RI delegation announces $71.3M in CARES Act funds to five local hospitals

WASHINGTON, D.C. – U.S. Senators **JACK REED** and **SHELDON WHITEHOUSE**, along with Congressmen **JIM LANGEVIN** and **DAVID CICILLINE**, announced on July 22nd that $71.3 million in funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act has been distributed to five Rhode Island hospitals to offset the costs of caring for coronavirus patients. The funding was awarded by the U.S. Department of Health and Human Services (HHS).

According to HHS, the hospitals that received funding are:

- **Our Lady of Fatima Hospital, North Providence – $8,400,000**
- **Miriam Hospital, Providence – $24,000,000**
- **Rhode Island Hospital, Providence – $25,430,609**
- **Roger Williams Medical Center, Providence – $7,950,000**
- **Landmark Medical Center, Woonsocket – $5,550,000**

This round of funding was based on a formula for hospitals with over 161 COVID-19 admissions between January 1 and June 10, 2020, or that experienced a disproportionate intensity of COVID admissions, exceeding the average ratio of COVID admissions per bed.

"We set this funding aside in the CARES Act to help local hospitals and providers who are struggling with the fallout of this pandemic, but the Trump Administration's distribution has been slow and uneven. While I'm glad Rhode Island hospitals are finally receiving this additional infusion of CARES Act assistance, more needs to be done to help offset their COVID-19 related losses," said Senator Reed.

"Rhode Island hospitals have done excellent work under very challenging circumstances created by the pandemic, and I congratulate Lifespan in particular on receiving nearly $50 million in this distribution," said Senator Whitehouse, a member of the Senate Finance Committee. "This federal funding will help cover some of the costs hospitals already incurred caring for COVID patients, and help prepare our health care system for whatever may come in the months ahead. I'll keep working to assure all our hospitals get all the funding they deserve for their great work."

"For our state to recover from this unprecedented health crisis, Rhode Island hospitals need to continue receiving resources to provide quality care," said Congressman Langevin. "I'm encouraged by the way our healthcare system has weathered the pandemic, but serious risks remain, and we will continue to work to provide even more assistance as we negotiate a fifth COVID aid bill. These federal funds will help hospitals continue their invaluable work against COVID-19."

"This investment for Rhode Island hospitals will help, but it's clear that more will need to be done," Congressman Cicilline said. "Rhode Islanders have done an excellent job flattening the curve. We need to be prepared and help our hospitals be equipped for what comes next. I will continue fighting to ensure we get the resources we need." ❖

Thundermist Health Center receives $128K to expand telehealth capabilities

PROVIDENCE – U.S. Senators **JACK REED** and **SHELDON WHITEHOUSE** and Congressmen **JIM LANGEVIN** and **DAVID CICILLINE** recently announced that Thundermist Health Center has been awarded $128,347 from the Federal Communications Commission's (FCC) COVID-19 Telehealth Program to establish robust telehealth services during the ongoing pandemic.

Congress appropriated $200 million for the FCC's COVID-19 Telehealth Program under the Coronavirus Aid, Relief, and Economic Security (CARES) Act to help patients access health care from the safety of their homes during the COVID-19 pandemic.

The federal funding will allow Thundermist to adapt to the new reality of the COVID-19 pandemic by providing care through telephone or telemedicine intervention. The funds will support the purchase of a telehealth platform, telecommunications equipment upgrades, desktop and laptop computers, and videoconferencing equipment to implement telehealth solutions for medical, dental, and behavioral health care during the COVID-19 crisis.

By providing some services remotely, Thundermist can reduce the number of patients and staff members on-site and prevent patients with COVID-like symptoms from visiting a clinic in person. Continuing to provide high-quality health care for low-income, vulnerable populations in an outpatient setting is critical for reducing the burden on local hospitals during this crisis.

"Thundermist is grateful for the advocacy of Rhode Island's congressional delegation, and to the Federal Communications Commission for approving our award," said **JEANNE LACHANCE**, President/CEO of Thundermist Health Center. "This funding allows us to ensure seamless access to care for patients during the pandemic. Telehealth solutions are critical to keep both high-risk patients and providers safe while continuing to deliver the highest quality care for patients with chronic diseases such as diabetes, HIV, and opiate use disorder."

