



RHODE ISLAND

MEDICAL NEWS

NEWSLETTER OF THE
RHODE ISLAND MEDICAL SOCIETY
VOLUME 25 • NUMBER 3

OCTOBER 2012

RIMS BICENTENNIAL NEWS

- 1 RIMS' lecture series:
Neuroscience and Society
- 20 Medical Odysseys

LETTER FROM THE PRESIDENT

- 2 *Glancing back,
looking ahead*

AMA NEWS

- 6 *Scope of practice: AMA
fights FTC overreach*
- 6 *Free resources from AMA*

RIMS NEWS

- 13 *RIMS inaugurates new
leadership team, honors
Dr. Charles McDonald*
- 14 *Rakatansky Awards go to
Dr. Patrick Sweeney,
Dr. Joseph DiMase*

12 BRIEFLY NOTED

Bicentennial news

RIMS' Bicentennial lecture series
Neuroscience and society

The current, flourishing research on the human brain promises to be as historically transformative as the Copernican and Darwinian revolutions were for humankind's understanding of itself. The Medical Society is offering the Rhode Island community a timely update on this ongoing revolution in the form of a series of distinguished public lectures on the theme "Neuroscience and Society." Speakers include a neurophilosopher, a neuroeconomist, a neuroengineer and an experimental psychologist. They will explore the profound ramifications of their work for fields as diverse as medicine, criminal justice, education, politics, economics, morality, spirituality and creativity.

RIMS' Bicentennial symposium is a high point of this year's observances of the 200th anniversary of the founding of the Rhode Island Medical Society in 1812. The lectures are an initiative of the Medical Society's Bicentennial Committee, which is chaired by Dr. Diane Siedlecki, and the brainchild of the Symposium Subcommittee, which is chaired by Dr. Herbert Rakatansky. RIMS is grateful to the Brown University Institute for Brain Science and the Norman Prince Neurosciences Institute at Rhode Island Hospital for co-sponsoring and organizing the series.

As detailed below, the series takes place this month and next in three different venues at Brown University. All four of the lectures begin at 5 pm and are free and open to the public. Each will be followed by a reception. All four lectures will be video-recorded and made available through the RIMS website, www.rimed.org.

The venues

The first and third lectures take place in Friedman Auditorium in Metcalf Hall on the Brown University campus; the entrance

Rhode Island Medical Society
200th Anniversary Lecture Series

October 23 | Tuesday
Patricia S. Churchland
University of California, San Diego & Salk Institute
How the Mind Makes Morals
Friedman Auditorium, Metcalf 101
190 Thayer St, Brown University
Book signing will immediately follow lecture

October 30 | Tuesday
Steven Pinker
Department of Psychology, Harvard University
The Better Angels of Our Nature
Salomon Center for Teaching
DeCiccio Family Auditorium
College Green, Brown University
Book signing will immediately follow lecture

November 1 | Thursday
Paul W. Glimcher
Center for Neuroeconomics, New York University
Decisions, Decisions, Decisions: Understanding the Neural Circuits for Human Choice
Friedman Auditorium, Metcalf 101
190 Thayer St, Brown University

November 5 | Monday
John P. Donoghue
Brown Institute for Brain Science, Brown University
Neurobionics: Restoring and Replacing Lost Brain Functions with Technology
Warren Alpert Medical School, Lecture Hall 170
222 Richmond St

All lectures begin at 5:00 pm with a reception at 6:00 pm

SPONSORED BY
Brown University
Institute for Brain Science
This lecture series is co-sponsored by the Brown Institute for Brain Science & The Norman Prince Neurosciences Institute
Norman Prince
Neurosciences Institute
Rhode Island Hospital

to Metcalf Hall and Friedman Auditorium is near the corner of Waterman and Thayer Streets in Providence, directly across Thayer Street from the Sciences Library Tower. The second lecture takes place in the DeCiccio Family Auditorium in the Salomon Center, which is near the corner of Waterman and Brown Streets and just inside the Faunce House pedestrian archway on the north side of Brown's main, central quadrangle. The final lecture, on Monday, November 5, takes place in the spectacular new home of the Warren Alpert Medical School, 222 Richmond Street, in Providence's Jewelry District.

continued on page 4



RI MEDICAL SOCIETY EXECUTIVE COMMITTEE

PRESIDENT

Alyn L. Adrain, MD

PRESIDENT-ELECT

Elaine C. Jones, MD

VICE PRESIDENT

Peter Karczmar, MD

SECRETARY

Elizabeth B. Lange, MD

TREASURER

Jerry Fingerut, MD

IMMEDIATE PAST PRESIDENT

Nitin S. Damle, MD

AMA DELEGATE

Michael E. Migliori, MD

AMA ALTERNATE DELEGATE

Peter A. Hollmann, MD

COUNCILORS AT LARGE

Marlene Cutitar, MD

Steven R. Fera, MD

Russell A. Settipane, MD

Ira J. Singer, MD

RHODE ISLAND MEDICAL NEWS

is the newsletter of the
Rhode Island Medical Society
235 Promenade Street, Suite 500
Providence RI 02908
Phone: 401-331-3207
Fax: 401-751-8050
Email: RIMS@rimed.org
Website: www.rimed.org

SUBSCRIPTION INFORMATION

A one year subscription to
Rhode Island Medical News
costs \$50. The publication is
free to members.

EDITOR

Newell E. Warde, PhD

GRAPHIC DESIGNER

Marianne Migliori

The Rhode Island Medical Society
was founded in 1812 to promote
the art and science of medicine.
RIMS is the eighth oldest state
medical association in the country.

The Medical Society also
publishes a monthly magazine,
Medicine and Health Rhode Island.

LETTER FROM THE PRESIDENT



ALYN L. ADRAIN, MD
PRESIDENT

Glancing back, looking ahead

I am quite honored and, admittedly, somewhat overwhelmed to accept the mantle of leadership of the Rhode Island Medical society. I know that I have some very big shoes to fill as I think of the remarkable women and men

who have gone before me. I know that following in all of those footsteps will be a challenge. I also know that I am fortunate enough to be supported in these efforts by the stupendous staff of the Medical Society: including Newell Warde, our exceptional Executive Director; Steve DeToy, the guru of all things governmental; Megan Turcotte, our energetic membership champion, "Sheriff" Sarah Stevens, Libby Rattigan, Rosemary Maher, Sue Silvia, Catherine Norton and Jane Coutu.

Two hundred years ago when Amos Throop received a charter from the Rhode Island legislature to found the Rhode Island Medical Society, the world was a very different place than it is today. In 1812, the average life expectancy was 32. The US was at war with Britain. The average worker made \$16 a week. Rent was \$4 a week, and coffee was 35¢ a pound. The average American worked 12 hours a day, 7 days a week.

Likewise, medicine in 1812 was very different. That was the same year that the *New England Journal of Medicine* was first published. I actually perused the very first edition recently, and I can tell you that that publication has certainly changed dramatically! In 1812 the practice of medicine was solely a field of white men, and there was more practice than medicine. Most physicians worked part time in medicine and had another job as well. They were all in solo practice – there weren't groups, specialties or subspecialties. There were no third-party payers, and there were no hospitals in Rhode Island. There were no antibiotics; in fact, there were very few medicines of any type. There was diagnosis but very little in the way of treatment. It would be another 35 years until the first African-American (David J. Peck) was accepted into an American medical school (Rush Medical College), and 37 years until a woman was accepted into medical school: Elizabeth Blackwell entered medical school in 1847 at Geneva Medical College in upstate New York. In 1849, she became the first woman to achieve a medical degree in the United States.

