AMA adopts new public health policies

NATIONAL HARBOR, MD – The American Medical Association (AMA) gathered physician and medical student leaders from all corners of medicine at its Interim Meeting of the House of Delegates to shape guiding policies on emerging health care topics.

The new policies adopted on the final day of voting at the AMA Interim Meeting include advocating for funding to support school-based mental health, removing barriers to improve access to opioid use disorder medications, improving health care for veterans, and protecting health care professionals from ionizing radiation.

Mental Health Infrastructure in the School System

With school-based mental health grants being discontinued, the AMA House of Delegates called for sustained and stable funding to prevent disruptions in student care.

Earlier this year, the U.S. Education Department announced it would not continue funding many of the mental health grants beyond the current budget period, effectively rescinding the future funding for about $1 billion worth of awards. The grants were intended for training and placing school-based mental health professionals in K–12 settings.

The AMA will support federal legislation incorporating automatic continuity protection and retention of school-based mental health professionals, with priority given to rural and underserved communities.

"The decision to end these grants will disproportionately impact rural and underserved districts, disrupting continuity of care, decreasing access to mental health care for our children, and destabilizing the workforce pipeline for counselors, psychologists, social workers, and physicians engaged in school-based health services in the middle of a mental health crisis," said **MELISSA GARRETSON, MD**, a member of the AMA Board of Trustees.

Ensuring an Inventory of Products Used to Treat Opioid Use Disorder

The American Medical Association will advocate at the state and federal level to remove "red flag" or suspicious order designations for ordering FDA-approved products in treating opioid use disorder (OUD).

The AMA has heard reports that patients with OUD have struggled to have prescriptions for buprenorphine products dispensed at pharmacies. Some pharmacies are not increasing their orders for fear of triggering suspicious order reports and subjecting them to DEA scrutiny.

"Access to these buprenorphine products will remain a struggle across the country as long as FDA approved products are included in suspicious order designations," said AMA President **BOBBY MUKKAMALA, MD**. "It is beyond comprehension that at a time when we all have worked so hard to remove barriers to treatments that yet another barrier would rear up and put patients' lives in jeopardy."

The House-passed resolution also called for the AMA to advocate to remove all barriers to medications for opioid use disorder, including prior authorization, fail-first and step-therapy policies.

Ensuring Health Care Workforce Prepared to Address Veteran-specific Health Issues

Research consistently shows that veterans experience mental health disorders, substance use disorders, post-traumatic stress, traumatic brain injury, and other health conditions at disproportionately higher rates than their civilian counterparts. Additionally, veterans receiving care from the Department of Veterans Affairs (VA) are more likely to be diagnosed with post-traumatic stress disorder (PTSD) than those who seek community health services, in part because the VA screens all veteran patients for PTSD.

To help ensure veterans receive the comprehensive, informed care they deserve, the AMA adopted new policy aimed at enhancing clinical care related to military service.

Under the new policy, the AMA will advocate for legislation, as well as regulatory action, encouraging health care systems to develop and implement standardized protocols for identifying patients with a history of military service. The standardized protocols will help document military service history – including deployment locations and occupational exposures – to help improve care for veterans.

"We know that when military service is included as part of a patient's health history, it can lead to improved diagnosis and treatment, as well as better opportunities for accessing earned benefits. We have a responsibility to make sure the health care workforce has the information and tools needed to better understand and address the unique health needs of our veterans, and to provide them with the highest standard of care," said AMA Board Member **SANDRA ADAMSON FRYHOFER, MD**.

In addition, the AMA will advocate for developing evidence-based clinical guidelines for health conditions prevalent among veterans. The policy also calls for collaboration with medical education accrediting bodies to encourage medical schools, residency programs, and continuing medical education providers to incorporate training on veteran-specific conditions, occupational exposure assessment, and screening protocols into their curricula.

Expanding Efforts to Protect Health Care Professionals from Ionizing Radiation

As the use of imaging and interventional procedures that rely on ionizing radiation continues to grow, the AMA adopted new policy to strengthen protections for health care professionals and trainees who may face occupational exposure.