Thundermist provides community-based medical, dental, behavioral health, and social services for medically underserved and uninsured residents in Rhode Island. Thundermist served more than 48,000 patients at three clinical sites in Woonsocket, West Warwick, and South Kingstown in 2018. ❖

COVID-19 testing site opens at Convention Center

The Rhode Island Department of Health (RIDOH) opened a COVID-19 testing site on July 21st at the Rhode Island Convention Center with a capacity to do 1,500 tests a day.

Signage will direct people to the site in the parking garage. The site will operate Monday through Friday from 8 am to 5 pm, and Saturday through Sunday from 9 am to 3 pm. Tests are available by appointment only, for symptomatic people and certain asymptomatic people. People who are symptomatic can get a test scheduled for them by a healthcare provider. People who are asymptomatic can schedule a test if they work in a high-contact profession.

Examples of people who work in high-contact professions include barbers, child care workers, clergy, cosmetologists, first responders, gym and exercise trainers, healthcare professionals, personal care services (nail technicians, massage therapists, tattoo artists, estheticians, cosmeticians, manicurists, body piercers, and tanning facility staff), public transit drivers, and restaurant workers.

Asymptomatic Rhode Islanders who have recently traveled to a place with an elevated positivity rate can also be tested. ❖

Front-line physicians stressed and anxious at work and home

New study reports moderate to severe stress levels in ER doctors during the frenetic early phase of COVID-19 pandemic

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO – Amid the COVID-19 chaos in many hospitals, emergency medicine physicians in seven cities around the country experienced rising levels of anxiety and emotional exhaustion, regardless of the intensity of the local surge, according to a new analysis led by UC San Francisco.

In the first known study to assess stress levels of U.S. physicians during the coronavirus pandemic, doctors reported moderate to severe levels of anxiety at both work and home, including worry about exposing relatives and friends to the virus. Among the 426 emergency physicians surveyed, most reported changes in behavior toward family and friends, especially decreased signs of affection.

"Occupational exposure has changed the vast majority of physicians' behavior at both work and home," said lead author **ROBERT M. RODRIGUEZ, MD**, a professor of Emergency Medicine at UCSF. "At home, doctors are worried about exposing family members or roommates, possibly needing to self-quarantine, and the effects of excess social isolation because of their work on the front line."

The results, which appeared July 21, 2020, in *Academic Emergency Medicine*, found slight differences between men and women, with women reporting higher stress. Among male physicians, the median reported effect of the pandemic on both work and home stress levels was 5 on a scale of 1 to 7 (1=not at all, 4=somewhat, and 7=extremely). For women, the median was 6 in both areas. Both men and women also reported that levels of emotional exhaustion or burnout increased from a pre-pandemic median of 3 to a median of 4 after the pandemic started.

Lack of PPE was associated with the highest level of concern and was also the measure most often cited that would provide greatest relief. The doctors also voiced anxiety about inadequate rapid diagnostic testing, the risk of community spread by discharged patients, and the well-being of coworkers diagnosed with COVID-19.

But the survey also showed clear-cut ways of mitigating anxiety:

- Improve access to PPE;
- Increase availability of rapid turnaround testing;
- Clearly communicate COVID-19 protocol changes;
- Assure access to self-testing and personal leave for front-line providers.

The responses came from faculty (55 percent), fellows (4.5 percent), and residents (about 39 percent), with a median age of 35. Most physicians lived with a partner (72 percent), while some lived alone (nearly 15 percent) or with roommates (11 percent). Nearly 39 percent had a child under age 18.

The study involved healthcare providers at seven academic emergency departments and affiliated institutions in California, Louisiana and New Jersey. Researchers noted that the majority of study sites were in California, which at the time of the survey had not yet experienced the large surges of patients seen in other areas of the country. But the study found that median levels of anxiety in the California sites were similar to those in the New Orleans and Camden sites, which were experiencing surges at the time.

"This suggests that the impact of COVID-19 on anxiety levels is pervasive and that measures to mitigate stress should be enacted universally," Rodriguez said. "Some of our findings may be intuitive, but this research provides a critical early template for the design and implementation of interventions that will address the mental health needs of emergency physicians in the COVID-19 pandemic era."

The study is longitudinal, with this first phase focused on the early "acceleration" phase of the pandemic. Subsequent studies will address stressors that have arisen throughout the course of the pandemic, including childcare and homeschooling demands, the economic impact of fewer patients overall in the ER, and possible development of long-term post-traumatic stress.