As medicine and physicians have changed over the years, the Medical Society has had to grow and change as well, in order to remain vital. Before the founding of the Brown medical school at the end of the 1960s, the Society was the only source of continuing medical education for physicians of the state. The Society maintained a large library of books and journals for use by its members and shared it with the public. We amassed a wealth of books and artifacts dating back those 200 years. Although CME remains a vital function of the Society today (in the sense that we accredit all the hospitals' CME programs), it is no longer necessary or useful for us to be in the library business. Accordingly, we donated our historically significant 50,000-volume collection to Brown in 1987. That gift was celebrated again this year in the context of our Bicentennial.

Political and social engagement have always been an important part of the Society. In Dr. Amos Throop's time there was the challenge of obtaining a charter for the society, with the complex politics which that apparently entailed. The Medical Society in turn was instrumental in the founding of Rhode Island Hospital, the AMA, Blue Shield and other local and national organizations over the years. We continue to be engaged on both the social and political fronts. The Society reaches out to children with its annual Tar Wars and bike helmet campaigns. It is actively engaged in promoting a legislative agenda in Rhode Island to enhance the health and welfare of our citizens. As my predecessor, Dr. Nitin Damle, has noted, we have accomplished much in the last year on that front and have an ongoing ambitious agenda. The society also supports the health and integrity of our profession through the Physicians Health Program, which is a model for such programs in the nation.

As we enter our third century, the Rhode Island Medical Society faces some daunting challenges. The face of medicine is changing rapidly and dramatically. In recent years, with the trend towards Hospitalist medicine, and towards increasing numbers of physicians becoming hospital employees, the needs and concerns of these physicians may in some ways be different from those of the private practitioners. In addition, the Affordable Care Act, the Patient-Centered Medical Home, "pay for performance," and new reimbursement models, all of which are rapidly evolving, have changed medicine and promise to change it even further in the next few years. The challenge we face, as we move forward, is how to remain as relevant to this new breed of physicians, whether in private practice, academic medicine, or employed practice, as we were to the physicians of Dr. Throop's day.

In the coming year I would like to reach out to those members of our profession who are not currently members of RIMS to identify the areas in which we can be of most valuable service to them. We are unique in that we are not a society only for the primary care doctor, or for the specialist. We don't exist solely for the private practitioner, nor for the employed physician. We are the only organization that is engaged in the issues which impact any and all physicians practicing in Rhode Island. We are all members of our specialty societies, but they do not speak to what is happening in the microcosm that is Rhode Island. When the legislature enacted a tax on medical facilities, it was not the specialty societies of those physicians affected that rose to the fight. It was the Rhode Island Medical Society, and support came in from physicians of all specialties to aid in that fight, whether the issue immediately affected them or not. We are the keepers of our own microcosm. I think that is one of the great strengths of the Medical Society, and one which we can focus on to remain a meaningful force moving forward.

In addition to working to bring these emerging groups of physicians into the fold, we must continue to champion the needs of our current members and those of our patients. I hope to see the development of meaningful administrative simplification to lessen the growing burden of prior authorization and other administrative requirements which have been foisted upon all of us. We will continue to attack this on two fronts. We will work with the stakeholders in trying to reach a consensus on streamlining the process. We will also continue to push forward a legislative agenda to codify this need. This year I would very much like to see the "I'm Sorry" legislation become law in the state of Rhode Island, to protect and strengthen the sanctity of the physician-patient relationship. In addition, we will continue to impress upon our members of Congress the vital importance of repealing the flawed SGR formula once and for all.

Our monthly journal, *Medicine and Health Rhode Island*, may be at a crossroads. I think this journal is a great asset to the Society and the community, and I see great value in it. However, in a weak economy and with the loss of annual financial participation from our three institutional partners in this venture, compounded by a drop in advertising revenue and rising costs for printing and postage, the journal as it now exists cannot long survive. I think that the dawn of our new century is an appropriate time for a rebirth of the journal. To that end, we have begun to look at developing this into an electronic publication, bringing it more in line with our electronic age. This has the potential to not only decrease production costs dramatically, but also to increase access and readership. Along these lines, we have had preliminary discussions with Brown University about possibly rekindling their involvement in the journal with an eye to enhancing the academic content while maintaining the local focus. I hope to see significant progress towards the goal of transforming and strengthening the journal in the coming year.

As I make my way through the coming year, I plan to keep an open door and open ear. I welcome all comments, suggestions, contributions and constructive criticisms. I encourage all members to step forward and become engaged, to contribute to the life of the Society and the betterment of our profession.

We have behind us a rich history. In our present we have great strengths and great challenges. As we move into our future, we must grow and change, as we always have, in order to remain relevant, strong and continue to be the Medical Society that our members need us to be.

I thank you for your attention, and for allowing me the honor of serving this great Society. ❖

The lectures

Below is the full schedule of the series and previews of the lecturers.

How the Mind Makes Morals

Patricia S. Churchland, PhD, professor emerita of philosophy at the University of California, San Diego, and adjunct professor at the Salk Institute for Biological Studies

Tuesday, October 23, 5 pm

Friedman Auditorium

A pioneer of the maturing discipline of neurophilosophy, Prof. Churchland argues that human morality originates in the structure and biochemistry of the brain. She and a rising chorus of neuroscientists are suggesting that moral judgments are mediated by innate, unconscious processes that are hardwired within our brains. Prof. Churchland's latest book is *Braintrust: What Neuroscience Tells Us about Morality* (Princeton 2011). Her earlier books are *Brain-Wise* (1986) and *Neurophilosophy* (2002). She received a MacArthur Fellowship in 1991.

The Better Angels of our Nature

Steven Pinker, PhD, professor of psychology, Harvard University

Tuesday, October 30, 5 pm


DeCiccio Auditorium, Salomon Center

Prof. Pinker is the author of *The Better Angels of our Nature: Why Violence has Declined* (Penguin, 2011), which runs 802 pages in the paperback edition that appeared last month. Pinker's sweeping and controversial thesis blends psychology and history. He attempts to demonstrate that humankind has become progressively less violent in the course of the last five millennia, and he then speculates on the forces responsible for this apparent transformation of our species.

In support of his thesis, Pinker first identifies six overlapping waves that he sees washing through human history and contributing to a long-term decline in human violence. The first wave is a "pacification process" that began millennia ago. The second is a half-millennium-old "civilization process." Next came "the humanitarian revolution" of the 17th and 18th centuries. The fourth, fifth and sixth waves all originated since the end of World War II, in Pinker's analysis.

Rhode Island Medical Society
200th Anniversary Lecture Series

October 30 | Tuesday
Steven Pinker
Department of Psychology
Harvard University
*The Better Angels of Our Nature:
Why Violence Has Declined*



Praise for The Better Angels of our Nature:


"A supremely important book. To have command of so much research, spread across so many different fields, is a masterly achievement."
—The New York Times Book Review

"An extraordinary range of research ... a masterly effort."
—The Wall Street Journal

"A subtle piece of natural philosophy to rival that of the great thinkers of the enlightenment ... He writes like an angel, too."
—The Economist

Salomon Auditorium, Brown University campus
Lecture 5 pm | Reception 6 pm

Book signing & sale will immediately follow lecture



This lecture series is co-sponsored by the Brown Institute for Brain Science & The Norman Prince Neuroscience Institute

To further explain the positive progress he perceives in these six megatrends of human history, Pinker posits a creative tension involving

IN SPECIAL RECOGNITION OF RIMS'


200
Bicentennial

The American Medical Association (AMA) is pleased to join in celebrating the Rhode Island Medical Society's (RIMS) bicentennial anniversary.

