



MASSACHUSETTS
MEDICAL SOCIETY

2017 MMS Annual Report

Report from the Frontlines

The 2017 MMS Annual Report is interactive.

Throughout the report, click on the underlined text and images for relevant resources from the MMS, the *New England Journal of Medicine*, and external sources — including websites, video clips, testimony, articles, and webinars.



Mission

The Massachusetts Medical Society was established as a professional association of physicians by the Commonwealth of Massachusetts in an Act of Incorporation, Chapter 15 of the Acts of 1781. Section 2 of that act states the following:

The purposes of the Massachusetts Medical Society shall be to do all things as may be necessary and appropriate to advance medical knowledge, to develop and maintain the highest professional and ethical standards of medical practice and health care, and to promote medical institutions formed on liberal principles for the health, benefit and welfare of the citizens of the Commonwealth.



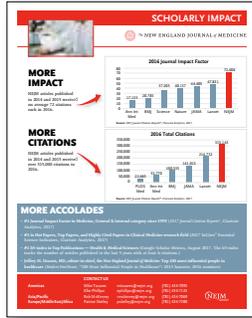
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Information in this report reflects activities of the Massachusetts Medical Society between August 2016 and December 2017. The MMS annual report is produced by MMS Publishing Operations and the Department of Communications.

Key Impacts

Through 2017, the Massachusetts Medical Society advanced its mission on multiple fronts.



New England Journal of Medicine

- Highest Journal Impact Factor of any biomedical research journal (2016 *Journal Citation Reports*, Clarivate Analytics, 2017)
- Millions of readers in more than 175 countries
- Half the research reports originate outside the US



National Health Care Policy

- Opposed ACA "repeal and replace" efforts
- Leading voice in American Medical Association



State Health Care Policy

- Filed 20 bills
- Testified on more than 100 additional bills



Medical Practice Sustainability

- Physician compensation
- Physician wellness
- Ever-expanding tools from the Physician Practice Resource Center



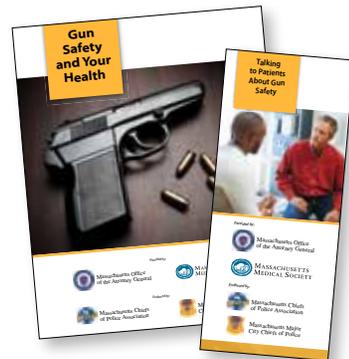
35 Community Health Centers

- Inclusive Society membership



Opioid Solutions

- First US medical society to support supervised injection facility pilot program
- 36,000 free opioid prescribing courses completed by 13,400 unique individuals (May 2015–October 2017)



Firearm Safety Resources

- Innovative partnership with Attorney General Maura Healey



Comprehensive Cannabis Curriculum

- Pioneering 17-module CME program



30,000 CME Credits

- Issued to 8,000 independent learners (in 12 months)



Active Membership

- 800+ members participated in MMS committees and the House of Delegates

Leaders on the Frontlines

From the Past President: Leading Solutions to Saving Lives

Throughout my time as president of the Medical Society, I observed our membership stepping to the frontlines of difficult conversations, taking on what we knew would be controversial positions.

We did it anyway. Why? Because, as our motto states so clearly, “every patient counts.” To what end is physician advocacy if not to make a difference in the lives of not just the patients for whom we provide care, but all patients in need?

I sat proudly at the 2017 Annual Meeting, in the waning moments of my presidency, and watched while — by an overwhelming vote of 193 to 21 — the House of Delegates led our Medical Society to be the first in the nation to support supervised injection facilities.

I recall, as many of you do, that the first time I heard of that concept, I was surprised. But as I absorbed the data and considered the lives to be saved, so did our membership’s representatives. Since then, we have been at the frontlines of our national conversation about innovative solutions to save lives in the opioid crisis.

We created educational materials to help our fellow physicians know how best to discuss firearm safety with patients. We opposed recreational marijuana legalization, based on our knowledge of its effects on adolescents and young adults, but we responded to the vote of the people by coming forward to advise on a public health-focused approach to implementation.

It is said that just as we advocate for our patients clinically — from getting them the right treatment to connecting them with needed resources — we also have a role in advocating for them legislatively.

I humbly submit that the past year has been a testament to just that. Although my year as president has concluded, I remain proud to be a member of the MMS — which continues to advance important principles for improving our patients’ lives — and I hope that you do, too.

James S. Gessner, MD
Past President, MMS; April 2016–April 2017

From the President: Physicians on the Frontlines Every Day

The past year — one of transition, uncertainty, and opportunity — has repeatedly demonstrated the strength of our medical community.