Authors: From the University of California, co-authors are Anthony Medak, MD, of UC San Diego; Brian Chinnock, MD, of the UCSF-Fresno Medical Education Program; Remi Frazier, MS, of UCSF; and Richelle Cooper, MD, of UCLA.

RIDOH licenses state's first marijuana sampling and testing laboratory

As a part of the on-going process in Rhode Island to improve medical marijuana product safety and transparency, the Rhode Island Department of Health (RIDOH) has licensed Green Peaks Analytical as the State's first licensed marijuana sampling and testing laboratory.

To date, products sold at compassion centers in Rhode Island have been tested by cultivators or compassion centers with their own laboratory facilities, or by private, unlicensed laboratories. While some laboratories across the country are only licensed to test, Green Peaks Analytical will also collect samples directly from licensed cultivators and licensed compassion centers, to ensure that the sample's chain of custody is not broken.

"Like all other patients in Rhode Island, people who use medical marijuana deserve to have access to safe medication, and they deserve to have accurate information about that medication," said Director of Health **NICOLE ALEXANDER-SCOTT, MD, MPH**. "The increased oversight that RIDOH and DBR will be providing will help ensure that critical product safeguards are in place for medical marijuana patients."

Cannabinoids (e.g., tetrahydrocannabinol [THC], cannabidiol [CBD], tetrahydrocannabinolic acid [THCA], and cannabidiolic acid [CBDA]) are chemicals found within the cannabis plant. Cannabinoids affect users by binding to specific receptors in the central nervous system. Different cannabinoids produce different effects. For example, THC is associated with psychoactive effects while CBD is associated with anti-psychoactive or THC-moderating effects. This information helps users determine which products to use and how to use them safely.

Over a six-week period, the Rhode Island Department of Business Regulations' (DBR) Office of Cannabis Regulation will gather feedback from Green Peaks Analytical, cultivators, compassion centers, and the patient community about this process. With this information, DBR will establish a time frame by which all medical marijuana products will be required to have potency totals that have been verified by a licensed laboratory on their product labels.

RIDOH and DBR will work together with licensed laboratories, using a phased approach, to build capacity so that future certification can include testing for contaminants such as pesticides, metals, or solvents. ❖

FDA approves Tauvid for use in tau-PET imaging

Drug studied at Butler, RIH becomes first approved to use as imaging tool for early diagnosis of Alzheimer's

In May, The U.S. Food and Drug Administration (FDA) approved Tauvid (flortaucipir F18) for intravenous injection as the first drug used to help image a distinctive characteristic of Alzheimer's disease in the brain called tau pathology. The approval comes one month after publication of the results of the national A16 study, which showed that Positron Emission Tomography (PET) imaging used in combination with flortaucipir tracer was successful in confirming the presence of tau protein in the brain, helping to establish an Alzheimer's diagnosis in patients suspected of having the disease. Butler Hospital was one of 27 study sites across the U.S. to participate in the study, through a partnership between its Memory and Aging Program, which facilitated the study and Rhode Island Hospital, which conducted the imaging.

"We are so proud to have partnered with Rhode Island Hospital to be part of this major advance in the diagnosis and treatment of Alzheimer's disease and we're deeply appreciative of our courageous study participants who made this happen," said **DR. STEPHEN SALLOWAY**, Director of the Memory and Aging Program at Butler Hospital. Dr. Salloway was also one of the authors of the A16 study and a lead study clinician through all phases of the development of the flortaucipir tracer.

The A16 study was made possible by the selfless participation of terminally ill patients who agreed to donate their brains to science after death. Participants were all 50 years old or older with a diagnosed terminal illness and projected life expectancy of less than 6 months. All agreed to participate in PET imaging and to then donate their brain to science after their death for the purpose of postmortem examination. Changes in the brain found upon autopsy were compared to the results indicated by the scans.

Results showed that PET imaging with flortaucipir provides significant sensitivity and specificity for detecting tau protein in the brain. These results were confirmed by a second set of independent physician readers of the PET scans in a follow-up validation study. The study also showed that the use of flortaucipir was safe, with relatively few adverse effects among patients.

