

## Lifespan's Norman Prince Neurosciences Institute launches brain and spine robotic program

PROVIDENCE – Lifespan's Norman Prince Neurosciences Institute has expanded its Computer-Assisted Navigation Technology offerings with the addition of two new Globus ExcelsiusGPS robotic surgical systems at Rhode Island Hospital. Surgeons at the Institute recently performed the first ExcelsiusGPS-guided brain and spine surgeries at Rhode Island Hospital. The hospital is the first site in New England to use the ExcelsiusGPS for both cranial and spinal applications.

"Norman Prince Spine Institute is a national leader in specialized multidisciplinary spine care," said Neurosurgeon-in-Chief **ZIYA GOKASLAN, MD**. "Now, along with our state-of-the-art Norman Prince Neuroscience Institute, we are among the first centers in New England to offer both these technologies to patients."

The ExcelsiusGPS is designed to improve the safety and accuracy of surgeries by providing improved visualization of patient anatomy during procedures. Using a surgical plan specific to the patient's anatomy, the rigid robotic arm is guided to a specific region – like a planned route on a GPS. It can be used for precise pedicle screw placement in spinal fusion procedures and is also utilized in cranial procedures like electrode placement for movement disorders and epilepsy, shunt catheter placement, and brain tumor biopsies.

"These robotic devices add to our already established reputation of providing the most advanced precision technology available to our patients," said Norman Prince Spine Institute Director and Spinal Surgery Division Director **ADETOKUNBO OYELESE, MD**, who performed the first spine surgery at Rhode Island Hospital using the ExcelsiusGPS. "For our patients, this means less invasive surgeries that allow for faster recoveries and a more rapid return to their normal lives."

"This is a new generation of technology," said Director of Functional Neurosurgery and Epilepsy **WAEEL ASSAD, MD**, who performed the first cranial surgery at Rhode Island Hospital using the ExcelsiusGPS. "These new robotic technologies enable precise targeting of brain circuits and millimeter-scale accuracy in a more streamlined and reliable manner than previous techniques. Patients have been enthusiastic about this new approach when we explain the rationale and benefits to them."

The new brain and spine robotics program builds on the long history of innovation and early adoption of cutting-edge technology by Brown Neurosurgery, a part of the Warren Alpert Medical School of Brown University and Norman Prince Neuroscience and Spine Institutes at Lifespan who for over a decade has been a national leader in the field of computer-assisted, image-guided navigation-based precision brain and spine surgery.

To see a visual demonstration of the ExcelsiusGPS or learn more about the platform, click on the links below.

ExcelsiusGPS Spine:

<https://www.globusmedical.com/musculoskeletal-solutions/excelsiusgps/>

<https://www.youtube.com/watch?v=F3YKbh-DSGc>

ExcelsiusGPS Cranial:

<https://www.youtube.com/watch?v=pW2cYXdU8vA&t=212s>

<https://www.globusmedical.com/musculoskeletal-solutions/excelsiusgps/excelsiusgps-cranial-solutions/>

## Care New England to remain independent by unanimous board vote

PROVIDENCE – Care New England's Board of Directors has unanimously voted to pursue a strategy of operating the health system independently, with enhanced support from various clinical and operating partners to improve liquidity and operational performance. Following the decision, Care New England will work on arrangements with Brown University, its health plans, Lifespan and other local hospitals and health systems, and clinical partners.

The announcement followed months of examination and analysis of various offers and partnership structures, followed by deliberation of Care New England's Board of Directors. Just a few of the key areas under the microscope were: the financial commitments made by potential partners, the experience of potential partners in operating and integrating hospitals, their track record of working productively with health care workers in Rhode Island, their experience in academic health system environments, as well as any likely financial and regulatory barriers to implementing specific transactions.

**CHARLES REPPUCCI**, Care New England's Board of Directors Chairman, and **JAMES E. FANALE, MD**, President and CEO of Care New England, expressed gratitude for interest of all potential partners. "This plan," they agreed, "coupled with the financial support included in the recently-enacted state budget, will help ensure that Care New England will maintain a stable operating platform and continue to fulfill its mission to care for its community of patients and support our staff."

