Panel appointed to explore potential URI medical school

STATE HOUSE – Senate President DOMINICK J. RUGGERIO recently announced appointments to a 21-member commission that will study and analyze the state’s health care workforce as it pertains to educating and retaining primary care physicians, including the potential of establishing a medical school at the University of Rhode Island.

“Few issues are as important as health care, and right now, our health care system is in critical condition,” said President Ruggerio (D-Dist. 4, North Providence, Providence).

The commission appointees include:

- Senator Pamela J. Lauria (D-Dist. 32, Barrington, Bristol, East Providence), who will co-chair the commission
- URI President Marc B. Parlange, PhD, PEng, who will co-chair the commission
- Senator V. Susan Sosnowski (D-Dist. 37, South Kingstown)
- Senator Alana M. DiMario (D-Dist. 36, Narragansett, North Kingstown, New Shoreham)
- Senator Thomas J. Paolino (R-Dist. 17, Lincoln, North Providence, North Smithfield)
- Representative Susan R. Donovan (D-Dist. 69, Bristol, Portsmouth)
- Representative Jacquelyn Baginski (D-Dist. 17, Cranston)
- Central Falls Mayor Maria Rivera
- Staci Fischer, MD, of the Rhode Island Department of Health
- Kerry LaPlante, PharmD, FCCP, FIDSA, FIDP, Dean of the URI College of Pharmacy
- Danny Willis, DNS, RN, FAAN, Dean of URI College of Nursing
- Patrick Vivier, MD, PhD, Dean of URI College of Health Services
- Barbara E. Wolfe, PhD, RN, FAAN, URI Provost and Executive Vice President for Academic Affairs
- Margo L. Cook, Chair, URI Board of Trustees
- Armand E. Sabitoni, Vice Chair, URI Board of Trustees
- Thomas M. Ryan, member, URI Board of Trustees
- M. Teresa Paiva Weed, President, Hospital Association of Rhode Island
- Stacy Paterno, Executive Vice President, Rhode Island Medical Society
- Christopher F. Koller
- Michael Fine, MD
- Marie Ganim, PhD

The commission is charged with developing and issuing its recommendations to the Senate by December 20, 2025.

BCBSRI to eliminate nearly 65% of prior authorization requirements for primary care providers

PROVIDENCE – As part of its continuing commitment to support healthcare practitioners and streamline patient access to care, Blue Cross & Blue Shield of Rhode Island (BCBSRI) will eliminate nearly 65% of prior authorization requirements for primary care providers (PCPs) by early 2025. This market-leading move is consistent with BCBSRI’s groundbreaking removal of all prior authorization for outpatient behavioral healthcare in 2018.

“We recognize that prior authorization can be a significant source of additional administrative burden and stress for primary care providers at a time when PCPs are struggling,” said MARTHA L. WOFFORD, president and CEO of BCBSRI. “We’re hopeful that reducing these authorizations, along with our significant investments in primary care practices, will help PCPs thrive and improve patient access to care as we continue to strive for balance between affordability for Rhode Islanders and stability for providers.”

BCBSRI took a data-driven approach to identify some of the most common orders that create additional work for PCPs. The review will result in the lifting of prior authorization requirements for numerous medical services, with radiology and cardiology leading the list. The reduction in prior authorization will benefit providers and patients in both commercial and Medicare plans.

BCBSRI’s initiative aligns with the work of the Rhode Island Office of the Health Insurance Commissioner (OHIC), which issued a report on primary care last December. Among its findings were that clinician burnout is a “key concern” for the workforce and that prior authorization can “exacerbate burnout.” The report called on insurers to “make significant reductions in the administrative burden” placed on PCPs.

BCBSRI is committed to improving access to high quality, affordable and equitable care for all Rhode Islanders and promoting a stable healthcare system in Rhode Island. Efforts to streamline prior authorization will continue in partnership with healthcare leaders across the state and details of the current initiative will be shared with BCBSRI’s network of PCPs and members in the coming months.
CVS Health Foundation awards W&I Hospital $1M

PROVIDENCE – CVS Health® (NYSE: CVS) and its Foundation recently announced a $1 million grant to support the Women & Infants Hospital’s ongoing work to increase access to maternal health services, including programming to expand its workforce and launch a new postpartum mobile unit.

“Our commitment to women’s health includes improving access to the services needed for a healthy pregnancy, birth and postpartum care,” said SHERYL BURKE, SVP of Corporate Social Responsibility and Chief Sustainability Officer at CVS Health. “By supporting the Women & Infants Hospital, we hope to strengthen their incredible work to ensure our neighbors receive consistent and high-quality care where and when they need it most.”

