

RIH authors publish study comparing incidence of respiratory virus peak incidence among varying age groups

PROVIDENCE – *JAMA Network* recently published a study co-authored by Rhode Island Hospital Medical Director of Epidemiology and Infection Control and Brown University Professor of Medicine **LEONARD A. MERMEL, DO, ScM**, along with **YOUNG JUNE CHOE, MD, PhD**, **MICHAEL A. SMIT, MD, MSPH**, both affiliated with Rhode Island Hospital and The Warren Alpert Medical School of Brown University at the time of the study, now with Hallym University College of Medicine (South Korea) and Children's Hospital Los Angeles and Keck School of Medicine, University of Southern California, respectively.

The study assessed the impact of age on the epidemiology of human respiratory viruses in Rhode Island over a 5-year period 2012 through 2016, examining 6,733 respiratory virus cases. The authors confirmed seasonality of human respiratory viral infections as well as important findings in the

order of age groups affected. Namely, they found that most human respiratory viruses first occurred each season in the 0-4-year age group before they occurred in older age groups. This included human coronaviruses. The one exception was influenza which was first detected the 18–64-year age group.

“This publication may have implications regarding the current COVID-19 pandemic. We found that most human respiratory viruses, including human coronaviruses, start in the youngest age groups and then go on to affect older individuals. Thus, as SARS-CoV-2, the cause of COVID-19, continues to circulate and evolve as a human respiratory virus, it too may eventually sequentially affect youngest age groups followed by older people,” Dr. Mermel said. “Better understanding this relationship will be important in planning for future community mitigation strategies and the impact of day care and school closures on transmission risk.” ❖

RI Foundation awards COVID-19 Behavioral Health Fund grants

The Rhode Island Foundation recently announced \$3.7 million in grants to help Rhode Islanders cope with the behavioral health challenges of the COVID-19 crisis. These grants are the first from the COVID-19 Behavioral Health Fund at the Foundation.

More than three dozen organizations, including the Samaritans of Rhode Island, Bradley Hospital and Newport Mental Health, will receive funding from the Foundation's new COVID-19 Behavioral Health Fund. (The full list of awardees and a brief description of what each grant will support is posted here.)

“The health and economic impacts of the COVID-19 pandemic have created significant behavioral health challenges for too many in our community,” said **NEIL D. STEINBERG**, president and CEO of the Foundation. “We hope that these grants can help provide support to address the increases in depression, isolation, suicide and substance abuse that we are seeing during these critical times.”

The Samaritans of Rhode Island will use its grant to maintain its suicide prevention services, to provide COVID-19 related supportive services, to prepare for returning volunteers and to recruit new volunteers.

“Many funders are delaying grants, government budgets are decimated and fundraising events had to be postponed. At the same time, we expect a surge in daily supported callers as people who

already struggle with overwhelming fear cope with the pressures of the COVID-19 experience,” said **DENISE PANICHAS**, executive director. “And then, in the months and years ahead, we anticipate a wave of new callers driven to call our listening line by the hopelessness associated with the financial, health and social ramifications of the pandemic. This grant ensures we have the resources to continue responding to all calls for help.”

Bradley Hospital will expand the services of its Kids' Link RI behavioral health triage and referral network. This award will help Kids' Link RI provide support for children who are impacted by the coronavirus (COVID-19) pandemic and in emotional crisis. Bradley Hospital will also use the funding to provide suicide prevention training to school personnel statewide and install tablet-based work stations at Bradley and the emergency department at Hasbro Children's Hospital to provide psychiatric telemedicine.

“We are in uncharted territory as a nation, state, health care system, and even as hospitals,” said Bradley Hospital President and Chief Medical Officer **HENRY T. SACHS III, MD**. “We are very fortunate to have an excellent communication process at Lifespan and with our state government that has allowed us to navigate these dynamic times as effectively as possible, including rapid expansion of our Kids' Link RI™ program to serve as a clearinghouse for almost all

child, adolescent, and family behavioral health concerns across the state during this time of significant stress.”

The Foundation created the COVID-19 Behavioral Health Fund in partnership with the state Office of the Health Insurance Commissioner with more than \$5 million in funding from Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, Tufts Health Plan and UnitedHealthCare.

“The mental health and substance use disorder treatment community is absolutely critical through this pandemic and beyond. These grants serve as a means for health insurers to collectively provide some of the essential health care supports we need to persevere and recover,” said **MARIE GANIM**, state insurance commissioner.