The new policy supports the use of well-fitting PPE that covers all body types, genders, and pregnancy statuses,

as well as the use of dosimetry badges for health care personnel and trainees who work in settings where radiation exposure is possible.

Additionally, the new policy urges continued research into the health effects of low-level- and very-low-level exposure to ionizing radiation; the effectiveness of PPE and administrative and engineering controls designed to reduce exposure; and barriers that prevent PPE use and ways to improve it. The policy also calls for educating all health care personnel and trainees – tailored to specific exposure risk – on how to limit radiation exposure for themselves and their patients. The policy also encourages medical specialty societies to establish education and training standards in this area. ❖

AMA adopts policy to advance AI literacy in medical education

NATIONAL HARBOR, MD — The American Medical Association (AMA) adopted policy Monday at its Interim Meeting of the House of Delegates to expand training in Augmented Intelligence (AI) across the medical education continuum.

The policy aims to strengthen the physician workforce and improve patient outcomes through standardized training in medical school and increased access to AI-focused Continuing Medical Education (CME) resources for practicing physicians. The policy builds on the AMA's commitment to ensuring AI is implemented ethically and responsibly across health care settings.

Under the new policy, the AMA will develop and disseminate model AI learning objectives and curricular toolkits to guide foundational education on the use of AI in clinical practice. The AMA also will collaborate with other medical organizations to work toward recognizing AI literacy elements and will advocate for funding and faculty-development resources to expand AI training initiatives.

"As AI becomes increasingly embedded across health care, we face an urgent need for a standardized educational framework that emphasizes patient safety, transparency, and accuracy," said AMA CEO & Executive Vice President **JOHN WHYTE, MD, MPH**. "Just as medical students learn anatomy and physiology, they must also understand how AI tools function, their limitations, and their potential to support clinical care. A strong foundation in AI education will help ensure these technologies are used in ways that improve patient care, reduce administrative burdens, and restore physician satisfaction in practicing medicine."

The new policy aligns with the mission of the AMA's Center for Digital Health and AI, launched in October, to ensure physicians play a leading role in shaping emerging technologies that are developed and used in clinical practice. The Center focuses on embedding physician expertise into the design and implementation of digital health and AI tools, strengthening education and training, and advancing policy and regulatory frameworks. By balancing innovation with real-world clinical needs, the Center aims to support technologies that enhance patient care and reduce physician burnout.

The AMA's ChangeMedEd® initiative features a seven-part *Artificial Intelligence in Health Care Series,available for free on the AMA Ed Hub™*, to help learners explore the ethics, evidence, and practical applications of AI in medicine. Modules in this series include Introduction to *Artificial Intelligence in Health Care, The Use of AI in Diagnosis*, and *Navigating Ethical and Legal Considerations of AI in Health Care*. For more education and CME on AI, visit the AMA Ed Hub™.

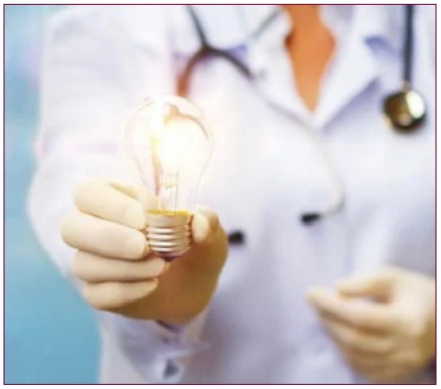
Delegates also approved a resolution that aims to create safeguards to protect patients and physicians from deepfake technology in the face of what supporters say is a "regulatory void."

The AMA will support organizations that work on federal legislation and regulations regarding deepfake technology to uphold the integrity of the medical profession against malpractice, increase awareness of the risks associated with deepfake content, and safeguard patient well-being.

