.”

Ideally, the yearlong pilot projects will originate with professionals within the affected health care systems, rather than only academic researchers, Mor and Mitchell said. This goal builds on the mission of the Center for Long-Term Care Quality and Innovation, which will lead administration of the
grant and is based at Brown’s School of Public Health. The center focuses on partnering with innovators, including health care providers, to evaluate novel practices to improve the quality of care.

More said that the $53.4 million grant is one among many examples of how NIA is supporting research in recognition of the urgent and growing public health need to better care for the millions of American families who face Alzheimer’s disease and related dementias. The Alzheimer’s Association estimates that while more than 5 million Americans currently live with Alzheimer’s or a related dementia, the number is expected to double by 2050. The current annual cost of dementia care exceeds $226 million a year in the U.S. alone.

“The national discourse around Alzheimer’s and other dementias is growing louder by the day as the number of Americans suffering with this disease increases exponentially,” said DR. LEWIS LIPSITZ, director of the Marcus Institute and chief academic officer. “The NIA IMPACT Collaboratory will provide the research infrastructure and community of experts needed to conduct real-world clinical trials that will meet this challenge head-on.”

The work is supported by the National Institute on Aging of the National Institutes of Health under Award No. U54AG063546. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

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New law expands Good Samaritan Overdose Prevention Act

STATE HOUSE – Legislation by House Speaker NICHOLAS A. MATTIELLO and Senate President DOMINICK J. RUGGERIO to expand the Good Samaritan Overdose Prevention Act has been signed into law.

The bill (2019-H 5536A, 2019-S 0953), which passed the General Assembly in June and took effect immediately upon its signature by the governor July 15, adds law enforcement and emergency medical personnel to the Good Samaritan Overdose Prevention Act, which protects them from civil or criminal liability arising from helping a person they believe is overdosing.

Many police and EMTs in the state are equipped with kits for administering naloxone – the opioid-overdose antidote commonly known by its trade name, Narcan. In fact, a change made to the Good Samaritan Overdose Prevention Act last year allows them to distribute naloxone kits to at-risk individuals or their families or friends so they are equipped in case of an overdose.

The new law is one of several the two legislative leaders successfully enacted this year and in recent years to help address the opioid crisis.

“Over the course of several years, lawmakers, policymakers, medical professionals and community leaders have been collaborating and working hard to curb the opioid epidemic that has destroyed or taken the lives of so many on Rhode Island and across the nation. We are continuing to identify every possible contributing factor and implement every solution we can find to address this very complex crisis. We are making headway – recent figures show Rhode Island is experiencing fewer overdose deaths – but we still have much work to do to put an end to this devastating epidemic,” said Speaker Mattiello (D-Dist. 15, Cranston).

Said Senate President Ruggerio (D-Dist. 4, North Providence, Providence), “We are doing everything we can to address the opioid crisis from every direction, from better interventions for preventing addiction to requiring the pharmaceutical companies who have promoted these drugs to help pay for the problems they’ve caused. I’m proud that my colleagues in both chambers of the General Assembly have made this issue a priority. We all understand that this epidemic is in every one of our districts, affecting the lives of people we know. It’s personal for just about everyone here, and we’re going to keep working to put an end to this crisis.”

Speaker Mattiello and President Ruggerio also both sponsored the creation of the Opioid Stewardship Fund (2019-S 0798A, 2019-H 6189), which later became part of the 2020 state budget bill, to assess a fee on pharmaceutical companies that sell opioids to pay for addiction prevention and treatment programs, as well as a new law (2019-H 5537A, 2019-S 0981) to limit first-time prescriptions to prevent addiction.

