

Study led by Rhode Island Hospital researcher shows that several portable devices can detect deadly fentanyl in street drugs

PROVIDENCE – Research led by a Rhode Island Hospital opioid expert has demonstrated the potential to utilize portable field devices to test street drugs for the presence of fentanyl – a technique that could aid public health advocates and public safety agencies in their effort to curb a nationwide epidemic of fatal overdoses from the potent synthetic narcotic.

TRACI GREEN, PHD, MSc, co-director of the hospital's Center of Biomedical Research Excellence (COBRE) on Opioids and Overdose, is the lead author of a paper just published in the *International Journal of Drug Policy*. The research was funded by a grant from the Bloomberg American Health Initiative at Johns Hopkins Bloomberg School of Public Health.

The study, led by Green and **SUSAN G. SHERMAN, PhD**, a professor in the Bloomberg School's Department of Health, Behavior and Society, is a response to an opioid epidemic that is responsible for thousands of deaths each year. Fentanyl was confirmed in 64 percent of opioid deaths in Rhode Island and 85 percent of opioid deaths in Massachusetts in 2017.

Green and colleagues partnered with the Providence and Baltimore police departments and the Rhode Island Department of Health to acquire and blind test over 200 samples of police-confiscated street drugs using three separate portable devices designed for field testing: an infrared spectrometer, a Raman spectrometer, and fentanyl testing strips.

They determined that fentanyl test strips were best at detecting fentanyl and at very low levels in street drugs. But

the fentanyl test strips don't differentiate among the many types of fentanyl or detect other harmful contaminants or drugs. For this reason, the authors discuss, a two-pronged drug checking approach is best: the infrared spectrometer, which provides detailed chemical profile information (valuable for public health surveillance purposes) and fentanyl test strips, which are cheap and cheap and simple to use and highly sensitive to fentanyl.

"This study showed us that there are valid and easy-to-use devices that can provide critical insights that are meaningful to both people who use drugs and public health decision makers," says Green, the study's lead author.

In addition to her role at Rhode Island Hospital, Green is an adjunct associate professor of emergency medicine and epidemiology at Brown University and recently was appointed director of Brandeis University's Opioid Policy Research Collaborative in the Heller School for Social Policy and Management.

Green is co-director of the Center of Biomedical Research Excellence (COBRE) on Opioids and Overdose.

The research team included **ERIC STRUTH** of Rhode Island Hospital, **MICHELLE MCKENZIE** of the Center for Prisoner Health and Human Rights at The Miriam Hospital, **JU NYEONG PARK** of the Johns Hopkins Bloomberg School of Public Health, **WILLIAM CLARKE** of the Johns Hopkins School of Medicine, and independent researcher **MICHAEL GILBERT** of Portland, Oregon. ❖



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American Lung Association releases ‘State of Tobacco Control’ Report

RI gets mixed grades

PROVIDENCE – Tobacco use remains the nation’s leading cause of preventable death and disease, taking an estimated 480,000 lives every year. This year’s “State of Tobacco Control” report from the American Lung Association released on January 29th calls for proven tobacco control policies in light of the fact that the country’s youth vaping epidemic worsened in 2019.

This year’s 18th annual report finds that in 2019 Rhode Island had limited progress on its efforts to reduce and prevent tobacco use, including e-cigarettes. The American Lung Association called on Rhode Island officials in the report to take action by increasing funding for tobacco prevention and cessation programs, building on Governor Raimondo’s executive action prohibiting flavored e-cigarettes, and ensuring enforcement of the new national tobacco age of sale in order to support public health and save lives in 2020.

Nationwide, it stated that the youth vaping epidemic continued its alarming rise to 27.5% or more than one in four high school students. This is a 135% increase in high school e-cigarette use in just the past two years, and close to three million more kids started vaping in that time period, setting them up for a lifetime of addiction.

“In Rhode Island, our high school tobacco use rate remains at 25.9%. Sadly, with the youth vaping epidemic still rising, we may have lost an opportunity to make the current generation of kids the first tobacco-free generation. Tobacco use is a serious addiction and Rhode Island needs to implement the proven measures to prevent and reduce tobacco use outlined in ‘State of Tobacco Control,’” said American Lung Association’s Director of Advocacy in Rhode Island, Jennifer Wall.

