



RHODE ISLAND

MEDICAL NEWS

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The 2016 General Assembly Session

The Rhode Island General Assembly concluded its 2016 session shortly after 6 a.m. on Saturday, June 18. Dozens of bills were enacted during the marathon final session, including the \$8.9 billion state budget.

However, the final gavel is not the same as the final curtain on the General Assembly's work. State House staffers labor for weeks after the close of each session to sort out what happened and then gradually transmit bills to the Governor. The Governor then has another ten days to do one of three things with each piece of legislation: she can sign it into law; she can veto it; or she can do neither, in which case the bill becomes law without her signature.

The 2016 session will be remembered as a relatively productive one, especially in contrast to the 2015 session, which ended abruptly with much business unfinished. However, the discord and mistrust between the House and Senate chambers that truncated the 2015 session did not abate in 2016. The session was also marred by controversy over the use and abuse of "legislative grants," the sudden resignation of Representative Ray Gallison (D-Bristol, Portsmouth), and controversy over whether Representative John Carnevale (D-Johnston, Providence) actually resides in the district he represents.

RIMS and the medical community achieved several signal victories this year. In addition to restoration of the Good Samaritan Overdose Prevention Act of 2012, which had been allowed to sunset in July 2015, RIMS leaders and rank-and-file members were instrumental in restoring \$300,000 that had been slated to be slashed from the budget of the Office of the Health Insurance Commissioner and in defeating a measure promoted by the Attorney General that would have given law enforcement access to the Prescription Drug Monitoring Program without a warrant.

The continuing response to the opioid epidemic

The medical community deserves credit for the fact that Rhode Island is emerging as a national leader in its response to the opioid epidemic. RIMS and its members have successfully championed a variety of measures that prioritize treating illness and saving lives. RIMS has also been a leader in providing education for prescribers. These efforts have borne fruit: for the past two consecutive years Rhode Island has led all other states in reducing the volume of opioid prescribing.

Complementing the progressive efforts of the last several years, a new package of bills was signed by Governor Raimondo in July 2016. The new laws include limits on opioid prescribing (see related article), require insurers to cover naloxone, require hospital discharge planners to connect overdose victims with treatment and recovery resources, enable electronic medical record systems to connect conveniently to the Prescription Drug Monitoring Program (PDMP) through "single sign-on," add Schedule V prescriptions to the PDMP, and require the Health Department to seek funding to improve the PDMP.

Here are some of the other new laws that the RIMS Public Laws Committee initiated, took public positions on, or monitored:

Eliminating restrictive covenants for physicians

Modeled after a Massachusetts law, this new law voids any provision in any employment or partnership agreement that restricts a physician's right to practice medicine in any geographic area for any period of time after the employment or other relationship terminates. (House 7586 Substitute A) (See related article, page 8.)

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is the newsletter of the
Rhode Island Medical Society
405 Promenade Street, Suite A
Providence RI 02908-4811
Phone: 401-331-3207
Fax: 401-751-8050
Email: RIMS@rimed.org
Website: www.rimed.org

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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,
Rhode Island Medical Journal.
Current and archived issues are
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RIMS NEWS



2016 Annual Meeting: September 23, at Quantum

3rd RIMS Member Convivium

For the third year, the Society's annual member gathering follows the relaxed "Convivium" format, as black tie and speeches give way to easy socializing. The evening features three uplifting presentations, a splenetic Brown medical student musical group called the Chords of Billroth, and varieties of good food and drink.

The Convivium celebrates the installation of the Society's new leadership team for 2016-17, as **DR. SARAH FESSLER** succeeds **DR. RUSSELL SETTIPANE** in the Presidency and **DR. BRADLEY COLLINS** becomes President-Elect. **DR. PETER HOLLMANN** will become Vice President, while **DR. JOSE POLANCO** and **DR. CHRISTINE BROUSSEAU** begin new terms as Treasurer and Secretary, respectively.

Three outstanding members of the Society will be recognized with special awards. The Charles L. Hill Award will go to **DR. SUNDARESAN T. SAMBANDAM**. The Herbert Rakatansky award for professionalism in medicine will go to **DR. JOSIAH RICH** in recognition of his leadership in shaping the state's response to the opioid epidemic. (Dr. Rich already received the Hill Award in 1998.)

The Dr. John Clarke Award for public service will go to **DR. CHRISTOPHER OTTIANO** for his leadership as a member of the Rhode Island Senate. The award is named for John Clarke, the physician and proponent of religious freedom who negotiated Rhode Island's liberal Royal Charter of 1663 and who may therefore be considered the true founder of Rhode Island. ❖



The Bakehouse at the Squantum Association, dates to 1889 and overhangs the rocky coast, offering sweeping views of the Providence River and Narragansett Bay.