Deepfake "doctors" are garnering millions of views on social media, endorsing products from weight-loss supplements to unproven medical treatments and devices for financial gain, jeopardizing patient safety and exposing them to serious harm. Advancements in generative deepfake technology have reached a point where distinguishing between real and fake content is increasingly difficult.

"The foundation of the patient-physician relationship is built on accurate information, trust, professionalism, and authenticity, all of which are under direct threat from deepfake content, which misleads patients and undermines their confidence in medical practice," Dr. Whyte said. ❖

AMA launches new national grant program to support physician-led community health innovation



CHICAGO — The American Medical Association (AMA) today launched the Community Health Impact Lab Micro Grants Program, a new national initiative to support physician-led projects that improve health outcomes at the community level.

Through the program, the AMA will award $50,000 grants to 20 physician-led projects that address urgent health challenges in areas with limited access to care. Projects may focus on issues such as food insecurity, maternal health, caregiving support, or other local health needs identified by U.S.-based physicians working in their local communities.

The goal is to spark physician-driven innovation that delivers practical, measurable improvements in community health—and to identify ideas that can be expanded or replicated to benefit more patients nationwide.

"Doctors see every day how factors like food insecurity, housing, and transportation access directly affect patients' health – often having broad impact across entire communities," said AMA CEO and Executive Vice President **JOHN WHYTE, MD, MPH**. "Through this program and investment, the AMA empowers physicians to design creative solutions that address community needs while using our national reach to scale what works – turning local innovation into lasting, national change."

To be eligible, proposals must focus on a clear community health challenge affecting patient populations. Projects should demonstrate feasibility, measurable outcomes within the 12-month grant period, and potential to be adapted for use in other communities.

Applications must be submitted by March 1, 2026. Grant recipients will be announced by April 30, 2026, with projects launching soon after.

Physicians interested in applying can learn more and submit proposals on the AMA Community Health Impact Lab Micro Grants Program webpage. ❖

Butler researchers develop successful suicide prevention program for those recently released from jail

PROVIDENCE — Researchers and clinicians from Care New England's Butler Hospital and The Providence Center contributed to the development and evaluation of an innovative program for people in jail that reduced suicide attempts by more than half during the year after their release.

That is the finding of a new study recently published in JAMA Network Open. **LAUREN WEINSTOCK, PhD**, an affiliated psychologist with the Psychosocial Research Program at Butler Hospital, and a professor of psychiatry and human behavior at Brown University, is the study's lead author. Co-authors include Butler's **SARAH ARIAS, PhD**; **IVAN MILLER, PhD**, and **BRANDON GAUDIANO, PhD**. The team also included researchers from Michigan State University. Several of the study clinicians providing care to the study participants are TPC staff.

The federally-funded study found that Safety Planning Intervention (SPI) with follow-up phone calls cut suicide attempts by 55% in the year after people were released from jail. The randomized clinical trial followed 800 at-risk individuals; some were recruited from the RI Department of Corrections; 655 of those released were followed in the community. This study highlights that this simple, low-cost SPI can save lives in the high-risk year after jail detention, a period linked to one in five suicide deaths nationwide. ❖

Rhode Island Life Science Hub awards funding to eight life science companies launching and relocating to Rhode Island

PROVIDENCE — The Rhode Island Life Science Hub (RILSH), the state-supported organization dedicated to growing Rhode Island's life sciences ecosystem, announced the investment of an additional $4.5 million in strategic, nondilutive investments to companies driving scientific and commercial innovation in the state. With these commitments, RILSH has now deployed more than $20 million since its inception.

RILSH's latest funding cohort includes companies that were conceptualized and scaled in Rhode Island, as well as several that are establishing new headquarters in the state. Collectively, these companies are advancing breakthrough work across neuroscience, oncology, women's health, regenerative medicine, and next-generation medical technologies.

"These investments underscore the momentum building across Rhode Island's life sciences sector and the growing number of companies choosing to advance their work here, a reflection of Rhode Island's emergence as a competitive destination for global biotech innovation, attracting new talent, and driving long-term economic growth for the State," said **MARK A. TURCO, MD**, President and CEO of RILSH.