The 18th annual “State of Tobacco Control” report grades states and the federal government on policies proven to prevent and reduce tobacco use, and finds that elected officials should do more to save lives and ensure all Rhode Island residents benefit from reductions in tobacco use and exposure to secondhand smoke.

Rhode Island Grades

(See Figures 1-4)

- Strength of Smoke-free Workplace Laws: Grade A
- Level of State Tobacco Taxes: Grade B
- Coverage and Access to Services to Quit Tobacco: Grade C
- Funding for State Tobacco Prevention Programs: Grade F

Some positive signs nationwide

The report also notes Governor Raimondo’s direction to the state department to explore comprehensive policy solutions to address youth tobacco use rates. In addition, a vaping advisory committee was established to weigh in on permanent regulations.

It also noted that Tobacco Free Rhode Island (TFRI), a grant funded through the Rhode Island Department of Health and administered through the American Lung Association in Rhode Island, made gains with more than 12,000 students, parents, educators, medical and public health professionals, educated about the harms of e-cigarette use, marketing strategies, and current tobacco trends. Furthermore, through a strong partnership and funding from CVS Health, TFRI also created and implemented a smoke-free schools model policy, inclusive of e-cigarettes, that detailed enforcement best practices.

The report also lauded Massachusetts for permanently prohibiting the sale of all flavored tobacco products, including menthol cigarettes in November 2019, becoming the first such state to do so, and reported that the FDA will be

Figure 1.

Smokefree Air: A
OVERVIEW OF STATE SMOKING RESTRICTIONS
Government Worksites: Prohibited
Private Worksites: Prohibited
Schools: Prohibited
Child Care Facilities: Prohibited
Restaurants: Prohibited
Bars: Prohibited (allowed in smoking bars)
Casinos/Gaming Establishments: Restricted
Retail Stores: Prohibited
Recreational/Cultural Facilities: Prohibited
E-Cigarettes Included: Yes
Penalties: Yes
Enforcement: Yes
Preemption/Local Opt-Out: No
Citation: R.I. GEN. LAWS §§ 23-20.10-1 et seq. (2015).

Figure 2.

Tobacco Taxes: B
CIGARETTE TAX:
Tax Rate per pack of 20: \$4.25
OTHER TOBACCO PRODUCT TAXES:
Tax on little cigars: Equalized: Yes; Weight-Based: No
Tax on large cigars: Equalized: No; Weight-Based: No
Tax on smokeless tobacco: Equalized: No; Weight-Based: Yes
Tax on pipe/RYO tobacco: Equalized: No; Weight-Based: No
Tax on e-cigarettes: Equalized: N/A; Weight-Based: N/A
For more information on tobacco taxes, go to: www.lung.org/slati

Figure 3.

Access to Cessation Services: C	
OVERVIEW OF STATE CESSATION COVERAGE:	
STATE MEDICAID PROGRAM:	
Medications:	All 7 medications are covered
Counseling:	All 3 types of counseling are covered
Barriers to Coverage:	Some barriers exist to access care
Medicaid Expansion:	Yes
STATE EMPLOYEE HEALTH PLAN(S):	
Medications:	All 7 medications are covered
Counseling:	Some counseling is covered
Barriers to Coverage:	Some barriers exist to access care
STATE QUITLINE:	
Investment per Smoker:	\$0.97; the median investment per smoker is \$2.14
OTHER CESSATION PROVISIONS:	
Private Insurance Mandate:	Yes
Tobacco Surcharge:	Prohibits tobacco surcharges
Citation: See Rhode Island Tobacco Cessation Coverage page for specific sources.	

required to take several important actions to protect the public health from tobacco products in 2020. These include finalizing graphic warning labels on all cigarette packs by March 15, and requiring all e-cigarette, and most cigar, hookah, pipe and other manufacturers of deemed products to submit applications to FDA by May 12, 2020 to remain on the market in the U.S.

For more information, or to view the report, visit lung.org. ❖

Figure 4.

Tobacco Prevention and Control Program Funding: F	
FY2020 State Funding for Tobacco Control Programs:	\$394,955
FY2020 Federal Funding for State Tobacco Control Programs:	\$1,651,504*
FY2020 Total Funding for State Tobacco Control Programs:	\$2,046,459
CDC Best Practices State Spending Recommendation:	\$12,800,000
Percentage of CDC Recommended Level:	16.0%
State Tobacco-Related Revenue:	\$196,900,000
* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.	