The AMA commends RIMS for contributing 200 years of committed representation and valuable advocacy to our profession.

Remain part of this time-honored tradition in organized medicine through your 2012 AMA and RIMS memberships.

Congratulations RIMS on reaching this important milestone!





RIMS Bicentennial sponsors

The Bicentennial Committee of the Rhode Island Medical Society gratefully acknowledges the generosity of all of our sponsors and supporters.

PRESENTING SPONSORS



RIMS-INSURANCE
BROKERAGE
CORPORATION

PLATINUM SPONSORS \$15,000



five “inner demons” of human nature (these are “predatory or instrumental violence,” “dominance,” “revenge,” “sadism” and “ideology,” which includes religion), four “better angels” (which are “empathy,” “self-control,” “moral sense,” and “reason”) and five “historical forces” (namely, the state, commerce, “feminization,” “cosmopolitanism,” and “the escalator of reason”; Pinker characterizes this last-named force as “an intensifying application of knowledge and rationality to human affairs,” which “can force people to recognize the futility of cycles of violence, to ramp down the privileging of their own interests over others’, and to reframe violence as a problem to be solved rather than a contest to be won”).

Pinker’s skeptics enjoy, perhaps as much as Pinker himself does, the intended irony in the title of his book. The familiar words “better angels of our nature” are borrowed from Lincoln’s first inaugural address, delivered on March 4, 1861. Less than six weeks later, on April 12, 1861, America’s bloodiest war erupted when Charleston harbor rang with the shelling of Fort Sumter.

Decisions, decisions: Understanding the Neural Circuits of Human Choice

Paul W. Glimcher, professor of economics and chief investigator, Center for Neural Science, New York University

Thursday, November 1, 5 pm

Friedman Auditorium

Prof. Glimcher exemplifies the interdisciplinary character of the neuroscientific revolution, which has been carried jointly by economists, psychologists and neuroscientists. Glimcher and his fellow pioneering researchers have brought novel approaches to the investigation of the cognitive mechanisms by which humans collect, process and use information to make choices that are reflected in behavior. (“The relationship between behavior and the brain is fundamentally about understanding decision making,” wrote Glimcher in 2003.) What are the neural underpinnings of the process by which we weigh the relative value of different courses of action? How rational are our decisions? To what extent do our “choices” actually involve conscious choice and free will at all?

Neurobionics: Restoring and Replacing Lost Brain Functions with Technology

John P. Donoghue, director, Brown Institute for Brain Science

Monday, November 5, 5 pm

Warren Alpert Medical School at Brown University, 222 Richmond Street, Providence, Room 170

Prof. Donoghue was the founding chair of the Department of Neuroscience at Brown and is the leading principal investigator of BrainGate, the research group that has won world-wide acclaim for its seemingly miraculous advances in developing useful neural interfaces for people with neurological impairments or limb loss. BrainGate is focused on restoring mobility, independence and communication to injured people by enabling them to execute computer commands through the activity of their brains.

GOLD SPONSORS \$10,000–\$14,999



Lifespan

SILVER SPONSORS \$5,000–\$9,999

Amgen
Care New England
Pfizer
Tufts Health Plan
United HealthCare Services, Inc

BRONZE SPONSORS \$2,500–\$4,999

CharterCARE Health Partners
(St. Joseph Health Services Medical Staff Association/Roger Williams Medical Center Medical Staff)
Claflin Company
Gastroenterology Associates
Healthcentric Advisors
Lifespan PSO/IPA

BENEFACTORS \$1,500–\$2,499

Robert and Karen Anderson
Neighborhood Health Plan of Rhode Island
PhRMA
Superior Bindery, Inc.

PATRONS \$500–\$1,499

Allergan USA, Inc.
American Medical Association
American Printing
Anchor Medical Associates
Butler Hospital
Carey Richmond Viking
EDS/HP
Hospital Association of RI
Memorial Hospital of Rhode Island
Memorial Hospital of RI Medical Staff
Marianne Migliori Graphic Design
Miriam Hospital Staff Association
Neurology Foundation, Inc.
Staff Association of RI Hospital
University Emergency Medicine Foundation

AFFORDABLE ELECTRONIC MEDICAL RECORDS (EMR) AND HEALTHCARE IT FINANCING.

Delivered by a Type  Personality™ specialist.

We listen to your needs

At Webster, we realize that converting to EMR or upgrading to other healthcare IT solutions for your practice can be expensive. That's why we've created a financing package especially tailored to help meet the complete banking relationship needs of our healthcare clients.



- Comprehensive
- Flexible
- Cost-effective

We create a solution just for you

Here's why Webster's EMR and other healthcare IT financing packages* could be the best option for your practice:

- Check access revolving line of credit up to \$500,000 to finance EMR hardware, software, training costs and healthcare IT solutions
- Interest-only for up to a one-year period at competitive rates
- Outstanding line of credit balance will convert at the end of the Interest-only period to a term loan for up to 5 years
- Up to 100% financing available



RHODE ISLAND
MEDICAL SOCIETY

For more information contact Dev Singh, Vice President,
Relationship Manager at 401-688-3314 or asingh@websterbank.com.

HEALTHCARE FINANCIAL SERVICES



WebsterBank.com

* All credit products, pricing and overdraft protection are subject to the normal credit approval process. Some applications may require further consideration and/or supplemental information. Certain terms and conditions may apply. At no time shall the line of credit interest rate be less than 5% and the term loan rate less than 6%. SBA guaranteed products may also be subject to additional terms, conditions and fees. All loans/lines of credit require a Webster business checking account which must be opened prior to loan closing and which must be used for auto-deduct of payment.

The Webster Symbol and Webster Bank are registered in the U.S. Patent and Trademark Office.



Webster Bank, N.A.
Member FDIC

**We're not LIKE A Good Neighbor,
WE ARE
The Good Neighbor Alliance**



Specializing in Employee Benefits since 1982

Health

Dental

Life

Disability

Long Term Care

Pension Plans

Section 125 Plans



The Good Neighbor Alliance Corporation

The Benefits Specialist

Affiliated with

**RHODE ISLAND
MEDICAL SOCIETY**



**RIMS-INSURANCE
BROKERAGE
CORPORATION**

401-828-7800 or 1-800-462-1910

P.O. Box 1421 Coventry, RI 02816

www.goodneighborall.com



States and AMA go to court to defend authority of medical boards to enforce scope of practice

Medical licensure has a peculiarly disjointed history in the US. One could be forgiven for assuming, logically, that by the early 19th century or so civil authorities throughout America would have recognized the wisdom of protecting the public by restricting the practice of medicine to those who were objectively qualified by virtue of education, training and certification by their peers. Indeed, in the years before 1825, many states (not including Rhode Island) did pass medical practice acts, usually empowering state medical societies to be the legal arbiters of who was qualified to call himself (male gender being the first prerequisite) a physician or surgeon.

The backlash

But starting with Illinois in 1826, state after state rescinded their medical licensure laws: Ohio, Vermont, Maryland, Georgia, South Carolina and others followed suit in the 1830s and 1840s. They did so in the Jacksonian-era conviction (echoes of which are with us today) that medical licensure was an undemocratic infringement upon the freedom of a self-reliant people to make intelligent choices for themselves and their families about the kind of medical care they wanted to have available to them. There was also suspicion that licensure was an unearned favor improperly bestowed by the state upon an arbitrarily defined group, not a certification of competence that was valuable to the general public. (To be sure, in an age when mainstream medical practice still involved bleeding, blistering and puking, and pharmacological preparations were liberally laced with mercury and alcohol, drawing a sharp line between competence and quackery was not easy.)