Also enacted this year was legislation (2019-S 0799Aaa 2019-H 6184Aaa) sponsored by President Ruggerio and Rep. Justine A. Caldwell (D-Dist. 30, East Greenwich, West Greenwich) to prevent insurers from denying or limiting life insurance to people who fill a prescription for naloxone. Naloxone is available through an open prescription to anyone in Rhode Island and is carried by many people who do not use drugs but keep it to prevent another person’s death.
RI receives two grants totaling $17.1M in federal funding to combat opioid crisis

PROVIDENCE – In an effort to improve the tracking and prevention of opioid-related overdoses and help people and communities who are suffering from the opioid crisis, U.S. SENATOR JACK REED recently announced that Rhode Island is receiving $17.1 million in federal funding to combat the state’s opioid epidemic and support prevention, treatment, and recovery programs.

The U.S. Centers for Disease Control and Prevention (CDC) is awarding the Rhode Island Department of Health (RIDOH) $4.5 million to spend on better tracking of overdose deaths so authorities have faster access to data. The CDC grant – which amounts to about $300 million nationwide this year – is being split among 47 states. And over the next two years, about $600 million more is scheduled to be awarded, subject to appropriations.

In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) is allocating nearly $12.6 million to Rhode Island through State Opioid Response (SOR) grants. These grants provide funding to states to help reduce overdose related deaths through prevention, treatment, and recovery efforts. Each state receives not less than $4 million through the program, with additional funding provided to the states with the highest mortality rates due to drug overdoses.

“Rhode Island is making progress to combat the opioid epidemic, and these federal funds will bolster the state’s efforts to support effective prevention, treatment, and recovery programs,” said Senator Reed, who serves on the Appropriations Committee, and helped lead efforts to secure this funding in the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act of 2019. “I’m pleased Rhode Island has been granted this additional federal assistance to help save lives, improve treatment, and address this public health crisis.”

The SAMHSA grant is part of $932 million being split among every state in the nation for the second year of the federal government’s State Opioid Response grant program.

On average, 130 Americans lose their lives to a drug overdose involving opioids every day, according to the CDC. According to the Rhode Island Department of Health and statistics compiled by the state’s Overdose Prevention and Intervention Task Force, 314 Rhode Islanders died of accidental drug overdoses in 2018. That number marks a slight decline from the previous year.

Nationally, there were about 68,557 overdose deaths in 2018, about a 5 percent decline from 72,224 deaths in 2017. This marks the first decline in drug overdose deaths since 1990.
URI’s Phillip Clark, ScD, awarded $3.75M for Geriatric Workforce program to train health care workforce

*The program will be based at Healthcentric Advisors*

**KINGSTON** – A University of Rhode Island professor, **PHILLIP CLARK, ScD**, has been awarded a $3.75 million federal grant to improve health services for older adults.

And it couldn’t come at a more crucial time as Rhode Island has the highest percentage of adults 85 and older in the country, with about 23,000 Rhode Island residents living with Alzheimer’s disease, the fifth-leading cause of death in the state. With the state ranking 36th in the nation in terms of preventable hospitalizations among older adults, there is a critical need for enhancement of the geriatric health care workforce in the state.

With the grant from the federal Health Resources and Services Administration, College of Health Sciences Professor Clark is leading a team of health care professionals in a statewide initiative to develop an age- and dementia-friendly workforce to integrate primary and geriatric care, and improve health services for older adults. The Rhode Island Geriatric Workforce Enhancement Program will support a five-year program to better train health care providers.

“The idea is to transform the care system for older adults and improve quality and outcomes for older adults,” Clark said. “It’s workforce training, whether people are already providing care or they’re preparing to provide care.”

The program brings together professionals across the health care spectrum for live presentations, webinars and real-time case discussions on various topics affecting older adult care. In one program, expert teams will use multi-point video-conferencing to provide geriatrics education to community providers RI-GWEP will recruit. In this way, primary care doctors, nurses, pharmacists and other clinicians learn to provide excellent care to patients in their own communities, and can learn from each other in live discussions on the website.

Clark plans to begin the program in early 2020, and is now recruiting health care groups to lead sessions and take part in them, ideally including students, as well as professionals from the same practice to promote a team-based approach. The goal is to educate more than 5,000 clinicians and future clinicians – doctors, nurses, pharmacists, social workers, and other professions – during the five years of the project.