AMA board chair in town to sign MOU with RIMS, state

Patrice A. Harris, MD, a psychiatrist from Atlanta and current chair of the AMA Board of Trustees visited Rhode Island on August 9–10 as a special guest of RIMS. As head of the AMA's internal task force on opioids, she addressed Governor Raimondo's Overdose Prevention and Intervention Task Force and participated in the ceremonial signing of a memorandum of understanding among AMA, RIMS, the Department of Health and the Department of Behavioral Health, Developmental Disabilities and Hospitals. The memorandum commits the parties to cooperating in a pilot program to develop a Rhode Island toolbox of resources to help physicians consistently provide optimal care to patients suffering from pain and/or opioid use disorders.



AMA Board Chair Patrice Harris, MD, interacts with residents, fellows and physician assistant trainees at RI Hospital.

[L–R] RI Health Director Nicole Alexander-Scott, MD, MPH; AMA Board Chair Patrice Harris, MD; Eleanor Slater Hospital chief Elinore McCance-Katz, MD, PhD; and RIMS President-Elect Sarah Fessler, MD. The setting is the August 10 meeting of the Governor's Overdose Prevention and Intervention Task Force.

The Rhode Island toolbox will serve as a model for implementation in other states. AMA selected Rhode Island for special attention for two reasons: the depth of Rhode Island's opioid crisis and the constructive relationship that exists on multiple levels between the Rhode Island Medical Society and the organs of state government here.

In introducing Dr. Harris to the Opioid Task Force, RIMS' President-Elect, Dr. Sarah Fessler, praised Dr. Gary Bubly and Dr. Jody Rich for the strong and effective leadership they have long provided on issues of both licit and illicit drugs in Rhode Island. She also recognized Governor Raimondo and the leadership of the General Assembly for making the opioid epidemic a priority, working with RIMS and the physician community, and for funding new state action. She thanked the AMA for recognizing the collaborative efforts of the Medical Society with the state and offering its own resources.

RIMS arranged for Dr. Harris to address a large group of residents and fellows over lunch and accompanied her to meet with representatives of the local media. ❖

Does RIMS have your preferred email address?

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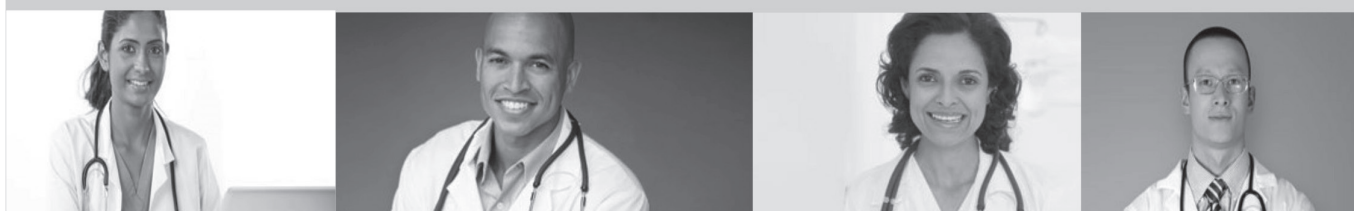
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Protecting children and families

The Family Home Visiting Act (House 7220, Senate 2096) requires the Health Department to develop a statewide home visiting system for children and families at risk and to publish an annual report on the program.

Expanding access to technology and information for the disabled

Rhode Islanders who are hard of hearing or otherwise impaired shall have access to wireless telephones and other adaptive equipment on loan. (House 7014, Senate 2051)

Health Information Exchange: access for designees

Patients can authorize a designee to have access to otherwise confidential health information through the statewide system Current Care. (House 7866, Senate 2898)

Collaborative Pharmacy Practice: redefining the qualifications

The new law redefines the kind of post-graduate training required of pharmacists who work with physicians in providing drug therapy and changes the review period for collaborative practice agreements from one year to two. (House 7949 Substitute A, Senate 2498 Substitute A)

Restricting prone restraint

This measure generally prohibits prone restraint in state-licensed facilities, including health care facilities. Settings in law enforcement and corrections, including the Training School and the forensic unit at Eleanor Slater Hospital, are excepted, as are emergency and security situations. (House 7154 Substitute A, Senate 2426 Substitute A)

