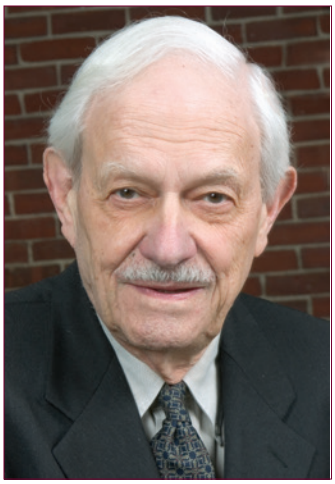
Butler Hospital announces The Aronson Chair for Neurodegenerative Disorders

Dr. Joseph H. Friedman first recipient of Chair



Stanley M. Aronson, MD

Joseph H. Friedman, MD

PROVIDENCE – Butler Hospital has announced the creation of its first endowed chair, The Aronson Chair for Neurodegenerative Disorders. Named for **STANLEY M. ARONSON, MD**, The Chair honors Dr. Aronson for a career and life dedicated to the research, diagnosis, and treatment of neurological disorders.

An honorary member of the Butler Hospital medical staff since 1970 and a member of Butler's Board of Trustees and Foundation Board for more than 20 total years, Dr. Aronson has played a crucial role in some of the most important institutions in the state, including serving as the founding Dean of the Alpert Medical School of Brown University and the creation of Home & Hospice Care of Rhode Island.

Dr. Aronson is considered a pioneer in his field for his contributions to understanding and treating disorders, including eradicating Tay Sachs disease and being the first to identify Lewy Body Dementia. Dr. Aronson's legacy continues to live on in the contributions he made to science and medicine and through the multiple generations of physicians that Dr. Aronson has mentored, encouraged, and inspired over decades.

"It's so fitting that Butler, an institution with a strong focus and commitment to neurology and brain sciences, honors a national leader with a storied career in the neurology field with its first endowed chair," said **PATRICIA RECUPERO, JD, MD**, Butler Hospital's president and CEO.

The first recipient of The Aronson Chair is **JOSEPH H. FRIEDMAN, MD**, chief of the Movement Disorders Program at Butler, chief of the Division of Movement Disorders in the Department of Neurology at the Alpert Medical School of Brown University, and adjunct professor in the School of Pharmacy at the University of Rhode Island. Dr. Friedman is a nationally recognized clinician, researcher, and educator in the treatment and study of Parkinson's disease and related movement disorders. He is an active member of the Parkinson's disease and Huntington's disease study groups, and participates in multicenter trials sponsored by the National Institutes of Health, Michael J. Fox Foundation, pharmaceutical companies, and single-center unfunded studies. A fellow of the American Academy of Neurology, Dr. Friedman serves on the editorial board of Parkinsonism and Related Disorders and is editor-in-chief of the *Rhode Island Medical Journal*, taking over the position following the retirement of Dr. Aronson.

For more information or to make a contribution to The Aronson Chair for Neurodegenerative Disorders, call the Butler Hospital Foundation at (401) 455-6237 or visit Butler.org/AronsonChairCampaign. ❖

CVI introduces implantable cardiac defibrillator to state

PROVIDENCE – The Cardiovascular Institute at Rhode Island, The Miriam and Newport hospitals is the first in the state to implant a new leadless implantable cardiac defibrillator (ICD). The device, the S-ICD System by Boston Scientific, is the first subcutaneous ICD for the treatment of patients at risk for sudden cardiac arrest and is the only ICD that does not require electrical wires to be placed in the heart.

"More than a half-million people in the United States are treated each year for sudden cardiac arrest," said **MICHAEL KIM, MD**, director of the arrhythmia service at Rhode Island Hospital, where the ICD was implanted. "This new defibrillator provides patients with an alternative option to single and double-lead defibrillators, and may be safer for many patients. It is a less invasive procedure, which often means a reduced risk of complications and faster recovery. Additionally, many patients may be able to have the S-ICD implanted on an outpatient basis, allowing them to return home immediately following the procedure."

The first patient received the new ICD in late January.

Magaziner on healthcare reform: lower administrative costs, empower physicians, providers

MARY KORR
RIMJ MANAGING EDITOR

PHOTOS BY MARY KORR

Brown Provost Mark Schlissel, MD; Dean Fox Wetle of the Brown School of Public Health and Alpert Medical School Dean Jack Elias, MD, listen to Ira C. Magaziner speak on the economics of healthcare at a medical school forum.

PROVIDENCE – Brown alumnus '69 **IRA C. MAGAZINER**, CEO of the Clinton Health Access Initiative, and former senior adviser to President Clinton for policy development, spoke on healthcare reform March 20th at Brown's annual Paul Levinger lecture on the economics of healthcare.

He addressed the status and future of healthcare in the United States in the context of the Affordable Care Act (ACA) of 2010. "This is the first time I've spoken on healthcare reform in almost 20 years," he said, at one point referring humorously back to 'Hillarycare.'