“It’s a team-based model representing different professions who would receive the same training to integrate their care,” Clark said. “It is a virtual, real-time presentation and discussion platform. People are actually sitting down at the same time for a presentation, a virtual discussion online. Providers benefit from specialized knowledge and expertise of the presenters and participants.”

Presentations will cover such elder care topics as fall prevention, multiple medication prescribing, dementia care and more. In addition to the live presentations, educational webinars will be archived on the site, and there is the possibility of in-person seminars. Continuing education credits will be available for select health care professionals. The program will be based at Healthcentric Advisors, a nonprofit healthcare quality improvement organization.

Beyond providing education, the Geriatric Workforce Enhancement Program also seeks to evaluate the effectiveness of the training and its effect on the older adult population of the state. Through an examination of electronic medical records from participating practices, doctor self-reporting and records of care services provided, Clark and his team aim to find out how much impact the five-year project will make.

“We’ll evaluate the result of the educational programs on changing provider clinical behavior,” Clark said. “Do physicians change their patterns based on taking one of the sessions on ECHO. Are we providing a big enough dose of education to move the needle on provider behavior and patient outcomes?”

While the project website is not yet live, more information on the RI Geriatric Workforce Enhancement Project is available on the organization’s website – uri.edu/rigef.

“We’re promoting an age-friendly approach for health care providers. A lot of this age-friendly language is catching on,” Clark said. “But the reality is most providers don’t do this. If we’re really serious about providing quality elder care, these are the kind of really basic, on-the-ground things that we have to do. Let’s try to keep older people healthy and out of the hospital.”

Partners in the program, in addition to URI and Healthcentric Advisers, include Brown University, Rhode Island College, Care New England Health System, Integra Community Care Network, Care New England Medical Group, Care Transformation Collaborative, RI Primary Care Physicians Corporation and the Alzheimer’s Association of Rhode Island.
Hasbro Children’s Hospital announces sweeping transformation plans, reaches $25M campaign milestone

PROVIDENCE – Hasbro Children’s Hospital today announced that it has raised more than $25 million of its $35 million Every Child, Every Day campaign goal and revealed details of the renovation plans that will encompass nearly every inch of the hospital.

State legislative leaders joined hospital leadership and community supporters on September 17 to celebrate the progress of the campaign and to announce the renovations it will fund. The planned projects will encompass Hasbro Children’s emergency department, patient and exam rooms and clinics and create new healing spaces; modernize open space and work stations; and improve the hospital’s comforts, aesthetics, wayfinding, and more. Some projects have already begun, with full completion expected by early 2022.

One of the major improvements the Every Child, Every Day campaign is making possible is the transformation of the Hasbro Children’s emergency department, which is the region’s only Level 1 pediatric trauma center and handles more than 53,000 patient visits a year. Physicians and nurses will have access to state-of-the-art enhancements to care for patients, including those suffering a psychiatric emergency, mental illness, or developmental disability. Along with meeting children’s diverse needs, whether related to trauma or a chronic condition, Hasbro Children’s has experienced a dramatic rise in the number of behavioral patients coming to the emergency department for care.

“This is truly an exciting time for Hasbro Children’s and for Lifespan,” said TIMOTHY J. BABINEAU, MD, president and chief executive officer, Lifespan. “These renovations will ensure that our physical environment matches the level of care we provide, while also enabling us to retain top talent and continue to attract the best and brightest to Rhode Island.”

“Today, we recognize not only 25 years of delivering expert care to a
generation of kids, but celebrate the future of pediatric medicine,” said Margaret M. Van Bree, MHA, DrPH, president of Rhode Island Hospital and Hasbro Children’s Hospital. “When we embarked on this ambitious campaign three years ago, we set out to revamp Hasbro Children’s into the pediatric hospital of tomorrow. And this truly remarkable progress has been made possible by so many caring and passionate people who want only the best for our kids.”

