Wireless, handheld, non-invasive device detects Alzheimer's and Parkinson's biomarkers

SAN DIEGO – An international team of researchers has developed a handheld, non-invasive device that can detect biomarkers for Alzheimer's and Parkinson's disease. The device relies on electrical rather than chemical detection, which researchers say is more accurate and easier to implement. It can transmit the results wirelessly to a laptop or smartphone.

The team tested the device on in vitro samples from patients and showed that its accuracy is state-of-the-art.

The researchers used facilities that are part of the U.S. National Science Foundation Materials Research Science and Engineering Center at the University of California San Diego. The findings are published in Proceedings of the National Academy of Sciences.

The biosensor and reader, designed for home or point-of-care use, can transmit results wirelessly. [DAVID BAILLOT/UNIVERSITY OF CALIFORNIA SAN DIEGO]

By the year 2060, it is predicted that about 14 million Americans will suffer from Alzheimer's disease. Other neurodegenerative diseases, such as Parkinson's, are also on the rise. Current testing methods for Alzheimer's and Parkinson's require a spinal tap and imaging tests, including an MRI. As a result, early detection of the disease is difficult. Testing is especially difficult for patients who are already exhibiting symptoms and have difficulty moving, as well as for those who have no access to local hospitals or medical facilities.

The new finding is the result of three decades of work. In the current research, the team adapted a device during the COVID-19 pandemic to detect the spike and nucleoproteins in the live virus.

The scientists tested the device with brain-derived amyloid proteins from deceased Alzheimer's and Parkinson's patients. The biosensors were able to detect specific biomarkers for both conditions with great accuracy, on par with existing state-of-the-art methods. The device also works with extremely small sample sizes.

The next steps include testing blood plasma and cerebrospinal fluid, then finally saliva and urine. The tests would take place in hospital settings and nursing homes. The goal is to have the device on the market in a year. ❖

RIDOH and RIAG deem The Centurion Foundation HCA Application complete

PROVIDENCE – The Rhode Island Department of Health (RIDOH) Interim Director **UTPALA BANDY, MD, MPH**, and Rhode Island Attorney General **PETER F. NERONHA**, the two State regulators empowered to oversee hospital conversions in Rhode Island, notified the parties involved in the proposed hospital conversions of Roger Williams Medical Center and Our Lady of Fatima Hospital in a letter that their application has been deemed complete to initiate formal review.

The two hospitals are operated by CharterCARE, which is currently owned by Prospect Medical Holdings. The proposed transaction would sell the CharterCARE hospital system to The Centurion Foundation, a Georgia-based non-profit company.

The Attorney General and RIDOH will now have 180 days to review the application under the Hospital Conversions Act (HCA), before issuing their respective decisions. Consistent with the standard process set forth by statute, the Attorney General's Office will make the application public in mid-January after completing a full review to protect confidential information of the transacting parties, in accordance with the provisions of the HCA. The review process will also include public comment meetings and hearings.

Under the HCA, transacting parties seeking the transfer of ownership of a hospital must first complete an Initial Application which is filed with the Office of the Attorney General and the RIDOH. Following review of the submission from Prospect Medical Holdings and The Centurion Foundation, the Attorney General and RIDOH determined that the submitted materials contain sufficient information necessary for the State to initiate its review under the HCA. ❖

Governor McKee, EOHHS announce procurement for Medicaid Managed Care Organizations

PROVIDENCE – Governor **DAN MCKEE** and the Rhode Island Executive Office of Health & Human Services (EOHHS) announced the release of a Request for Proposals (RFP) for Managed Care Organizations, or MCOs. Rhode Island's Medicaid Managed Care Organizations provide healthcare delivery to over 320,000 – or 90% – of the state's Medicaid members each year. The RFP is available via the State's purchasing website at https://www.ridop.ri.gov. [r20.rs6.net]The RFP requires new quality, oversight, and financial management requirements which will lead to improved outcomes for Medicaid members.

The new RFP and contract requirements enhance quality, oversight and financial management through steps including:

- Reducing unnecessary prior authorizations (PAs), particularly for behavioral health services through the elimination or unnecessary administrative burden of PAs on providers and requiring an independent entity to review compliance with behavioral health parity requirements;
- Requiring executive level compensation transparency, including job qualifications, organizational structure and ensuring ethical conduct of a MCO's Board of Directors to ensure the appropriate use of Medicaid funds;
- Increased market competition among MCOs to ensure fair and competitive market practices, ensure fair competition to reduce program costs and increase access to care for beneficiaries;
- Requiring EOHHS to approve contracts for MCO major subcontractors. MCOs will be required to inform EOHHS when they place a subcontractor on a corrective action plan due to poor performance. Corrective action plans will be posted to the MCO's website for further transparency and ability to request a MCO to remove a subcontractor due to poor performance;
- Increased oversight and accountability for the use of Pharmacy Benefit Managers (PBM), including the prohibition of spread pricing and flexibility for EOHHS to move towards a single-state PBM under the review and direction of EOHHS;
- Increased information systems and testing review of protected health data to ensure privacy and protection for member health data and data system performance;
- Improving budget predictability and creating incentives for person-centered, efficient care with payments linked to member outcomes and flexibility to move towards full risk in SFY26;
- Increasing financial sanctions, performance metrics and publication of corrective actions against noncompliant MCOs;
- Revised amendment process to ensure federal and state law changes are implemented timely to support provider rate stability;
- The designation of a children's health coordinator to ensure all children enrolled in an MCO receive appropriate care, required vaccinations and lead testing through performance withholds;
- The flexibility to increase value-based payments through case management delegation to certified accountable entities and flexibility to implement primary care capitation models;
- Expanding Managed Care to Rhode Islanders who are dually enrolled in Medicare and Medicaid, so these members can choose to receive all care from the same health plan;
- Robust program integrity safeguards and oversight requirements to mitigate and reduce fraud, waste and abuse;
- Incorporating Long-Term Services and Supports (LTSS) as an in-plan benefit for all populations, creating a more comprehensive benefit approach under Managed Care and support members to remain in community settings;
- Improving care coordination across the continuum, reducing duplication and fragmentation, with fewer transitions; and,
- Increasing investments in population health and health equity, focusing on the identification of health disparities, engagement of communities, and investment in addressing health-related social needs under new authorities granted by the federal government to address social determinants of health.

To ensure a smooth transition, all current Managed Care Organizations – Neighborhood Health Plan of Rhode Island, Tufts Public Health Plans and UnitedHealthcare – have signed contract extensions through June 30, 2025. This ensures that all current MCOs are committed to providing care through the end of the contract and that no vendor will exit the marketplace early, in the event they decide not to bid or if they do not win the bid. The new contract, which will begin on July 1, 2025, will run through June 30, 2030, with an option to extend for up to five additional years. ❖