The study's authors concluded that in appropriate clinical cases of adults who have undergone adequate neurological assessment and have been evaluated for Alzheimer's disease or other causes of cognitive decline, PET imaging with flortaucipir may help in establishing a diagnosis of Alzheimer's, and that further research is required into the potential value of flortaucipir imaging in earlier stages of the disease.

Associate Director of the Alzheimer's Disease and Memory Disorders Center at Rhode Island Hospital, **DR. JONATHAN DRAKE**, said, "The announcement by the FDA regarding approval of tau-PET imaging for Alzheimer's disease in the clinic is a major advancement for the field. We know that tau protein buildup in the brain is one of the main drivers of Alzheimer's disease, which begins long before the first symptoms of memory loss occur. A longstanding goal of the field has been to develop techniques for detecting tau at its earliest stages and developing strategies for preventing disease progression, so this news is indeed very exciting." ❖

Aducanumab, an investigational drug for AZ, submitted to FDA for priority review

It was announced recently that aducanumab, an investigational drug for the treatment for Alzheimer's disease, has been submitted to the U.S. Food and Drug Administration (FDA) for approval with a request for Priority Review. Rhode Island contributed to the largest number of participants enrolled in the studies that led to the submission for approval, through study sites at the Memory and Aging Program at Butler Hospital and the Alzheimer's Disease and Memory Disorders Center at Rhode Island Hospital, both of which are affiliates of the Warren Alpert Medical School of Brown University.

If approved, aducanumab would become the first therapy to reduce the clinical decline of Alzheimer's disease and would also be the first therapy to demonstrate that removing amyloid beta from the brain resulted in better clinical outcomes.

The drug's makers, Biogen (Nasdaq: BIIB) and Eisai Co., Ltd. (Tokyo, Japan), completed the submission of the Biologics License Application (BLA) to the FDA. The submission includes clinical data from the Phase 3 EMERGE and ENGAGE studies, as well as the Phase 1b PRIME study. **STEPHEN SALLOWAY, MD, MS**, director of neurology and the Memory and Aging Program at Butler Hospital and the Martin M. Zucker professor of Psychiatry and Human Behavior and professor of neurology at the Warren Alpert Medical School of Brown University served as co-chair of the global investigator steering committee for the aducanumab Phase 3 studies.

"The submission of aducanumab for FDA approval represents a milestone in the fight against Alzheimer's disease and we are excited that so many Rhode Islanders contributed to making this happen," Dr. Salloway said. "For many people living with the early stages of Alzheimer's disease, maintaining independence for as long as possible is the ultimate goal. If we can help slow the progression from one stage to the next, this could preserve independence, which, in turn, could have truly meaningful benefits for people living with the disease and their loved ones. Aducanumab represents a potential breakthrough that we hope will provide a treatment foothold in the fight against Alzheimer's disease."

"Two clinical studies, ENGAGE and EMERGE, suggested that not only did aducanumab reduce amyloid plaques in patients with Alzheimer's disease but it also provided a meaningful reduction in worsening of clinical symptoms. The results of the EMERGE trial provide evidence that clinical trials in the disease can succeed, and that this breakthrough is a significant step toward conquering the disease over the long run. If approved by the FDA, aducanumab would be the long-awaited first therapy to slow the progression of Alzheimer's disease, and a significant achievement given that no new medication has been approved in the Alzheimer's disease field since 2003," said **DR. JONATHAN DRAKE**, associate director of the Alzheimer's disease and Memory Disorders Center at Rhode Island Hospital.

The aducanumab clinical development program included two Phase 3 trials, EMERGE and ENGAGE, in patients with early stage Alzheimer's disease (enrolled patients had mild cognitive impairment (MCI) due to Alzheimer's disease and mild Alzheimer's disease dementia with Mini-Mental State Examination (MMSE) scores of 24–30). In EMERGE, patients who received aducanumab experienced significant slowing of decline on measures of cognition and function such as memory, orientation and language. Patients also experienced slowing of decline on activities of daily living including conducting personal finances, performing household chores, such as cleaning, shopping and doing laundry, and independently traveling out of the home.