"One of the things that got me into this area was my experience running a small business consulting firm in Providence before I went to Washington. I had about 40 people working for me. When one secretary was diagnosed with cancer, health insurance officials came to me and said, 'fire her or we're going to double your rates for every employee.'"

That pre-existing condition problem has been erased with the ACA, he said, and described the ACA as a "good start that creates a framework that can be modified over time."

Major obstacle: Administrative costs

He said the critical problem in the U.S. healthcare system today is "the $248 billion dollars per year in administrative complexity. Not only is that costly, it undermines good healthcare. How much time are doctors and nurses spending filling out paperwork, finding out what the new rules and regulations are, or worrying if they will be sued? That's the problem and one other countries don't have."

He continued, "We learned a long time ago in business that you don't get quality by setting up systems that are bureaucratic with a checklist here and a checklist there and requiring people to fill out more forms. Those systems are easy to game and you create more administrative costs.

"The way to get good quality is to set the goals for outcomes and empower frontline workers to achieve those goals as a group and if they don't, you work with them to find out why not. Get input and try to set better goals. We've known that for a long time but the healthcare system doesn't know that. The healthcare system is operating a very outmoded system.

"That's where we have to focus our attention. It's going to be tough to do these things but if America can't become efficient and get rid of overhead costs in its healthcare system and bureaucracy then we don't deserve to be a world leader. I think we can do it, we just have to set our minds to it."

He expressed some reservation of the concept of pay-for-performance. "I get the conceptual idea, but it can still create the wrong incentives because it causes finger-pointing at a group level."

Magaziner said the same could be said of issues with malpractice. "People will make mistakes. The check on that should be the professional societies, the peer groups for

whom there is pride in their profession." He suggested a collective compensation fund instead of "a litigious system that goes after the individual in cases for years. I would rather have a compensation fund throughout the whole system and a serious policing by peers."

Principles going forward

Magaziner enumerated several principles going forward:

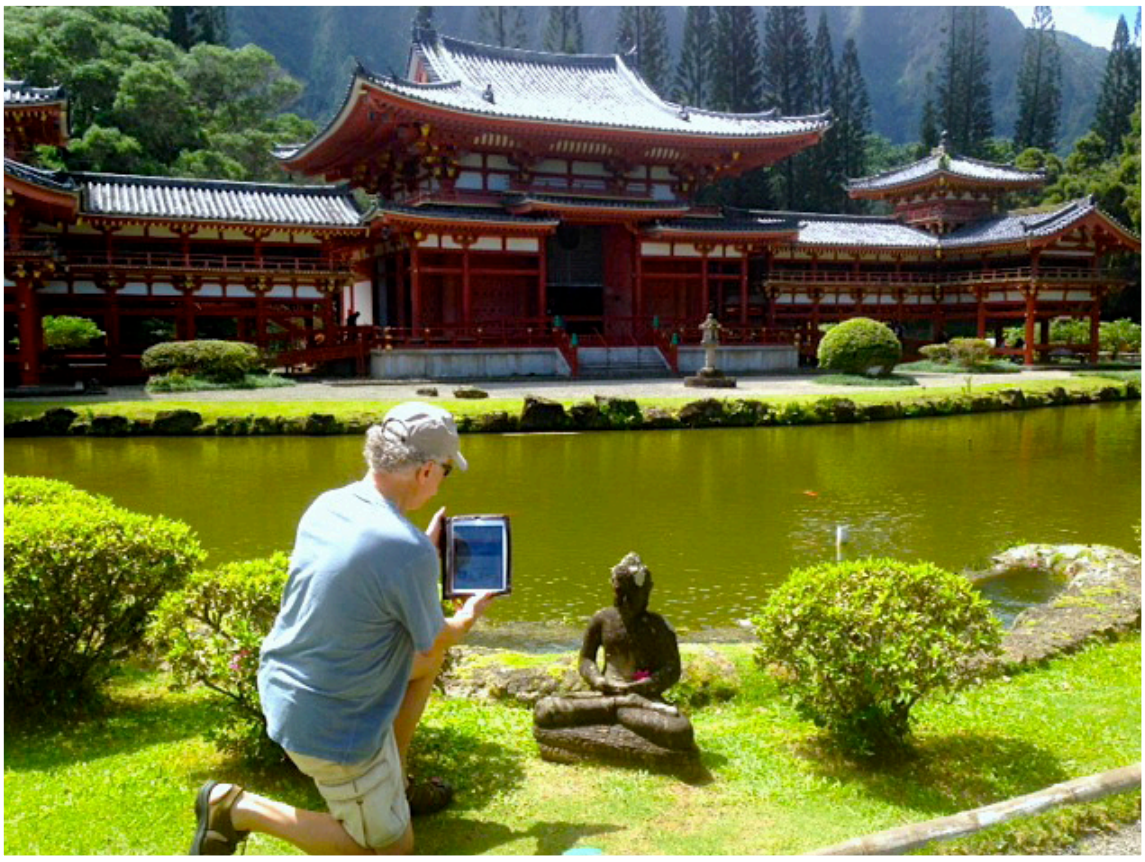
1. Continued focus on prevention and wellness
2. Seamless coordination of care that begins with primary care providers.
3. Evidence-based treatment protocols based on quality outcomes which are constantly revised as society advances.
4. End the burdens of those using the healthcare system, particularly older people, and the scenario of patients being handed around from specialist to subspecialist and hospital to hospital to nursing home, which Magaziner described as "a nightmare – particularly for older people; we need to focus on the higher users of medical care, the 1 percent who use 30 percent of the resources in the system."