Training police for mental health and substance abuse emergencies

Requires the Commission on Standards and Training to provide instruction, which shall be mandatory, for police in recognizing signs of common mental illnesses and substance use disorders. The training must include de-escalating crisis situations safely and initiating timely referral to community resources. (House 7259, Senate 2401)

Expanding coverage for off-label prescribing

Expands the requirement, in place since 1994, that requires insurers to cover off-label use of drugs to treat cancer and certain disabling or life-threatening chronic diseases as long as the drug is approved for other use by the FDA and peer-reviewed literature supports its use for the patient's condition. Becomes effective 1/1/17. (House 7512 Substitute B, Senate 2499 Substitute A)

Certification of recovery facilities and programs

Authorizes the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) to certify recovery housing facilities and programs for residential substance abuse treatment. Only certified facilities are eligible for state funding. (House 8056 Substitute A, Senate 2579 Substitute B)

Uniform rate review by the Office of the Health Insurance Commissioner

Amends the duties of OHIC and creates a uniform procedure for reviewing insurers' proposed rate changes. Effective 1/1/17, sunset 1/1/21. (House 7510 Substitute A as amended, Senate 2209 Substitute A as amended)

Waiver of medical records fees for veterans

When veterans need their medical records as part of a process of applying for benefits, health care professionals and institutions must provide such records within 30 days without charge for retrieval, copying, mailing or processing. (House 8318, Senate 2296 Substitute A)

Pharmacy benefit managers: contracts, pricing and oversight

PBM contracts with pharmacies must obligate the PBM to provide information on the maximum amount a PBM will reimburse for a drug and to update such information at least every ten calendar days. The Department of Health is required to oversee PBM adherence. (House 7438 Substitute A, Senate 2467 Substitute A)

Acupuncture for detoxification

Appropriately trained chemical dependency professionals may use auricular acudetox. Effective 1/1/17. (House 7130, Senate 2948)

Telemedicine coverage and reimbursement

Insurers must cover telemedicine services starting 1/1/18. Telemedicine is defined as "a licensed health care provider delivering health care services through two-way communication to assess, diagnose, and treat a patient at a different site from that of the provider." (House 7160 Substitute B, Senate 2577 Substitute A)

Comprehensive discharge planning for mental illness and substance abuse

Hospitals, freestanding emergency facilities, clinics and urgent care centers must submit to the Department of Health by 1/1/17 a comprehensive discharge plan for patients treated for substance use disorders. RIMS and a coalition worked to ensure patients' consent is obtained, if possible, and refusal documented in the record. In addition, insurers are required to cover medication-assisted addiction treatment, including methadone, buprenorphine and naltrexone. Facilities providing the first course of such treatment must continue until the patient is able to be transferred for inpatient or outpatient treatment. (House 7616 Substitute A, Senate 2356 Substitute A as amended)

Nursing assistants

Supervised nursing students who are enrolled in a bachelor's, associate degree or accredited LPN training program and who have completed two clinical courses are exempt from registration and supervision requirements for nursing assistants. (House 7637, Senate 2875)

Coverage for opioid antagonists

All insurers who provide drug coverage must cover at least one generic opioid antagonist and device. Prior authorization may still be required by insurers for non-generic forms. Effective 1/1/17 (House 7710 Substitute A, Senate 2460 Substitute A as amended)

Coverage for bio-similars

Regulates how pharmacies dispense and substitute biological products and interchangeable biological products and defines how pharmacists must follow up with prescribers within five days of dispensing. (House 7816 Substitute A as amended, Senate 2755 Substitute A as amended)

Single sign-on for PDMP

Authorizes vendors of electronic medical record systems to access the state Prescription Drug Monitoring Program for the purpose of providing prescribers with convenient direct access to the PDMP through the prescriber's electronic medical record system ("single sign-on"). (House 7847, Senate 2897)

Electronic prescribing for Schedule V

The categories of prescriptions that can be transmitted electronically to pharmacies now include Schedule V drugs. (House 7849, Senate 2874)

Providing patient access to health insurance claims data

Authorizes OHIC to develop guidelines for providing patients electronic access to their own health insurance claim data, consistent with federal law. (House 7786 Substitute A, Senate 2828 Substitute A as amended)

Insurers must give 30-days' notice before changing formularies

Health insurers must use both direct communication and timely updated web-based publications to give authorized prescribers 30 days' advance notice of changes in preferred or tiered cost sharing status of a covered drug. Any drug judged unsafe by an insurer or the FDA may be removed immediately without notice. (Senate 2294 Substitute A)