They also expressed wholehearted thanks to the legislative leadership, governor, and especially the Speaker of the House and Senate President for their counsel and support. ❖

## CODAC announces mobile medical unit able to dispense methadone as part of full MAT

CRANSTON – CODAC Behavioral Healthcare, the largest non-profit, outpatient provider for opioid treatment in Rhode Island, recently announced the launch of its new mobile medical unit that will dispense methadone along with the other two FDA-approved medications for opioid use disorder (OUD) as part of Medication-Assisted Treatment (MAT).



CODAC's mobile medical unit is the first in the nation to be approved under the new DEA regulations that went into effect on July 28, 2021.

CODAC's 27-foot long mobile medical unit was made possible by a generous grant from the Champlin Foundation; it features a dispensary examination/treatment room, counseling room, waiting area, restroom, and a fully equipped security system. The mobile medical unit will begin providing MAT services, including counseling, and methadone dispensing (as well as treatment with buprenorphine and naltrexone) to patients residing in Woonsocket. Services will be provided on-site Monday through Saturday from 6:30 to 10 a.m., with the presence of a medical doctor on alternating days of the week. Counseling services will be facilitated via Telehealth in an effort to provide more hands-on support. Other on-site

services will include but not be limited to blood pressure screening, glucose reading, and mental health screening.

"Access to care is more important than ever amid our soaring overdose rates," stated **LINDA HURLEY**, President/CEO of CODAC. "This mobile medical unit will allow us to face that challenge, both geographically and demographically. It will allow us to bring treatment to individuals struggling with addiction and literally meet them where they are – in the places where that treatment is most needed."

In Rhode Island, deaths from accidental drug overdose (OD) in 2021 were higher than for any other year on record, according to the state Department of Health, and recently passed the benchmark of 100,000 deaths nationally in a twelve-month reporting period. ❖

## Reed & Whitehouse, Thundermist announce \$1.2M to expand crisis intervention training for police departments across RI

WEST WARWICK – U.S. Senators **JACK REED** and **SHELDON WHITEHOUSE** recently joined representatives of Thundermist Health Center and local law enforcement officials to announce \$1.2 million in federal funding to support crisis intervention team (CIT) training for police departments across Rhode Island. The event took place at the West Warwick Youth Center, which is run by the West Warwick Police Department.

About 60 percent of local police departments in Rhode Island have already sent an officer to CIT training through Thundermist's program. As part of the expansion, Thundermist, in partnership with the Rhode Island Police Chief's Association, will equip local police departments with the tools to divert people in crisis away from the justice system and connect them with the mental and behavioral health resources they need. Thundermist will also help create workflows for 911 and local dispatchers to ensure CIT-trained officers and, if appropriate, an embedded police clinician are sent to calls on an as-needed basis.

"Advocates, in partnership with law enforcement and behavioral health leaders have been working for decades to bring the gold standard in law enforcement crisis response, the Memphis Model Crisis Intervention Team program to Rhode Island. CIT has 30 years of research proving it improves outcomes for people experiencing a behavioral health crisis. CIT increases diversion to treatment and recovery, reduces use of force, and improves officer wellness and safety. We are so grateful to Senator Reed and Senator Whitehouse for their longstanding support of this effort. Thundermist is proud to support this work. We recognize, as a

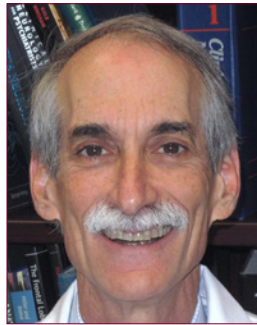
community health center, that health is determined by community outcomes as well as high quality healthcare. CIT will improve the health and mental health outcomes in the communities we serve and beyond," said **SUSAN JACOBSEN**, senior director of health equity initiatives, Thundermist Health Center.