At the conclusion of his talk, Magaziner peered into the future 100 years from now. "The medicine that we are practicing today will be close to when they were putting leeches on patients' bodies. That's not to denigrate what you are doing. But what I see coming are tremendous advances in science and technology. What scientists are discovering in genomics and bionomics is going to have huge potential. Improvements on the cellular level and ways to process big data that will inform the protocols – it's a very exciting time in medicine."

He also noted that the smaller entrepreneurial biotechnology companies are coming to the fore and leading the way, particularly in biotech and vaccines.

The lecture was endowed by the late Ruth N. Levinger to honor the memory of her husband, and by his daughter Bette Levinger Cohen, and son-in-law, John M. Cohen, MD, '59. ❖

RIMJ: Around the World



Dr. Kenneth S. Korr received the March issue of the *Rhode Island Medical Journal* while visiting the Valley of the Temples on the windward coast of Oahu, Hawaii. Serendipitously, the issue focused on spirituality and the practice of medicine.

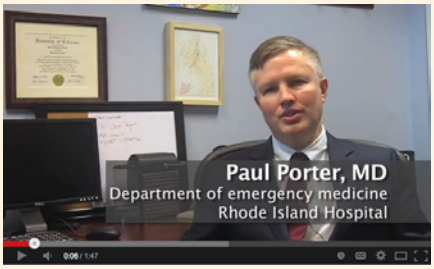
Send your photos of RIMJ Around the World to Mary Korr, Managing Editor: **mkorr@rimed.org**

Rhode Island Hospital launches country's first Google Glass study in emergency department

Study to explore efficacy of real-time dermatology consults using streaming mobile technology

PROVIDENCE – Rhode Island Hospital is bringing Google Glass into the emergency department. Using a stripped-down version of the wearable mobile video communications technology, researchers will test the efficacy of using Google Glass for real-time audio-visual consults for consented patients who require a dermatology consultation. Rhode Island Hospital is the first hospital in the U.S. to use Google Glass in an emergency department setting.

PAUL PORTER, MD, explains a feasibility study using a stripped-down, HIPAA-compliant version of Google Glass to provide patients with an audio-visual dermatological consultation in real time. "We live in a world of instant gratification, and in many ways, we're testing that mindset by using Google Glass to enhance telemedicine in the emergency department," said principal investigator Dr. Porter, a physician in the emergency departments of Rhode Island, Hasbro Children's and The Miriam hospitals. "In this study, we will use Google Glass to stream live images of a patient's dermatological condition to the consulting dermatologist. As the emergency medicine physician observes the patient's skin condition, the consulting dermatologist will be able to see identical images on a tablet in real time, giving the dermatologist the ability to offer appropriate advice, diagnosis and treatment options."



VIDEO: Paul Porter, MD

Dr. Porter and researchers **PETER CHAI, MD**, and **ROGER WU, MD**, worked with experts at Pristine, a health care technology communications company, which has developed the only form of Google Glass that meets strict federal patient privacy laws.

"While the initial study is limited to emergency department patients who require a dermatology consult, we recognize that the opportunities for Google Glass in a medical setting are very broad," Dr. Porter said. "Ultimately, the use of this technology could result in better coordinated care, faster interventions, better outcomes, fewer follow-up office visits, fewer readmissions, and lower costs – for a wide range of disciplines, not just dermatology.

"We also envision this technology eventually being used by first responders and nursing homes as a tool to communicate with emergency medicine physicians," Porter said.

The six-month feasibility study will be limited to patients in the Rhode Island Hospital emergency department who require a dermatology consult, and who consent to taking part in the study. ❖

Lifespan creates Clinical Research Center

PROVIDENCE – Lifespan has launched a new Clinical Research Center to provide additional institutional resources to support investigators who are conducting clinical research across departments and medical specialties.

As this new center grows, its goals are aimed to make it easier for investigators to manage the multiple aspects of any clinical research study, such as study design and analysis, research nursing support, specimen processing and storage, medical oversight, project management and regulatory affairs support.

