

## Alpert Medical School to end participation in U.S. News ranking

PROVIDENCE [BROWN UNIVERSITY] – The Warren Alpert Medical School will no longer submit data to *U.S. News & World Report* for its Best Medical Schools rankings, asserting that the rankings do not align with the Brown University medical school's values or the qualifications or attributes it cultivates in training physicians.

In an August 29 letter to the medical school community, **DR. MUKESH K. JAIN**, Brown's dean of medicine and biological sciences and senior vice president for health affairs, said the decision is based on "the flawed methodology of the rankings and their negative consequences on medical education." With the support of Brown's president and provost, the move comes after years of discussions about whether the rankings comport with the school's holistic approach to evaluating applicants. In recent months, Dr. Jain wrote, the medical school's leadership team deepened these discussions and consulted with current students, alumni and faculty as well as members of the University's governing body, the Corporation of Brown University.

"Central to Brown's decision to end participation is our belief that such quantitative rankings do not adequately capture the quality of education nor the level of support provided to students at any medical school. The rankings also do not reflect the unique foci and missions of all medical schools, instead ranking them on factors that are not equally valued by all schools. At their worst, they perpetuate a culture of rewarding the most elite and historically privileged groups," he wrote.

The change will take effect in 2024, as the 2023 rankings have already been published. This decision comes as more than a dozen leading medical schools across the country have also decided to cease providing data to the *U.S. News & World Report* medical school rankings. While the reasons for no longer participating vary from school to school, at the core of these decisions, Dr. Jain noted, is a flawed methodology that disregards or devalues attributes that prepare Brown-trained physicians to care for patients.

He cited the *U.S. News* ranking's emphasis on undergraduate GPAs and MCAT scores for each school's enrolled medical students among the specific driving factors in the decision to withdraw.

"While these are two factors among many that can be considered in evaluating applicants, they do not necessarily measure holistically the qualities that will make an outstanding Brown-trained physician," he wrote. "We weigh a much broader set of criteria in reviewing applicants to the Warren Alpert Medical School, recognizing that there are many measures of preparation for medical school and many paths toward a life and career in medicine.

"The Warren Alpert Medical School values humanism and compassion, innovation and discovery, and anti-racism, diversity and equity, as well as social responsibility, and community engagement and service, Dr. Jain said – traits that cannot be adequately measured by a quantitative ranking scale. There is also

the argument, he noted, that the standardized metrics of the *U.S. News* rankings may create an incentive for schools to direct their financial aid dollars to the higher GPA, higher MCAT-scoring students who will boost their *U.S. News* ranking.

Additional factors that influenced the Warren Alpert Medical School's decision to withdraw from the rankings include an overemphasis on research funding from the National Institutes of Health at the expense of research innovation and impact; a faculty evaluation approach that focuses on full-time faculty, which disadvantages schools like Brown that value the learning students gain from the clinical faculty who are practicing physicians in affiliated hospitals or other health care settings; and the lack of metrics that measure how much student support a school provides, what amenities and systems students can access, or how they fare after graduation.

These factors, Dr. Jain wrote, "demonstrate a clear misunderstanding of what truly impacts medical education. Our mission at the Warren Alpert Medical School is to provide innovative medical education that prepares a diverse physician workforce to radically improve health and wellness for all – not to achieve ever-higher ranking status," Jain wrote. "This step affirms our commitment to that mission and to our efforts to make medicine more accountable to the communities we serve." ❖

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## RI delegation announces \$500,000 to prevent youth substance use

PROVIDENCE – U.S. Senators **JACK REED** and **SHELDON WHITEHOUSE** and Congressman **SETH MAGAZINER** announced Aug. 31st that four Rhode Island Drug Free Communities (DFC) coalitions have been awarded a total of \$500,000 from the White House Office of National Drug Policy (ONDCP) to combat the overdose epidemic and prevent youth substance use. Whitehouse, Chairman of the Senate Caucus on International Narcotics Control and a Senate leader on addiction recovery issues, helped secure more than \$109 million for the DFC program in the most recent government funding bill.