EMERGE (n=1,638) met its pre-specified primary endpoint, with patients treated with high dose aducanumab showing a statistically significant reduction of clinical decline from baseline in Clinical Dementia Rating-Sum of Boxes (CDR-SB) scores at 78 weeks (22% versus placebo, P=0.01). In EMERGE, patients treated with high dose aducanumab also showed a consistent reduction of clinical decline as measured by the pre-specified secondary endpoints: the Mini-Mental State Examination (MMSE; 18% versus placebo, P=0.05), the Alzheimer's Disease Assessment Scale-Cognitive Subscale 13 Items (ADAS-Cog 13; 27% versus placebo, P=0.01) and the Alzheimer's Disease Cooperative Study-Activities of Daily Living Inventory Mild Cognitive Impairment Version (ADCS-ADL-MCI; 40% versus placebo, P=0.001). Imaging of amyloid plaque deposition in EMERGE demonstrated that amyloid plaque burden was reduced with low and high dose aducanumab compared to placebo at 26 and 78 weeks (P<0.001). While ENGAGE (n=1,647) did not meet its primary endpoint, Biogen believes a subset of data from ENGAGE are supportive of the outcome in EMERGE.

The aducanumab clinical program also included the Phase 1b PRIME study and its long-term extension (LTE) in patients with early Alzheimer's disease (enrolled patients had prodromal Alzheimer's disease or mild Alzheimer's disease dementia with MMSE scores of 20–30). The results of this study indicated that aducanumab reduced amyloid beta plaque in a dose- and time-dependent fashion, and analyses of exploratory clinical endpoints showed a reduction of clinical decline (CDR-SB and MMSE, nominally statistically significant for the 10 mg/kg dose at 12 months), which continued out to 48 months in the LTE.

The completion of the BLA submission followed a planned pre-BLA meeting with the FDA. The FDA now has up to 60 days to decide whether to accept the application for review, at which point, if accepted, Biogen expects the FDA will also inform the Company whether the BLA has been granted Priority Review designation. The BLA will then be subject to review by the FDA to make a determination on the potential approval of aducanumab.

In addition to submitting the BLA to the FDA, Biogen has continued to engage in dialogue with regulatory authorities in other markets, including Europe and Japan, working diligently toward the goal of submitting applications in these markets. ❖

RIH to recruit individuals at known risk for developing Alzheimer's for new drug study

PROVIDENCE – Researchers at Rhode Island Hospital's Alzheimer's Disease and Memory Disorders Center are currently recruiting volunteer participants for the AHEAD 3-45 study, an innovative Phase III clinical trial of an anti-amyloid antibody, BAN2401, for individuals with normal memory function at risk for developing Alzheimer's disease. The purpose of the study is to investigate whether BAN2401, which works by selectively targeting abnormal build-up of amyloid-beta in the brain, can prevent the onset of Alzheimer's disease.

The AHEAD 3-45 study is, in fact, 2 trials for healthy individuals between the ages of 55 and 80 years, without current memory or thinking issues – the AHEAD-3 trial for those with intermediate levels of amyloid beta and the AHEAD-45 trial for individuals with higher levels of amyloid, as measured by a Positron Emission Technology (PET) brain scan. In this placebo-controlled study, either BAN 2401 or a placebo will be given intravenously 1–2 times a month, depending upon the level of brain amyloid measured by PET scan at the beginning of the study. Everyone participating must have a study partner who can come to some of the visits throughout the study, which lasts about 4 years.

"The AHEAD study will provide valuable information on a drug that shows real promise to be a key component of treatment to combat Alzheimer's disease," said Dr. Jonathan Drake, Associate Director of the Alzheimer's Disease and Memory Disorders Center and principal investigator for the AHEAD 3-45 study. "Many previous clinical trials of investigational agents that targeted reduction of brain amyloid have not succeeded; however, Biogen's recent decision to pursue FDA approval for aducanumab, another anti-amyloid antibody, has rekindled enthusiasm in this class of investigational drugs. As Biogen seeks regulatory approval for aducanumab, we feel a renewed hope that new treatments are within our reach. We invite individuals at known risk for Alzheimer's disease to consider participation in our research program. We value our Citizen Scientist® volunteers and the work they undertake with us as research partners. This research can't happen without them and their selfless desire to help find an end to this fatal disease." ❖

Clinical trial of treatment to prevent Alzheimer's symptoms begins at Butler Hospital

AHEAD 3-45, a new clinical study of a treatment aimed at preventing cognitive decline in people with preclinical Alzheimer's Disease (AD), has been launched in the United States. Butler Hospital's Memory and Aging Program is among the first U.S. study sites to begin screening potential participants.