As part of the Women & Infants Hospital’s WIH ECHO programming umbrella, the CVS Health Foundation grant will help hire additional staff to support its Postpartum Hypertension Equity Program, which started in 2022. The program provides blood pressure cuffs and training to all eligible patients before discharge to better understand when to seek medical attention in the comfort of their own homes. Patients continually highlight the program as life-changing, and it has already significantly reduced patients returning to the Emergency Department with hypertension-related complications.

“This grant from CVS Health allows the Women & Infants Hospital to continue successful programs like our Postpartum Hypertension Equity Program and build upon that progress to expand reach into the community,” said METHODIUS G. TUULI, MD, MPH, MBA, Chief of Obstetrics and Gynecology, Women & Infants Hospital. “This initial investment in WIH ECHO will benefit Rhode Islanders for years to come.”

Knowing 80% of the Rhode Island community delivers at the Women & Infants Hospital, the grant will also support their new mobile van, which will help remove transportation as a barrier to receiving postpartum care. The mobile van will offer various services, including hypertension management, contraceptive counseling, mental health screening and breastfeeding support.

New law clears barriers to HIV prevention prescriptions

WOONSOCKET – Legislation sponsored by Rep. REBECCA KISLAK and Sen. MELISSA A. MURRAY to prohibit prior authorization requirements and out-of-pocket costs for the HIV prevention medications PrEP and PEP was signed into law at Woonsocket’s Thundermist Health Center to highlight bills that affirm LGBTQ+ and reproductive rights.

The new law, which takes effect on health insurance policies issued or renewed in Rhode Island beginning January 1, is intended to remove barriers to patient access to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), two extremely effective HIV prevention medications.

The law (2024-H 7625A, 2024-S 2255), which builds upon another PrEP/PEP access bill enacted last year, prohibits insurers from requiring patients to get prior authorization from the insurer before a PEP or PrEP prescription can be dispensed, or from requiring step therapy – a series of other therapies the patient must try before the prescription is approved. It also prohibits insurers from requiring copayments or subjecting the drugs to deductibles, or refusing to pay for prescriptions dispensed at an out-of-network pharmacy.

PHIL CHAN, MD, chief medical officer at Open Door Health in Providence, testified during the bill’s hearings that prior authorization requirements are often barriers to patient access, often resulting in delays lasting several days. Since PEP needs to be taken within 72 hours of exposure to be optimally effective, prior authorization requirements pose a particular danger for those in need of it. And some patients, when required to make a return trip to the pharmacy days later to pick up the prescription, abandon it altogether, leaving themselves at risk.

“Every hour and day when a prescription is held up by something like a prior authorization really has detrimental effects on HIV outcomes,” said Dr. Chan. “Out-of-pocket costs also contribute to prescription abandonment and increased infection, adding that co-pays of $10 or $20 can be a real barrier for the populations that are most affected by HIV.”

A study of more than 58,000 patients with new prescriptions for the drugs found that, after a year, HIV infection rates were two to three times higher among patients who abandoned the prescription because of the costs. Even costs as low as $10 were found to increase the abandonment rate.
South County Health awarded $1.1 million grant from Warren Alpert Foundation

WAKEFIELD – South County Health has been awarded a $1.1 million grant from the Warren Alpert Foundation for recruiting and retaining some of the most challenging RN vacancies at South County Hospital, supporting and enhancing nursing staff professional development.

“Receiving this generous grant from the Warren Alpert Foundation is a transformative moment for Nursing Services at South County Health. This funding will not only help us attract and retain top nursing talent, but in parallel invest in the professional growth and development of our current staff. We are committed to fostering a supportive and enriching professional environment that empowers our nurses to excel, and enhance the quality of care we provide to our patients,” said ANITRA GALMORE, DNP, MS, NEA-BC, Chief Operating Officer, Chief Nursing Officer.

Health Care Provider Shield Act signed into law

STATE HOUSE – Gov. DAN MCKEE signed legislation introduced by Rep. JOHN G. EDWARDS and Sen. DAWN EUER to protect medical providers who provide transgender and reproductive health care services in Rhode Island from civil or criminal suits from other states or their residents.

The Healthcare Provider Shield Act (2024-S 2262A, 2024-H 7577) provides broad protections for health care providers who are licensed and physically practicing in Rhode Island and complying with state regulations and standards of care when facing hostile litigation or criminal investigation from other states. These include protections from arrest and extradition, subpoena for testimony and documents, professional disciplinary action in Rhode Island on the basis of disciplinary action taken against them in other states and wiretapping and other surveillance.

The law also prevents all state public agencies, including law enforcement, from cooperating with out-of-state investigations of legally-protected health care in Rhode Island and protects personal medical information from being shared with law enforcement agencies in other states.