“I’m pleased to work with local communities to support these federal grants to help prevent and reduce substance abuse. These federal funds are part of a comprehensive approach to combatting the drug abuse epidemic through prevention, treatment, and interdiction,” said Senator Reed, a senior member of the Appropriations Committee. “As we mark International Overdose Awareness Day, these new federal funds will support local, evidence-based strategies to prevent substance use among young people and help save lives.”

“The addiction epidemic has taken an enormous toll on families across Rhode Island and requires a community-centered response,” said Senator Whitehouse. “Our Drug Free Communities coalitions are leading comprehensive efforts to stop youth drug use before it starts, and I am pleased to help secure federal funding to support this life-saving work.”

“So many of us know a family member, friend, or loved one who has been affected by substance use, and no one should be alone in this fight,” said Rep. Magaziner.

The DFC Program is the nation’s leading effort to mobilize communities to prevent youth substance use. It provides grants to community coalitions to foster collaboration among local partners to create and sustain reductions in youth substance use.

The following Rhode Island organizations each received \$125,000 in grant funding:

- Town of Lincoln
- Comprehensive Community Action Program
- Town of Warren
- Common Fence Point

Whitehouse’s landmark Comprehensive Addiction and Recovery Act improved the DFC program with the addition of new Local Drug Crises Grants, which provide additional funds to current and past DFC coalitions working to prevent opioid and methamphetamine use and abuse in their communities. ❖

## Governor McKee, EOHHS, partners announce wound care pilot program

CRANSTON – Governor **DAN MCKEE**, the Executive Office of Health and Human Services (EOHHS) and their partners today announced a medical respite wound care pilot program. This pilot, an extension of EOHHS’s medical respite care program, will provide direct wound care services in the community and provide referrals to the medical respite program for people who qualify.

“One benefit of this program is that we will reach people who need wound care, especially those exposed to xylazine,” said Governor McKee. “Xylazine is a long-acting veterinary tranquilizer not approved for human use, which has been found in combination with fentanyl in the illicit drug supply. This partnership is just the latest in Rhode Island’s ongoing effort to address substance use and this overdose crisis and save and improve lives of Rhode Islanders.”

Drug testing conducted in Rhode Island has regularly found xylazine in samples that were sold as fentanyl. Other samples that were found to have fentanyl with xylazine include crystal meth, pressed pills such as illicit Percocet, and crack.

“Xylazine use has been associated with skin and soft tissue ulcerations and wounds,” said Executive Office of Health and Human Services Secretary **RICHARD CHAREST**, a former pharmacist. “There have been numerous reports that the use of xylazine is associated with skin lesions, abscesses, and cellulitis, which, if left untreated, may result in serious and sometimes deadly infections. Once again, our team has come together to address an emerging issue in Rhode Island’s substance use and overdose epidemic.”

As part of this new program, certified wound care specialists will partner with EOHHS, the Rhode Island Department of Health (RIDOH), the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) and other State agencies to engage and develop relationships with community-based organizations. Organizations will include drop-in centers, harm reduction peer organizations, and homelessness service providers in locations across the state. The teams will conduct outreach directly on the street, and in both congregate and non-congregate shelters, meal sites, soup kitchens, and other relevant locations.

“Westbay Community Action is partnering with the State of Rhode Island, EOHHS, RIDOH and many community partners to bring a mobile medical respite wound care program directly to individuals in the community throughout the State,” said **PAUL SALERA**, President/CEO of Westbay Community Action. “This program will be ‘boots on the ground,’ meeting people where they are at in the community to ensure that each individual will have the treatment and care necessary to maintain their health.”