Health in Rhode Island: A Long Term Vision

Health industry leaders and advocates have collaborated for over a year to establish a long-term health plan for Rhode Island

PROVIDENCE (RHODE ISLAND FOUNDATION) – Convened and led by the Rhode Island Foundation, the Long Term Health Planning Committee, a group of local health and health care industry experts, have collaborated over the last year to set a 10-year plan for improving health in Rhode Island. In full endorsement of the plan’s recommendations, the Rhode Island Foundation has committed \$1 million, above and beyond its yearly grant-making in health, to the implementation of the plan, called Health in Rhode Island: A Long Term Vision

The Long Term Health Planning Committee includes representatives from all corners of the health sector in the state. At the Foundation’s request, and co-chaired by Jane Hayward, president and CEO of the Rhode Island Health Center Association and Neil D. Steinberg, president and CEO of the Rhode Island Foundation, the group came together in late 2018 with the intent to create a long-term approach for improving the health of Rhode Islanders. They sought to identify the most pressing

needs and commit to state-level coordination and institutional decision-making that will address those needs over the long-term. In doing so, the group developed – and each member has endorsed – a vision, set of goals, guiding principles, priorities and associated strategies. The committee also identified an evaluation framework and a set of nearly 40 indicators, in partnership with Health-centric Advisors, that will be tracked to measure progress. The committee identified the following goals and priorities:

Goals

1. Eliminate disparities in health and contributing socio-economic factors.
2. Provide access to high-quality affordable health care.
3. Focus resources to maximize health and reduce waste.

Priorities

- Providing the most appropriate care for people in the most appropriate setting.

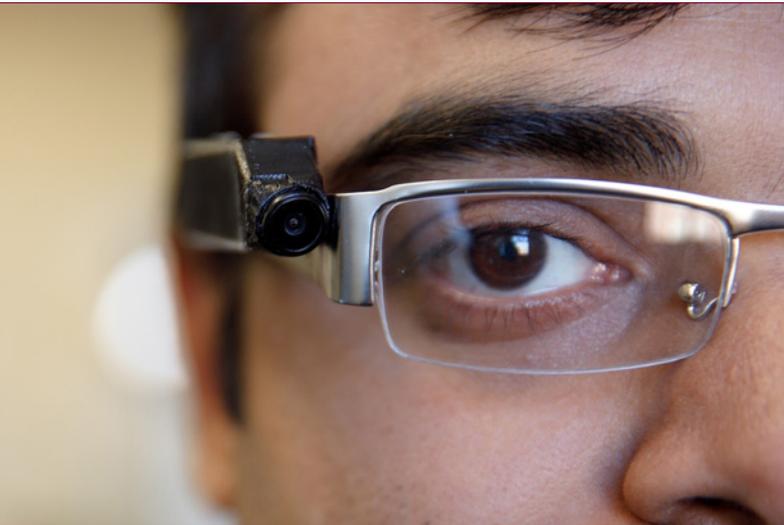
- Focusing upstream on root causes and investing in affordable housing, food security and transportation to address underlying inequities and influencers of health disparities.
- Improving behavioral health outcomes by focusing on access to care, coordination of care and prevention.
- Reducing wasteful spending in order to redirect resources to social determinants and improve affordability.
- Ensuring sustainability, accountability and oversight of the group’s vision and maintaining progress in key areas where Rhode Island performs well.

The Foundation aims to allocate the \$1 million investment in support of initiatives aligned with the priorities and strategies identified in the report. The Foundation will also work with the committee to help sustain the effort and to report to the public on progress, at least annually. ❖

[Click here for full report](#)

Miriam to collaborate in clinical trial to investigate wearable device for weight loss

Weight Control & Diabetes Research Center partners with U. of Alabama in \$2.5M NIH study



Tonmoy Ghosh, a doctoral student at the University of Alabama, models a high-tech ingestion monitor inside a campus laboratory
[PHOTO: THE UNIVERSITY OF ALABAMA]

PROVIDENCE – Can a wearable device that monitors what you eat help you lose weight? Researchers at The Miriam Hospital, in collaboration with several universities around the country, will seek to answer that question in a clinical trial funded with a \$2.5 million grant from the National Institute of Health.