"I'm thrilled that we are able to take our research enterprise to the next level by launching the Clinical Research Center," said **PETER J. SNYDER, PhD**, Lifespan's senior vice president and chief research officer. "By bringing together this outstanding collection of resources we intend to significantly increase the capacity of our faculty to engage in important clinical research that will improve the clinical care and lives of our patients."

The creation of the center ties together many of the organization's existing resources, but also establishes a formal structure and setting to assist investigators.

The main part of the center will be located in the Coro Building a 270,000-square-foot building complex located adjacent to the Rhode Island Hospital campus. Coro is home to the majority of research laboratories in the Lifespan system. In addition to the center's administrative offices, the Coro Building also includes an outpatient clinical research unit that includes five examination rooms, in a close partnership with the Division of Adolescent Medicine at Hasbro Children's Hospital. A second outpatient unit is located in the RISE Building near The Miriam Hospital campus. This unit includes three examination rooms and immediate access to a central specimen processing lab. The new CRC will work closely with the unit at The Miriam, especially with respect to specimen processing and long-term storage.

"The new outpatient center expands Lifespan's support for clinical research," said **CATHERINE GORDON, MD, MSc**, medical director of the Clinical Research Center. "It provides a dedicated location for investigators to meet with study participants, and these additional resources will now enable many Lifespan clinical research teams to participate in multi-center trials and launch important research initiatives."

The Lifespan Clinical Research Center is available to investigators throughout the Lifespan health system, as well as to those investigators affiliated with any of Lifespan's collaborative partner institutions.

For more information, contact Nana Ofei-Tenkorang, clinical research assistant, by email at nofeitenkorang@lifespan.org or by phone at 401-793-8585.

RI healthcare providers reach Direct Messaging milestone

Integration with CurrentCare leads to one million secure messages sent via national standards-based method for exchanging protected health information

PROVIDENCE – The Rhode Island Quality Institute (RIQI) recently announced that healthcare providers in Rhode Island have exchanged more than one million messages using Direct, a secure cost-effective way to send protected health information (PHI) to known, trusted recipients over the Internet.

Direct – started in 2010 by the Department of Health and Human Services' Office of the National Coordinator for Health Information Technology (ONC) – makes it possible for healthcare providers to securely email information to other trusted providers, such as hospitals, specialists, pharmacies, and laboratories.

RIQI has integrated the use of Direct messaging into CurrentCare, Rhode Island's statewide health information exchange (HIE). Direct is used by CurrentCare's Hospital Alerts service to notify providers when one of their patients is admitted, discharged or transferred from any hospital in the state. Direct is also used to transfer continuity of care documents (CCD) from providers' practice-based electronic health records (EHRs) into CurrentCare. This feed of clinical information, with patient consent, from practice-based EHRs to CurrentCare, is improving quality by detecting gaps in care and making sure the full record is available to all care providers.

"Very early on, we recognized the valuable role Direct could play in helping CurrentCare securely collect and exchange patient information among authenticated healthcare providers throughout the state," said **LAURA ADAMS**, president and CEO, RIQI. "With more than one million messages sent, Direct has clearly proven to be an important addition to our statewide health information exchange strategy."

Regular email is not appropriate for sending PHI. Messages could be intercepted and read during transmission, and there is no way of ensuring that the message will be delivered only to the intended recipient.

Direct messaging is both secure and validated, making it appropriate for sending PHI. Message encryption ensures that the message is not compromised during transmission. An electronic credentialing system – using electronic certificates – identifies the sender and recipient to ensure that the mail is routed only to intended and trusted recipients. A Direct message can be delivered only if both the sender and recipient are using Direct accounts and have established a trust relationship.

"Direct messaging has helped facilitate improved communication between primary care providers, specialists, hospitals, and labs," said **AL PUERINI, MD**, president and CEO, RI Primary Care Physicians Corporation (RIPCPC). "Direct has allowed us to exchange EHR data with other providers through CurrentCare and to receive an Alert when our patients receive hospital care. These are two very important functions that allow us to better coordinate treatment and provide follow-up care with our patients."

RIPCPC and RIQI successfully collaborated in 2010 to develop the technical mapping of Direct messaging through a request from CMS in Washington, D.C. Dr. Puerini sent the first-ever provider-to-provider Direct message in the U.S. in January 2011.

RIQI's program to facilitate adoption of Direct by providers and practices in Rhode Island launched in September 2011 and is managed by the RI Regional Extension Center (RI REC). The program offers educational materials and webinars and free membership in the Southern New England Trust Community, a community of verified providers who have a legitimate need to use Direct messaging to exchange patients' protected health information (PHI). In addition, the program provides a selection of three qualified Health Information Service Providers (HISPs) in an online vendor marketplace. RIQI's HISPs are Inpriva, MaxMD, and Secure Exchange Solutions.