The first phase of the program includes trauma-informed and anti-stigma training provided by a person with lived experience to the providers and medical respite program staff. The budget for this six-month pilot program is \$331,305 using opioid abatement funding from recent settlements. This pilot program supports the Governor’s Overdose Task Force Strategic Plan and Rhode Island 2030 goals focused on enhancing public health and wellness as well as prioritizing housing. ❖

## Deadline nears for RI Foundation medical research grants

*Grant deadline: October 20, 2023*

PROVIDENCE – The Medical Research Grants program of the Rhode Island Foundation awards grants of up to \$25,000 each. There are two funding opportunities:

- To provide support to new investigators as seed money or for pilot projects;
- To provide support to improve already highly rated NIH research proposals for re-submission

The Foundation encourages biomedical researchers throughout Rhode Island to apply for grant support for laboratory, clinical and population-based research. In addition to limited funding for general medical research, areas of interest with designated funding include infectious diseases, cardiac research, coronary artery disease, cerebral accidents, cancer, heart disease, multiple sclerosis, arthritis, diabetes, allergies, and performance enhancing substances.

### Seed Grants

Seed Grants are provided to Assistant and Associate Professors at Rhode Island academic or hospital institutions. Grants are generally targeted to faculty who have received faculty level appointments within the past five years and are one-time awards. Only under unusual circumstances will a proposal for second-year funding be considered.

Funding may be used for supplies, research animals, support personnel, and other operating costs. The Foundation generally does not provide funds for permanent equipment, equipment maintenance, travel, or printing unless it is part of the research itself. In most cases, this program does not provide funds for salary support of the principal investigator. Due to the limited funds available, the Foundation does not cover charges for overhead by the applicant hospitals and universities.

The proposed grant period for a Seed Grant is 18 months from the time funds are disbursed.

### Resubmission Grants

Resubmission Grants are to help bridge research and help improve already highly

rated NIH research proposals for re-submission. The applicant must have already applied for an NIH grant within the last 24 months that was discussed by the relevant study section, scored in the top 50th percentile, but was not funded. Applicants cannot have an active RO1 grant that extends beyond 12 months from the time of application

Strong preference for Resubmission Grants will be given to more junior faculty at Rhode Island academic or hospital institutions. Grants are limited to individuals with faculty level appointments and are not awarded to individuals holding training positions, such as clinical specialty fellows or postdoctoral fellows, at the time of initiation of the proposed research.

Funding may support activities including data gathering, travel, equipment time, purchase of supplies or other activities that are expected to improve the competitiveness of a planned resubmitted research proposal. In most cases, this program does not provide funds for salary support of the principal investigator. Due to the limited funds available, the Foundation does not cover charges for overhead by the applicant hospitals and universities.

The proposed grant period for a Resubmission Grant is 12 months from the time funds are disbursed.

### Proposal review criteria

A review panel made up of scientists and physicians assists the Foundation in its review of Medical Research proposals. Criteria used to evaluate proposals include:

- Significance of the research
- Soundness of the methodology
- Feasibility of the research project
- Demonstration of independent research program
- If an applicant identifies as a member of an Underrepresented Population using the NIH categorization
- *For Seed Grants only:* Likelihood of applicant successfully pursuing future awards

- *For Seed Grants only:* Likelihood of the project transitioning to external funding (e.g., NIH RO1 funds)
- *For Resubmission Grants only:* Likelihood that the project will receive funding after resubmission for NIH funding
- Awards are contingent on IRB/IACUC written approval. If IRB/IACUC approval is not required, an institutional letter of exception is required.

### Important dates

Applications must be received by October 20, 2023.

Awards will be available between April 1 and July 1, subject to receipt of all documents (i.e., IRB/IACUC approval, if required).

### To apply

A complete application package (all submitted through our online system) includes:

- Completed application form;
- Project description;
- Completed budget form;
- A curriculum vitae “biosketch” of the Principal Investigator;
- Letter of support from the investigator’s division director or department chair\*;
- Letter of support from significant collaborators\*;
- Letter from the office of research administration of the sponsoring agency\*;
- IRB or IACUC Approval Letter. If you do not have your approval letter, please upload a letter of exception or a statement detailing the status of your approval letter in its place.\*

*For Resubmission Grants only:* the relevant NIH summary statement;

*For Resubmission Grants only:* Rough estimate of the total budget for resubmission: direct and indirect costs for each budget year of the project and the total for full project period. ❖

*\*Letters must be in Word, Excel, PDF, or JPG formats and must be submitted through our online system.*

## Rhode Island remains a vaccination leader nationwide for adolescents

PROVIDENCE – Rhode Island continues to be a national leader in adolescent immunizations, with Rhode Island teens at or above the national averages for every vaccine type, according to recently released data from the Centers for Disease Control and Prevention (CDC).