The Every Child, Every Day campaign has benefited from a momentous $2.5 million gift from the Yawkey Foundation for the emergency department. Ellen Collins, age 11 of Tiverton, reunites with her physician Michael Herzlinger, MD, assistant program director, Fellowship Training Program in Pediatric Gastroenterology, Hasbro Children’s Hospital, after reading her winning essay on the importance of Hasbro Children’s to local kids.

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Lifespan launches portal to enable patient access to clinical trials

PROVIDENCE – Lifespan recently announced a new portal linked seamlessly from its website, developed to enable patient and family access to information on hundreds of its active and enrolling clinical trials. Lifespan Research Administration has built a comprehensive clinical trial search engine, in partnership with vendor XpertDox, offering information and enrollment contacts for the health system’s clinical research studies, including tests of new drugs, devices, and diagnostics for people with cancer, heart disease, diabetes, brain injury and more.

The search engine simplifies access for patients and providers who could benefit but may be unaware of trials, or unsure of how to access them. The new site gathers all active trials in one place, and is searchable by disease, condition or procedure. It also offers options to view all healthy volunteer trials. Information is provided in layman’s terms, as well as in more technical terms for physician reference, with a simple toggle. Users can also change their view to Spanish with a click.

“We’re proud of the vast array of research happening here in our hospitals,” said Chief Science Officer BHARAT RAMRATNAM, MD. “Hundreds of clinical research studies are currently underway, and this endeavor is a natural next step to connect our research community with the patients they seek to serve.”

Lifespan’s external research funding totaled more than $84 million in fiscal year 2018.

“We are excited to partner with Lifespan to improve patient access to clinical trials in Rhode Island,” said SAMER AHER, MD, PhD, Chief Executive Officer of XpertDox, “We are proud to collaborate with another comprehensive, integrated, and academic health system and look forward to working together.”

Users will find access to the new clinical trials search portal on Lifespan.org by clicking “Clinical Trials” in the top navigation. It will also be embedded into the informational pages of key clinical service areas offering current trials.

Lifespan VP of Research Administration PEGGY MCGILL explained that the search engine derives study information from ClinicalTrials.gov, maintained by the National Library of Medicine at the National Institute of Health.

Lifespan Urgent Care opens in Warwick

The first of several planned Urgent Care locations

WARWICK – The doors to the first Lifespan Urgent Care in Rhode Island opened on September 16, at 17 Airport Road (at the intersection of Warwick Avenue, Hoxsie Four Corners).

The Warwick location, and all future Lifespan Urgent Care facilities, will be supervised by Medical Director OLIVIER GHERARDI, DO.

“Urgent care is a safe and cost-effective alternative to the Emergency Department, as we are able to quickly take care of patients who have symptoms or concerns that come up suddenly and who are stable and not in a life-threatening situation,” Dr. Gherardi said. “We’re equipped to do lab tests and X-rays, which allows us to accurately diagnose certain conditions and start treatment promptly and effectively.

“As an added benefit, Lifespan Urgent Care is a great resource to then direct those patients who need further care to the right channels, whether that’s to primary care, or to more focused care, such as therapy, mental health services, or other specialists we can provide.”

Clinic hours will be 8am to 8pm Monday through Friday, and 8am to 6pm on Saturday, Sunday, and some holidays. (Closed New Year’s Day, Thanksgiving, and Christmas.) For added convenience, patients will be able to register online and reserve a time slot.

Lifespan will soon be announcing the opening of other Lifespan Urgent Care locations.
American Foundation for Suicide Prevention (AFSP) award grants to Brandon Gaudiano, PhD; Heather Schatten, PhD

The largest private funder of suicide prevention research, the American Foundation for Suicide Prevention (AFSP), recently announced 26 new grants totaling over $6.2 million. These grants were awarded to researchers from across the world who focus their work on studies that help us learn more about suicide and how to prevent it.