Currently, 162 provider sites throughout Rhode Island, representing more than 600 providers, are using Direct with 135 sites receiving Hospital Alerts and seven major EHR platforms participating in CCD integration.

As a part of qualifying for incentive payments under the Meaningful Use Stage 2 criteria issued by the Office of the National Coordinator for Health IT (ONC), healthcare organizations and providers must meet data transfer requirements using Direct Messaging. These requirements can be demonstrated with EHRs that comply with the ONC's 2014 Edition EHR Certification Criteria which specifies electronic exchange of transition of care records with Direct Messaging.

For more information, visit www.riqi.org. ❖

DOH issues emergency regulations on expanding use of Narcan to prevent opioid overdose deaths

PROVIDENCE – Director of Health, **MICHAEL FINE, MD**, has issued emergency regulations aimed at preventing opioid overdose deaths by expanding access to the overdose antidote, naloxone (also known as Narcan), and establishing procedures for its administration to a person experiencing an overdose.

Rhode Island is in the midst of a severe drug overdose crisis, as evidenced by the 55 opioid-related deaths HEALTH has investigated since the beginning of the year. In addition to drug-abuse prevention and treatment strategies, getting Narcan into the hands of more people has become an immediate priority in the fight to save lives.

Dating back to at least 1988, Emergency Medical Technicians (EMTs) have carried Narcan as a standing-order medication that can be administered to individuals for whom it is not specifically prescribed.

Under the new regulations:

- Any licensed prescriber can now issue a non-patient-specific order to certain organizations, such as police departments and treatment facilities;
- Narcan can be prescribed to a family member or friend of an individual at risk of experiencing an opioid-related overdose;
- Any licensed prescriber may now dispense Narcan to family members or others on site, during an office or emergency department visit.

These changes enable Narcan to be in the hands of those most likely to discover an overdose victim. This could potentially save a life that could otherwise be lost if the victim had to wait for an EMT to administer the antidote.

Last month, the State Police announced plans to carry Narcan. Several local police departments are considering the same. The new regulations will allow all departments to easily obtain it.

When administered in a timely way, Narcan counteracts the life-threatening depression of the central nervous and respiratory systems caused by an overdose. Narcan has reportedly reversed more than 10,000 overdoses nationwide. Since January 1, 2014, EMTs have administered 273 doses of Narcan to Rhode Island patients. Narcan is still available without a prescription at all Walgreens pharmacies in Rhode Island.

The full version of the new Rules and Regulations Pertaining to Opioid Overdose Prevention can be found at: http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7687.pdf ❖

NIH renews Miriam grant for AIDS clinical trials group

PROVIDENCE – A $2.4 million grant renewal will support The Miriam Hospital's continued efforts in research and new treatments for HIV and AIDS.

KAREN TASHIMA, MD, the lead researcher at The Miriam, received the National Institutes of Health grant renewal. Dr. Tashima leads the ACTG's Providence site, which operates under the program's Harvard/Boston/Providence Clinical Trials Unit.

The ACTG is a global network of 60 research sites with its operations and laboratory center based at Brigham and Women's Hospital in Boston. The ACTG conducts clinical trials in HIV-infected adults to test novel therapeutic interventions focused on HIV-associated inflammation and resulting end-organ disease, tuberculosis, viral hepatitis and HIV cure.

Dr. Tashima said, "We are thrilled with the results that have come from the ACTG Network. The Miriam Hospital has been part of the Network since 2000. Our work has allowed us to foster new investigations and treatments for treating HIV and AIDS."

She added, "The ACTG is an important HIV clinical studies network that, for example, proved that mother to child transmission could be dramatically reduced by having the pregnant woman take the anti-HIV medication AZT. Results of other ACTG studies have changed how we treat HIV infection, and have resulted in Department of Health and Human Services HIV guideline changes leading to improvements nationally in the standard of care for HIV treatment."

Dr. Tashima was the lead investigator and study chair for the OPTIONS trial that was conducted at 64 sites across the continental U.S. and in Puerto Rico. The OPTIONS trial was a multisite study that showed patients with drug-resistant HIV can safely achieve viral suppression – the primary goal of HIV therapy – without incorporating the traditional class of HIV medications into their treatment regimen. The ACTG trial showed for the first time that treatment-experienced patients can leave out this class of medication, known as nucleoside reverse transcriptase inhibitors (NRTI), as part of the regimen. Treatment-experienced patients already need to take three active medications in order to achieve viral suppression, so eliminating NRTI medications can lessen pill burden and side effects.

The Miriam Hospital treats more than 1,500 patients with HIV who are under ongoing care. The grant renewal will allow The Miriam to continue to serve as an ACTG clinical research site for the 2014-2020 time period. ❖

RWMC certified by Joint Commission for hip, knee replacements

PROVIDENCE – Roger Williams Medical Center has received The Joint Commission's Gold Seal of Approval for its total hip and knee replacement programs. To achieve certification, Roger Williams total joint replacement program hosted an onsite evaluation in December 2013 by a Joint Commission reviewer.