GRAHAM THOMAS, PhD, a behavioral scientist with The Miriam’s Weight Control and Diabetes Research, is the co-principal investigator on the project. He will be using a device developed in collaboration with researchers at the University of Alabama to test the technology with adults who are overweight or obese.

“The hope is that this technology will give people a new, less burdensome way to monitor and take control of their eating,” said Dr. Thomas.

The device, clipped to prescription or nonprescription eyeglasses, includes a tiny, high-definition camera to photograph food as well as sensors that monitor chewing. The sensors accurately detect food intake and trigger the camera to record what was eaten and to measure when, how much and how fast the wearer eats.

DR. EDWARD SAZONOV, a professor of electrical and computer engineering at the University of Alabama and co-principal investigator, designed the patent-pending device, which he calls the Automatic Ingestion Monitor, or AIM.

“Changing eating behavior enough to achieve and maintain long-term weight loss is elusive. We’re seeking to

determine if a device that adapts to your individual eating habits can change that,” Dr. Sazonov said.

Dr. Thomas said that Dr. Sazonov was looking to test his device and reached out to him about a collaboration because of his expertise in the science of health behaviors.

“My work has focused on the use of technology to understand and promote healthy behaviors, particularly those related to obesity,” Dr. Thomas said. “So this is right up my alley.”

The grant to the University of Alabama, via the NIH’s National Institute of Diabetes and Digestive and Kidney Diseases, enables the researchers to test the device in a clinical trial over four years. An initial round of funding was awarded this fall.

About half of the patients that will be enrolled in the study will be recruited in Rhode Island by Dr. Thomas, an associate professor in the Weight Control and Diabetes Research Center at The Miriam Hospital and Brown University.

During the clinical trial, the device’s built-in computer will communicate with the wearer’s smartphone and, when necessary, trigger the phone to send carefully designed messages suggesting modifications to the wearer’s eating behaviors.

Work by other researchers has shown that tracking what you eat by hand is one of the most powerful strategies for weight control, but it can be burdensome, tedious and error prone. Electronic fitness trackers have proven popular, so for those open to a high-tech wearable method to help in modifying their behaviors, the device could prove effective.

“The key to this particular technology is to learn individual eating behaviors and then attempt to provide personalized feedback to modify those behaviors,” Dr. Sazonov said.

Measuring food intake, which previous studies show the technology can do accurately, is important. But it’s only part of the story.

“The way you eat is as important as what you eat. We are also looking at the rates of ingestion. We want to slow down and be more mindful about our eating,” Dr. Sazonov said. “Every person is different in when they eat, what they eat, how much they eat and how long they eat. We use machine learning to create a model of these individual eating patterns. After we learn the individual eating patterns, we see how it can be manipulated by suggesting small changes to reduce the total amount of energy consumed.”

Additional researchers on the project include two nutritionists, **DRS. MEGAN McCORRY**, of Boston University, and **JANINE HIGGINS**, of University of Colorado; and the University of Alabama’s **CHRIS CRAWFORD** and **JASON PARTON**. ❖

Brown/industry partnership to accelerate research on flu vaccines for the elderly

PROVIDENCE [BROWN UNIVERSITY] – With support from a three-year \$2.1 million agreement with Insight Therapeutics, a private company that focuses on the health care of older adults, a team of Brown University public health researchers will look to identify the most effective flu vaccines for elderly nursing home residents.

STEFAN GRAVENSTEIN, principal investigator of the research at Brown, a professor of medicine at the Warren Alpert Medical School and of health services, policy and practice at the School of Public Health.

Gravenstein said the study will compare two licensed, safe and effective vaccines – an egg-free recombinant flu vaccine and a traditional flu vaccine where seasonal influenza viruses are mass-produced in chicken eggs and then inactivated – in up to 1,000 nursing homes each in this and the next flu season. He said the team will test the hypothesis that the recombinant vaccine will be more effective at protecting residents with these specific proteins than the larger variety of proteins in vaccines produced in chicken eggs.

The agreement is a part of a partnership between Brown and Insight Therapeutics – a Virginia-based company that specializes in clinical research involving older adults as well as professional medical education and health communications – and Sanofi Pasteur, a French pharmaceutical company that produces vaccines against infectious diseases such as influenza, tetanus and rabies.

The sponsored research partnership comes as Brown continues to expand its relationships with corporate and industry partners through its Office of Industry Engagement and Commercial Venturing.