The comeback

Not until decades later in the 19th century, after advances in public health, bacteriology, anesthesia, antisepsis and asepsis – all of which were promoted and disseminated by medical societies – had unambiguously established the efficacy and authority of western, scientific medicine, did medical licensure make a comeback in the US. Rhode Island finally passed its medical practice act in 1895, something the Rhode Island Medical Society had been lobbying for since 1812. (From 1812 to 1894, RIMS' charter gave it authority to examine and certify the competence of physicians, but RIMS never had authority to prevent anyone else from holding himself out to the public as a medical practitioner.)

Federal Trade Commission vs. North Carolina dental board

It comes as something of a surprise, then, in 2012 to find the concept and practice of medical licensure seriously threatened by an agency of the federal government. That agency is the Federal Trade Commission (FTC), and the threat to physicians and patients is inherent in the logic of the FTC's 2011 ruling that the North Carolina Board of Dentistry may not prevent non-dentists from providing teeth-whitening services.

In making that ruling, the FTC basically applied, in good faith, the only tool it has, which is a blunt, 19th century instrument called the Sherman Anti-trust Act. The FTC reasons that the North Carolina Board of Dentistry, like virtually all state licensure boards in all professions, is dominated by peers of the professional group it regulates; therefore the Board is engaging in anti-competitive behavior when it finds that non-dentists providing teeth-whitening services are

practicing dentistry without a license. ("Stain removal" is part of the practice of dentistry in North Carolina law. However, from the FTC's point of view, the case is not about teeth whitening but about competition.)

Stripping boards of their authority to regulate

The issue may not affect Rhode Island directly today, but it could affect every state and nearly every doctor and patient one day if the FTC continues to use antitrust law to deny state licensure boards authority to enforce the boundaries of scope of practice. If the FTC's logic is upheld, boards everywhere could be charged with antitrust violations for supposedly shielding their profession from free-market competition whenever they issue a cease-and-desist order to an under-qualified practitioner.

AMA and the Litigation Center respond

The good news is that the AMA is on the case, and that case is now before the 4th US Circuit Court of Appeals. Arguments will be heard in the coming days. The Litigation Center of the AMA and State Medical Societies (RIMS' Executive Director, Newell Warde, is in his fifth year as chair of the Center), filed an amicus brief in support of the North Carolina State Board of Dental Examiners, along with the AMA and the medical associations of North Carolina, South Carolina, Virginia and West Virginia, which are in the 4th Circuit. The Federation of State Medical Boards has submitted its own amicus urging the court to overturn the FTC.

In the FTC's view, physicians and dentists who serve on state boards of medicine or dentistry are acting in a private capacity as competitors, not as an arm of the state, and as such they do not enjoy the protection of what

is known as the “state action” exemption from antitrust law.

The AMA fundamentally disagrees. The AMA believes that those professionals are clearly entitled to antitrust protection under existing law and, moreover, as a practical matter it is very much in the public interest that they be strongly protected from antitrust actions, especially since antitrust penalties can be draconian, involving heavy fines, treble damages and even incarceration.

The AMA’s president, Dr. Jeremy Lazarus, has weighed in writing recently, “We’re concerned that fear of antitrust enforcement action by the FTC can have a chilling effect on state medical boards’ efforts to protect the public health and safety.”

If the FTC were to prevail in this contest, an absurd consequence could easily be that medical licensure boards, which are charged to assess the qualifications and competence of physicians and to determine which services constitute the legal practice of medicine, would have to be composed of non-physicians.

The current, closely-watched North Carolina case is not the first instance where the FTC has attempted to override the authority of a state board on a scope-of-practice matter. In 2010 the FTC told the Alabama State Board of Medical Examiners that it could not prevent CRNAs from providing interventional pain management services. The FTC told Alabama that its rule was too restrictive and would reduce the availability of chronic pain management services. The Alabama board backed down. ❖

Valuable practice management resources are free from AMA

Patient payment at point of care:

The AMA’s “Heal the Claims Process” campaign shows how it’s done

November is the AMA’s “Heal That Claim”™ month. This year the focus is on helping physician practices use insurance eligibility information to improve cash flow by providing point-of-care pricing and collecting payment from patients at the time of service. Most practices recover only about 15 percent of monies owed once a patient’s bad debt is turned over to collections. It is obviously advantageous to secure patient payment at the time of service.¹

The AMA offers a library of resources to help physicians, office staff and billing partners make full use of information available through eligibility inquiries to provide cost estimates to patients and collect payment at the point of care whenever possible.

More information on point of care payment strategies is available through the AMA’s “Heal the Claims Process” website ama-assn.org/go/htc, including free toolkits and webinars on how to use eligibility information to improve cash flow. Also, consider adding your name to the online list of campaign supporters at ama-assn.org/go/join-htc. Let us show you how to reduce the cost of processing claims from as much as 14 percent down to just 1 percent of revenue.

Other resources to help streamline administrative processes

The AMA Practice Management Center provides educational resources and tools to help physicians and practice staff to address private payer and practice management issues with confidence and ease. Visit ama-assn.org/go/htc to access these resources:

- Toolkits and webinars on electronic eligibility verification and patient payment at the point of care: Learn the step-by-step process of using the information from electronic eligibility responses—including the remaining patient deductible—to estimate the cost of services for patients and get patient payment at the point of care.
- Additional ePractice resources: Access resources that help your practice become entirely electronic or an ePractice, by not only effectively using electronic eligibility verification, but also by using electronic claim submission, claim status, prior authorization/referrals, electronic remittance advice and electronic funds transfer.
- Practice Management Alerts: Sign up for free AMA Practice Management Alerts at ama-assn.org/go/pmalerts to stay up to date with new practice management resources and tools.
- Paperless Practice Group: Join this online community to find out what’s working for your peers and share your own success stories about streamlining your claims processing—visit ama-assn.org/go/paperlessgroup today!

Join the AMA today. No other physician group in the country has more resources, expertise and opportunity to improve the future of health care than the AMA. Adding your voice as an AMA member—and encouraging physicians you work with to do so as well—helps ensure that physicians are leading the shaping of America’s health care system for years to come. Visit us at ama-assn.org/go/membership or call 800-262-3211 to activate your 2013 membership today.

¹ Margolis, J, Pope, C. *Perspective on Patient Payments. MGMA Connexion. April 2010:36-41. Email practicemanagementcenter@ama-assn.org for more information.*

Discounted Contingency COLLECTION Rate!

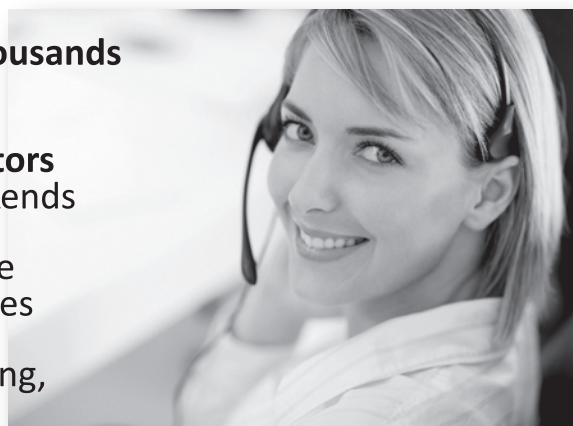
Through the end of 2012, I.C. System is offering RIMS Members a **20% DISCOUNT** on its online contingency rate. NO up-front fees required and NO collection, NO charge.
Call **800-279-3511** for details.