Child abuse

Sexual abuse of a child by any employee, agent, contractor or volunteer of an education program must be reported to authorities. (House 8335, Senate 2947 as amended)

Powdered caffeine

The sale or possession of powdered caffeine is prohibited for persons under age 18. Possession by persons of any age is prohibited on school property or on a public playground. (House 7063 Substitute A, Senate 2056)

Medical marijuana

Post-traumatic stress syndrome as a "debilitating medical condition" is added to the list of qualifying conditions; approval of applications for medical marijuana is accelerated for patients in hospice care. (House 7142, Senate 2115)

Freestanding emergency facilities

Licensure standards are tightened for these entities, which are new to Rhode Island and will henceforth be subject to the state's Certificate of Need (CON) process. (House 7500 Substitute A, Senate 2696 as amended)

Circulating nurses required in ORs

Hospitals and ambulatory surgery facilities must have at least one perioperative circulating nurse physically present in each operating room for the duration of each surgical procedure. (House 7448 Substitute A, Senate 2469 Substitute A as amended)

Defibrillators required in schools

All high schools and middle schools must have automated external defibrillators (AEDs) on site for school sponsored activities and athletic events, and someone trained in the use of AEDs must be present at each event. Effective 8/1/17 (House 7275 Substitute A, Senate 2494)

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Restrictive covenants for physicians are now illegal in RI

This year both the Rhode Island courts and the General Assembly decreed that it is not in the public interest for employed physicians and employers of physicians in Rhode Island to enter into or be bound by non-competition and non-solicitation agreements. Such agreements have commonly been included in the terms of physicians' employment and partnership arrangements in the past, though these provisions have widely been held to be unenforceable.

Now it is official: all three branches of Rhode Island state government agreed this year that non-competition agreements (often called "restrictive covenants") are illegal in medicine.

In March 2016 Superior Court Judge Michael Silverstein found that the public interest in allowing patients to

maintain continuity in their relationships with physicians outweighs any interest a physician's employer may have in precluding competition with a former physician employee. In writing his opinion Judge Silverstein cited a Massachusetts law that specifically outlaws restrictive covenants in medicine and noted that Rhode Island did not have such a law.

But already in February 2016, Representative Edith Ajello (D-Providence) introduced a bill (H-7586) that mirrors the Massachusetts law. As enacted by the General Assembly and signed by the Governor, provisions that the new law voids "shall include, but shall not be limited to, the following:

"The right to practice medicine in any geographic area for any period of time

after the termination of such partnership, employment, or professional relationship; and

"The right of such physician to provide treatment, advise, consult with, or establish a physician/patient relationship with any current patient of the employer; and

"The right of such physician to solicit or seek to establish a physician/patient relationship with any current patient of the employer."

The only situation specifically provided for in the new law where a restrictive covenant may still be legal and enforceable is in the purchase and sale of an existing medical practice. There the seller could agree to restrictions, but for no longer than five years. ❖

Dr. Brad Collins declares for the General Assembly

Bradley J. Collins, MD, a hospitalist working at The Miriam and Vice President of the Rhode Island Medical Society, is a candidate for a seat in the House of Representatives representing District 46 (Lincoln, Pawtucket). He is running as an Independent and seeks to unseat the three-term incumbent Democrat, Jeremiah O'Grady, a real estate manager with a master's degree in public accounting.

The General Assembly has been bereft of a physician since the fall of 2015, when Dr. Christopher Ottiano relinquished his Senate seat after accepting a position as a medical director at Neighborhood Health Plan.

The value to the public of having a physician in the General Assembly can hardly be overstated. The influence of any professional who serves in the legislature is magnified by the fact that Rhode Island legislators have virtually no support staff. They have to perform their own research, manage their own appointments and correspondence, etc. Legislators therefore depend on lobbyists for information, and they routinely turn to each other for advice in areas of specialized expertise.