Brown's other initiatives to create new collaborations include the newly launched riHub accelerator based in Providence and the Brown Biomedical Innovations to Impact fund,

which supports the development of biomedical technologies into commercial products.

The new research will build on a foundation of previous work in which Gravenstein and Insight Therapeutics cofounders Ed Davidson and Lisa Han have compared the effectiveness of different flu vaccines, such as high-dose vs. standard-dose vaccines, in nursing homes. Gravenstein said that the partnership between Brown, Insight Therapeutics and Sanofi has strong potential for several reasons.

The team will use Medicare claims data and a dataset that measures quality of care at nursing homes on a quarterly basis to track the long-term outcomes after offering one of the two vaccines to their residents. Those outcomes will include, for example, residents being hospitalized for respiratory illnesses, or for any reason, for at least two years following vaccination.

Gravenstein said the study design will allow the team to efficiently study tens of thousands of elderly individuals in nursing homes – a clinically relevant context. Getting answers about the comparative effectiveness of different flu vaccines can inform public health decision-making, he said.

Sanofi Pasteur is providing funding to Insight for the seasonal supply of the study flu vaccines for residents and staff in all participating nursing homes. Gravenstein said Sanofi will have no role in the study design or the analysis of the data – the company will play a role similar to that of the federal government in federally funded research.

The Brown research team also includes **VINCE MOR, ISSA DAHABREH, PEDRO GOZALO, NINA JOYCE, KEVIN MCCO-NEGHY, PATIENCE MOYO, ORESTIS PANAGIOTOU, THERESA SHIREMAN** and **ANDREW ZULLO**, primarily in the Center for Gerontology and Health Care Research; and **DAVID CANADAY** and **ELIE SAADE**, both at Case Western Reserve University. ❖

University Surgical Associates changes name to Brown Surgical Associates

PROVIDENCE – University Surgical Associates, the largest multidisciplinary surgical group in Rhode Island, changed its name to Brown Surgical Associates, effective January 1, 2020.

“Brown Surgical Associates and University Surgical Associates are one in the same. The name change reflects our commitment to strengthening our affiliation and partnership with Brown University’s Warren Alpert Medical School,” said **DR. WILLIAM CIOFFI**, President of Brown Surgical Associates. “This name change also aligns with our goal of bringing world class



surgical care to all of RI and Southern New England.”

As one of the six foundations that comprise Brown Physicians, Inc., Dr. Cioffi stated, “the decision supports the

overarching mission to integrate care across the state to improve the quality of care for patients.” All locations, services, and personnel will remain the same, according to Dr. Cioffi. ❖

A photo from University Surgical Associates' grand opening ceremony in East Greenwich, one of multiple locations currently in operation.

Statewide autism study finds later diagnoses for girls, high rates of co-occurring disorders

A study analyzing the first 1,000 patients from the Rhode Island Consortium for Autism Research and Treatment found that girls receive autism diagnoses an average of 1.5 years later than boys, and people with autism often have co-occurring medical and psychiatric conditions.

PROVIDENCE [BROWN UNIVERSITY]—A new study analyzing the first 1,000 participants in the Rhode Island Consortium for Autism Research and Treatment (RI-CART) identifies key trends in the presentation and diagnosis of autism spectrum disorder. The study was published in *Autism Research* on Jan. 20th.

The first finding was that girls with autism receive a diagnosis, on average, nearly 1.5 years later than boys. This is likely because parents and clinicians tend to notice language delays as the first sign of autism, and girls in the study exhibited more advanced language abilities compared to boys, said study authors **STEPHEN SHEINKOPF** and **DR. ERIC MORROW**.

Autism is far more common in boys. The RI-CART study found more than four times as many boys as girls with autism; however, given the large size of the sample, the study was well-powered to evaluate girls with autism. The finding that girls with autism are diagnosed later is clinically important, said Morrow, an associate professor of molecular biology, neuroscience and psychiatry at Brown University.

“The major treatment that has some efficacy in autism is early diagnosis and getting the children into intensive services, including behavioral therapy,” Morrow said. “So if we’re identifying girls later, that may delay their treatments.”

Sheinkopf, an associate professor of psychiatry and pediatrics at Brown, emphasized the importance of early recognition.