“Family doctors, OB/GYNs and other practitioners want to be able to deliver high quality, essential care for our patients,” said HEATHER A. SMITH, MD, MPH, OB/GYN and president of the Rhode Island Medical Society. “Here in Rhode Island, we are able to provide the care that Rhode Islanders need, including full-spectrum reproductive services and gender-affirming health care. We need the Healthcare Provider Shield Act to ensure Rhode Island remains a state where clinicians want to practice, and so that physicians can continue to provide our patients with quality, compassionate and essential care when they need it.”

New law to allow RNs to practice before taking national exam

STATE HOUSE – A new law sponsored by Senate Majority Whip VALARIE LAWSON and Rep. STEPHEN M. CASEY allows graduate nurses to begin practicing before taking and receiving results from the National Council Licensure Examination (NCLEX), the licensing examine developed by the National Council of State Boards of Nursing, provided that they are licensed within 90 days.

The legislation (2024-S 2083, 2024-H 7826), which was part of the Senate’s HEALTH Initiative of legislative priorities, was signed by the governor after passage by the General Assembly.

“This is an easy step we can take to help out with the nursing shortage in the short term and make life easier on new nurses and the hospitals that employ them,” said Representative Casey (D-Dist. 50, Woonsocket). “We did the same thing during the pandemic by executive order, so we know that it works.”

said Senator Lawson (D-Dist. 14, East Providence), “It’s important to consider all the tools we have available to us to ease the shortage of health care workers in Rhode Island. Allowing registered nurses who have graduated their programs to begin their on-the-job training before their test results is one of those tools, one that nurses and health care facilities have been asking for.”

Advocates for the law point out that graduating registered nurses undergo weeks of extensive training and supervision by experienced nurses when they begin their new jobs. Requiring them to have passed this exam before starting that training only delays new hires from making an impact in Rhode Island’s short-staffed medical system.

“The Hospital Association of Rhode Island extends its gratitude to Senator Lawson and Representative Casey for their leadership in championing this important legislation,” said M. TERESA PAIVA WEED, president of the Hospital Association of Rhode Island. “By allowing nursing graduates to practice pending the results of their NCLEX, this law provides a critical buffer that helps bridge the gap between academic preparation and full licensure. This change will not only bolster our health care workforce but also support new graduates as they transition into their professional roles, reducing administrative delays that currently hinder immediate employment and practice.”
Bradley first to study brain stimulation for OCD treatment

EAST PROVIDENCE – The Pediatric Anxiety Research Center (PARC) at Bradley Hospital has been funded by the National Institute of Mental Health to test a non-invasive type of brain stimulation called transcranial magnetic stimulation (TMS) for children and young adults with obsessive-compulsive disorder (OCD). This will be the first study to test TMS as a treatment for youth with OCD.

Two to three percent of children and adults are diagnosed with OCD, a disorder in which they experience obsessions (intrusive and distressing thoughts or images) that make them feel driven to complete compulsions (repetitive or unhelpful actions). These symptoms disrupt important areas of functioning and can negatively affect school, relationships, and daily activities. Untreated OCD in childhood can lead to problems later in life, including high rates of disability and increased likelihood of other disorders such as depression and substance use.

“Previous research has shown that specific brain networks operate differently in people with OCD. Unfortunately, Cognitive Behavioral Therapy (CBT) – the leading talk therapy treatment for OCD – relies on those brain networks to be effective,” said Kristen Benito, PhD, research and quality improvement lead at Bradley Hospital. “Our goal is to learn whether we can improve the effectiveness of CBT by using TMS to optimize functioning in those brain networks. If we’re successful, this could lead to a new treatment option for kids and young adults with OCD.”

TMS has been FDA-approved for adults with OCD but research in this area has not yet been extended to children. The study will test how OCD symptoms and brain functioning might change following daily treatment for two weeks with TMS and CBT. Researchers are focusing on youth ages 12–21 years old with OCD, a time in life when OCD symptoms can be particularly disruptive.

Arches Medical Group brings 40 primary care providers and 9 locations into Integra, CNE provider network

PROVIDENCE – Arches Medical Group recently announced that it is joining Integra Community Care Network. Arches’ 40 Rhode Island Primary Care Providers will leave CharterCare Provider Group, a Prospect Medical Holding member, to partner with Integra Community Care Network, LLC, which is an affiliate of Care New England Health System.

“Arches was created with the goal of reinventing the way primary care is delivered,” said Arches founder Chris Kryder, MD. “We want to increase access and quality for patients and remove barriers that lead to physician burnout and frustration. The Rhode Island healthcare market which we entered this year is fragile. Integra provides the stability we need to fulfill the promise of primary care for the communities we serve.”

Integra is nationally recognized as a leader in population health and value-based care. Integra has developed innovative programs that help physicians and primary care clinicians improve the health of their patients while also increasing patient and clinician satisfaction and lowering the cost of care.