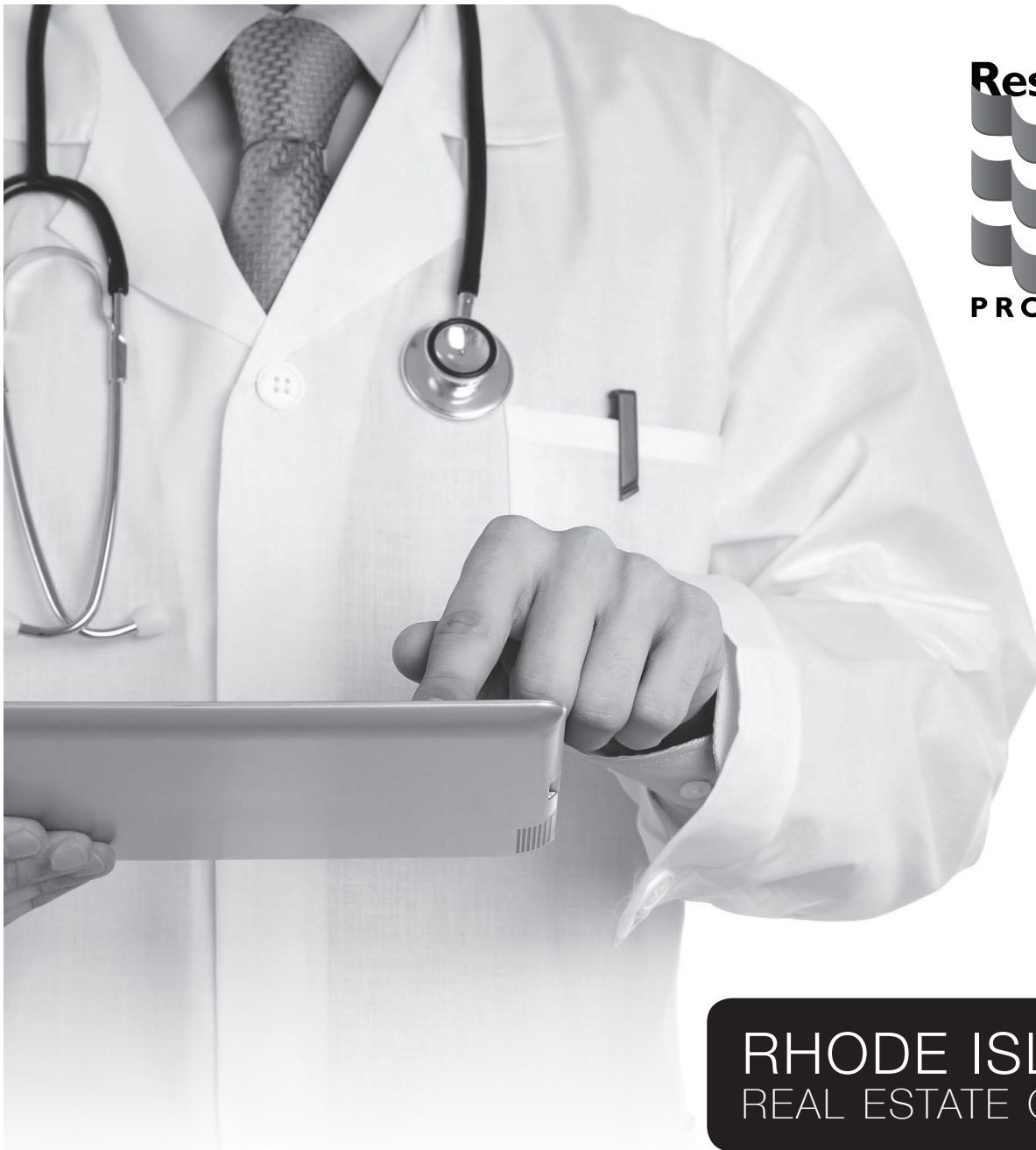
Though he is specialist in general internal medicine and

has long been active in the leadership of the Medical Society, Dr. Collins is not necessarily running for elective office as a physician. While healthcare is close to his heart, he also has a great interest in promoting quality education and good government. He says, "I want to help make Rhode Island a place where people want to put down roots, to feel like their children will get a first rate education, and that their government works not just for special interests but for all Rhode Islanders."

A native of Pennsylvania, Dr. Collins is a magna cum laude graduate of Gannon University majoring in chemistry. He earned his medical degree at Pennsylvania State College of Medicine in Hershey and did his residency at Brown. He has lived in Rhode Island for thirteen years and is a clinical assistant professor of medicine at Brown's Alpert Medical School.

Dr. Collins lives in Lincoln with his wife Tiffany, who is a nurse practitioner, and their three children William (9), Laura (7) and Jack (5). Dr. Collins is a triathlete and a musician who also enjoys theater, reading and, above all, time with his family.

His campaign website is www.bradcollinsri.com. ❖



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New LAWS and Existing REGULATIONS for Opioid Use in Managing Acute and Chronic Pain

A quick reference guide prepared by the Rhode Island Medical Society for physicians and other prescribers
August 2016

New Laws

What is the key element of Rhode Island's new opioid prescribing laws?