“We need to think about how we can improve recognition of autism in individuals – including many of these girls – who don’t have the same level of primary language delay but may have other difficulties in social communication, social play and adapting

to the social world,” he said. “And as we improve diagnosis for the full range of individuals in the early years, we must also rethink early interventions to make sure they’re designed appropriately for children who might need assistance on more nuanced elements of social adaptation. We need to refine treatments so they cater to individual needs.”

Based at Bradley Hospital in East Providence, the team behind RI-CART represents a public-private-academic collaborative – a partnership between researchers at Brown, Bradley Hospital and Women and Infants – that also involves nearly every site of service for families affected by autism in Rhode Island. The study team also integrated members of the autism community, family members and particularly the Autism Project, a family support service for autism in the state.

By engaging both the community and treatment providers, the study enrolled more than 20 percent of pediatric-age individuals with autism in Rhode Island. Participants were recruited from all geographic regions of the state, and as part of the study, they were given rigorous in-person assessments.

Most participants had received an autism diagnosis prior to entering the study (a community diagnosis), and their diagnosis was subsequently confirmed by an in-person assessor, meaning that they also received a research diagnosis. The study also included individuals whose diagnoses were less clear-cut. For example, some individuals received either a community diagnosis or a research diagnosis, but not both. Other individuals were referred to the study but did not have evidence of autism from either a community evaluation or the research assessment.

“The group that was diagnostically

less clear-cut represents the complexity that clinicians encounter on a daily basis, so it’s a realistic sample in that sense,” Sheinkopf said. “This full range of heterogeneous autism presentation is rather unique to our study.”

The other major finding of the study was that people with autism frequently exhibit co-occurring psychiatric and medical conditions.

Nearly half of the participants reported another neurodevelopmental disorder (i.e., attention-deficit/hyperactivity disorder (ADHD) or intellectual disability), while 44.1 percent reported a psychiatric disorder, 42.7 percent reported a neurological condition (i.e., seizures/epilepsy, migraines, tics), 92.5 percent reported at least one general medical condition and nearly a third reported other behavioral problems.

“These co-occurring conditions need also to be a focus of treatment for patients,” Morrow said.

“Many people with autism need support for the psychiatric and emotional challenges that are prevalent in people who share this one diagnosis,” Sheinkopf added. “These are clinically complicated individuals who deserve strong, sophisticated, multidimensional, multidisciplinary care.”

Sheinkopf and Morrow say they’re encouraged by the support and collaboration of a variety of health care providers, community members and particularly, by the level of commitment shown by the families who participated in the study. Going forward, they’re hopeful that the RI-CART registry will lead to more studies that will improve the lives of people with autism and their families, particularly because the cohort currently involves such a wide age range of participants, including individuals with autism ages 2 to nearly 64.

“Given that autism is a developmental disorder, the field really needs to focus on longitudinal studies: following people’s development and transitions,” Morrow said. “I think we’re going to learn even more when we follow children from a very young age as they develop, including into adulthood.”

In addition to Sheinkopf and Morrow, other Brown University authors on the study were Carolyn McCormick, Brian Kavanaugh, Danielle Sipsock, Giulia Righi, Lindsay Oberman,

Daniel Moreno-De Luca, Ece Gamsiz Uzun, Carrie Best, Beth Jerskey, Pei-Chi Wu, Rebecca McLean, Todd Levine, Hasmik Tokadjian, Kayla Perkins, Elaine Clark, Brittany Dunn, Alan Gerber, Elena Tenenbaum and Thomas Anders. Additional contributors include Joanne Quinn and Susan Jewel from the Autism Project.

The study was funded by the Simons Foundation Autism Research Initiative (286756), the Hassenfeld Child Health Innovation Institute at Brown

University, the National Institutes of Health (though the National Center for Advancing Translational Sciences), the Clinical and Translational Sciences Award (KL2 TR002530 and ULI TR002529) and the National Institute of Mental Health (R25 MH101076 and T32 MH019927).

RI-CART received pilot support from the Carney Institute for Brain Science at Brown, the Norman Prince Neuroscience Institute and the Department of Psychiatry and Human Behavior. ❖

CODAC Behavioral Healthcare joins the Horizon Healthcare Partners Network

CRANSTON – CODAC Behavioral Healthcare (CODAC) has joined the Horizon Healthcare Partners (HHP) service network as part of its ongoing effort to improve the quality of care for individuals in recovery. The partnership is expected to help individuals with a substance use disorder receive a holistic approach to care while reducing medical costs for the state of Rhode Island.