“Rhode Island’s immunization success is directly attributable to the dedication of our community partners and healthcare workforce, including primary care providers, school nurses, and pharmacists,” said **UTPALA BANDY, MD, MPH**, Interim Director of the Rhode Island Department of Health (RIDOH).

### Rhode Island highlights

- Rhode Island saw minor decreases in adolescent vaccination coverage rates during the COVID-19 pandemic, but overall coverage increased from 2021 to 2022, returning to rates similar to those in the 2020 survey (which represents pre-pandemic levels).
- Rhode Island has the nation’s highest rate for 13- to 17-year-olds who are up to date on their human papillomavirus (HPV) vaccines. 94.6% of Rhode Islanders in this age group have had at least one dose, compared to 76.0% nationally.
- Rhode Island continues to exceed national vaccination averages for adolescent Tdap vaccination (preventing tetanus, diphtheria, and pertussis). 95.1% of Rhode Islanders 13–17 years old have had at least one dose, compared to 89.9% of adolescents in this age group nationally. Rhode Island is also a national leader in MenACWY vaccination (meningococcal conjugate vaccine). 96.2% of Rhode Islanders 13–17 years old have had at least one dose, compared to 88.6% of adolescents in this age group nationally.

### The Rhode Island Child and Adult Immunization Registry

The Rhode Island Child and Adult Immunization Registry (RICAIR) contributes to Rhode Island’s high vaccination rates. RICAIR is a statewide health information system that houses child and adult immunization records in one unified system, which healthcare providers can access statewide to coordinate care for patients. An additional factor in Rhode Island’s immunization success is its Universal Vaccine Policy. This Universal Vaccine Policy allows healthcare providers to order all vaccines from the state for children from birth through 18 years of age, and most recommended vaccines for adults, at no cost. (As a condition of enrollment in the system, providers have to vaccinate patients at no cost.)

The data were collected using the CDC’s National Immunization Survey-Teen. Vaccination estimates are generated by calling randomly selected phone lines nationally among households that include adolescents from 13 to 17 years of age. Parents and guardians are interviewed to obtain adolescent, maternal, and household information and are asked to provide consent for their adolescent’s vaccine providers to be contacted. Data is not collected on every individual, so the true vaccination rates (and therefore rankings) could be slightly higher or lower.

Complete Rhode Island immunization data are available online at <https://ricair-data-rihealth.hub.arcgis.com> ❖

## Lifespan hosts its 30th Annual Research Day Oct. 5th

PROVIDENCE – The Lifespan Office of Research will host its 30th Annual Research Day on Thursday, October 5th at Rhode Island Hospital’s George Auditorium. The event will celebrate the groundbreaking research being conducted at Lifespan, which currently has over 460 clinical trials underway and has received more than \$120 million in awards from the National Institutes of Health (NIH) and other sources.



The keynote speaker for the event will be **ROHAN PALMER, PhD**, who will present on “Understanding and Translating Genetic Markers of Addiction.” Dr. Palmer is the director of the behavioral genetics of addiction laboratory and associate professor of psychology at Emory University, as well as a staff scientist (WOC) at the Providence Veteran’s Affairs Medical Center.

The Lifespan Office of Research is committed to advancing medical knowledge and improving patient care through innovative research. Research Day is an opportunity to highlight the important work being done by Lifespan researchers and their collaborators.

“We know our researchers are making groundbreaking discoveries that are improving the health and well-being of our patients and communities,” said **BHARAT RAMRATNAM, MD**, vice president of research at Lifespan. “We are thrilled to celebrate our 30th Annual Research Day and showcase the incredible work being done at Lifespan.”