"We are at a point in time that we rely on our law enforcement officers to provide services to our communities like never before, and none of those services are more important than when an individual or a family finds themselves in a behavioral health crisis. We know our officers are not trained to make medical evaluations, but they are most often the first responders to provide assistance. We have worked with Thundermist to provide training to not just our officers but also dispatchers in the Memphis Model Crisis Intervention Team program and believe teaming those officers with embedded clinicians helps to provide a safer and more effective outcomes for those in need as well as to those responding. The Rhode Island Police Chiefs' Association applauds the efforts of Senators Reed and Whitehouse for their continued support in this area. These federal funds will expand our ability to train more officers and supporting personnel," said **SIDNEY WORDELL**, Executive Director of the Rhode Island Police Chiefs' Association.

The initiative will include 24 training academies over four years, including specialized academies on communicating with youth about mental health and dealing with trauma and post-traumatic stress disorder in first responders. The expansion will launch in the fall.

## Stephen Salloway, MD, MS, steps down as Director of Butler Hospital's Memory and Aging Program

PROVIDENCE – Butler Hospital announced in June that **STEPHEN SALLOWAY, MD, MS**, director of neurology and the Memory and Aging Program at Butler Hospital, who is an internationally recognized leader in clinical trials for the prevention and treatment of Alzheimer's Disease (AD) has decided to pass along leadership of the program to a new director, though he will continue to work on research studies there. Memory and Aging Program Associate Director Dr. Meghan Riddle will serve as Interim Director until a new director is named, with Dr. Salloway acting as a consult.



In addition to his roles at Butler Hospital, Dr. Salloway is also the Martin M. Zucker Professor of Psychiatry and Human Behavior, and Professor of Neurology at The Warren Alpert Medical School of Brown University and the Associate Director of the Brown University Center for Alzheimer's Disease Research. He will continue in those roles and will continue to conduct research at the Memory and Aging Program after stepping down as director.

"It has been my honor and privilege to lead the Butler Hospital Memory and Aging Program for the past 25 years. Thanks to the dedication of our staff and contribution of thousands of study volunteers, the Memory and Aging Program has grown into a leading international center for Alzheimer's research," Dr. Salloway said. "Working together, we have opened the modern era for the treatment of Alzheimer's disease and I look forward to continuing to work with the Butler Memory and Aging Program and the Brown Center for Alzheimer's Disease Research to make exciting new advances in the fight against Alzheimer's disease."

"As Director of Neurology and the Memory and Aging Program at Butler Hospital, Dr. Salloway has been a tremendous asset to Butler Hospital and to individuals who suffer from Alzheimer's Disease. Dr. Salloway is internationally known for his work advancing the diagnosis and treatment of this terrible disease, and we will remain forever grateful that he dedicated his career to this effort. Butler Hospital and Care New England look forward to continuing our work with Brown to advance AD research, including creating a caring environment that encourages people of all backgrounds to participate in research and take advantage of new treatments," said **MARY MARRAN, MS, OT, MBA**, president and COO, Butler Hospital.

Dr. Salloway's program at Care New England's Butler Hospital has conducted more than 100 clinical trials for Alzheimer's and related disorders, and he is among the world's top

physicians and researchers on Alzheimer's disease, the sixth-leading cause of death in America. The program has embarked on a multitude of landmark Alzheimer's studies focused on the prevention, early diagnosis and treatment of Alzheimer's.

He has helped to plan the initial protocol for a key trial that showed amyloid PET scans can significantly improve the accurate diagnosis and subsequent medical management of patients with mild dementia. He co-authored a study that found that the brain damage that leads to Alzheimer's

can be detected with a simple blood test up to 16 years before symptoms appear, allowing for earlier intervention and more effective treatment, and he co-authored Appropriate Use Criteria to guide healthcare providers in using another simple and safe tool – a spinal tap – to identify individuals at risk for developing Alzheimer's years before symptoms appear.

He has chaired the Steering Committees for major AD pivotal trials, such as bapineuzumab and aducanumab, and he has been a lead author for key publications in Alzheimer's research in the *New England Journal of Medicine*, *Nature*, and other top-tiered journals that have helped shaped the field of Alzheimer's research. He also serves on the steering committees for major biomarker and clinical trials and consortia such as ADNI, DIAN, ACTC, GAP-NET, and LEADS.