The evaluation looked at the program's compliance with The Joint Commission's rigorous standards of care including providing efficient care and preventing the spread of infections as much as possible.

"By adhering to The Joint Commission's strict clinical guidelines, our team continuously provides the highest level of orthopedic care to our patients," said **LOUIS J. MARIORENZI, MD**, director of the Division of Orthopedics at Roger Williams. ❖

Bryant University announces its new School of Health Sciences

and its first Clinical Program: Physician Assistant Studies

Architectural rendering courtesy of LLB Architects

MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES

accepting applications in April 2014

- Strong teams and a supportive learning environment, experienced educators, small group learning opportunities for students, and a low student-faculty ratio.
- A newly-constructed state-of-the-art facility on Bryant's Smithfield campus, including new classrooms, a high-fidelity simulation laboratory, and a physical exam laboratory, with training in the anatomy lab and access to the medical library at The Warren Alpert Medical School of Brown University.
- A distinctive focus on the business of health care, with an introduction to the management principles of medical practice — from quality management to organizational governance — in the program's second year.
- Rich and rigorous clinical experiences, with 13 specialty rotations — more than any other regional program. Students will be teamed with preeminent doctors affiliated with The Warren Alpert Medical School of Brown University, Care New England, Southcoast Health System, and the Lifespan health system as well as distinguished independent clinical providers throughout southern New England.

Future programs will include Health Care Management and Health Care Policy.

Visit www.bryant.edu/WearTheWhiteCoat to learn more.

Bryant University has applied for provisional accreditation from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The University anticipates matriculating its first class in January 2015, pending provisional accreditation in September 2014. Provisional accreditation is an accreditation status for a new PA program that has not yet enrolled students, but at the time of its comprehensive accreditation review, has demonstrated its preparedness to initiate a program in accordance with the accreditation standards. The program will not commence in the event that this provisional accreditation is not received.

Bryant University | Smithfield, RI

Dr. Padbury receives March Of Dimes prematurity research initiative grant

PROVIDENCE – With the help of funding from the March of Dimes, **JAMES F. PADBURY, MD**, pediatrician-in-chief and chief of Neonatal/Perinatal Medicine at Women & Infants Hospital, is one of five scientists whose work toward discovering the causes of and reducing the rates of prematurity will be supported by March of Dimes Prematurity Research Initiative (PRI) grants in 2014.

WOMEN & INFANTS

James F. Padbury, MD

With prior support from the March of Dimes, Dr. Padbury's laboratory at has been studying the genetic basis of preterm birth for the past five years. This new, $400,000, three-year Prematurity Research Initiative Program grant will enable Dr. Padbury and his colleagues to continue their work in bioinformatics and targeted sequencing in preterm birth.

"We are so grateful to the March of Dimes for supporting this important work," said Dr. Padbury. "We are using the resources of this grant to sequence the genes we identified in women who delivered preterm, who were preterm themselves, and who have a family history of preterm birth in their relatives. We are sequencing up to 300 women, including 150 we have identified with a strong family history of prematurity at Women & Infants Hospital."

Dr. Padbury and his team have used bioinformatics techniques and "big data" approaches to collect all of the genes known to be involved in preterm birth, reading more than 1,000 scientific articles and pulling data from hundreds of public genetic databases. Their database is now hosted on the Center for Disease Control and Prevention's Genomics in Health Impact website, the University of Florida's Library of Genetic Resources, and Stanford University's Great Placenta Disorders and Preeclampsia Single Nucleotide Resources.

Dr. Padbury continued, "The Human Genome Project revealed that each of us have minor genetic variations, which may, in part, cause preterm birth. In order to identify these minor genetic variations, we will use new DNA sequencing technologies. We will look for minor genetic variations in families with a strong family history of preterm birth and compare genetic sequence to patients of similar background but who delivered full-term children. We hope that, with insights into the cause of prematurity, we can begin to address possible treatment, prevention methods and prediction." ❖

Drs. Allen, Gottlieb publish research on prevalence of reproductive coercion

PROVIDENCE – Researchers from Women & Infants Hospital of Rhode Island were part of a team that published "Reproductive coercion and co-occurring intimate partner violence in obstetrics and gynecology patients" in a recent issue of the *American Journal of Obstetrics and Gynecology.*

"Reproductive coercion, co-occurring with intimate partner violence, is prevalent among women seeking general obstetrics and gynecology care," notes **REBECCA H. ALLEN, MD**, of Women & Infants. She and **AMY S. GOTTLIEB, MD**, of the hospital's Women's Primary Care Center, participated in the study of 641 women ages 18 to 44, along with **CHRIS RAKER, ScD**, a statistician in the hospital's Division of Research.