AHEAD 3-45 is a Phase III, international, multicenter clinical trial with 100 study sites in the US, Japan, Canada, Australia, Singapore, and Europe. It will study the effectiveness of BAN-2401, an investigational drug that selectively binds to, neutralizes and eliminates the amyloid beta proteins in the brain that are thought to be a causative factor for AD. It is a double-blind, randomized study open to individuals ages 55 to 80 who are cognitively normal but have either elevated or intermediate levels of amyloid beta protein in the brain. A total of 1400 participants will be enrolled and treated with BAN2401 for 216 weeks.

The study is being conducted through a public-private partnership between Eisai Co., Ltd., a leading global research and development-based pharmaceutical company, and the Alzheimer's Clinical Trials Consortium (ACTC), a clinical trial network focused on accelerating and expanding studies of therapies for AD and related dementias which is funded by the National Institute on Aging, part of the National Institutes of Health. The ACTC has 35 primary clinical study sites across the U.S., including Butler Hospital, which is a founding member. The study will be led by academic principal investigators from three ACTC member sites: **DR. PAUL AISEN** from the University of Southern California, and **DR. REISA SPERLING** and **DR. KEITH JOHNSON** from Brigham and Women's Hospital and Massachusetts General Hospital, Harvard Medical School, in partnership with Eisai.

"The AHEAD-3-45 study is breaking new ground by testing a drug to remove amyloid plaques much earlier to prevent and delay memory loss," said **STEPHEN SALLOWAY, MD, MS**, director of neurology and the Memory and Aging Program at Butler Hospital, the Martin M. Zucker professor of Psychiatry and Human Behavior and professor of neurology at the Warren Alpert Medical School of Brown University, and a member of the ACTC Executive Committee.

"As a founding member of ACTC, we at the Butler Hospital Memory and Aging Program are excited to join with other Alzheimer's experts across the nation and locally to accelerate the development of effective treatments for Alzheimer's disease," Dr. Salloway said.

After a common screening period in AHEAD 3-45, participants will be enrolled into one of two randomized, double-blind, placebo controlled trials based on the level of amyloid in the brain: the A45 trial and the A3 trial. The A45 trial will enroll cognitively unimpaired participants who have elevated levels of amyloid in the brain, and aims to prevent cognitive decline and suppress the progression of brain AD pathology with BAN2401 administration. The A3 trial will enroll cognitively unimpaired participants who have an intermediate amount of amyloid in the brain, and who are at high risk for further amyloid beta accumulation.

Currently, BAN2401 is being studied in another pivotal Phase III clinical study called Clarity AD, also being conducted at Butler Hospital. The Clarity AD study is testing the effectiveness of BAN2401 in treating people who already have early Alzheimer's Disease. It is open to individuals ages 50–90 years old with a diagnosis of Mild Cognitive Impairment or mild Alzheimer's disease. ❖

RIDOH launches expanded serology testing effort for those in high-contact professions

The Rhode Island Department of Health (RIDOH) will be coordinating a second, expanded round of serology testing in the coming weeks to better understand the prevalence of coronavirus disease 2019 (COVID-19) among people in certain high-contact professions in Rhode Island. This effort is in collaboration with the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services. Rhode Island was one of three sites selected across the United States for participation in this serology testing effort, along with Detroit and New York City.

Starting July 17th, first responders (police, fire, and emergency medical services), Rhode Island National Guard members, RIDOH staff, correctional facility workers, and hospital and nursing home staff were able to schedule a test online. Testing will be voluntary. Results will be made available to participants approximately four days after they are tested.

"Serology testing is one part of a strategic, comprehensive approach to measuring the impact of COVID-19 in Rhode Island, and is critical to inform our efforts to prevent the spread of the virus," said **PHILIP CHAN, MD, MS**, the Consultant Medical Director of the RIDOH's Division of Preparedness, Response, Infectious Disease, and Emergency Medical Services. "Rhode Island is already a national leader in PCR-based diagnostic testing for COVID-19. Supplementing what we learn from diagnostic testing with antibody testing is important to understand how COVID-19 is spreading in the state and to support people and communities that are most vulnerable to COVID-19."