Dr. Salloway serves as a senior scientific advisor to Prothena and Acumen and has served as a consultant for drug and biomarker development to Biogen, Lilly, Eisai, Amylyx, Alnylam, Novartis, Ono, Amgen, Avid, Axovant, Bolden, GE Healthcare, Gemvax, Janssen, Genentech, Roche, NovoNordisk, Pfizer and Takeda.

He is the Past President of the American Neuropsychiatric Association, a Fellow of the American Academy of Neurology, and a member of the American Neurological Association. He serves as a consultant for drug development to the NIH, the Alzheimer's Association, the Alzheimer's Disease Drug Discovery Foundation, and many other groups working on Alzheimer's therapeutics.

In May 2019 Dr. Salloway was elected to the Rhode Island Heritage Hall of Fame and was selected as the 2019 Rhode Island Man of the Year for his work on Alzheimer's research. Dr. Salloway received his MD from Stanford Medical School and completed residencies in neurology and psychiatry at Yale University.

Care New England's Butler Hospital is currently in the process of conducting a national search to replace Dr. Salloway. ❖

## Bill to strengthen hospital merger review signed into law

PROVIDENCE – Legislation sponsored by Senate Majority Leader **MICHAEL J. MCCAFFREY** and House Speaker **K. JOSEPH SHEKARCHI** to strengthen the hospital merger review process in Rhode Island has been signed into law.

The legislation (2022-S 2349, 2022-H 8343), which passed the General Assembly on June 22, prohibits an expedited review when the combined hospitals after a merger would account for 20 percent or more of the hospitals in the state. It also expands factors that must be taken into consideration.

The legislation was first proposed in 2021, as the Attorney General's office and health regulators were preparing for consideration of the proposed merger of Rhode Island's two largest health care systems, Lifespan and Care New England. The merger was denied earlier this year, but almost immediately another potential buyer made an offer to purchase Care New England, and it's possible that other

proposals may come along in the coming months or years.

"This is a transitional time for our state's health care system. The stakes are too high, and the implications for all Rhode Islanders are too great, for us to settle for anything less than a comprehensive review process when it comes to transactions on the magnitude of the Lifespan-Care New England merger," said Leader McCaffrey (D-Dist. 29, Warwick). "This legislation will ensure that experts have the opportunity to analyze every benefit and risk of major deals involving our hospitals."

Said Speaker Shekarchi (D-Dist. 23, Warwick), "Our local hospitals – particularly Kent Hospital in my own hometown of Warwick, which is part of Care New England – are a vital health resource for the public. Our hospital conversion laws must ensure that the protection of public health is the number one consideration in these decisions. The public must

have safe, high-quality hospitals with the capacity to handle our needs, located around the state so they are accessible when people need them. Our conversion laws need to ensure that any consolidation proposal be carefully examined to prevent the reduction of those resources for Rhode Islanders."

The legislation expands the criteria that must be submitted for review to include plans for services and staffing levels following the merger; retirement plans, including any supplemental executive retirement plans; retirement systems and unfunded pension liabilities; and impact on the community, including community benefits, economic impact, and employment. By specifying these criteria in the statute, the Attorney General and regulators at the Department of Health would be authorized to engage experts to analyze staffing, potential relocation of services, and other aspects pre- and post-conversion. ❖

## RI removes barriers to biomarker testing

PROVIDENCE – On July 22, 2022 Gov. **DANIEL MCKEE** held a ceremonial bill signing for legislation that will increase insurance coverage for biomarker testing – thus making this form of precision medicine available to more Rhode Islanders.

"Cancer patients and those facing a cancer diagnosis owe a debt of gratitude to Gov. McKee and Rhode Island lawmakers. This legislation will help dismantle barriers and bring the promise of precision medicine to cancer patients no matter their income, race or where they live. This will provide many benefits to patients including better outcomes, improved quality of life, and in some cases, reduced costs from bypassing ineffective therapies," said Cori Chandler, government relations director for the American Cancer Society Cancer Action Network (ACS CAN) in Rhode Island.