New Business Attraction grant awardees (to build a Rhode Island presence for established companies) include:

- **Lyora Therapeutics** – This Massachusetts-based biotech company is developing novel genetic medicines for inherited retinal degenerations (IRDs) and hearing disorders; receiving support to establish a presence in Rhode Island and advance

technology development. The founding team comprises world-class scientists excited to grow Lyora Therapeutics in Rhode Island.

- **SymPhysis Medical** – A medical device company developing and advancing the releaze™ Drainage System as a platform for treating fluid build-up in the chest (pleural effusions). The goal is to improve the quality of life and provide independence for these terminally ill patients. This Galway, Ireland-based company is receiving support to establish a Rhode Island presence, and accelerate its technology and market development efforts.
- **Origyn Solutions** – A Venture Studio focused on accelerating medtech innovation in the field of women's health, is receiving support to relocate its portfolio technologies and company headquarters to Rhode Island. Origyn Solutions is currently based in Massachusetts.
- **p53-Therapeutics** – A biotech company that recently announced it would be part of the Ocean State Labs incubator in the 195 District. p53-Therapeutics is developing a new class of small-molecule cancer therapeutics targeting mutations in the p53 tumor suppressor gene; and is receiving funding to establish Rhode Island headquarters and advance IND-enabling work.

New companies receiving RI Innovation Bridge Grants to fill critical gaps in the technology development lifecycle include:

- **Homer Therapeutics** – A biotech company developing RNA-targeting therapeutics for select oncology indications and other high-unmet need diseases; receiving support for early-stage development milestones and establishment of a RI base.
- **Liseva Bio** – an innovative biotech company advancing its Liseva Cellular Armor Technology (LCAT), a breakthrough immune cell therapy platform that enhances the survival, function, and anti-tumor activity of T cells and NK cells to fight treatment-resistant solid tumors; awarded funding to support key early-stage milestones.
- **EnkaBio Inc**. – A company that is advancing orthopedic medicine by developing Celluvoir, a first-of-its-kind cell-based therapy designed to repair meniscus tears with superior healing and long-term joint protection compared to standard suture repair; receiving funding to support early-stage milestones and company development.

A RI Lift Grant for prototype development was also awarded to SMOLTAP, Inc., a Providence-based medical technology start-up developing a Class I (510k exempt) device to aid in infant and neonatal lumbar puncture (spinal tap) procedures.

"Each awardee represents an area of the life sciences where Rhode Island has the talent, infrastructure, and research leadership to compete and lead. By supporting these companies at pivotal stages of development, RILSH is helping accelerate breakthroughs that will ultimately improve patient care while strengthening our commitment to building a world-class innovation ecosystem right here in the Ocean State," Turco added. Final disbursement of funds is contingent on execution of standard milestone-based agreements between each company and the Rhode Island Life Science Hub. ❖

South County Health's Board of Trustees explore a partnership

WAKEFIELD — In the following statement, South County Health's Board of Trustees announced on Nov. 20th that it has entered a 120-day exclusive diligence period to explore a transformational partnership. Though specific details and the names of the strategic, AI, digital, and clinical partners remain confidential at this time, the Board believes that this partnership would be revolutionary for South County Health, bringing, among other things, the following significant benefits to our organization and community:

- The opportunity to remain a non-profit and independent healthcare system in Rhode Island, while gaining access to national-scale capabilities and innovation.
- Clinical and digital relationships with a top ten national healthcare system, providing Rhode Islanders with access to world-class clinical expertise.
- Digital modernization through implementation of Epic – an electronic health record system that is compatible with other major RI and New England health care systems.
- Deployment of advanced digital and Artificial Intelligence-enabled clinical tools to accelerate quality, enhance patient experience, and personalized medicine through accessible genomics and expansive databases of best-in-class patient treatment protocols, allowing providers and nursing staff to more fully focus on the patient.
- Significant long-term capital infusion to assure modern facilities equipped with state-of-the-art technology.
- The assurances that all existing and future funds raised in South County will remain in South County permanently.