FREE RESOURCES; visit www.icmemberbenefits.com to:

- Watch the *Nice People* Webinar to prevent past-due accounts
 - Download *THE IN\$IDE FACT\$*, a booklet of collection tips
-

Why I.C. System?

- **74 YEARS** of experience and thousands of medical/healthcare clients
- **Skilled, certified medical collectors** calling days, evenings, and weekends
- **Custom programs** for early-stage (soft) through intensive recoveries
- **NATIONAL** credit bureau reporting, legal services, and more

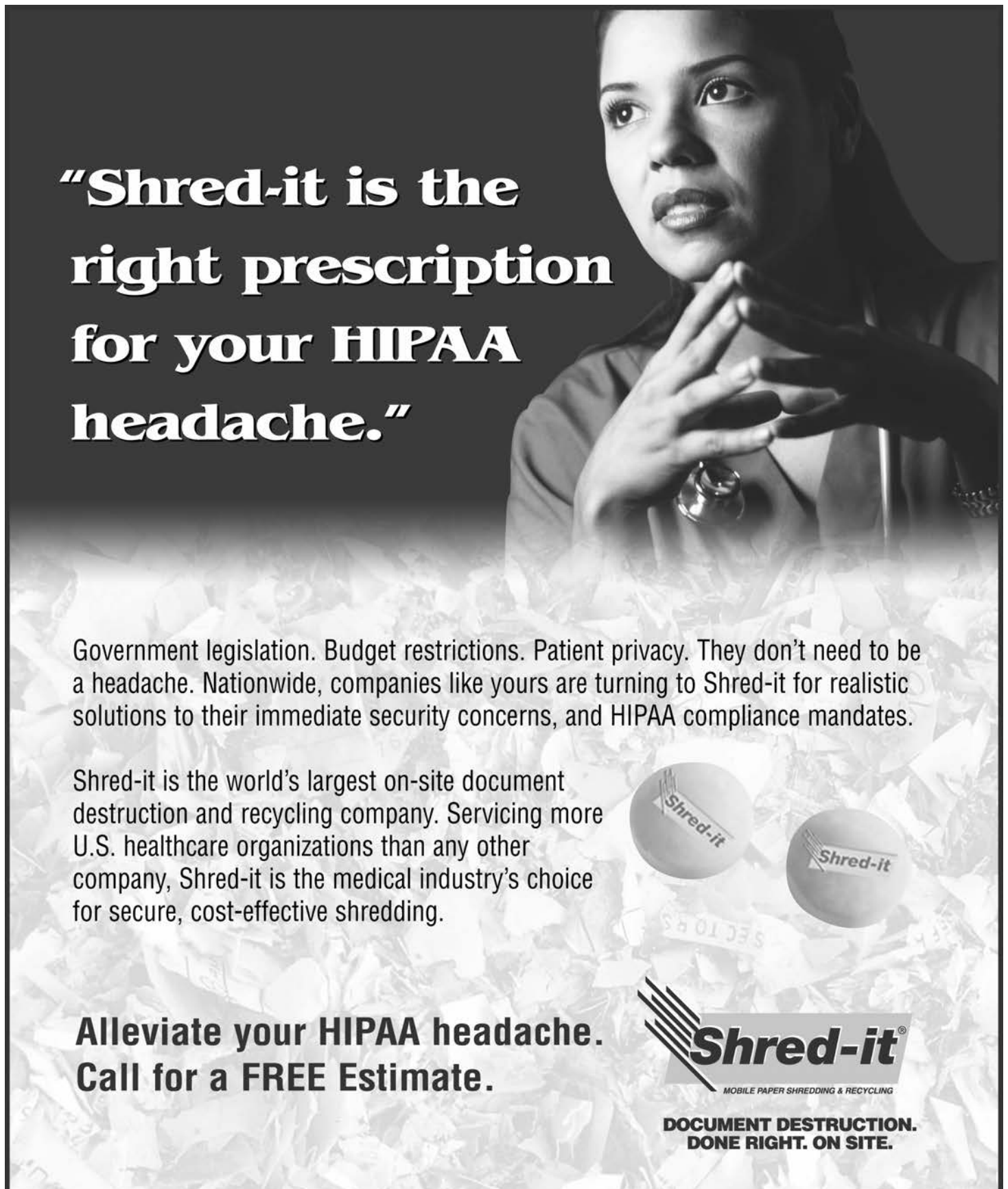


NOW is the time to submit debts!

Learn why at www.icsystem.com/collection-season.



RIMS has offered I.C. System's collection services since 1987.



**"Shred-it is the
right prescription
for your HIPAA
headache."**

Government legislation. Budget restrictions. Patient privacy. They don't need to be a headache. Nationwide, companies like yours are turning to Shred-it for realistic solutions to their immediate security concerns, and HIPAA compliance mandates.

Shred-it is the world's largest on-site document destruction and recycling company. Servicing more U.S. healthcare organizations than any other company, Shred-it is the medical industry's choice for secure, cost-effective shredding.

**Alleviate your HIPAA headache.
Call for a FREE Estimate.**



**DOCUMENT DESTRUCTION.
DONE RIGHT. ON SITE.**

1 800 69-SHRED • www.shredit.com

Rhode Island Physicians Don't Miss a Thing

Earn CME credits where and when it is most convenient for you.

Online courses provide the educational content you need, from a source you can trust, and without taking time away from your busy practice.

Registering and participating in online CME is easy. Simply visit <http://rimed.inreachce.com>, browse the RIMS' catalog, and choose your courses.



Online CME from RIMS. Don't Miss a Thing.

BRIEFLY NOTED

ROANNE OSBORNE, MD is the new president of the Rhode Island Academy of Family Physicians. **THOMAS GUTTMACHER, MD**, is vice president. **SARAH FESSLER, MD**, is treasurer. **DAVID ASHLEY, MD**, is immediate past president and chair of the board.

Does RIMS have your email address?

If not, you could be missing out on timely information. RIMS uses broadcast email judiciously to communicate concise and timely information of broad interest that most physicians are unlikely to receive as quickly from other sources.

It's easy to keep RIMS apprised of your email address. Just please alert Sarah Stevens (ss Stevens@rimed.org) to any changes.

RIMS never gives (much less sells!) members' email addresses to third parties.

THE AMA IS HERE.

Promoting health insurer
transparency

The American Medical Association is proud to help the Rhode Island Medical Society in supporting legislation that increases transparency in the health insurance marketplace. Physicians should expect insurers to honor the terms of their contracts, and patients need to make informed decisions about their care to maximize the value of their health care dollars.

The AMA and the RIMS support you in the state house, the courthouse and in your practice. Working together with the RIMS, the AMA will continue to make a difference.

Be a part of it.

ama-assn.org/go/memberadvocate



RHODE ISLAND
MEDICAL SOCIETY

The AMA thanks Steven R. DeToy, RIMS Director of Public and Government Affairs (and chair of the AMA ARC Executive Committee) for working together with the AMA to ensure the best outcomes for patients and physicians.

©2012 American Medical Association. All rights reserved.

RIMS inaugurates new leadership team, recognizes Drs. DiMase, McDonald, Sweeney for professionalism and service



New President Alyn L. Adrain, MD with
Immediate Past President Nitin S. Damle, MD

The venerable Dunes Club, the waters of Narragansett Bay and a perfect September evening framed the inauguration of Alyn L. Adrain, MD, as the 154th President of the Rhode Island Medical Society on Saturday, September 22. One hundred forty guests signaled their warm support for Dr. Adrain in her presidential year ahead and their gratitude to Dr. Nitin Damle for his term of office just completed.