The COVID-19 behavioral health fund awarded grants to organizations that:

- Support evidence-informed programs that meet a specific local need related to the COVID-19 pandemic; and
- Support operating expenses necessary to continue delivery of behavioral health services.
- Serve communities that are disproportionately impacted by behavioral health issues and are underserved by behavioral health supports.

The Foundation expects to announce a second round of grants from the fund later this summer. ❖

Study finds only 3% of individuals with autism receive recommended genetic tests

Tests can identify or rule out abnormalities that could impact clinical care, but a study from the R.I. Consortium for Autism Research and Treatment finds that most people with autism spectrum disorder don't receive them.

PROVIDENCE, BROWN UNIVERSITY – A study analyzing data from the Rhode Island Consortium for Autism Research and Treatment (RI-CART) found that only 3% of individuals diagnosed with autism spectrum disorder reported having fully received clinical genetic tests recommended by medical professional societies.

The results bring to light a dissonance between professional recommendations and clinical practice, the researchers behind the study say.

Autism spectrum disorder is one of the most strongly genetic neuropsychiatric conditions. Medical professional societies – such as the American Academy of Pediatrics, the American College of Medical Genetics, and the American Academy of Child and Adolescent Psychiatry – recommend offering chromosomal microarray testing and Fragile X testing for patients diagnosed with autism. The tests can identify or rule out genetic abnormalities that could have implications in a patient's diagnosis and clinical care.

The study, published in *JAMA Psychiatry* on May 13, analyzed 1,280 participants with autism spectrum disorder based on medical records and self-reported data from the time period of April 2013 to April 2019. The participants are enrolled with RI-CART, a public-private-academic collaborative focused on advancing research and building community among individuals with autism spectrum disorder in Rhode Island and their families. The study's goal was to determine the current state of clinical genetic testing for autism in this cohort, said authors **DR. DANIEL MORENO DE LUCA** and **DR. ERIC MORROW**.

Of the 1,280 participants, 16.5% reported having received some genetic testing, with 13.2% stating they received Fragile X testing, and 4.5% reporting that they received chromosomal microarray testing. However, only 3% of participants reported having received both recommended tests.

"I had the impression that the frequency of recommended genetic testing was not going to be very high based on the patients I encounter clinically, but 3% is actually lower than I thought it would be," said Moreno De Luca, an assistant professor of psychiatry and human behavior at Brown University, who is affiliated with the Carney Institute for Brain Science, and a psychiatrist at Bradley Hospital. "A higher proportion has had either test individually, and the proportion of people with chromosomal microarray is higher in recent calendar years, which is a hopeful glimpse for people who are being diagnosed recently and who may be younger. However, this underscores that there is still significant work to be done, especially for adults on the autism spectrum."

In the study, researchers examine possible reasons for the gap between clinical practice and the recommendations from medical professional societies. Age was among the most prominent, as people with autism in older age groups are less likely to be tested. According to the study, adults with autism were generally unlikely to have undergone the clinical genetic tests.

The researchers also found that patients diagnosed by subspecialist pediatricians were more likely to report genetic testing as compared to those diagnosed by psychiatrists and psychologists.

"This paper is really about how you implement clinical genetic tests in the clinical diagnostic setting," said Dr. Eric Morrow, an associate professor of biology at Brown and director of the Developmental Disorders Genetics Research Program at Bradley Hospital. "There is rapid progress from research, and then there's the doctor and health systems that need to translate that to clinical practice. The clinics need to set up more support to educate clinicians and families about genetics and autism. Generally, this is done by genetic counselors who may be rare in autism clinics."

Furthermore, the researchers found that nearly 10% of participants who received an autism spectrum disorder diagnosis between 2010 and 2014 reported receiving chromosomal microarray testing, one of the more modern genetic tests. Compared to those in the study who received a diagnosis in years before 2010, this showed an increase in self-reported testing.

"There is a more hopeful message that conveys that the success in implementing clinical genetic testing is increasing," said Morrow, who is affiliated with the Carney Institute, co-leads the Autism Initiative at the Hassenfeld Child Health Innovation Institute at Brown and directs the University's Center for Translational Neuroscience.

Based at Bradley Hospital in East Providence, the team behind RI-CART represents a partnership between researchers at Brown, Bradley Hospital and Women and Infants that also involves nearly every site of service for people on the autism spectrum and their families in Rhode Island. ❖

URI offers new online Master's program in health care management

KINGSTON, APRIL 28, 2020 – One of the keys to learning is the sharing of ideas and experiences, listening to a classmate's point of view and brainstorming solutions.