The key element is the following new opioid prescribing limit, which became effective JUNE 28, 2016:

- **Initial opioid prescriptions for outpatient adults may not exceed 30 morphine milligram equivalents (MMEs) or 20 total dosages.**
- This limit does **not apply** to Medication Assisted Treatment (MAT) for opioid dependence or to palliative care.
- **Pediatric patients** will have a different limit. The new law requires the Department of Health to set separate maximum opioid dosage limits for pediatric patients, but the Department has not yet done so as of this writing. Prescribers should use discretion when prescribing opioids for children and youth.
- **Revised regulations will be forthcoming from the Health Department.** As always, RIMS will intervene with the Department as needed to shape the regulations, and RIMS will keep its members apprised of developments.

Existing Regulations and Anticipated Impact of the New Laws

Who is subject to the opioid prescribing regulations?

Every health care professional who maintains a State of Rhode Island Controlled Substances Registration (CSR), also known as the Drug Enforcement Agency (DEA) number, and who prescribes opioids is subject to the regulations. Every such health care professional must be a registered user with the state's Prescription Drug Monitoring Program (PDMP) www.ripmp.com; under the new law such registration now happens **automatically** upon initial CSR/DEA registration or upon renewal.

Under legislation introduced by RIMS and enacted by the General Assembly in 2014, registered users may then designate a staff member to routinely query the PDMP, once the primary user is registered.

What is "acute pain" under the regulations?

"Acute pain" is considered to be the normal, predicted physiological response to a chemical, thermal, or mechanical injury and typically is associated with invasive procedures, trauma, and disease. "Acute pain" generally results from nociceptor activation in damaged tissues and typically resolves once the tissue damage is repaired. The duration of acute pain varies.

Palliative care and medication assisted therapy (MAT) for opioid addiction are exempt under the new law.

What is "chronic pain" under the regulations?

"Chronic pain" is considered to be pain lasting longer than ninety (90) days, **excluding** pain requiring palliative care.

What if my patient has "chronic pain" as defined in the regulations as pain lasting more than 90 days?

Practitioners prescribing opioids for more than 90 days for patients who have chronic pain must have a signed written patient treatment agreement that is a part of the medical record. The written agreement may be started at any point, at the practitioner's discretion, but no later than after ninety (90) days of treatment with an opioid medication.

The content of the written patient agreement for treatment is at the practitioner's discretion. Sample pain treatment agreements may be downloaded from www.health.ri.gov/saferx.

Again, **palliative care and medication assisted therapy (MAT)** for opioid addiction are **exempt** from these requirements.

Is there a periodic review requirement for chronic pain patients?

Yes. Required periodic reviews include a PDMP check at least every 3 months and an in-person visit at least every 12 months. At the 12-month visit the practitioner shall determine:

1. Patient's degree of adherence to any medication treatment plan.
2. Whether pain, function, or quality of life have improved or worsened, using objective evidence.
3. Whether continuation or modification of medications for pain management treatment is necessary based on the practitioner's evaluation of progress towards treatment objectives.

The practitioner shall consider tapering, changing, or discontinuing treatment when:

1. Function or pain does not improve after a trial period; or
2. There is reason to believe there has been misuse, addiction, or diversion.

When must the PDMP be checked?

All professionals with a CSR must query the state's Prescription Drug Monitoring Program (www.ripmp.com) either in person or through a designee and document the query in the medical record:

1. Before initiating any opioid treatment.
2. At least every 90 days for patients being treated for chronic pain (palliative care and MAT excepted).
3. Upon initiating or renewing opioid therapy using an intrathecal pump.

How up to date is the prescription information in the PDMP?

Pharmacies are now required to transmit opioid prescription information to the PDMP within one business day of dispensing any opioid prescription. Thus, PDMP information should be much more current than in the past.

Can my office access the PDMP through our EMR ("single sign-on")?

Theoretically yes, but medical offices will have to work with their EMR

vendors to effectuate this. The new laws now permit EMR vendors to access the PDMP for the purpose of installing single sign-on functionality for the EMR used by a practice.

What about alternatives to opioids for treating chronic pain patients?

Chronic pain often requires a multidisciplinary approach. Patients will often benefit from appropriate consultation not only with pain management specialists, but also with other professionals. Chiropractors, acupuncturists, behavioral health specialists and physical therapists are examples of clinicians who may be able to help alleviate patients' chronic pain through other than medication.

Can I refer or require a chronic pain patient to see another practitioner?

Yes, a practitioner may refer or require a patient to seek care from another practitioner for ongoing treatment. The referring practitioner shall facilitate a safe transition of care for any patient

being referred to another practitioner. Safe transition shall include documented practitioner-to-practitioner contact regarding the patient and appropriate steps to prevent a disruption in the patient's continuity of care for pain management.

