

Reed delivers \$1.5M for expansion of Bryant School of Health & Behavioral Sciences

SMITHFIELD — In an effort to help bridge health care education and train more mental health clinicians, U.S. Senator **JACK REED** recently joined students, educators, and Bryant University leadership to deliver a \$1.5 million federal earmark to strengthen health and behavioral sciences instruction and prepare more mental health care and health professionals to enter the local workforce.

The \$1.5 million federal earmark secured by Senator Reed is for Bryant University's School of Health and Behavioral Sciences (SHBS) and its new doctoral program in clinical psychology (PsyD), which will launch next fall and be the first program of its kind in Rhode Island.

The funding secured by Senator Reed will support renovation and expansion of SHBS to more than double its current footprint and house state-of-the-art teaching and research labs that will support Bryant's curricular efforts to foster the development of a modern health care workforce.

Senator Reed joined Bryant University President **DR. ROSS GITTELL**, Provost and Chief Academic Officer **DR. RUPENDRA PALIWAL**, Director of SHBS **DR. KIRSTEN HOKENESS**, and Associate Director of SHBS and President of the RI Psychological Association **DR. JOSEPH TRUNZO** to tour the SHBS, discuss plans for the two-phase expansion project, and to meet with students currently enrolled in the program.

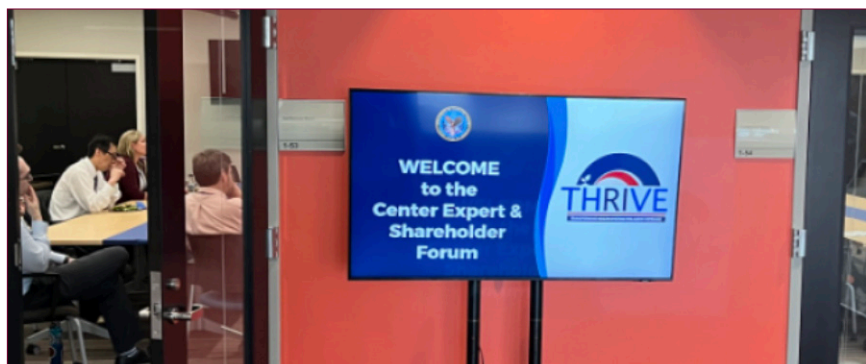
Phase 1 of the expansion of campus science facilities will directly support the growth of Bryant's PsyD program. The first phase will include:

- Behavioral Health/Psychology suite including seven observation and counseling labs, cognitive and psychophysiology labs, and a child development center.

Phase 2 of the expansion will include:

- Six teaching labs and a healthcare informatics lab;
- Six research labs supporting faculty and student research programs and a shared health care informatics lab which can serve as a core facility for the state; and
- Laboratory prep areas, chemical storage, and waste rooms.

Bryant University launched its new School of Health and Behavioral Sciences in 2022 as part of Bryant's Vision 2030 Strategic Plan, building on successful programs like the university's Master of Physician Assistant (PA) program. ❖



VA Providence celebrates THRIVE kick-off and Center of Innovation's five-year research renewal

PROVIDENCE — The VA Providence Healthcare System hosted its THRIVE (Transformative Health Systems Research to Improve Veteran Equity) kick-off event recently, celebrating the Center of Innovation's renewal for another five years of research.

The event brought together Veterans, staff, and community supporters to mark the occasion and reflect on the Center's contributions to innovative research and Veteran care. The renewal ensures that the Center of Innovation will continue its mission of advancing health-care solutions that promote resilience and improve outcomes for the Veteran community.

"Receiving a 5-year renewal for our Center of Innovation is a testament to the hard work and dedication of our research team," said **LAWRENCE CONNELL**, Director of VA Providence and retired Army Colonel. "This renewal allows us to further our commitment to leading research that makes a tangible difference in the lives of Veterans." ❖

Rhode Island Hospital first in nation to install QIAcuityDx

PROVIDENCE — Rhode Island Hospital announced that it is the first hospital in North America to install the innovative QIAcuityDx machine. This cutting-edge, revolutionary technology will leverage RNA sequencing to transform clinical testing, offering highly precise quantitation of pathogen RNA targets. While marketed by Qiagen, the QIAcuityDx is set to enhance monitoring of cancer progression and streamline less invasive liquid biopsies; however, this machine will be used initially to better diagnose pathogens causing sepsis.

The research will employ deep RNA sequencing of whole blood samples from sepsis patients to create targets for use on the QIAcuityDx, enabling the identification of the pathogens responsible for the disease. This knowledge will facilitate better resource allocation, predict patient outcomes, and uncover novel therapeutic targets.