Most testing sites will be located at or near hospitals, nursing homes, correctional facilities, first responder facilities, and public safety agencies. People will get information about their testing site when they schedule a test.

In May, in an initial round of serology testing, 5,000 randomly selected Rhode Island households received invitations to be tested. A seroprevalence of 2.2% was found, meaning that 2.2% of people who were tested had been exposed to the virus that causes COVID-19. Higher seroprevalences were seen among Hispanic Rhode Islanders and African American Rhode Islanders.

To participate in this serology testing effort, someone must:

- Be currently working as a first responder (police, fire, or emergency medical services), Rhode Island National Guard member, RIDOH employee, correctional facility worker, or a hospital and nursing home staff member in Rhode Island. (Employee ID will be required to participate).
- Not have COVID-19 symptoms or a positive COVID-19 test within the last two weeks, and
- Have a valid mobile phone number or email address to receive test results. ❖

Brown Emergency Medicine launches telemedicine video visits

TeleCARE by Brown EM will provide timely diagnosis and treatment guidance to patients throughout the community

PROVIDENCE (JULY 15, 2020) – Brown Emergency Medicine has announced that *Telecare* is officially accepting virtual video-based appointments. This telehealth option was created in response to the COVID-19 pandemic and is available to all adult and pediatric patients throughout Rhode Island.

"We are pleased to offer this telehealth option to the community," said **JEREMIAH "JAY" SCHUUR, MD, MHS**, President of Brown Emergency Medicine. "*TeleCARE* makes it simple for patients to meet virtually with a Board-Certified Emergency Physician and Board-Certified Pediatric Emergency Physician at a time that fits their schedule. It's like having an emergency doctor on-call for you and your family."

TeleCARE treats a wide variety of medical problems and injuries including respiratory illnesses, fever, rash, sore throat, flu symptoms, urinary infections, allergies, headache, sports injuries, cough, earaches, minor falls, nausea/diarrhea, pink eye and sprains.

Adult and Pediatric appointments are currently available from 12 noon to 12 midnight, 7 days a week. To schedule a telehealth appointment, visitors access www.brownemtelecare.org, where they have the option to click on adult or pediatric appointments currently available. The video visit can occur through a phone, tablet, or computer with a video connection. ❖

Providence VA Groundbreaking for new mental health facility

From left to right, **Dr. Satish Sharma**, chief of staff for the VA Providence Healthcare System; **Matthiew Goulet**, associate director for patient care; **Ryan Lilly**, director of the VA New England Healthcare System; **Lawrence Connell**, director of the VA Providence HCS, and **Erin Clare Sears**, associate director for operations, break ground during a ceremony that was held privately due to social-distancing considerations July 14, 2020, for a project to build a new 14,000 square-foot mental health facility on the Providence VA Medical Center campus, located at 830 Chalkstone Ave. in Providence. The $14 million project will also make use of sloped land unsuitable for surface parking and allow for the retirement of outdated and inefficient modular buildings. [PROVIDENCE VA HEALTHCARE SYSTEM PHOTO BY WINFIELD DANIELSON]

Johnson & Wales University, University of Saint Joseph in Hartford partner to offer expedited pathway to PharmD degree

Eligible students can earn bachelor's degree, PharmD in six years

PROVIDENCE – Johnson & Wales University (JWU), in partnership with the University of Saint Joseph (USJ), has launched a new 3+3 program that creates a pathway for qualified JWU students to earn a bachelor's degree in biology and a Doctor of Pharmacy (PharmD) degree in six years. The program, which is now available to students, maximizes the time and investment of students by providing a path to complete their studies a year ahead of schedule, saving up to a year's tuition in the process.

As part of the articulation agreement between JWU and USJ, priority admission will be granted to eligible applicants from JWU to USJ's School of Pharmacy and Physician Assistant Studies' PharmD program located in Hartford, CT. Students who enroll in JWU's Biology program and meet admissions requirements will spend their first three years at JWU before matriculating directly into the USJ School of Pharmacy and Physician Assistant Studies to begin the PharmD program. Students who have completed their biology degree requirements will receive their bachelor's degree in biology from JWU during their first year enrolled in USJ's PharmD program.