Study participants completed anonymous surveys. The survey defined reproductive coercion as:

Pregnancy coercion, such as a male partner threatening to harm the woman physically or psychologically (with infidelity or abandonment) if she did not become pregnant

Birth control sabotage, such as flushing oral contraceptive pills down the toilet, intentionally breaking or removing condoms, or inhibiting a woman's ability to obtain contraception

"This is a far too common problem in this country. A study of 9,000 women by the National Center for Injury Prevention and the Centers for Disease Control and Prevention indicated that at least 9% of adult females in the United States have experienced reproductive coercion," Dr. Gottlieb explains. "Such coercion could have tremendous impact on a woman's ability to plan pregnancies or control her own fertility."

In addition, reproductive coercion has been associated with intimate partner violence, including threats, physical injury, or sexual abuse. This study is the first to examine both measurements – reproductive coercion and intimate partner violence – in the same relationship.

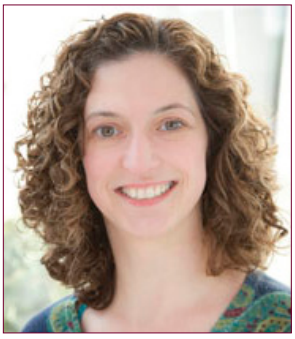
"We wanted to investigate the co-occurrence of these two types of male behavior toward female intimate partners," Dr. Gottlieb says.

Among the women who reported reproductive coercion, 32% experienced intimate partner violence in the same relationship. Nearly half of the women who experienced birth control sabotage also reported intimate partner violence, as did more than one third of the women who experienced pregnancy coercion.

"This is helpful information for health care providers who should tailor the reproductive care they deliver to each patient's particular situation," Dr. Allen says. "Asking questions about reproductive coercion and intimate partner violence is key to giving a woman the family planning counseling she needs." ❖

Article by Dr. Anderson focuses on Group A Strep infection in pregnancy

PROVIDENCE – **BRENNA ANDERSON, MD**, director of the Women's Infectious Diseases Consultative Service at Women & Infants Hospital has published an article as part of a Clinical Expert Series in the April 2014 edition of *Obstetrics & Gynecology*, entitled "Puerperal Group A Streptococcal (GAS) Infection: Beyond Semmelweiss," which offers a description of the recommended approach to diagnosing and treating GAS in pregnant and postpartum women.



WOMEN & INFANTS

Brenna Anderson, MD

"Basically, GAS is the same organism that causes strep throat. But when the infection occurs in the uterus, it can be life threatening," said Dr. Anderson. "This is a very unusual but serious infection, and recognition of it is often a stumbling block to treatment."

Group A streptococcus (GAS) can cause invasive infections in the form of endometritis, necrotizing fasciitis, or streptococcal toxic shock syndrome. These infections, when associated with sepsis, have associated mortality rates of 30 to 50 percent. When a pregnant woman presents with GAS infection, her symptoms are often atypical, with extremes of temperature, unusual and vague pain, and pain in the extremities. Imaging may appear normal, but removing a small sample from the uterus along with a blood culture may be a useful, rapid diagnostic tool.

"When suspected, invasive GAS infections need to be treated quickly. Very specific antibiotics are often helpful, although the infection may require surgery, which can be lifesaving," Dr. Anderson explained. ❖

Dr. Dudley's research investigates cancer drug to lower risk of sudden cardiac death

PROVIDENCE – **SAMUEL C. DUDLEY, MD, PhD**, a researcher at the Cardiovascular Institute (CVI) at Rhode Island, The Miriam and Newport hospitals has found that a new class of drugs, originally developed to treat cancer, reduces sudden cardiac death risk after a heart attack. The findings were published online in advance of print in the *Journal of the American College of Cardiology*.

LIFESPAN

"Currently, there are limited options to reduce sudden cardiac death following a heart attack," said Dr. Dudley, principal investigator and chief of cardiology at the CVI. "The benefit of most drugs is limited, and they have additional side effects. Defibrillators are an option, but they cannot be safely implanted for 40 days following a heart attack.

This finding gives us hope for a new treatment model, and if approved, will provide physicians with new options to lower patients' risk of death from cardiac arrest."

In this study, researchers evaluated mice that had sustained a heart attack and also had abnormal heartbeats. The study found that inhibition of a protein signal known as c-Src decreased the risk of abnormal heartbeats and sudden cardiac death. This suggests usefulness of c-Src inhibition in preventing arrhythmias associated with heart failure. This use of Src inhibitors for treatment of sudden cardiac death risk has been submitted for a patent.

