Good Day!

Hungarian scientist and Nobel Prize winner Albert Szent-Györgyi once said, “Discovery consists of seeing what everybody has seen and thinking what nobody else has thought.” How true this is here at Care New England (CNE), especially with our exemplary program in research!

Affiliated with The Warren Alpert Medical School of Brown University, CNE’s three major teaching and research hospitals—Butler Hospital, Memorial Hospital and Women & Infants Hospital—are nationally and internationally recognized for developing innovations in patient care with more than $23 million in sponsored research each year. The academic faculty provides access to the latest treatments in brain and behavioral health, women’s and newborn health, cardiology and oncology, as well as many other major medical conditions.

Effective medical treatment is always first born from research. Every clinical research trial was bravely undertaken by hopeful patients willing to be part of scientific research that would not only better their lives but also shape and improve future treatment for others who suffer from the same conditions. Researchers here are transforming the future of health care with innovative, trailblazing treatments focused on improving the health of individuals and the community.

To better understand our research, it is important to first understand the difference between clinical and basic science research.

Clinical research involves trials and other research protocols, including controlled human studies of new and emerging therapies. It is also inclusive of observational studies, retrospective reviews and assessment of clinical databases.
Clinical trials and clinical research at CNE must first be approved by an Institutional Review Board (IRB), which includes doctors, administrators, ethicists and members of the general public. Volunteers are fully informed of possible risks and sign a consent form before being accepted into a clinical trial.

Basic science research or “bench” research is conducted to help doctors better understand what causes a disease, to analyze how current treatments work, and to develop potential new therapies.

Basic science research is done in laboratories using beakers and test tubes as you might envision from the past. But today with our level of technology and instrumentation, you would be amazed at some of our high tech facilities. Investigators look at the micro—the cellular and molecular level of life—to better understand the macro, such as diseases and disorders.

While the implications for discoveries in basic research are sometimes unknown, discoveries by basic science researchers become the foundation for important breakthroughs in medical treatments and diagnostic technologies including what is referred to as translational research, in which the work is taken from the bench and brought to the bedside.

**Research Across CNE**

Of the $23 million in CNE research expenditures, Butler has $10.9 million, Women & Infants has $10.4 million, Memorial has $1.6 million and Kent has $122,000.

To break that down further a majority of the funds are allocated into a number of key areas. OB/GYN accounts for about $5 million, pediatrics accounts for $4.5 million, $3.5 million for addictions research, another $3 million for psychosocial research, and $2.3 million for neurodegenerative disorders including memory, aging, and movement disorders.

These are compelling figures to be sure. But what is even more impressive to me is the actual work being accomplished by the highly skilled experts leading the way. Just consider some of these recent recognitions on the research front:

- The Memory and Aging Program at Butler Hospital under the direction of Dr. Stephen Salloway has received international accolades for its participation in and breakthroughs with Alzheimer’s Disease.
- Dr. Katina Robinson from Women & Infants received $2.6 million from the Patient-Centered Outcomes Research Institute for the study of cancer of the uterus and treatment of stress urinary incontinence. Other critical work being done in the Department of Obstetrics and Gynecology at Women & Infants includes studies through the Maternal-Fetal Medicine Network, the Pelvic Floor Disorders Network and the Gynecology Oncology Group.
- A multidisciplinary team from Butler, Brown University and the University of Michigan have come together to advance screening capabilities for suicide risk through a $2.9 million grant from the National Institute of Mental Health.
- Drs. Viren D’Sa of Memorial Hospital and Barry Lester of Women & Infants are part of a national study to assess environmental influences on children’s health as part of an $11 million multi-year award from the National Institute of Health’s ECHO program.
- Dr. Charles Eaton of Memorial is exploring socioeconomic disadvantages that might genetically lead to mid-life obesity.
- Dr. Barbara Stonestreet at Women & Infants has received nearly $3 million to study perinatal brain injury over the next five years.
- A team at Women & Infants is participating in a project to reduce primary cesareans, led by Dr. Elizabeth Howard.

To see our progress in research, visit [http://www.carenewengland.org/research/](http://www.carenewengland.org/research/)
Kent Hospital’s Breast Health Center provides Radioactive Seed Localization Procedure

The Breast Health Center at Kent Hospital now offers patients radioactive seed localization (RSL), a state-of-the-art technique that vastly improves the pre- and post-operative experience for patients and providers. The new procedure was approved by the Rhode Island Department of Health and is only available in Rhode Island at Kent.

RSL is the preliminary procedure for patients undergoing surgery for non-palpable, image-detected breast cancer or high-risk lesions. The technique enhances the surgeon’s ability to locate, dissect and remove the tumor or lesion. RSL minimizes the volume of tissue that must be removed compared to traditional technique, wire localization procedure (WLP), by placing the seed at or adjacent to the tumor or lesion. Unlike WLP, in which a wire is placed the morning of surgery, surgeons implant a radioactive seed (radioactive iodine-125 or I25) for RSL up to five days before surgery. Implantation is similar to placing a clip, which is always done whenever a biopsy is performed.

Developed in the late 1990s and tested in randomized trial since 2001, RSL has grown in popularity throughout the nation. It is now the preferred clinical procedure. Candace Dyer, MD, and Naveh Levy, MD, of Kent’s Breast Health Center were trained in the procedure at the Mayo Clinic and Baystate Medical Center.

“This technique will improve our patients’ surgical experience while keeping their care close to home,” said Michael Dacey, MD, president and COO of Kent. “It is always important to provide our patients with care that will result in the best possible outcomes. This new clinical offering will do just that.”