Many of these benefits are unique to this particular opportunity – a model that is focused on bringing long-term resources, digital modernization, and clinical innovation to South County Health – without changing our non-profit status or local governance. As with all of our partnership conversations, discussions are contemplated through the lens of benefit to the community, and South County Health will conduct a comprehensive evaluation of this transformational opportunity over the next 120 days to properly assess its potential impact on our patients, caregivers, and community. The parties have executed confidentiality agreements to facilitate the thorough diligence process, but are committed to providing further details as they become available. ❖

Rhode Island submits application to CMS' Rural Health Transformation Program

PROVIDENCE — Governor **DAN McKEE** recently announced that Rhode Island has formally submitted its application to the Centers for Medicare & Medicaid Services (CMS) for funding under the Rural Health Transformation Program (RHTP). This federal program was designed to strengthen and modernize health care in rural communities.

Built on extensive community feedback, the Governor's application outlines a comprehensive, strategic framework that advances his RI 2030 Plan's goal to expand access to high-quality, low-cost care and address the unique health challenges facing Rhode Island's 18 rural communities: Burrillville, North Smithfield, Foster, Glocester, Scituate, and Smithfield in Providence County; East Greenwich and West Greenwich in Kent County; Charlestown, Exeter, Hopkinton, New Shoreham, Richmond, and Westerly in Washington County; and Jamestown, Little Compton, Portsmouth, and Tiverton in Newport County.

The proposal includes several key strategies:

- **Building Integrated Community Care:** Integrated, community-based care models to improve chronic disease management, preventive care, and behavioral health services through local providers, community learning centers, and other trusted rural community institutions.
- **Expanding Access to Care Through Federally Qualified Health Centers (FQHCs):** Improving access to primary care, behavioral health, and dental services for rural residents through FQHCs serving as clinical anchors.
- **Investing in Mobile Health and EMS:** Mobile health services, a statewide tele-dentistry triage system, and major EMS modernization investments to expand access to coordinated, affordable care in rural communities.
- **Supporting Local Health Systems:** Investments designed to meet the distinct health needs of Block Island and the Narragansett Indian Tribe, strengthening local care systems and ensuring services reflect each community's priorities and culture.
- **Combating the Opioid Crisis and Expanding Behavioral Health:** Strengthen behavioral health capacity by launching crisis stabilization facilities and recovery centers so residents in small and remote communities hit hard by the opioid epidemic can receive 24/7 community-based support closer to home.
- **Growing the Health Workforce:** Workforce development, including new clinical training placements, mentorships, and education-to-employment pathways in high-demand health care fields to better serve rural patients.
- **Delivering Hospital Care at Home:** Expanding Hospital at Home programs that allow patients across the state, especially those in rural communities, to safely receive hospital-level care in their own homes – improving outcomes, lowering costs, and keeping families together during recovery.
- **Advancing Value-Based Care:** Investments in value-based payment models that reward quality and outcomes rather than volume of services, helping primary care practices, community health centers, hospitals, and local providers deliver more coordinated and preventive care – particularly targeting patients across rural towns.
- **Modernizing Health IT:** Health IT modernization grants to give providers the digital tools needed to expand telehealth, improve data connectivity, leverage AI for care coordination, and participate in value-based care programs to better serve residents across Rhode Island's 18 rural towns.

The application was developed through a coordinated effort within the McKee Administration led by the Executive Office of Health and Human Services (EOHHS) in partnership with the Department of Health (RIDOH)'s Office of Primary Care and Rural Health and multiple state agencies, with engagement from hospitals, primary care providers, behavioral health agencies, municipal leaders, and the Narragansett Indian Tribe. The process also incorporated extensive public input through a statewide rural health survey, which captured the experiences and priorities of rural residents and providers, along with a series of community listening sessions held across northern and southern Rhode Island and on Block Island.