"We are excited to be at the forefront of this important research," said **SEAN MONAGHAN, MD**, trauma surgeon at Rhode Island Hospital. "The QIAcuityDx will allow us to apply cutting-edge technology in the fight against sepsis, improving outcomes for our patients and paving the way for future advancements in precision medicine." ❖

Women & Infants Hospital reaches \$35M campaign goal to build state-of-the-art Labor & Delivery Center

PROVIDENCE – Women & Infants Hospital announced *The Campaign to Deliver Our Future* has successfully exceeded its \$35 million campaign goal. The campaign, an unprecedented initiative, began in 2021 to build a 20-room labor & delivery center and establish a Women's Health Research Institute.

The Brown University Labor & Delivery Center at Women & Infants Hospital will be completed by the end of December 2024. Patients will begin delivering babies in Spring 2025 and the ceremonial ribbon cutting is scheduled for May 2.

The new building features the latest medical technology, modern design, and improved workspace for clinical staff. The space also enhances interdisciplinary



"With this bold vision for our future, Women & Infants Hospital has undergone one of its most ambitious fundraising campaigns to date," said **SHANNON R. SULLIVAN**, president and COO, Women & Infants Hospital. "We built this labor and delivery space with input from our patients and staff, including designing a mock-up room with whiteboards to collect feedback.

It was immensely important to us that we listened to the team to enable us to construct a better-designed birth center."

MICHAEL WAGNER, MD, president and CEO, Care New England, noted, "The Brown University Labor & Delivery Center will be a place of joy and celebration and ensure the highest quality of care for every member of the community. We are so thankful to the many donors and community members who have made this facility possible." ♦

clinical collaboration and education. Patients will benefit from doubled labor room sizes, all with private baths. The unit will also offer no-intervention rooms and accommodate a range of birthing options patients desire, including an along-side unit.

Most importantly, the new unit is designed to improve patient outcomes and provide an equitable birthing environment for all women across the region who rely on this Hospital to deliver their babies.



American Lung Association's 'State of Lung Cancer' report reveals stark differences in survival, screening and treatment across states

CHICAGO — Lung cancer is the leading cause of the cancer deaths in the U.S., but the American Lung Association's 2024 "State of Lung Cancer" report reveals positive news. The lung cancer survival rate has improved 26% in the last five years. The report also presents opportunities for states to further improve lung cancer survival by increasing access biomarker testing, and for the federal government to work to increase access to screening.

The organization's seventh annual "State of Lung Cancer" report highlights how the toll of lung cancer varies by state and examines key indicators throughout the U.S. including new cases, survival, early diagnosis, surgical treatment, lack of treatment, screening rates and insurance coverage of comprehensive biomarker testing.

New this year, "State of Lung Cancer" examines insurance coverage of comprehensive biomarker testing across the U.S. Lung cancer biomarker testing, sometimes referred to as tumor, molecular, genomic or genetic testing, looks for changes in the tumor's DNA. The results of the test may show biomarkers that can help determine what treatment options would be best for an individual patient. Insurance coverage of biomarker testing is important for removing a cost barrier to people with lung cancer, but coverage for biomarker testing is only required in some states. The report found that only 15 states require insurance coverage of comprehensive biomarker testing, five states require some plans to cover testing, and 30 states and Washington, D.C. have yet to require any coverage of biomarker testing.

The report also closely tracks lung cancer screening nationally and by state. In 2023, only 16% of those eligible were screened nationally. Rhode Island has the best screening rating at 28.6%, while Wyoming has the worst at 8.6%. Note that this year, the Lung Association used a new data source for lung cancer screening rates, so they cannot be compared to previous "State of Lung Cancer" reports.

Close to 235,000 people in the U.S. will be diagnosed with lung cancer this year. In addition to screening rates and state health coverage of comprehensive biomarker testing, which were discussed above, the 2024 "State of Lung Cancer" report found the following national trends in survival rate, early diagnosis, surgery, lack of treatment and health disparities:

- **Survival Rate:** Lung cancer has one of the lowest five-year survival rates because cases are often diagnosed at later stages, when it is less likely to be

curable. The national average of people alive five years after a lung cancer diagnosis is 28.4%. Survival rates were best in Massachusetts (37.9%) and worst in Oklahoma (22.2%).

- **Early Diagnosis:** Nationally, only 27.4% of cases are diagnosed at an early stage when the five-year survival rate is much higher (64%). Unfortunately, 43% of cases are not caught until a late stage when the survival rate is only 9%. Early diagnosis rates were best in Massachusetts (34.7%), and worst in Hawaii (21.1%).
- **Surgery as First Course of Treatment:** Lung cancer can often be treated with surgery if it is diagnosed at an early stage and has not spread. Nationally, 20.7% of cases underwent surgery. Surgical treatment rates decreased by 2% in 2021, likely due to the impact of the COVID-19 pandemic on utilization of medical care.
- **Lack of Treatment:** There are multiple reasons why patients may not receive treatment after diagnosis. Some of these reasons may be unavoidable, but no one should go untreated because of lack of provider or patient knowledge, stigma associated with lung cancer, fatalism after diagnosis or cost of treatment. Nationally, 20.9% of cases receive no treatment. Lack of treatment rates were highest in Nevada (36.7%), and lowest in Massachusetts (13.2%).
- **Health Disparities:** The report also highlights that people of color who are diagnosed with lung cancer face worse outcomes compared to white individuals. According to

"State of Lung Cancer," people of color who are diagnosed with lung cancer are less likely to be diagnosed early, less likely to be alive five years after diagnosis, less likely to receive surgical treatment and more likely to receive no treatment. More must be done to eliminate lung cancer health disparities.