"As JWU evolves into a more comprehensive university and continues to expand its footprint in the health arena, USJ became a natural partner in this endeavor," said **MICHAEL FEIN, PhD**, dean in the John Hazen White College of Arts & Sciences at Johnson & Wales University. "This accelerated pharmacy program provides students the best of both worlds: a strong academic foundation and a cost-effective, fast track to professional success. It also reaffirms JWU and USJ's commitment to the applied liberal arts. With this agreement, our Biology students now have another pathway to enter the health professions." ❖

Brown, Lifespan launch joint Center for Digital Health

PROVIDENCE – Brown University and Lifespan announced on July 28th the launch of the Brown-Lifespan Center for Digital Health. The Center for Digital Health's mission is to utilize the best of technology to seamlessly maximize health and eliminate health disparities for both individual patients and larger populations, extending from the local to global communities.

"Digital health technologies, from wearables to apps, are increasingly used by consumers to serve health care needs," says **MEGAN L. RANNEY, MD, MPH**, director of the center. "However, the development and widespread use of these technologies is limited by a lack of efficacy data, lack of implementation guidance, and, most of all, by lack of systematic collaboration among researchers, clinicians, patients, and other stakeholders."

The Center for Digital Health will serve as an incubator for research, fostering the development of practical digital health tools focused on solving the real needs of patients, health care providers, and populations. The center will train the next generation of digital health scientists and entrepreneurs by offering experiential education.

"We will help people from across our hospital and university campuses to go from 'idea-to-impact' quickly, efficiently, and ethically," Dr. Ranney says.

The ultimate goal is to be able to quickly scale up digital treatment modalities in order to have broad impact for both patients and populations.

To achieve these functions, the center will intersect with leading entrepreneurs, academicians, and clinicians across all Brown schools, the Lifespan health system, and the greater Providence area, as well as with national and international business and research leaders in the field.

The Center for Digital Health builds on the Emergency Digital Health Innovation program, which for more than six years successfully developed and studied digital applications in the field of emergency medicine, including text message programs to reduce injury among adolescents, machine learning-based mobile applications to provide support to adults with behavioral health diagnoses, and collaborations on novel social media monitoring programs. The Center will broaden its reach to encompass all aspects of health, with a focus on equity and vulnerable populations.

"We are excited to foster the Center for Digital Health's growth as part of the Brown Institute for Translational Science," says **JACK A. ELIAS, MD**, senior vice president for health affairs and dean of medicine and biological sciences at Brown University. "The faculty have a track record of successful clinical trials and industry partnerships to build on. This expertise presents a wonderful educational and research opportunity for Brown students."

"This outstanding partnership will enable us to further develop and apply digital health in the ever-changing practice of medicine," says **TIMOTHY J. BABINEAU, MD**, president and CEO of Lifespan. "Our clinicians and researchers are creative, innovative problem-solvers, and the Center for Digital Health further binds Lifespan and Brown together to support their individual efforts and fuse their energies into potentially life-changing technology for our patients and our providers."

Learn more about the Center for Digital Health, including video perspectives from our staff and trainees: digitalhealth.med.brown.edu/ ❖

Miriam named top RI hospital in *U.S. News & World Report*

PROVIDENCE – The Miriam Hospital has once again been named the top hospital in Rhode Island by *U.S. News & World Report* and for the second year in a row its adult urology program has been ranked among the top 50 in the nation.

U.S. News ranked The Miriam Hospital a Best Regional hospital – No. 1 among all Rhode Island hospitals as well as the top hospital in the Providence metro area. To be counted among this year's 563 Best Regional Hospitals, a hospital had to outperform in at least three of the procedures, conditions and specialties *U.S. News* evaluates. The Miriam Hospital wound up receiving a national "high performing" designation for eight programs and specialties:

- Colon cancer surgery
- Heart failure
- Hip replacement
- Knee replacement
- Geriatrics
- Nephrology
- Chronic obstructive pulmonary disease (COPD)
- Neurology and neurosurgery

The Miriam Hospital's Urology program was not among these because it actually ranked among the 50 best in the country – placing it among the top 3 percent in the nation. It is one of only three urology programs in New England to be ranked nationally and the only hospital specialty in Southern New England to achieve national ranking. It was the second consecutive year that The Miriam Hospital – home to the Minimally Invasive Urology Institute (MIUI) – was nationally ranked for urologic services for men and women, including kidney, prostate and bladder care. ❖