"The Rural Health Transformation Program gives Rhode Island the opportunity to build a stronger, more sustainable health care system," Governor McKee said. "My Administration is fully committed to working with CMS and our federal partners to make this vision a reality."

The Governor's letter to CMS can be found here. The application program narrative can be found here.

The application included letters of support from the Block Island Health Center, Care Transformation Collaborative RI, the Hospital Association of Rhode Island, Narragansett Indian Health Center, New England Rural Health Association, the Rhode Island Health Center Association, the Rhode Island Medical Society, RI Chapter of the American Academy of Pediatrics, Mental Health Association of RI, RI Dental Association, Tufts University School of Medicine, and the League of Cities and Towns.

About RHTP

For the RHTP competitive grant, each state was required to apply for an award of $1 billion, with the understanding that funding would not be awarded evenly across states. Rather, it would be awarded through a CMS formula based on each state's unique situation and rural characteristics – such as population size and health care access indicators. States retain the discretion to scale or phase their proposals based on the final award amount while maintaining alignment with the program's core objectives and outcomes.

The funds will be distributed to states with approved transformation plans through two separate allocations:

- The first $25 billion will be divided evenly among all participating states with CMS-approved plans. Based on this structure, Rhode Island's estimated share would be approximately $100 million per year for five years.
- The remaining $25 billion will be distributed competitively over the same period based on criteria such as rural population size, the number and condition of rural health facilities, and other state-specific factors identified by CMS. ❖

Westerly Hospital buries time capsule to be opened in 2075

WESTERLY — Westerly Hospital buried a time capsule in its Healing Garden in November to honor the hospital's 100th anniversary and preserve its legacy for future generations.

"This time capsule is a symbol of our enduring commitment to the people of Westerly and the surrounding region," said hospital President **RICH LISITANO**. "As we look back on a century of compassionate care, we also look forward to the future with optimism and dedication. We hope that when this capsule is opened in 2075, it will reflect the strength of our community and the progress of health care."

Inside the capsule are messages from hospital employees and leadership to those who will open it in 2075, marking Westerly Hospital's 150th anniversary. Other historical artifacts include a gavel used by the first Westerly Hospital Board of Trustees, a copy of the history of Florence Nightingale's cap which was donated to the hospital, a history of the hospital printed in 1950 – the 25th anniversary of the hospital; a glass commemorating the hospital's 100th anniversary and a challenge coin distributed to employees recognizing the centennial anniversary. Many documents such as annual reports, employee newsletters, photos, videos, have been shared to a USB flash drive.

Westerly Hospital partnered with the Community College of Rhode Island (CCRI) maritime sheet metal program, taught at the Westerly Education Center, to design and construct the custom capsule – a collaboration that celebrates both the hospital's century of care and the craftsmanship of local students.

The capsule features a two-layer design:

- Inner aluminum box (13" x 13" x 8.5") filled with mementos from the hospital's past and present. Many hospital employees and board members engraved their names on the lid of the inner box.
- Outer steel container (16" x 16") that will protect the inner box when sealed and buried in the Healing Garden.

Faculty at the Westerly Education Center unveil the time capsule design created by welding students.

"Partnering with Westerly Hospital to design and build this time capsule at the Westerly Education Center was an exciting and meaningful project – made even more special knowing it will stay in our own community," said Christopher Maher, maritime program coordinator, Workforce Development, CCRI. "CCRI is proud to give students hands-on opportunities to refine their metalworking skills, and while our projects usually focus on strength and design, this one challenged us to work with something new: time."

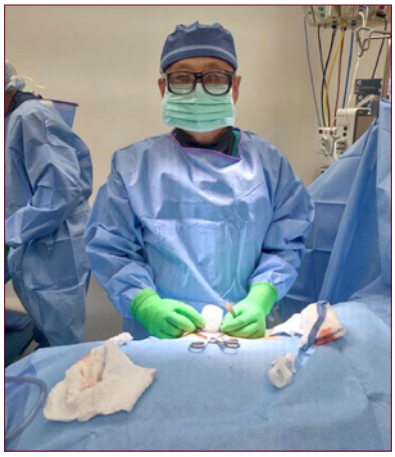
"The Office of the Postsecondary Commissioner is delighted to showcase the talent of students enrolled in Electric Boat's sheet metal trades class here at our Westerly Education Center," said Tom Pearce, director of the Westerly Education Center. "In addition to sharpening their new skills, the students built a time capsule that will illuminate for future generations how vital Westerly Hospital is for the community."