Dr. Elaine C. Jones became President-Elect of RIMS. Dr. Elizabeth Lange remains Secretary, and Dr. Jerry Fingerut, Treasurer.

Dr. Adrain is a gastroenterologist in private practice with Gastroenterology Associates on West River Street in Providence. A Rhode Island native,

Dr. Adrain earned a BS in biology *magna cum laude* at Providence College and earned her medical degree at Brown. After internship and residency at Kaiser Permanente Medical Center in Oakland, California, she had fellowships in gastroenterology and therapeutic endoscopy at Temple. She was then a Clinical Assistant Professor of Medicine at SUNY Syracuse. She has been a Clinical Assistant Professor of Medicine at Brown since 2001.

Dr. Adrain is a Fellow of the American College of Physicians, a Fellow of the American Gastroenterological Association, and a Fellow of the American College of Gastroenterology. She has been Rhode Island Governor for the American College of Gastroenterology since 2006 and concludes those duties this month. She was President of the RI Gastroenterology Society 2006–08. She has been a member of the Rhode Island Medical Society and the Rhode Island Medical Women's Association since she returned to Rhode Island in 2000.

She has published numerous scholarly papers in *Gastrointestinal Endoscopy*, *Hepatology*, the *New*



Dr. Charles L. Hill Award recipient Charles J. McDonald, MD with Jennie Muglia, MD



New President-Elect
Elaine C. Jones, MD

England Journal of Medicine and elsewhere.

RIMS' new President-Elect, Dr. Elaine C. Jones, is a neurologist in private practice in Bristol. She holds a bachelor's degree from Smith College and earned her medical degree at the Medical University of South Carolina. She did an internship at Baystate Medical Center in Springfield, Massachusetts, a Brown University residency in neurology and a fellowship in neurophysiology, both at Rhode Island Hospital.

Among his final acts as President, Dr. Damle presented two Rakatansky Awards for Professionalism in Medicine, one to Dr. Patrick J. Sweeney and one to Dr. Joseph DiMase (posthumously). He presented a Charles L. Hill Award to Dr. Charles McDonald. The presentation and acceptance remarks for the Rakatansky Awards are published on pages 14–17 of this newsletter. The remarks of Dr. Jennie Muglia regarding Dr. McDonald, and Dr. McDonald's acceptance remarks will be published in a later RIMS newsletter. ❖





Presentation of the Rakatansky Award for Professionalism in Medicine to Dr. Joseph DiMase

ALYN L. ADRAIN, MD

It is an honor to present this award to a man who I admired greatly. Dr. Joseph D. DiMase, a Rhode Island native, was one of the first gastroenterologists in private practice in the state. In fact it is especially fitting that he receive this award, since he is a contemporary of Dr. Herbert Rakatansky, the award's namesake and its first recipient.

Dr. DiMase had a long and successful career in private practice, in addition to volunteering his time as clinical faculty at the Warren Alpert Medical School at Brown University. Upon his retirement, rather than spending his days perfecting his golf swing or relaxing in his well-deserved free time, he spent that free time working tirelessly to save the lives of those who no one else seemed to be helping. While volunteering at the GI fellow clinics at Rhode Island Hospital, he was shocked to discover that there was a two to three year wait for screening colonoscopies for the uninsured patients served by that clinic. While recovering from his own illness lying in his hospital bed, he was thinking about the lost opportunities to prevent colon cancer and brainstorming about how to catch up on that massive backlog.

The result of that brainstorming was a program called the SCUP program. That is an acronym for Screening Colonoscopies for the Underserved Population. He saw a need and he worked to fill it. Through this program, hundreds of Rhode Islanders who would otherwise face long delays or go without have had life-saving colon cancer screening.

This was in no way an easy task. It required countless hours spent meeting with hospital CEOs and free-standing endoscopy centers to convince them to donate valuable endoscopy time to his cause. Next, he had to meet with his fellow gastroenterologists to ask us to donate

our time and skills. Then he needed pathologists willing to donate their time to interpret any tissue removed at these screening tests, and surgeons to donate their skills in the event that a cancer was found, as well as hospitals who would let the surgeons operate on these patients and would absorb those costs. He even convinced Braintree labs to donate the prep the patients would need to prepare for their colonoscopies.

Once he had all these resources together, he then had to orchestrate how to get the patients into the system, scheduled, prepped and to their procedure. To make sure this all went smoothly, he spent endless hours meeting with the support staff of the community health centers, endoscopy centers, and GI offices making sure everyone knew their role so that things went smoothly.

The result is SCUP: a program which continues to serve the uninsured and underinsured of Rhode Island. Through his enthusiasm, congeniality and tenacity, Dr. DiMase successfully enlisted nearly all of the acute care hospitals in the state, as well as several private endoscopy centers, the majority of gastroenterologists, pathologists and several surgeons. Through a network of 18 community health centers, the program provides screening colonoscopies, soup to nuts, free of charge, to needy Rhode Islanders. This was a true labor of love, and he put his whole heart into it.

Sadly, Dr. DiMase passed away this past spring. However, his vision, hard work and indomitable spirit created a program that has survived him and continues to serve his fellow Rhode Islanders. It is a gift not only to the patients it serves, but to the entire GI community as well, as it allows us to give back to the communities in which we live and work. I am grateful to have been able to work with



Dr. DiMase on his wonderful project, and in doing so, to have been able to get to know a great man.

In addition to the SCUP program, Dr. DiMase is remembered as a wise and patient teacher, always willing to share of his vast experience. He continued to volunteer his talents mentoring students, residents and fellows at Rhode Island Hospital well after his retirement. One fellow was quoted as saying, "I always felt a sense of kind warmth with Dr. DiMase. I always looked forward to my...endoscopy sessions with him...more than a teacher and a role model, Dr. DiMase became a friend as he shared his vast life experiences with me."

He was a past governor of the American College of Physicians, the recipient of the Irving Addison Beck Laureate Award in 2006, the American College of Gastroenterology Community Service Award in 2011, and he was overwhelmingly selected by the GI fellows as teacher of the year in 2007. He established and endowed the DiMase Award for outstanding research accomplishments by third-year GI fellows at Brown.

He truly epitomizes the qualities for which the Rakatansky Award was established. Therefore, it gives me joy to present the 2012 Herbert Rakatansky Award for Professionalism in Medicine to Dr. Joseph D. DiMase. Accepting the award for Dr. DiMase is his wife, Dr. Susan L. DiMase, and his daughter, Sherrie DiMase. ❖

*Remarks of Sherrie DiMase upon
accepting the Rakatansky Award on
behalf of her father, Dr. Joseph DiMase*

In January 2009, my father was hospitalized with chronic lymphocytic leukemia. My father was never one to be content with idle time, and even being hospitalized with a hemoglobin count of 6.0 was not enough to keep him down. My father would always tell us, his children, "There's work to be done! Get on with it!" and he lived by this motto his whole life.

Even during his final hospitalization, when he was dying from lymphoma, my father insisted that he needed to get home so that he could work on his garden. My father loved life, and he had a passion for medicine. He was a persistent man who did what he set out to do when he made up his mind to accomplish something.

During his hospitalization in 2009, my father made up his mind that something needed to be done about the long list of patients in the underserved population who were waiting for colonoscopy screenings. I went to visit him at the hospital at that time, and he asked me to walk him into the waiting room of the floor on which he was staying for a change of scenery from his hospital room. It delighted me to go with him, as it reminded me of the days when I was a child when he would take us on rounds with him, and we eagerly awaited him in those rooms. He would always come back and tell us about his experiences with his patients, which he clearly loved. As we sat looking down at the passing cars on Route 95, and all the bustling outside of the window, my father was quiet and thoughtful. Thinking that he might be contemplating his illness, I sat quietly with him.