When a lumpectomy or segmental mastectomy is performed, extra tissue that surrounds the cancer must be removed. While the amount of tissue doesn’t need to be excessive, this process provides the margins necessary to be considered “tumor-free.” With wire localization, margins are difficult to clear as surgeons cannot identify the lesion’s exact location. WLP results in more tissue removal, compromising the ultimate appearance of the breast. In addition, data shows a higher probability that the patient will need a second surgery to remove additional tissue.

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The Providence Center partners with West Warwick police
This month, The Providence Center (TPC) began a new partnership with the West Warwick Police Department to “embed” a licensed clinical social worker in the department with the goal of reducing overdose deaths in the town by diverting individuals to treatment and recovery supports and away from criminal justice involvement when appropriate. The new clinician, Heather Seger, begins work in the department on March 13. Seger will ride along with police officers on patrol, help respond to behavioral health emergencies and guide individuals to substance use disorder treatment and recovery supports provided by TPC’s Anchor program.

TPC has had similar partnerships with the Providence and Warwick police departments since 2012, but those efforts are focused on how officers can best work with individuals experiencing mental health crises. The West Warwick partnership grows out of the town’s Health Equity Zone effort, which works to leverage community resources to reduce overdose deaths, improve teen health and increase residents’ access to healthy food.

Dr. Star Hampton named Vice Chair of Education for Department of Ob/Gyn
Congratulations to B. Star Hampton, MD, FACOG—a board-certified urogynecologist in the Division of Urogynecology and Reconstructive Pelvic Surgery at Women & Infants and an associate professor of obstetrics and gynecology at The Warren Alpert Medical School—who recently accepted the position of vice chair of education for the Department of Obstetrics and Gynecology at Alpert Medical School starting June 1, 2017.

“With Dr. Hampton’s leadership and expertise, the department is well-positioned to continue to serve as a role model nationally for innovation in education and scholarship,” said Dr. Maureen Phipps.

Dr. Hampton joined the Brown University faculty in 2006. She has served as the director of the Obstetrics and Gynecology Core Clerkship since 2008, has chaired the Department of Obstetrics and Gynecology Education Council since 2011, and chaired the department’s Undergraduate Medical Education Career Mentoring Committee since 2014. Dr. Hampton has been honored with more than 30 faculty teaching awards, including national Excellence in Teaching Awards from both the Association of Professors of Gynecology and Obstetrics (APGO) and the Council on Resident Education in Obstetrics and Gynecology. She was also the recipient of the prestigious national William N.P. Herbert, MD, Promising Educator Award, awarded by APGO to a single awardee each year.

She has been awarded national grants for medical education scholarship and has numerous publications focusing on medical education. Dr. Hampton will continue to serve on the Undergraduate Medical Education Committee for APGO and serve in leadership positions in both the American Urogynecologic Society (AUGS) and the Society of Gynecologic Surgeons (SGS), which recently awarded her the Distinguished Service Award.

Clinically, Dr. Hampton specializes in non-surgical and surgical approaches to pelvic organ prolapse and urinary incontinence, including minimally-invasive options for pelvic floor disorders.
VNA makes a difference with Advanced Illness Case Conferencing

Over the past three years, the VNA of Care New England has been asking clinicians to participate in Advanced Illness Case Conferences, which are five-minute, focused reports and discussion on the patient’s advanced and progressive illness. The conferences allow the clinician the opportunity to review where the person is in his/her illness (prognostication), patient-centered goals (advance directives) and symptom management issues with a nurse practitioner who has a specialty in palliative care. The overarching goal is to assist a patient to live as best as possible while receiving treatment or care for a progressive illness.

According to Therese Rochon, MS, MA, APRN, ACHPN, director of Advanced Illness Management, six percent of the VNA patients each week are reviewed and discussed with the primary clinician or person most involved with framing the plan of care. Opportunities for changing the plan are reviewed to maximize treatments and medications that would keep the patient as healthy as possible and focus on patient goals.

As a patient-centered care approach, we want to be sure the patients receive the care they want until the end of their life. The kind of care they receive will change over time, but the quality of care is the same. Transition to hospice is one type of care we know to be beneficial to maintain quality in the final phase, preventing unwanted hospitalization.

The VNA Advanced Illness Case Conference is a unique tool in offering quality care. It takes coordination of the clinicians’ time but, for the patient, it can make a world of difference.

Butler Hospital physicians engage medical professionals during recent events

On Friday, February 24, Dr. Salloway, MD, director of the Memory and Aging Program at Butler Hospital and professor of neurology and psychiatry at The Warren Alpert Medical School of Brown University, spoke with first-year Alpert Medical School students about Alzheimer’s disease, the family’s role and advice on caregiving. A family from Butler’s Memory & Aging Program shared their personal experience with the next generation of caregivers.

On Friday, March 17, Dr. Alan Gordon, MD, chief of the Alcohol and Drug Treatment Partial Hospital and Outpatient Detoxification Program at Butler, will be the keynote speaker at the 84th Annual Kenney Research Day held from 8:30 a.m. to 1:30 p.m., at Memorial Hospital as part of its residency education program. Dr. Gordon’s discussion will be on, “Rules and Regulations of Pain Management Opioid Use, and the Registration of Distributors of Controlled Substances in Rhode Island.”

Kent Hospital and East Greenwich drug program to host second opioid forum for community

The East Greenwich Drug Program, along with Kent Hospital and Recovery Radio, will sponsor an opioid awareness program titled “What’s Next?” on March 2, 2017, at the Westminster Unitarian Church in East Greenwich. The event will be held from 6:30 to 8:30 p.m. and is a follow-up to the successful “Unscripted Program” held late last year.

“What’s Next?” will feature presentations from parents, community leaders, a panel of experts and an opportunity for questions. The program is free of charge and open to the public. While “Unscripted” highlighted the enormity of the opioid crisis, “What’s Next?” highlights the treatment and support surrounding opioid use.