Indications for referral to other professionals may include:

- Patients self-escalating their doses.
- Early refills.
- Inadequate pain relief.
- Co-existing morbidities such as a need for dialysis, chronic liver disease, prior history of a substance disorder, or prior over-dose.

NB: Revised regulations incorporating and codifying the changes required by the new laws will be forthcoming from the Health Department.

As always, RIMS will intervene with the Department as needed to shape regulations appropriately. RIMS will keep its members apprised of developments. ❖

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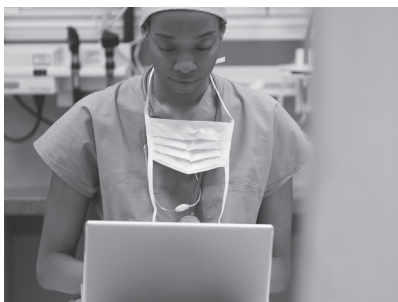


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Coverys: A model corporate citizen in Rhode Island

Each year the Rhode Island Medical Society acknowledges with special gratitude the generous support provided by the Boston-based medical professional liability insurer Coverys to the RIMS Physician Health Program. Coverys' support amounts to eleven percent of the resources that RIMS devotes to its highly-regarded and very busy Physician Health Program. (Other support comes from health plans, hospitals, medical staffs, several large practices, other liability insurers, and the professional associations of dentists, podiatrists and physician assistants in the state.)

Strong support for physician health is integral to Coverys' corporate culture. It is noteworthy that the company follows a consistent formula for supporting physician health in all 24 states where it does business.

But there is more. Only two medical professional liability insurers in the country maintain a charitable arm. Coverys is one of them. RIMS has already been a beneficiary of the Coverys Community Healthcare Foundation. It provided a generous grant to RIMS for a regional conference on the timely and sensitive topic of the aging physician. "Senior Physicians – Addressing Age, Ability and Acumen" takes place at the Crowne Plaza in Warwick on September 30 (see back page).

Moreover, Coverys is one of a tiny handful of strong medical professional liability carriers that have gone to the considerable trouble of becoming accredited by the Accreditation Council for Continuing Medical Education. Coverys is also accredited to provide continuing nursing education.

Finally, Coverys is a consistent top performer among the broad field of property and casualty insurers generally as evidenced again this year when Coverys was named – for the seventh consecutive year – to "Ward's 50," an honor reserved to companies that lead the industry in financial strength, revenue growth and underwriting results.

Coverys provides insurance, risk management and education services to over 25,000 physicians, surgeons and dentists, as well as nearly 500 hospitals, health centers and clinics in 24 states. The company is rated A ("excellent") by A. M. Best. ❖

Briefly noted

RAFAEL E. PADILLA, MD, is President of the Rhode Island Society of Anesthesiologists