Among those being recognized for their research into suicide prevention are two members of Butler Hospital’s Psychosocial Research Program, BRANDON GAUDIANO, PhD, an associate professor in the Department of Psychiatry and Human Behavior at the Warren Alpert Medical School of Brown University, and HEATHER SCHATTEN, PhD, research psychologist and assistant professor at the Warren Alpert Medical School of Brown University, both of whom have received awards.

Dr. Gaudiano’s project, “Post-Hospital Suicide Prevention Intervention for Patients with Schizophrenia-Spectrum Disorders” is a pilot randomized controlled trial to test the efficacy of the Coping Long-term with Active Suicide Program (CLASP), compared to treatment as usual for inpatients with schizophrenia leaving the hospital. Patients assigned to CLASP receive individual, family, and telephone sessions for six months post-discharge in addition to their usual care. Dr. Gaudiano will receive $100,000 from the American Foundation for Suicide Prevention to continue his research.

Dr. Schatten’s project is titled “Feasibility, Acceptability, and Preliminary Efficacy of a Novel Personalized Mobile Intervention for Suicide.” The goal of Dr. Schatten’s study is to develop a novel personalized mobile intervention for suicide, which includes interactive safety planning and direct communication with study clinicians through the mobile application. Following the intervention development period, Dr. Schatten and her team will conduct an open trial and randomized pilot trial among young adult partial hospital patients. Dr. Schatten will receive $97,684 from the American Foundation for Suicide Prevention to continue her research.

Each application for AFSP funding is reviewed multiple times by the top suicide prevention researchers in the world. The research grants are funded mainly through individual donors who attend the AFSP walks and other public education events. Many of the AFSP grantees then go on to receive further funding from the National Institute of Mental Health and other large funding agencies.

CNE announces new patient-centered primary care practice for older adults

WARWICK – Care New England announced a new outpatient primary care practice for older adults located at 215 Toll Gate Road, Suite 104.

The new practice includes daily access to geriatrics clinicians, a 24/7/365 nurse-call system with access to community paramedicine support, same-day availability for appointments, transportation through Uber Health, eligibility for enrollment in Integra’s additional ACO programs, and more.

“As an Age-Friendly health system, CNE is dedicated to improving health care for older adults and creating care that is tailored to patients’ health care needs and convenience. The launch of this new primary care office will allow us to do just that. Offering services that specifically cater to the older adult population in our community, from high-quality clinicians, to transportation services, to our around-the-clock call system, this practice speaks directly to their needs,” said ANA TUVA FULTON, MD, FACP, AGSF, executive chief of geriatrics and palliative care at Care New England and medical director of Integra Community Care Network, LLC.

As part of this new program, a community room has also been outfitted within the practice and will offer nontraditional services to support health and wellness, as well as programming to support those with chronic illnesses. Examples of offerings include exercise classes, fall prevention and recovery workshops, group visits for certain conditions or for education, patient and caregiver education, nutritional programs, and more.

Geriatric medicine outpatient consultations are also available through the CNEMG Geriatric Medicine Consult Practice now located at the new primary care office.
Women & Infants Hospital announced on September 18 that results from two large, groundbreaking research trials conducted through the Division of Urogynecology and Reconstructive Pelvic Surgery at Women & Infants have recently been published in the *Journal of the American Medical Association* (JAMA).

The first article authored by **Vivian Sung, MD, MPH**, professor at The Warren Alpert Medical School of Brown University, evaluates the Effects of Surgical Treatment Enhanced with Exercise for Mixed Urinary Incontinence [the ESTEEM trial].

The second trial compares two different surgical treatments for uterine prolapse (the SUPeR trial). Both studies were conducted by the Pelvic Floor Disorders Network [PFDN], funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD] and the Office of Research on Women’s Health, both part of the National Institutes of Health [NIH].