That couldn't be truer than in the University of Rhode Island's new online graduate program in health care management. And in a program geared toward health care professionals, those experiences now regularly include dealing with the COVID-19 pandemic in one form or another.

"The whole program is about managing real-life issues and these students are health care leaders or aspiring leaders," says **KATHRYN JERVIS**, director of the graduate program and a professor of accounting. "These are extremely important discussions to share information about current health care events."

The Master of Science in Healthcare Management, offered through the College of Business, opened in January and starts its first summer course May 5. The program is geared toward current and future health care professionals, preparing them to integrate leadership and knowledge of health care systems to enhance the management of patient care and quality of health organizations. The graduate program is part of the University's new degree and certificate initiative, URI Online.

"In a focus group and through surveys, we found that health care practitioners desire knowledge about business concepts, skills and tools to deliver high-quality care efficiently and effectively," says Jervis. "Providing health care is an extremely complex process to manage. Whether a clinician or a health care administrator, professionals often require leadership skills, ability to manage finances, data management, quality and process improvement, and a basic understanding of laws, ethics and public relations."

When the graduate program started in January, the coronavirus was just becoming identified in China. In the program's first class on leadership in health care, students already were sharing experiences about the crisis during online discussions, and that has continued in Jervis' class on financial management of health care.

"Every single person on the planet has been impacted by COVID-19 in some way – whether that be financial, loss of an experience, increased work hours, disruption of daily routine," says **KARLI COLLINS**, an assistant athletic trainer at URI and a student in the program. "While this course is financial management, we are able to still bring discussions about our experiences in our various professions."

Those discussions have included the impact of health care reforms and how the crisis has affected classmates who come from varied professional backgrounds.

"Our class discussions and readings have been enjoyably diverse with the range of perspectives we all have from various careers in health care," says Collins, of West Kingston. "Experiences shared have been from those working in a pharmacy, a hospital, urgent care, insurance administration, patient care and business administration."

Collins' experiences include serving as assistant athletic trainer for softball and football at URI and three years at the University of Louisiana in Lafayette. Since mid-March, she has been working remotely, conducting telemedicine visits with athletes and communicating with coaches, support staff and strength coaches. She also works as an emergency medical technician. During the crisis, she has volunteered with the Rhode Island Medical Reserve Corps, assisting with inventory, stocking and preparing supplies. Collins, who has a master's degree in sports and exercise science, is pursuing the master's in health care management with the goal of moving into the administrative side of athletics.

The experiences **MARTIN LAFFERTY** have shared come from a long career in the military, a background in civil engineering and now chief of facilities at the Veterans Affairs Medical Center in Providence. Lafferty, who was commissioned an Army officer at URI in 1981, retired from the Army in 2015 as a colonel.

"The older – or as Professor Jervis says, the nontraditional – students tend to have a deeper pocket from which to pull personal experiences,"

says Lafferty, of Saunderstown. "These personal vignettes augment the textbook material and add a greater texture to the discussion. It illustrates contextually how the classroom presentation plays out in the real world."

At the VA Medical Center, Lafferty has seen COVID-19 become the primary focus. The hospital has increased its surge capacity, improved its internal protection measures and pared the staff to only essential workers to reduce exposure – while also increasing telehealth outreach and providing non-virus care, says Lafferty, who is acting associate director of operations and incident coordinator for the medical center's pandemic response.

While the financial management course material doesn't directly address the crisis, it does touch on such issues as the general wellness of the population and health care industry and legislative efforts to improve quality and value of care. "The net result could be healthier citizens who are better prepared for pandemic threats," he says.

Lafferty says he's found the course and program challenging, especially as his days can stretch to 12 to 14 hours at the hospital. "This program provides those of us in health care with the ability to expand our knowledge base and the opportunity and flexibility to participate," he says. "I could not have gotten this experience any other way."

The online Master in Science Healthcare Management degree is a 30-credit graduate program that includes two stackable certificates – Health Leadership and Administration, and Quality Improvement, Process Measurement, and Information Systems Management – that can also be earned separately. To earn the master's degree, students must complete the certificates, and an elective course and a final practicum. The structure of the seven-week, online courses allows students to move at their own pace, meeting deadlines for assignments. But students have the opportunity to finish the degree in two years with courses offered during the fall, spring and summer semesters. Students may enter the program during any semester. The summer semester started May 5. ❖