Additional presentations will include the Bruce Selya Award Winner in Research Excellence and research posters from Lifespan and other Rhode Island research institutions.

For those unable to attend in person, the talks at the George Auditorium will also be broadcast via Zoom. For more information on Lifespan Research Day 2023, visit the Lifespan website for more event information. ❖

## RI suicide and crisis line calls increase by more than 50 percent since 988 launch

PROVIDENCE – The 988 Suicide and Crisis Lifeline answered more than 6,000 calls during its first year of operation in Rhode Island, significantly increasing the number of people being connected to mental health resources, even as the state continued to have one of the highest local answer rates in the nation.

Rhode Island fielded 6,285 988 calls from July 2022 through June 2023, a 58 percent increase over the 3,986 calls fielded during the previous year through the National Suicide Prevention Lifeline before the launch of 988.

At the same time, Rhode Island was at or near the top nationwide each month for the percentage of 988 calls answered in-state and average speed to answer, meaning a greater likelihood of connecting callers with the help they need.

The 988 Suicide and Crisis Lifeline went live in July 2022, providing access to help previously available through a 10-digit national Lifeline number and a local Rhode Island number.

“The ease of pressing those three digits is leading more people to seek help, and that means the 988 Lifeline is making a difference,” said **DR. LOUIS CERBO**, Interim Director of the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. “It’s also important that the vast majority of Rhode Island calls are being handled locally, because the Rhode Island call center has services and can make connections that will help people in a timely manner.”

Legislation to create the 988 Lifeline was spearheaded by U.S. Senator **JACK REED**, who advocated for the importance of having a three-digit number that would make it easier for people to seek help.

Nationwide, the 988 Lifeline fielded nearly 5 million calls, texts, and chats during its first year, helping people through a network of more than 200 local and state crisis centers.

Here in Rhode Island, 988 calls, texts, and chats go to a trained 988 staff that is backed up by BH Link, the state’s one-stop 24/7 behavioral health triage/crisis center, which in addition to the 988 call center has clinicians, nurses, psychiatrists, peer specialists, and case managers who can help people and connect them to the most appropriate care.

“BH Link and the 988 Call Center is here and ready to serve all Rhode Islanders,” said **DR. CLIFF CABRAL**, CEO of Horizon Healthcare Partners, which oversees BH Link and 988. “We are asking residents across our state’s 39 cities and towns to help us spread the word to their co-workers, neighbors, friends, and family so that everyone knows where they go can for help if they are experiencing a mental health or substance use issue.”

The Rhode Island call center has consistently been the best or among the best in the nation for answering local calls, with at least 95 percent answered each month during the first year of 988.

Approximately 42 percent of those calls resulted in specific behavioral health and/or community resources provided, and less than 2 percent resulted in first responder dispatch.

Call responses over the past year have included everything from basic emotional support, sharing of information and resources, referrals to care or recovery services, and collaboration with other agencies’ crisis responders, including mobile crisis, to reach people where they are. ❖

## CardioPulmonary Vascular Biology COBRE administrative supplement funded \$1M

PROVIDENCE – The VA Providence Healthcare System announced today that The National Institute of General Medical Sciences (NIGMS) has awarded the VA Providence CardioPulmonary Vascular Biology (CPVB) COBRE just over \$1 million dollars to fund a team of scientists investigating right sided heart failure. The outcomes of these studies are expected to help find new treatment approaches.

This team of multidisciplinary scientists from four Rhode Island institutions are: Drs. **PENG ZHANG** (Medicine, VA Providence), **BUM-RAK CHOI** (Medicine, Rhode Island Hospital), **GEORGE KARNIADAKIS** (Applied Mathematics and Engineering, Brown) and **RICHARD CLEMENTS** (Biomedical and Pharmaceutical Science, URI). The team will work together using state-of-the art methods and new data science approaches, including artificial intelligence, to understand what causes the right side of the heart to fail.