The ESTEEM trial compares behavioral and pelvic floor muscle therapy combined with sling surgery versus sling surgery alone on improving mixed urinary incontinence symptoms. Women with mixed incontinence can be more difficult to treat because they have two different types of incontinence [stress and urgency incontinence]. In this study, investigators found that sling surgery alone designed to treat stress urinary incontinence also improves urgency urinary incontinence, with a very low rate of complications. Adding behavioral and pelvic floor therapy to surgery did not result in a clinically meaningful improvement in symptoms. Most patients in both groups reported a marked reduction in both types of incontinence at one year.

These findings challenge current practice guidelines for treating women with mixed incontinence, which approach surgery with caution for mixed urinary incontinence.

“The results of our study suggest that current practice guidelines may be unnecessarily delaying surgery for women with mixed urinary incontinence” said Dr. Sung, lead author and the principal investigator for the PFDN at the Women & Infants/Brown site. “Our findings have broad implications since one-third to one-half of women with urinary incontinence have mixed incontinence. We hope these findings will improve the care and treatment for women with incontinence.”

The SUPeR trial which was also published in JAMA, was designed to determine if a vaginal mesh hysteropexy is comparable to the typical surgery for uterovaginal prolapse which typically includes a vaginal hysterectomy and a suture repair. The article was co-authored by **Charles Rardin, MD**, from Women & Infants Division of Urogynecology. The investigators did not find a significant difference between the two surgical options after three years. Further research [including continued follow-up in this trial] is needed to assess whether one treatment may be superior.

To see both articles in their entirety, please visit: jamanetwork.com

**Vivian Sung, MD, MPH, FACOG**, is a professor at The Warren Alpert Medical School of Brown University and a member of the active staff at Women & Infants Hospital. Dr. Sung is a graduate of Tufts University School of Medicine and completed a residency in obstetrics and gynecology at Magee-Women’s Hospital. Following residency, Dr. Sung completed a dual fellowship in urogynecology and reconstructive pelvic surgery and epidemiology and clinical trials at Women & Infants Hospital.

Dr. Sung is an active researcher and serves as the director of research for the Division of Urogynecology. Dr. Sung achieved certification in Female Pelvic Medicine and Reconstructive Surgery [FPMRS] by the American Board of Obstetrics and Gynecology (ABOG). She is a fellow of the American Gynecological & Obstetrical Society (AGOS) and is past president of the Society for Gynecologic Surgeons. Dr. Sung is committed to advancing the field of urogynecology and improving patient care through rigorous and patient-centered research.

**Charles Rardin, MD, FACOG**, is a professor at The Warren Alpert Medical School of Brown University and a member of the active staff at Women & Infants Hospital. Dr. Rardin is a graduate of the University of Rochester School of Medicine and completed a residency in obstetrics and gynecology at Beth Israel Deaconess Medical Center. Following residency, Dr. Rardin completed a fellowship in urogynecology and pelvic reconstructive surgery at Mount Auburn Hospital and Harvard Medical School. He is a fellow of the American College of Obstetricians and Gynecologists, as well as the American College of Surgeons. Dr. Rardin has a particular interest in innovative, minimally invasive techniques for the treatment of a variety of conditions of pelvic floor dysfunction. He is past president of the American Urogynecologic Society. He is committed to the academic advancement of the field of urogynecology.
University Surgical Associates hosts opening of new East Greenwich facility

EAST GREENWICH – University Surgical Associates hosted a ribbon cutting ceremony recently to celebrate the grand opening of its newest state-of-the-art facility in East Greenwich at 1407 South County Trail.

The 3,000 square-foot facility was designed with the patient experience in mind. The specialties of surgeons practicing at this facility include general surgery, endocrine, weight loss surgery and colorectal surgery. Additionally, the Center for Breast Care and the Vascular and Vein Center are now on site as well. Patients will also be able to meet with surgeons specialized in melanoma and oncology.

“We are excited to see the broader impact our newest facility will have on the community, and look forward to improving the patient experience for area residents in need of specialized care,” said DR. WILLIAM CIOFFI, President of University Surgical Associates.