"I'm proud to sign this critical piece of legislation today which will provide Rhode Islanders with access to biomarker testing which can help achieve better health outcomes, improve quality of life and reduce overall health care costs," said Governor Dan McKee. "I thank Senate Majority Whip Goodwin, Deputy

Majority Whip Ackerman, the American Cancer Society Cancer Action Network and all those that advocated for and worked to get this bill over the finish line."

"Biomarker testing can save lives. It can help doctors identify treatment that is faster, more effective and less painful, and can ultimately save treatment dollars. All insurers should embrace this technology," said Senator Goodwin (D-Dist. 1, Providence). "Biomarker testing allows doctors to make full use the cancer research and treatment experience that is available. Patients deserve that benefit, and the hope that comes with it."

"Biomarker technology allows doctors to pinpoint treatment that has the best possibility for success for an individual patient. It saves lives, time and money, and it's an important advantage in the fight against cancer" said Rep. Ackerman. Covering it just makes good sense for insurers and patients alike."

For more information on precision medicine, cancer biomarkers, current barriers to biomarker testing and ACS CAN's policy recommendations, visit: [www.fightcancer.org/biomarkers](http://www.fightcancer.org/biomarkers). ❖



## RIDOH's Monkeypox Task Force taking prevention and control measures

PROVIDENCE – As national health experts continue to track the ongoing global outbreak of monkeypox, the Rhode Island Department of Health (RIDOH)'s Monkeypox Task Force is coordinating with healthcare providers, healthcare facilities, and communities on monkeypox prevention and control measures.

As part of this current outbreak, four monkeypox cases have been identified in Rhode Island. More than 1,000 cases have been identified nationally, including 49 cases in Massachusetts, and 159 cases in New York. Current evidence from around the country suggests that the virus is spreading mostly through close, intimate contact with someone who has monkeypox.

“At RIDOH we are working to help the public understand how to prevent monkeypox now, with a focus on communities at higher risk,” said Interim Director of Health **UTPALA BANNY, MD, MPH**. “At the same time, we are laying out future plans to get more prevention tools and resources into the community as they are made available by the federal government.”

There is ample testing capacity for monkeypox, anti-viral treatment (Tecovirimat), and an FDA-approved vaccine (JYNNEOS) available to prevent this infection. However, the vaccine is currently in short supply nationally.

The measures currently being taken by RIDOH's Monkeypox Task Force include:

- Performing case interviews and contact identification to collect the clinical and epidemiological information needed for isolation, contact monitoring, and post-exposure vaccination.
- In consultation with patients' healthcare providers and the Centers for Disease Control and Prevention (CDC), assessing cases to determine whether they are appropriate candidates for antiviral treatment (Tecovirimat).
- Coordinating the post-exposure preventive vaccination of close contacts. (All vaccination is being coordinated through RIDOH on a referral basis.)
- Coordinating with select healthcare facilities to serve as vaccination sites. These sites serve communities at the highest risk of exposure.
- Regularly communicating with healthcare providers on clinical recognition, specimen collection, and case reporting 24/7.
- Coordinating specimen collection, transport, and analysis at RIDOH's State Health Laboratories for clinically compatible cases 24/7.
- Partnering with community organizations and businesses that serve higher risk populations on prevention education.



Key characteristics of Monkeypox. [CDC.GOV]

RIDOH's Monkeypox Task Force includes staff from RIDOH's Division of Preparedness, Response, Infectious Disease, and Emergency Medical Services; the Office of Immunization; the State Health Laboratories; the Health Equity Institute; and RIDOH's Center for Public Health Communication.

### Monkeypox Prevention

There is a vaccine to help prevent monkeypox virus infection. However, this vaccine is currently in short supply nationally. The CDC is using a very specific formula to allocate monkeypox vaccine to states, considering factors such as population size, current monkeypox case counts, and historical data on sexually transmitted infections. For this reason, Rhode Island has been allocated much less vaccine than other states (for example, Massachusetts). *At this time, Rhode Island has only been allocated enough vaccine to vaccinate close contacts of cases.* Vaccination of contacts within four days of exposure can prevent illness and if given within 14 days of exposure can significantly reduce severity of illness should the person develop illness.