As we battle the opioid crisis, confront the growing epidemic of physician burnout, advocate for our patients’ access to quality health care, and evolve our medical practices to respond to changes in the health care system — as well as in the health challenges faced by our patients — it is from each other that we gain the support and fellowship needed to march on.

The MMS members, who represent physicians and future physicians from across the spectrum of the profession, bring their own unique perspectives to the Medical Society, allowing us, the officers and staff, to advocate both with you and for you. Our members are the ones who are on the frontlines every day, seeing to it that each patient gets the quality health care that everyone deserves. Your Massachusetts Medical Society is a comrade-in-arms you can count upon.

This year’s challenges are not going away any time soon. But as Winston Churchill, a man who never backed away from the frontlines, said, “For myself I am an optimist — it does not seem to be much use being anything else.”

Throughout this year, the Medical Society came forward with bold statements based upon strong convictions. We stood up for patients, that they be given the chance to thrive. We stood up for our fellow physicians, laboring under increasingly difficult conditions yet never flagging or failing in their duties. The MMS members spoke together as a unified, major voice in the Commonwealth and in Washington. Our work has resonated in the courts, on Beacon Hill, on Capitol Hill, and within the American Medical Association, where the MMS has assumed a leading position in national health care policy.

I look forward to the years ahead, and I thank the members for being a part of this honorable community during my tenure as president.

Henry L. Dorkin, MD, FAAP
President, MMS; April 2017–April 2018

From the Executive Vice President: Powerful Collaboration, International Reach

Those at the frontlines know that they cannot go it alone. This year, the Medical Society has continued to be a health advocacy and medical education leader, and an effective partner and collaborator.

In Massachusetts, we provided an expert voice to our elected officials on public health issues such as the opioid crisis, firearm safety, and marijuana legalization. We worked closely with government agencies across the Commonwealth to ensure that the practice of medicine is sustainable.

At the national level, we emerged over the past year as a patient-focused leader in support of access to care. We brought groundbreaking resolutions to the American Medical Association, where our advocacy led our peers in other states to adopt policies that will make a difference in health care nationally.

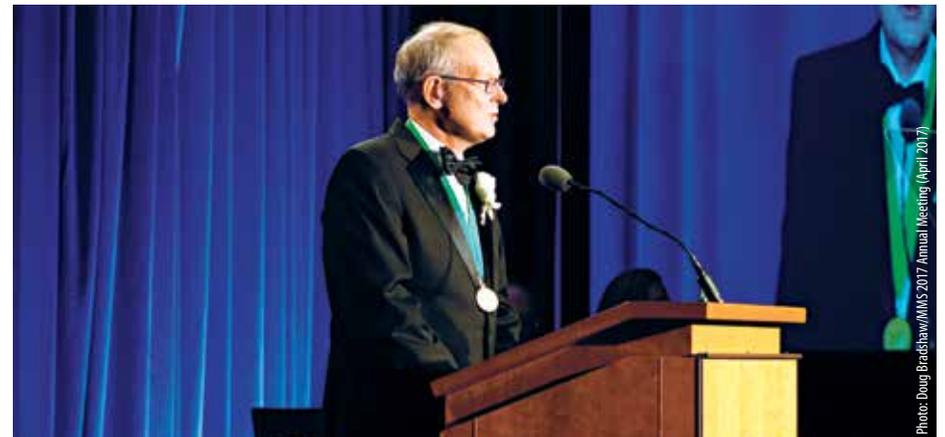
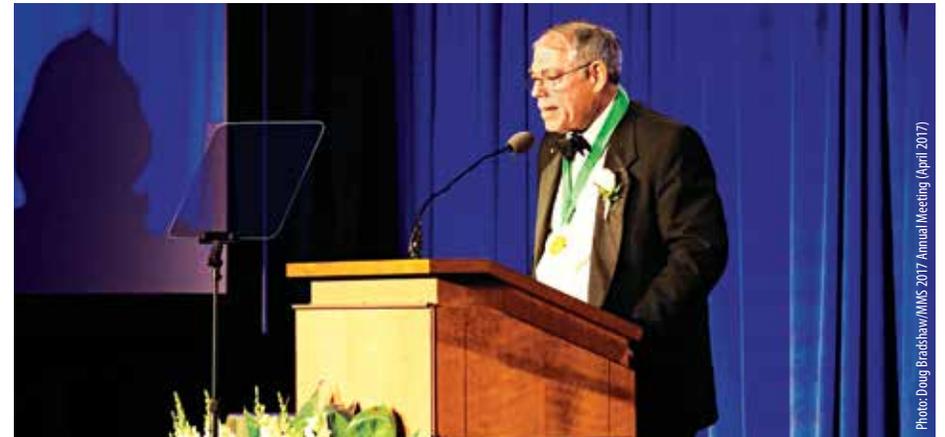
And our reach extends internationally. The *New England Journal of Medicine* is read by millions of people in more than 175 countries, with over half of its research reports originating outside the United States. A truly global brand, NEJM has the highest Journal Impact Factor of any biomedical research journal (2016 *Journal Citation Reports*, Clarivate Analytics, 2017). It informs how medicine is understood and practiced worldwide, while fueling efforts to improve health care delivery and patient outcomes.