The CPVB COBRE led by Drs. Gaurav Choudhary and **ELIZABETH HARRINGTON** and has been based at the Providence, VA since 2013. The vision of the COBRE is effective therapies for blood vessel diseases, based on mechanistic understanding which is accomplished through research by a group of outstanding investigators who are using cutting edge tools to understand diseases of the blood vessels. Since the beginning of their funding the CPVB COBRE has funded 41 investigators from various Rhode Island academic institutions. ❖



Bum-Rak Choi, PhD



Richard Clements, PhD



George Karniadakis, PhD



Peng Zhang, MD, MS

## Construction begins on Butler Hospital's renovated Short Stay Unit

PROVIDENCE – Care New England Health System has begun construction of a 25-bed short stay unit at Butler Hospital. Renovations for the new unit are funded through the State Fiscal Recover Fund (SFRF) to recover from the pandemic as approved in the Governor's budget and by the General Assembly as well as federal funds provided by the Congressional Delegation.

The 25-bed short stay unit will allow for patients with mental health needs to seek treatment initiation at the new facility instead of overcrowded emergency departments at local hospitals. The unit will be designed to accommodate multiple distinct patient populations achieved through flexible pod systems to ensure that access to care is not impacted by physical space limitations. Examples include the ability to flex up or down adolescent beds, provide isolation rooms, and help various adult populations to ensure system remains flexible and nimble.

"The short stay unit will address the growing mental health crisis and make the delivery of service more immediately available by creating a space for the initiation of treatment outside of emergency rooms for those seeking help for behavioral health issues," said Health and Human Services (EOHHS) Assistant Secretary **ANA NOVAIS**. "This unit will help us address our strategic priority focused on addressing addiction, improving behavioral health, and combatting stigma."

"The \$8 million in SFRF funds provided by Governor McKee and the General Assembly, combined with an additional \$4 million in other federal funds, allows our hospital to have a substantial impact in eliminating the issue of Emergency Department boarding or closed beds due to infections such as COVID," said **MARY E. MARRAN, MS, OT, MBA**, President and Chief Operations Officer, Butler Hospital; President, The Providence Center; Senior Vice President, Care New England Service Line.

The construction manager is DPR Construction and the Architect for the project is CannonDesign. The engineers are from BR+A Consulting Engineers. The renovated site is set to open in 2024.

This project was supported, in whole or in part, by federal award number SLFRP0136 awarded to the State of Rhode Island by the U.S. Department of Treasury. ❖

## Rhode Island joins national PSYPACT program

PROVIDENCE – Governor **DAN MCKEE** and the Rhode Island Department of Health (RIDOH) announced on Sept. 19th that Rhode Island has joined the Psychology Interjurisdictional Compact (PSYPACT), which will expand treatment options for people in need of care from a psychologist.

Properly credentialed psychologists licensed and located in any of the other 39 PsyPact states can now apply to provide telepsychology services and/or conduct temporary in-person, face-to-face sessions with patients in Rhode Island. In addition, properly credentialed psychologists licensed in Rhode Island can now apply to practice telepsychology and/or conduct temporary in-person, face-to-face practice in any of the other PSYPACT states. In both scenarios, the psychologist from another state must practice under Rhode Island's rules and regulations.

"By joining PSYPACT, Rhode Island is increasing access to much-needed, high-quality mental health services for people across the state," said Interim Director of Health **UTPALA BANDY, MD, MPH**. "From a logistics perspective, this will also make it feasible for Rhode Island patients who leave the state for school, vacation, or relocation to continue treatment with their Rhode Island provider, so long as their psychologist is authorized under PSYPACT."

Rhode Island-licensed psychologists who want to enroll in PsyPact can do so online at PSYPACT.org. To provide telepsychology services in other PSYPACT states, the initial fee is \$440 and must be renewed annually, subject to a renewal fee of \$100 and three hours of continuing education relevant to the use of technology in psychology. To conduct temporary, in-person, face-to-face practice in PSYPACT states the initial fee is \$240 and must be renewed annually, subject to a renewal fee of \$50. ❖