More information about monkeypox is available at [health.ri.gov/monkeypox](https://health.ri.gov/monkeypox) ❖

## RI enacts executive order protecting access to reproductive health care

PROVIDENCE – On July 5th Governor **DAN MCKEE** today signed an executive order protecting access to reproductive health care in Rhode Island, ensuring that individuals who come to Rhode Island seeking reproductive health services will be safeguarded from legal liability in other states.

In addition to protecting patients, the Governor's order protects providers in Rhode Island who perform reproductive health care services for individuals from

another state, ensuring they do not lose their professional licenses or become subject to discipline on out-of-state charges.

"As other states attack the fundamental right to choose, Rhode Island must do all it can to protect a person's access to reproductive health care," said Lt. Governor **SABINA MATOS**. "This executive order will ensure that anyone seeking this type of care anywhere in the country can do so in Rhode Island without fear of consequence."

The order also prohibits any Rhode Island Executive Department agencies from assisting another state's investigation into a person or entity for receiving or delivering reproductive health services. It also states that Rhode Island will not cooperate with extradition requests from other states pursuing criminal charges against individuals who received or performed reproductive health services that are legal in Rhode Island. ❖

## Patient survey shows unresolved tension over health data privacy vulnerabilities

*Digital economy must reconcile with widespread patient demand for accountability, transparency, and control*

CHICAGO – A new examination of patient perspectives on data privacy illustrates unresolved tension over the eroding security and confidentiality of personal health information in a wired society and economy. More than 92% of patients believe privacy is a right and their health data should not be available for purchase, according to a survey released July 25th by the American Medical Association (AMA).

The survey of 1,000 patients was conducted by Savvy Cooperative, a patient-owned source of health care insights, at the beginning of 2022 and found concern over data privacy protections and confusion regarding who can access personal health information. Nearly 75% of patients expressed concern about protecting the privacy of personal health data, and only 20% of patients indicated they knew the scope of companies and individuals with access to their data. This concern is magnified with the U.S. Supreme Court ruling in *Dobbs v. Jackson Women's Health Organization* as the lack of data privacy could place patients and physicians in legal peril in states that restrict reproductive health services.

"Patients trust that physicians are committed to protecting patient privacy – a crucial element for honest health discussions," said AMA President **JACK RESNECK JR., MD**. "Many digital health technologies, however, lack even basic privacy safeguards. More must be done by policymakers and developers to protect patients' health information. Most health apps are either unregulated or underregulated, requiring near and long-term policy initiatives and robust enforcement by federal and state regulators. Patient confidence in data privacy is undermined as technology companies and data brokers gain access to indelible health data without patient knowledge or consent and share this information with third parties, including law enforcement."

The survey found an overwhelming percentage of patients demand accountability, transparency, and control as it relates

to health data privacy. To prevent unwanted access and use of personal health data, patients want control over what companies collected about them and how it is used:

- Almost 80% of patients want to be able to opt-out of sharing some or all their health data with companies.
- More than 75% of patients want to opt-in before a company uses any of their health data.
- More than 75% of patients want to receive requests prior to a company using their health data for a new purpose

Patients worry about the repercussions of little or no control over the use and sharing of personal health data that companies have collected. About three out of five patients (59%) expressed concern with personal health data being used against them or their loved ones. Most patients stated they are "very" or "extremely" concerned about discriminatory uses of personal health data to exclude them from insurance coverage (64%), employment (56%), or opportunities for health care (59%). More than half of Hispanic/Latinx and American Indian or Alaskan Natives stated they are "highly" concerned about discriminatory uses of personal health data and two-thirds (66%) of transgender individuals stated they are "extremely" concerned.

Patients also want physicians and their hospitals to have the technology and capability to review apps for privacy and security protections. Nearly nine out of ten (88%) patients believe that their doctor or hospital should have the ability to review and verify the security of health apps before those apps gain access to their health data. Unfortunately, federal regulations prevent providers and even electronic health record (EHR) systems from conducting necessary privacy and security reviews of apps.

The AMA continues to advocate for near-term app transparency requirements, including app privacy attestations collected by EHRs, that will increase transparency and bolster individuals' choice in which apps to use. ❖