Our members continue to collaborate on issues important to their patients. This helps to ensure that physicians have an active engaged voice in the Commonwealth.

We are continuing to build a foundation for the Medical Society to drive quality health care. It is clear that our work is a catalyst for change in Massachusetts and beyond.

Lois Dehls Cornell

Executive Vice President, MMS; June 2016–present



Frontlines of Medicine

The frontlines of medicine are inevitably the setting for high-stakes human stories. In the clinical setting, the patient-physician relationship remains the foundation for care. Meanwhile, advances in scientific understanding accelerate evolutions in medical practice,

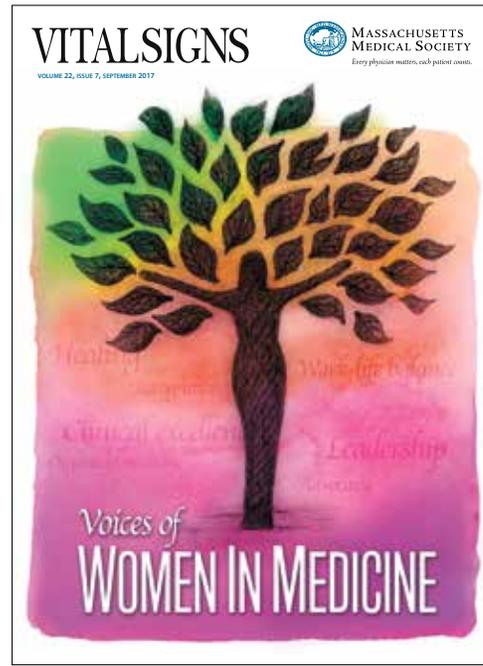
from incremental progress to groundbreaking, targeted treatments. This year in the US, the revolution in health care delivery continued despite the political volatility and conflict that threatened it. The Society was consistently active on those frontlines.

Reaching Out and Bringing In

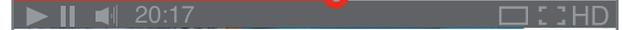
Effective medicine is inclusive in its workforce and culturally competent in its delivery. The MMS is committed to outreach and partnership with physicians on the frontlines of caring for disadvantaged populations. Here's how we've recently advanced that goal:

- The Society made membership complimentary to physicians working in qualified community health centers. We welcomed 440 new physician members from 35 centers who bring crucial perspectives to our advocacy and resource development, and draw on our work to advance their patient care.
- Our Diversity in Medicine program engaged physicians, physicians in training, and deans from Boston's medical schools to discuss challenges and opportunities to supporting diversity (October 2016).
- Our new Minority Affairs Section is gearing up. We're tracking member demographics to help us ensure that physicians from minority communities are appropriately represented and supported in the Society.

- For Women in Medicine Month, a dedicated issue of *Vital Signs* explored what's working for women in medicine — and what's not (September 2017).



Women in Medicine *Vital Signs* cover (September 2017).



Why It Matters

"MMS membership gives us a cohort of professionals that we can turn to, and programming for physicians who are emerging into leadership and physicians in leadership positions."

— *Myechia Minter-Jordan, MD, MBA; president and CEO, The Dimock Center, Roxbury*



Why It Matters

"Group membership in the MMS helps to connect our physicians to the rest of the medical profession, which is vital to providing coordinated and comprehensive care for our patients."

— *Nisha Thakrar, MD; chief medical officer, South Boston Community Health Center*

Tackling the Social Determinants of Health

How can the medical community influence the socioeconomic factors that powerfully drive health outcomes? Our [13th Annual Public Health Leadership Forum](#) (April 2017) explored the value of health care models that encourage partnering across sectors, and integrating and [collaborating](#) with social services.

Throughout 2017, the MMS supported the CMS [pilot waiver project](#) for MassHealth. This project seeks to establish accountable care organizations that address social determinants of health in their patient populations.

In 2017, the [Massachusetts Medical Society and Alliance Charitable Foundation](#) provided more than \$200,000 in grants to community organizations addressing unmet health needs.

Stepping Up in Public Health Emergencies

The MMS and NEJM Group are committed to advancing on point, up-to-date best practices during disease outbreaks and other emergencies. The *New England Journal of Medicine* is disseminating frontline [Zika research](#), sharing data as rapidly as possible with public health and research communities and the World Health Organization.