This initiative follows Westerly Hospital's centennial celebration this past summer, which unveiled a historical timeline in the hospital's main lobby. Titled "100 Years of Milestones," the display chronicles Westerly Hospital's century-long commitment to compassionate care, from its founding on August 17, 1925, to its current affiliation with Yale New Haven Health. ❖

The time capsule was buried in the Healing Garden in November to honor the hospital's 100th anniversary and preserve its legacy. [PHOTOS: YALE NEW HAVEN HEALTH]

University Orthopedics' S. Chris Tian, MD, becomes first in RI to implant closed-loop spinal cord stimulator

EAST PROVIDENCE — University Orthopedics announced that **S. CHRIS TIAN, MD**, an expert in interventional pain management, recently became the first physician in Rhode Island to successfully implant a Closed-Loop Spinal Cord Stimulator (SCS) – marking a major milestone in the state's advancement of neuromodulation-based pain care.



The landmark procedure was performed on October 27, 2025, at University Orthopedics' East Bay Surgery Center in East Providence and is meant to help patients with chronic spinal or neuropathic pain, including low back pain, sciatica, and peripheral neuropathy, who have exhausted conservative treatments.

The Closed-Loop SCS system represents a new generation of spinal neuromodulation technology. Unlike traditional open-loop stimulators that deliver fixed electrical pulses, closed-loop devices continuously monitor evoked compound action potentials (ECAPs) – the spinal cord's real-time electrical responses to stimulation – and automatically adjust output to maintain consistent neural activation.

This feedback-controlled approach minimizes overstimulation, reduces loss of efficacy during movement or posture changes, and provides more stable, durable pain relief.

"Closed-loop spinal cord stimulation represents the next frontier in neuromodulation," said Dr. Tian. "By tailoring stimulation dynamically to the patient's neural feedback, we can provide safer, more consistent, and longer-lasting pain relief. This technology allows patients to regain control over their lives without the unpredictability often associated with chronic pain."

Clinical Evidence Supporting Closed-Loop SCS

Peer-reviewed studies have demonstrated significant clinical advantages of closed-loop technology over conventional open-loop systems:

- **Superior and sustained pain relief:** Patients experience greater long-term reductions in pain intensity and functional impairment compared to open-loop stimulation.[1]
- **Stable neural activation:** Real-time ECAP feedback maintains consistent spinal cord activation across posture and activity changes.[2]
- **Improved durability and lower reprogramming burden:** Patients require fewer reprogramming sessions and show lower explant rates due to therapy stability.[3]

About the Procedure

The Closed-Loop SCS is a minimally invasive outpatient procedure performed under local anesthesia with sedation. The system delivers targeted electrical pulses to the dorsal columns of the spinal cord to interrupt chronic neuropathic pain signals. It is indicated for patients with chronic intractable pain of the trunk and/or limbs, including failed back surgery syndrome (FBSS), complex regional pain syndrome (CRPS), and post-laminectomy pain. ❖

Sources

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(Kramer et al, J Pain Res. 2021; 14: 2789–2803)
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Miriam Hospital performs Rhode Island's first endoscopic spinal fusion

PROVIDENCE —The Miriam Hospital has become the first hospital in Rhode Island to perform an endoscopic lumbar spinal fusion. Performed by **BRYCE BASQUES, MD**, endoscopic spine fusion offers patients a groundbreaking surgical option that dramatically reduces pain, recovery time, and length of hospital stay compared to traditional spinal fusion techniques.