"Sherrie, do you know how many people are waiting for colonoscopies who cannot afford them?" he asked

me. His question took me by surprise, as I was not expecting any such thought to come from this man whose hemoglobin levels were dangerously low, and whose ghostly pale skin had me worried for his life, not the lives, quite frankly, of anyone else.

"No, Dad. I can't say that I do."

"Take a guess, Sherrie. Just take a guess."

"I have no idea, Dad."

"There are over eight hundred people waiting for colonoscopies who cannot afford them. Over eight hundred! That number hasn't gone down from when I asked the staff how many were waiting over a year ago! That's shameful!"

He was quiet for a few minutes, and then he said, "Sherrie, get me a piece of paper and a pencil or pen."

My sick, pale father looked bright and alive. He was the persistent, authoritative father I knew and loved. I did as I was told. He began writing a list of some sort, every now and then asking me questions, such as, "Who are the representatives in our state government?" and "How many free clinics do you think there are in Rhode Island for uninsured people who cannot afford medical care?" or "Do you know why people who don't have insurance often cancel their appointments for the free clinics?" only to answer himself, "Because sometimes they can't afford the medical preparation they need to get ready for the procedure! They might not be on a bus route, or be able to afford the transportation needed to get there! They might not have someone to get them home after the treatment!"

He was on a roll, and I had no idea what he was talking about. Little did I know, this was the birth of the Screening Colonoscopies for the Underserved Population, or SCUP, Program. My father's passion and persistence drove him to spend his last years devoted to developing and running this program. It was the crown jewel of his career, and his commitment to keeping it going was just as strong when he was dying as it was when he started it



from his hospital bed three years ago. He was concerned that the program needed someone as dedicated to it as he was to keep this important work going. He told me that medicine had been good to him, as it had to so many other physicians, and that it was an obligation that he and others should give back to the world.

My hope is that the spirit with which he started this program will not die with him, and that others will feel the drive that he did to continue this important work. I know that my father enlisted a number of people who were as tirelessly committed to this cause as he was, and he was endlessly expressing his gratitude to those folks.

I leave you with the words that my father so often said to us, his children, in hopes that they will inspire you to continue in the spirit of what he started: "There is work to be done. Get on with it."

Thank you, and thank you for recognizing my father with this award. ❖

Presentation of the Rakatansky Award for Professionalism in Medicine to Patrick J. Sweeney, MD, PhD, MPH

NITIN S. DAMLE, MD



The man we honor with our second Rakatansky Award tonight is a man of tremendous accomplishment, tremendous energy and tremendous commitment to the community and to education. Among his many (many!) professional activities, Dr. Patrick Sweeney has for the past 20 years guided and led our Committee on Continuing Medical Education. And this year, for the fifth time in a row, the ACCME renewed our recognition as the Rhode Island accreditor for a full four years.

Let me try to explain what an accomplishment that is. The ACCME reviews all the CME accreditors in the country on a rotating basis. It is a demanding process – as it should be. When the review is all done, the ACCME has a spectrum of options. They can deny your accreditation. They can put your program on probation. Or they can approve you for one, two, or four years, depending on how much confidence they have in the job you are doing. Nobody gets more than four years.

Under Dr. Sweeney's leadership, the Rhode Island Medical Society has received four-year accreditations five times in a row, most recently again this year. So that makes 20 years of being at the top of our game as one of the strongest, best and most consistent CME programs in the country.

It's not easy work. The national rules are continually changing and tightening. Sometimes hospitals struggle to meet the standards that we have to enforce so that Rhode Island doctors have convenient access to quality CME. Dr. Sweeney does a masterful job of helping people understand the standards and how to meet them. He does so tirelessly, with great generosity and great compassion. He will personally bend over backward to help a struggling

program understand what they need to do. And there's a lot to learn! But in the end, you have to meet the standards!

Dr. Sweeney has given tremendous amounts of his time and talent to our CME program. Like all our other committee chairs and committee members, Dr. Sweeney is totally a volunteer. It would be hard to conceive of a more profound expression of professionalism than the devotion that Dr. Sweeney has freely given to the complex and demanding task of upholding standards for Continuing Medical Education, as he has done both locally and nationally. And so he is richly deserving of this high award given by his peers.

But before I present the Award, let me take one more minute to fill out the picture of Dr. Sweeney a little more. As a practicing gynecologist/obstetrician, Dr. Sweeney has long been very active in the American Congress of Obstetricians and Gynecologists at the state, district and national levels. He currently represents ACOG in the RIMS Council. He has been President of the New England OBGYN Society. He was Brown University's Associate Dean for CME for 17 years. He has been honored 27 times for Excellence in Teaching in various settings! The Alliance for CME gave him its Distinguished Member Award, and the ACCME gave him its Hero Award for exemplary volunteerism in 2007. As a site surveyor for the ACCME, he has traveled the country and surveyed over 75 nationally accredited CME programs over the past 20 years. He has often been a voice of reason and moderation in the sometimes rarified atmosphere of national ACCME policy discussions, and his Irish wit goes a long way to leaven an otherwise tedious committee meeting!

So for all these reasons, we truly honor ourselves by honoring Dr. Patrick Sweeney with the Rakatansky Award for Professionalism in Medicine. ♦



Remarks of Patrick J. Sweeney, MD, PhD, MPH, upon receiving the Rakatansky Award for Professionalism in Medicine

Thank you Dr. Damle, and thanks to the Society for this incredible honor. I was prepared to say "Thank you" and sit down, but Newell said that I was expected to make some brief comments, and I always do what Newell tells me to do. So if you'll bear with me for a few minutes, I would like to share with you some personal reflections on education and professionalism.

My earliest experience with education was with a system that no longer exists. I grew up in a small town in central Illinois and attended our local Catholic school. In those days they weren't called "private" schools and there was no tuition – the school was supported by the parish, and the Dominican Sisters provided an inexpensive labor force and an outstanding educational experience. My parents were not formally educated – my father

only achieved a high school diploma and my mother only completed the eighth grade. Although they never explicitly stated it, they somehow conveyed to me and my sister the value of an education, and they instilled in us a competitive desire to do well. For the record – my sister also has a doctoral degree! So whether by genetics or environment, I developed a passion for education, and I hope I have been able to pass along some of that passion not only to my own children but to medical students with whom I have worked over the past 35 years.

Medical education has changed dramatically in the past few decades. If the Dean is here tonight, some of my comments may place my Faculty Club membership in serious jeopardy. In 1911, Abraham Flexner published his famous report, which revolutionized the system of medical education in place at the time. His plan laid the foundations for medical school curricula that persisted well into the 1980s – essentially two years of classroom basic sciences followed by two years of clinical rotations. As I look out at tonight's audience, those of you who share my hair color – which is silver, not grey – were probably educated under the Flexnerian model. Was it a bad system? I don't think so. An educational system that produced hundreds of thousands of excellent, caring physicians over a period of 70 years couldn't be all that bad.

However, even a good system can be made better. Undergraduate "pre-med" students today – if they are still called that – are encouraged to avail themselves of the opportunities to participate in liberal arts classes – not limit themselves to biology and organic chemistry. Medical schools have incorporated various mechanisms to link the traditional basic sciences with the clinical experiences, and there is dedicated time to discuss ethics, communication skills, and professionalism.