Through membership in the network, CODAC Behavioral Healthcare will work with other partner organizations to help patients meet their unique medical needs. “Horizon Healthcare Partners is an incredible asset for the state of Rhode Island, and the recovery community. The evolving nature of the opioid crisis has necessitated a greater need for the coordination of healthcare services across organizations in the Ocean State,” said **LINDA HURLEY**, CEO/President of CODAC Behavioral Healthcare. “This partnership serves as a promise to our community that we are actively looking for ways to provide targeted healthcare solutions.”

Leaders at CODAC and HHP are also hopeful that the partnership will help patients reduce their medical costs, and reduce expenses at CODAC Behavioral Healthcare through expanded collaboration. “Each organization in the behavioral health space must strengthen and deepen its relationships with like-minded providers in order to thrive in this environment. Programs are more effective when organizations collaborate and coordinate services,” said **JIM RYCZEK**, CEO of Horizon Healthcare Partners.

Administrators are still working on the programming that would be appropriate to collaborate on with other HHP partners, Hurley says. “If there is an opportunity to bring one of our successful programs to more people, we’re certainly open to making that possible,” Hurley added.

Horizon Healthcare Partners has already worked with



CODAC on streamlining MAT inductions – the medically monitored startup of medication assisted treatment – and referrals to ongoing treatment through the BH Link, Ryczek explained. BH Link is the state’s emergency behavioral health triage center that coordinates behavioral health services with partners in the medical field. HHP has a state contract to manage the BH Link program. “CODAC is excited to provide further specialty care for SUD/ODU through this collaborative effort,” said Hurley.

Through the partnership, CODAC has also secured an advocacy platform on HHP’s 2020 legislative agenda. “I am thrilled to welcome such a well-respected community-based organization like CODAC to the HHP family,” said Ryczek. “We share a common mission and set of values to serve the people of Rhode Island who need us, and I am looking forward to working with CODAC as an HHP Partner.”

Other community partners include The Kent Center, Tides Family, Community Care Alliance, and Newport Mental Health. ❖

AMA issues checklist for the transition to E/M office visit changes

CHICAGO – The American Medical Association (AMA) is helping physician practices integrate fundamental changes to the coding and documentation of evaluation and management (E/M) office visit services that account for nearly \$23 billion in Medicare spending. New Medicare office-visit coding and documentation guidelines are simpler and more flexible, but physician practices will need to prepare in the new year to get the full benefit of the burden relief the changes are designed to bring.

The AMA worked with the Centers for Medicare & Medicaid Services (CMS) and convened specialty societies and other health professionals to simplify the requirements, make them clinically relevant, and reduce excessive documentation burden. Key elements of the E/M office visit overhaul include:

- Eliminating history and physical exam as elements for code selection. While significant to both visit time and medical decision-making, these elements alone should not determine a visit's code level.
- Allowing physicians to choose whether their documentation is based on medical decision-making (MDM) or total time. This builds on the movement to better recognize the work involved in non-face-to-face services like care coordination.
- Modifying MDM criteria to move away from simply adding up tasks to focus on tasks that affect the management of a patient's condition.

"These foundational changes are intended to reduce documentation burden and provide physicians more time with patients, not paperwork, said AMA President **PATRICE A. HARRIS, MD, MA**. "There's a lot to understand and to prepare for before the new guidelines take effect Jan. 1, 2021. The AMA is helping physician practices to start planning now and offers resources to anticipate the operational, infrastructural and administrative workflow adjustments that will result from this overhaul."

The following 10-point AMA checklist and linked resources will help guide physician practices for a smooth transition to the simpler and more flexible guidelines:

1. Identify a project lead
2. Schedule team preparation time
3. Update practice protocols
4. Consider coding support
5. Be aware of medical malpractice liability
6. Guard against fraud & abuse law infractions
7. Update your compliance plan
8. Check with your electronic health record vendor
9. Assess financial impact
10. Understand additional employer or payer or medical liability coverage requirements

To learn more about these significant CPT code set revisions, visit the CPT E/M webpage. Additionally, the AMA has created an interactive educational module, a detailed description of the code and guideline changes, along with a table illustrating medical decision making revision to educate physicians practices. ❖

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