“We are so pleased to welcome Arches Medical Group and its Primary Care Providers into the Integra network,” said Ana Tuya Fulton, MD, Integra President and COO. “Bringing more outstanding clinicians together, especially a group such as Arches that share our desire to create true primary care transformation, allows us to improve the services to and health of more Rhode Islanders. Equally important we can build a system where primary care teams feel joy in work again.”

“It was extremely important to us to be part of a network that values the voice of the physician and engages physicians to capture their ideas for improving primary care,” said Scott Wilson, MD, an Arches Medical Group physician in Cumberland. “We also wanted a proven and trusted name that was innovative and willing to think about healthcare in non-traditional terms. We found these qualities in the welcoming and physician-centric leadership of Integra.”

With more than 10 years in the Rhode Island market, Integra has deep experience working with health plans and social service organizations; it has been a leader in the successful implementation of new payment methods such as pay for performance and value-based/risk-based contracting. Nationally, Integra has been recognized for its commitment to care models that keep patients out of the hospital, including Integra at Home, partnerships with community paramedics, team-based care, patient-centered, goals-driven care management, behavioral health services in the physician’s office and social support services addressing food, housing, and other needs.
NIH findings shed light on risks and benefits of integrating AI into medical decision-making

BETHESDA, MD – Researchers at the National Institutes of Health (NIH) found that an artificial intelligence (AI) model solved medical quiz questions – designed to test health professionals’ ability to diagnose patients based on clinical images and a brief text summary – with high accuracy. However, physician-graders found the AI model made mistakes when describing images and explaining how its decision-making led to the correct answer. The findings, which shed light on AI’s potential in the clinical setting, were published in *npj Digital Medicine*. The study was led by researchers from NIH’s National Library of Medicine (NLM) and Weill Cornell Medicine, New York City.

“Integration of AI into health care holds great promise as a tool to help medical professionals diagnose patients faster, allowing them to start treatment sooner,” said NLM Acting Director, STEPHEN SHERRY, PhD. “However, as this study shows, AI is not advanced enough yet to replace human experience, which is crucial for accurate diagnosis.”

The AI model and human physicians answered questions from the *New England Journal of Medicine* (NEJM)’s Image Challenge. The challenge is an online quiz that provides real clinical images and a short text description that includes details about the patient’s symptoms and presentation, then asks users to choose the correct diagnosis from multiple-choice answers.

The researchers tasked the AI model to answer 207 image challenge questions and provide a written rationale to justify each answer. The prompt specified that the rationale should include a description of the image, a summary of relevant medical knowledge, and provide step-by-step reasoning for how the model chose the answer.

Nine physicians from various institutions were recruited, each with a different medical specialty, and answered their assigned questions first in a “closed-book” setting, without referring to any external materials such as online resources, and then in an “open-book” setting, with access to external resources. The physicians then provided the physicians with the correct answer, along with the AI model’s answer and corresponding rationale. Finally, the physicians were asked to score the AI model’s ability to describe the image, summarize relevant medical knowledge, and provide its step-by-step reasoning.

The researchers found that the AI model and physicians scored highly in selecting the correct diagnosis. Interestingly, the AI model selected the correct diagnosis more often than physicians in closed-book settings, while physicians with open-book tools performed better than the AI model, especially when answering the questions ranked most difficult.

Importantly, based on physician evaluations, the AI model often made mistakes when describing the medical image and explaining its reasoning behind the diagnosis – even in cases where it made the correct final choice. In one example, the AI model was provided with a photo of a patient’s arm with two lesions. A physician would easily recognize that both lesions were caused by the same condition. However, because the lesions were presented at different angles – causing the illusion of different colors and shapes – the AI model failed to recognize that both lesions could be related to the same diagnosis.

The researchers argue that these findings underpin the importance of evaluating multi-modal AI technology further before introducing it into the clinical setting.

“This technology has the potential to help clinicians augment their capabilities with data-driven insights that may lead to improved clinical decision-making,” said NLM Senior Investigator and corresponding author of the study, ZHIYONG LU, PhD. “Understanding the risks and limitations of this technology is essential to harnessing its potential in medicine.”

The study used an AI model known as GPT-4V (Generative Pre-trained Transformer 4 with Vision), which is a ‘multimodal AI model’ that can process combinations of multiple types of data, including text and images. The researchers note that while this is a small study, it sheds light on multi-modal AI’s potential to aid physicians’ medical decision-making. More research is needed to understand how such models compare to physicians’ ability to diagnose patients.

The study was co-authored by collaborators from NIH’s National Eye Institute and the NIH Clinical Center; the University of Pittsburgh; UT Southwestern Medical Center, Dallas; New York University Grossman School of Medicine, New York City; Harvard Medical School and Massachusetts General Hospital, Boston; Case Western Reserve University School of Medicine, Cleveland; University of California San Diego, La Jolla; and the University of Arkansas, Little Rock. ☀