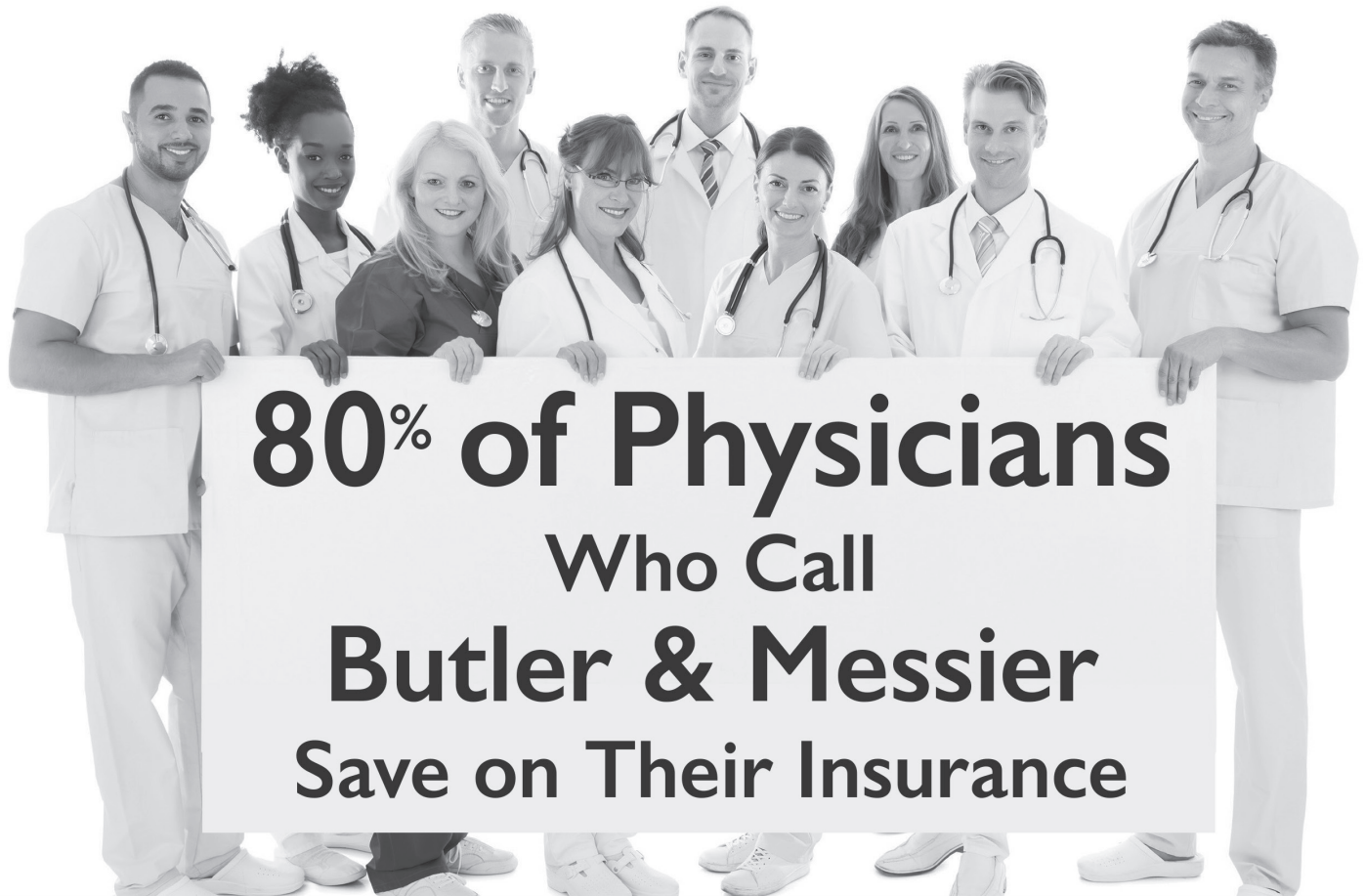
EMMA BANKS, PA-C, is President of the Rhode Island Academy of Physician Assistants

MAGDALENA KRZYSTOLIK, MD, is President of the Rhode Island Society of Eye Physicians and Surgeons

SIDNEY MIGLIORI, MD, is President of the Rhode Island Orthopedic Society

ADAM KLIPFEL, MD, is President of the RI Chapter of the American College of Surgeons/Providence Surgical Society

The Rhode Island Free Clinic will honor **PHILIP RIZZUTO, MD**, and **TED ALMON** in the context of its annual Founders' Event, which will take place at the Providence Marriott on Wednesday, September 28, 2016. RIMS Past President **PETER KARCZMAR, MD**, and **CATHY LUND, DVM**, host the event. Mr. Almon is the current chair and former president of the Claflin Company and an outspoken leader in the business community.



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Senior Physicians: Addressing Age, Ability and Acumen

A regional conference presented by the RIMS Physician Health Program and supported by the Coverys Community Healthcare Foundation will examine the issues on September 30.

The aging of the physician population and the aging of individual physicians are topics of timely and immediate relevance to quality patient care. Discussion of the sensitive issues involved in assessing a physician's cognitive and physical function is just beginning, however. RIMS intends to advance the discussion through a day-long regional conference that explores potential steps to assure that physicians practice with competence and skill throughout their careers. Clinical, legal, regulatory and peer review perspectives will be explored.

The Crowne Plaza Hotel in Warwick is the site of the conference. Details of the program, speakers and registration process are available online at www.rimed.org, or email Catherine Norton at cnorton@rimed.org.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Coverys and the Rhode Island Medical Society. Coverys is accredited by the ACCME to provide continuing medical education for physicians. Coverys designates this live activity for a maximum of 5.50 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. ❖

Senior Physicians: Addressing Age, Ability and Acumen

... exploring challenges
and opportunities for
senior physicians as
well as implications for
healthcare systems,
regulatory agencies,
and medical practices

Friday, September 30, 2016

8:00am to 4:00pm

Crowne Plaza, Warwick, RI

This conference is made possible through an educational grant from the Coverys Community Healthcare Foundation. Program agenda and registration details may be found [here](#) or at www.rimed.org



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