Endoscopic spinal fusionrepresents a significant evolution in spine surgery. Using a tiny camera and highly specialized instruments, surgeons can complete the same fusion procedure performed in open or minimally invasive surgery, but through far smaller incisions and without cutting through large muscle groups. This results in less tissue trauma, reduced postoperative pain, and a faster return to normal activity.

Patients who undergo endoscopic spinal fusion typically report meaningful differences in their recovery, including smaller incisions, less blood loss, dramatically reduced postoperative discomfort, and fewer days away from work or daily life. While traditional fusion may require several days of hospitalization, many endoscopic fusion patients can safely return home on the day of surgery.

"This is a major step forward for spine surgery in the state of Rhode Island," said Dr. Basques. "Endoscopic spinal fusion allows us to perform a highly complex procedure through minimal incisions, avoiding the muscle disruption that often makes recovery from traditional fusion so challenging. Being the first in Rhode Island to offer this level of innovation reflects our team's deep expertise and commitment to bringing the most advanced, least invasive care to our patients." ❖

University Gastroenterology acquires advanced endoscopy system to help improve patient care

PROVIDENCE — University Gastroenterology and University Endoscopy Group announced they have invested in a new advanced endoscopy system to help improve the detection and treatment of gastrointestinal disorders.

The Olympus EVIS X1™ endoscopy system provides a combination of diagnostic and therapeutic innovations to help improve patient care and streamline endoscopic procedures.

"In my 20 years at UGI/UEG, our mission has not changed: to utilize the best and latest technologies to provide outstanding GI care for the people in the state of RI. With the rise of GI cancers, this mission remains vital. By implementing this new Olympus technology in our endoscopy centers, we continue to fulfill this mission in the comfort and ease of our outpatient setting," said **WILLIAM CHEN, MD**, University Endoscopy Group Chair.

Along with maintaining a healthy lifestyle, regular screenings like colonoscopy can help prevent CRC from developing by finding and removing lesions and slow-growing polyps before they have the chance to develop into cancer.[1] Technology associated with the EVIS X1™ endoscopy system, such as Texture and Color Enhancement Imaging (TXI™) visualization, can help physicians enhance the quality of preventive screenings.

TXI™ is designed to increase the visibility of potential lesions and polyps by enhancing image color and texture during an endoscopic screening.[2]

The EVIS X1™ endoscopy system also features endoscopes with Extended Depth of Field (EDOF™) technology, currently Olympus' most advanced imaging technology.

EDOF technology creates an image in total focus by using two prisms to split light entering the endoscope lens into two separate beams with near- and far-focused images. Those beams are then projected simultaneously onto an image sensor, combining them into one image with a wide depth of field, providing improved visibility and less blurring.[3]

The EVIS X1 system also offers compatible endoscopes that feature lighter handles and easy-to-reach control knobs and switches compared to previous-generation Olympus endoscopes. These changes are designed to make maneuverability easy for physicians.

Along with TXI™ technology, other observation modes associated with the EVIS X1™ endoscopy system include:

- **Red Dichromatic Imaging (RDI™) Technology:** Designed to enhance the visibility of deep blood vessels and bleeding points.[2]
- **Brightness Adjustment Imaging with Maintenance of Contrast (BAI-MAC™) Technology:** Designed to correct the brightness levels in dark areas of the endoscopic image, while maintaining the brightness of lighter areas, to increase visibility of distant areas.[4]
- **Narrow Band Imaging™ (NBI™) Technology:** Designed to enhance visual observation of mucosal and vascular patterns by utilizing specific blue and green wavelengths absorbed by hemoglobin.[2]

TXI, RDI, BAI-MAC, and NBI technologies are not intended to replace histopathological sampling as a means of diagnosis. These are adjunctive tools for endoscopic examination that can be used to supplement Olympus white light imaging. ❖

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1. American Cancer Society, "Can Colorectal Cancer Be Prevented?" Rev. April 25
2. Data on file with Olympus (DC00489968)
3. Data on file with Olympus (DC00493386, DC00433276, DC00510434 and DC00567392)
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