For decades – actually for centuries – doctors have been held in high esteem. The oath taken by Brown

Medical School students upon graduation, starts out with, "Now being admitted to the high calling of the physician..." I truly believe it is a high calling – a noble profession – and maybe I am naive, but I like to think that the profession continues to attract young people who innately possess those characteristics which we have historically attributed to physicians – like honesty, dedication, compassion, and a desire to help and heal those in need.

In 1999 the Accreditation Council for Graduate Medical Education (ACGME) introduced the six core competencies of residency education. Residents in all specialties must now be evaluated on the degree to which they have achieved these competencies. Professionalism is one of them. While I understand the need for objective measures of assessment and wholeheartedly support the inclusion of professionalism in this educational matrix, I admit that it saddens me a bit that we feel the need to evaluate and measure this attribute which has been the hallmark of our profession for centuries.

This brings us to the final frontier – continuing medical education (CME). Physicians have always been expected – and now are required – to participate in programs of lifelong learning. The importance of CME can be appreciated if one considers that one's formal medical education is comprised of four years of medical school and four years of residency, yet one is likely to practice medicine for an additional 40 years. As Dr. Damle so eloquently noted, CME has been my second professional career, and it, too, has changed dramatically in the past two decades. The more senior physicians in the audience will remember – perhaps fondly – the nearly ubiquitous presence of the pharmaceutical industry at CME conferences. Over the past 10 years – under the scrutiny of the ACCME, the FDA, and other regulatory agencies concerned about undue influence – contributions from industry have decreased

dramatically. I mention this because this increased regulatory oversight has resulted in yet another challenge to our professionalism. Whether valid or not, whether you believe it or not, the accusations of pharmaceutical influence on physicians' prescriptive behaviors have painted a uniformly unflattering picture of physicians. Despite the fact that many of these reports use outdated examples and describe practices that no longer exist, our collective integrity continues to be chipped away. Interestingly, your patients still believe in you; when surveyed about the impact of pharmaceutical influence, patients consistently say they believe some doctors might be guilty, but not their doctors.

Medicine is indeed a high calling. In the years to come we – and the patients we serve – will continue to be faced with challenges like access, provider shortages (particularly in primary care), EMR, quality, safety, and technology. I have every confidence that future generations of physicians will master these challenges effectively and professionally.

In conclusion, I would like to make a couple of acknowledgements. The first is to the members of the CME Committee and the RIMS staff coordinators (Catherine Norton and her predecessors), without whose dedication and commitment those accomplishments that Dr. Damle so nicely summarized in my introduction would not have been possible. Finally I would like to acknowledge two fabulous women in my life – my wife, Eve, who has somehow been able to tolerate me for 43 years, and my daughter Christine, better known to some of you as "Dr. Brousseau." After graduating from my alma mater, Christine chose a residency in OB/GYN, relocated to Rhode Island, and now works at Women and Infants'. I guess you could say that apple didn't fall very far from the tree. And she is a member of the Medical Society, giving whole new meaning to the "member get a member" campaign.

Thank you again for this recognition and for this memorable evening. ❖

Isn't it time you got your own second opinion?



The Rhode Island Medical Society has partnered with Butler & Messier Insurance to provide an exclusive **CONCIERGE PROGRAM** for all your insurance needs. Everyone in the Rhode Island medical community is eligible for the best rates for your home and auto insurance, as well as your office policies.

**For your own FREE – NO OBLIGATION – SECOND OPINION call
John Divver at 401.728.3200**



RHODE ISLAND
MEDICAL SOCIETY
RIMS-INSURANCE
BROKERAGE
CORPORATION



www.ButlerandMessier.com





Local Partner, Superior Service

To understand Rhode Island medicine, patients and the standard of care, your medical professional liability insurer needs to be here, listening to you. That's how NORCAL Mutual delivers superior service to Rhode Island physicians — we're your neighbors.

Why NORCAL Mutual?

- > endorsed by the Rhode Island Medical Society since 1994
- > represented exclusively by RIMS Insurance Brokerage Corporation
- > local risk management expert available for on-site visits
- > a flexible, fresh approach to underwriting

we want to talk with you.

For a premium estimate
or on-site office visit, contact:



**RIMS-INSURANCE
BROKERAGE
CORPORATION**

- > Lisa A. O'Neill, Assistant Director
401-272-1050
Rhode Island Medical Society Insurance
Brokerage Corporation (RIMS-IBC)
loneill@rimed.org
(RI License #: 1049837)
- > Lynn White, Account Executive
401-276-7523
NORCAL Mutual Insurance Company
The Fleet Center on Kennedy Plaza
lwhite@norcalmutual.com
(RI License #: 2035061)



*Our Passion Protects
Your Practice*



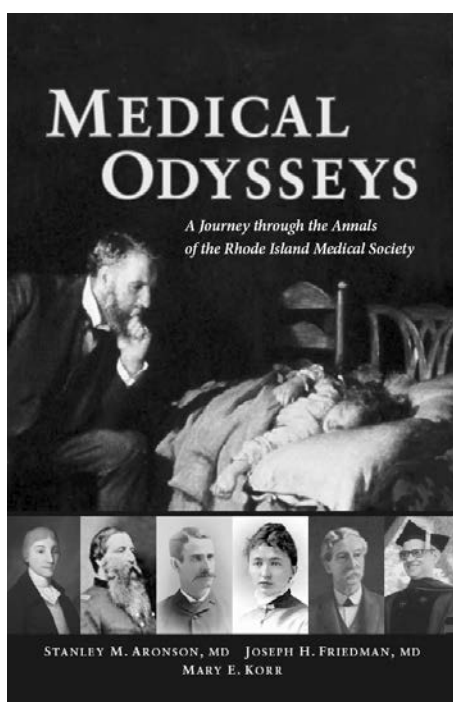
RHODE ISLAND MEDICAL SOCIETY

235 PROMENADE STREET, SUITE 500
PROVIDENCE, RHODE ISLAND 02908

VISIT WWW.RIMED.ORG

PRESORTED
FIRST-CLASS MAIL
US POSTAGE PAID
PROVIDENCE RI
PERMIT NO.1518

Medical Odysseys: A Journey through the Annals of the Rhode Island Medical Society



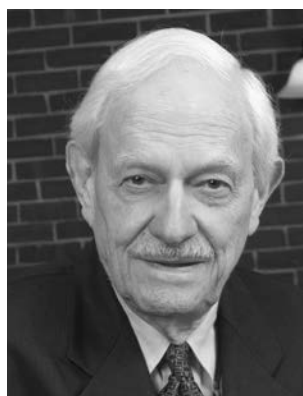
Essays by Stanley M. Aronson, MD; Joseph H. Friedman, MD; and Mary Korr. Edited by Mary Korr. Design by Marianne Migliori. Preface by Kathleen C. Hittner, MD. Published by the Rhode Island Medical Society, 2011. Paperback. 250 pages. Illustrated.

Connoisseurs of Dr. Stanley Aronson's uniquely erudite and entertaining essays on medicine, medical history and language will want to add this latest volume to their collection. This time around, Dr. Aronson invited the current Editor-in-Chief of *Medicine & Health Rhode Island*, Dr. Joseph Friedman, to

join him in assembling a new selection of commentaries in honor of the Medical Society's bicentennial. Mary

Korr, the editor of the new collection, was inspired to contribute her own series of well-researched and entertainingly written new essays on aspects of RIMS' history. The skilled eye and hand of designer Marianne Migliori contributed to the handsome and highly readable result: *Medical Odysseys*:

A Journey through the Annals of the Rhode Island Medical Society. The volume contains 69 short essays – 28 by Dr. Aronson, 26 by Dr. Friedman, and 15 by Ms. Korr. ❖



Visit www.rimed.org for information on how to obtain a copy.