"More research is needed to evaluate the efficacy of this use of a cancer medication to alleviate risk of sudden cardiac death, but we are hopeful that what we observed in mice will translate effectively to humans, providing patients and clinicians with a new paradigm for treating this common and life-threatening illness," Dr. Dudley said. ❖

Bradley Hasbro Children's Research Center receives $3.4M grant to study risk behaviors of juvenile offenders

PROVIDENCE – **MARINA TOLOU-SHAMS, PHD**, a psychologist from the Bradley Hasbro Children's Research Center, has received a $3.4 million grant to study the behavioral health and associated risk factors of adolescent offenders in the Rhode Island Family Court system. The study, funded by the National Institute on Drug Abuse, will focus on non-incarcerated, court-involved youth, and will monitor what risk behaviors the teens may develop, as well as the underlying causes.

The study will follow 400 Rhode Island Family Court-involved youth between the ages of 13 to 17, and their caregivers. Tolou-Shams' team will monitor the development of drug use, HIV/STD risk behaviors, psychiatric symptoms and recidivism in the adolescent offender population in the two years after the initial arrest or court contact.

The likelihood of acquiring HIV/STDs is also substantially increased among court-involved youth. Studies of juvenile detainees with both substance use and psychiatric concerns show that most are sexually active and more than half have had multiple partners and unprotected sex.

"There has been an emphasis on moving away from juvenile confinement and instead developing prevention and treatment programs for juvenile offenders in the community. Yet, only a handful of studies have examined these behaviors among non-detained juvenile offenders, who represent 80 percent of all legally involved youth," said Tolou-Shams.

Tolou-Shams, who is also director of the Rhode Island Family Court Mental Health Clinic, hopes that the findings from this study will help to develop recommendations on how the court system can better support first-time young offenders to keep more teens from repeating offenses.

Dr. Rouse, maternal-fetal medicine specialist, co-authors Obstetric Care Consensus

WOMEN & INFANTS

Dwight J. Rouse, MD

PROVIDENCE – **DWIGHT J. ROUSE, MD, MSPH**, a specialist in the Division of Maternal-Fetal Medicine at Women & Infants Hospital, has co-authored the first in a new, joint series called "Obstetric Care Consensus" that is being introduced by the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM).

This inaugural issue, "Safe Prevention of the Primary Cesarean Delivery," addresses the rapid increase in cesarean birth rates and outlines a multifaceted approach that addresses indications for primary cesarean delivery.

"There is no doubt that there is a time and a place for a cesarean delivery. But we need to be sure that, as part of general obstetric practice, we are not overusing this tool for fear or convenience, particularly primary cesarean delivery," said Dr. Rouse. "It is important for health care providers to understand the short-term and long-term risks and benefits of cesarean and vaginal delivery, as well as safe and appropriate opportunities to prevent overuse of cesarean delivery."

This consensus outlines a multifaceted approach that addresses indications for primary cesarean delivery, including labor dystocia, abnormal or indeterminate fetal heart rate tracing, fetal malpresentation, multiple gestation, and suspected fetal macrosomia. ❖

Hasbro study finds text-messaging program good option for keeping teen girls healthy

Study highlights resource for physicians to provide counseling and preventative services to under-served teens

PROVIDENCE – **MEGAN RANNEY, MD, MPH**, an emergency medicine attending physician at Hasbro Children's Hospital, recently led a study that found a text-message program may be an effective violence prevention tool for at-risk teen girls. The study has been published online in the *Journal of Adolescent Health*.

"Mobile health, or 'mHealth,' is increasingly being used as a way to improve people's health, via text-messaging or phone-based applications," said Dr. Ranney. "However, few people have studied whether teens are interested in mHealth, especially for prevention-type messages, even though the vast majority of teens who come to the emergency department (ED) use mobile phones and more than 95 percent of those patients report that they use text messaging."

Dr. Ranney's team interviewed girls between the ages of 13 and 17 who reported past-year peer violence and depressive symptoms during emergency department visits for any medical issue. Overwhelmingly, the interviews showed that at-risk teen girls coming to the ED for care are very interested in receiving a text-message violence prevention intervention. The teens felt that a text-message program would enhance their existing coping strategies, and that they would not only use it themselves, but also refer their friends to it.

"The ED is the primary source of care for many teens with high-risk behaviors, such as peer violence, and it provides an important opportunity to initiate preventive interventions. However, there can be many limitations to providing such interventions in real time, including lack of time and resources on the part of ED staff, poor accessibility and availability of community resources, and low rates of follow-through with treatment referrals, leaving this group of teens largely under-served," said Dr. Ranney. "For these high-risk populations, who have high rates of mobile phone ownership but low accessibility to traditional health care, mHealth may be a particularly promising format for delivering preventive care."

In the future, Dr. Ranney hopes to also study teen boys and non-English speaking patients as possible participants in the delivery of counseling and behavioral skills text messaging. "By developing evidence-based text-message interventions, clinicians may be able to have a big influence on these teens' coping skills, involvement in fights and life choices," she said. ❖