The 2024 "State of Lung Cancer" report highlights opportunities for states and the federal government to reduce the burden of lung cancer and encourages everyone to help end lung cancer. This year, the American Lung Association calls for all states to implement policies to require insurance coverage of comprehensive biomarker testing. The Lung Association also calls on Congress to pass the Increasing Access to Lung Cancer Screening Act (H.R. 4286).

Learn more about "State of Lung Cancer" at Lung.org/SOLC. ❖



Attorney General Neronha announces minor amendments to Centurion decision

Rhode Island hospitals to retain the \$45M remaining in escrow

PROVIDENCE — Attorney General **PETER F. NERONHA** announced on November 15 a limited series of clarifications and amendments to the Hospital Conversions Act Decision, originally issued on June 20, 2024, to conditionally approve a transaction that would allow a change in ownership of a health care system that includes two local safety net hospitals, Roger Williams Medical Center and Our Lady of Fatima Hospital, from Prospect Medical Holdings to The Centurion Foundation.

The clarifications and amendments set forth, which address four of the 40 Conditions of the Decision, are intended to provide clarity and promote efficiency in the execution of these Conditions.

Importantly, this Amended Decision does not change the core findings or conclusions of this Office's initial review of the Hospital Conversions Act application, nor does it make any changes to the majority of the conditions initially imposed by this Office including:

Condition 13, which requires the creation of a Hospital Fund in the amount of \$66.8 million for the benefit of Roger Williams and Fatima. The Fund will include the entirety of the remaining escrow (approximately \$45 million plus interest) required to be set aside by Leonard Green and Prospect Medical Holdings for the Hospitals pursuant to this Office's 2021 Hospital Conversions Act Decision.

The following Conditions have been clarified and/or amended:

Condition 5 (Post-Closing Contracts) is amended to clarify that terminations for cause and/or promotions may be executed without prior notice but requires notification to this Office within 14 days following such actions.

Condition 6 (Pre-Closing Obligations) is amended to clarify that the funds required to complete plans of correction may come from the existing pre-closing PACE escrow amount.

Condition 17 (Turnaround Consultant) is amended because the Office learned that the transacting parties had already began their search for a consultant and the submission of a Request for Proposals (RFP), as initially required by Condition 17, would create inefficiencies for the Parties. Therefore, this Office has removed that requirement and replaced it with a requirement that the New CharterCARE System shall share the scope of the role and potential candidates with the Office no later than 14 days prior to final selection. Furthermore, the Office will not require that there be an escrow created prior to closing to fund the Turnaround Consultant.

Condition 35 (Annual Reporting) is amended to allow for an alternative mechanism of annual financial reporting compliance that is sufficient to allow for appropriate oversight of Centurion's financial condition by this Office. Specifically, in the event that Centurion does not produce audited financial statements in a given year, Centurion shall produce unaudited financial statements prepared by an independent third-party certified public accountant.

Lastly, the Rhode Island Department of Health (RIDOH) is in the process of reviewing Change in Effective Control applications from the applicants. This process is in addition to the Hospital Conversion Act review process. When the owners of a hospital (and certain other healthcare facilities) in Rhode Island want to transfer 50% or more of the ownership, assets, membership interest, authority, or control of the hospital, the transacting parties must file a Change in Effective Control application with RIDOH.

Further details about these clarifications and amendments are available on the Attorney General's website. ❖

Adolescent Behavioral Health Unit at Newport Hospital reaches fundraising goal; construction to begin

NEWPORT — Newport Hospital/Brown University Health announced recently it has surpassed its \$5 million fundraising goal for a new Adolescent Behavioral Health Unit (ABHU), allowing construction to begin ahead of schedule. It will be housed within the hospital's campus, with construction expected to take 12 to 14 months.



NEWPORT HOSPITAL



The project aims to address the critical need for pediatric mental and behavioral health services in Newport County, where no local acute care options currently exist for struggling youth. Once the unit is complete, care will be provided in partnership with East Providence-based Bradley Hospital, the country's first psychiatric hospital for children. This will allow Newport Hospital to deliver Bradley's worldclass pediatric behavioral and mental health care to more families closer to their homes on and around Aquidneck Island.

The unit will have eight beds and will serve adolescents ages 12 to 18 years old who are in need of short-term stabilization, assessment, and treatment and include bright and modern group therapy rooms and activity rooms. ❖