At the Interim Meeting 2016, the Annual Oration — “[Zika: Responding to the Challenges of an Emerging Infection](#)” — was delivered by Alfred DeMaria Jr., MD, medical director for the Bureau of Infectious Disease of the Massachusetts Department of Public Health.

Following a devastating hurricane season, the Society donated \$50,000 in [disaster relief](#) to physicians in Texas and Florida to help reestablish their practices and resume patient care. The MMS also committed to supporting recovery in Puerto Rico and the US Virgin Islands, and matched members’ donations to hurricane relief programs.



Massachusetts Medical Society
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Embracing Technology: A New Way to Think about Medicine

In what ways can technology help us prevent, contain, and manage disease? This was the central question of *The Promise and Pitfalls of Transforming Health Through Technology and Information*, our [14th Annual Public Health Leadership Forum](#) (October 2017). Speakers included Monica Bharel, MD, MPH, state public health commissioner.

A [dedicated issue](#) of *Vital Signs* explored the surge in health technology innovation and ways that the physician entrepreneurs of Massachusetts are changing the practice of medicine.



John Auerbach, president and CEO of Trust for America's Health, gave the keynote address, “[Technology and Information: Necessary Tools for Health in a Challenging Time](#)” (October 2017).

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Evolving on Medical Aid-in-Dying

At the [2017 Interim Meeting](#), the MMS [adopted](#) the position of neutral engagement on medical aid-in-dying (physician-assisted suicide), the act of a physician writing a prescription for a lethal dose of medication to be used by an adult with a terminal illness at such time as the patient sees fit. [Neutral engagement](#) allows the organization to serve as a medical and scientific resource as part of legislative efforts that will support shared decision making between terminally ill patients and their trusted physicians. The Society rescinded its longstanding opposition to physician-assisted suicide (December 2017).

“I loved Reference Committee A, the discussion on medical-aid-in-dying. It’s so incredible to see people really passionate, even if I disagree. It’s nice to be able to talk to experienced, respectful people about difficult topics — and I learn a lot.”

— Jessica A. Fortin, student,
MMS Trustee, AMA delegate

Carving New Pathways to Medical Decision Making

- The MMS developed a bill aimed at improving the process of caring for [incapacitated patients](#) who lack health care proxies, empowering physicians and reducing delays in moving patients into appropriate community settings. We’re building a coalition involving hospitals, nursing homes, and other advocates.
- The MMS is a member of the [Massachusetts Coalition for Serious Illness Care](#), an initiative co-chaired by Atul Gawande, MD, aimed at aligning the health care of Massachusetts residents with their own goals, values, and preferences. The Society’s commitment includes providing educational resources to members.

Frontlines of the Opioid Epidemic

In 2016, Massachusetts experienced more than 2,000 opioid-related deaths — but the MMS is a leading force in the Commonwealth's efforts to curb this epidemic, and a proactive partner to policy makers and

law enforcement. Our advocacy and provider education are driven by research, including game-changing studies from the Massachusetts Department of Public Health that draw on the datasets of multiple state agencies.

Driving Best Practice

- By October 2017, the Society's free online CME courses on opioids had been accessed 37,000 times by 13,400 unique individuals.
- The MMS worked closely with Governor Baker, Commissioner Bharel, and the four medical schools to develop a core curriculum, and collaborated with the Massachusetts Hospital Association on creating educational tools for physicians and patients.
- The year also saw a substantial uptake in providers' use of MassPAT, the state's prescription drug monitoring system.



Gabor Maté, MD, was among the leading addiction specialists who presented at the 2017 Annual Education Program: *The Winding Road of Addiction: Hope on the Horizon* (April 2017).



Massachusetts Medical Society

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Pioneering Advocacy for Patients' Rights

In September 2017, the MMS stepped into the potentially landmark case of Julie Eldred, a Massachusetts resident who tested positive for use of an opioid while on probation and was incarcerated.

The MMS supports Ms. Eldred's appeal argument that punishment for the symptoms of opioid use disorder, a medical condition, violates a citizen's constitutional rights. In an amicus brief submitted to the Massachusetts Supreme Judicial Court, the MMS confirmed that opioid use disorder is a chronic disease and that relapse is a common, predictable symptom. The MMS aligned with leading medical and health policy experts and addiction treatment organizations. The case has not yet been decided.



Supporting Supervised Injection Facilities: First Among US Medical Societies

At the 2016 Annual Meeting, the House of Delegates authorized the Medical Society to conduct an evidence-based study of the ethical, legal, and liability considerations and feasibility of supervised injection facilities (SIFs) — clean, secure locations for persons who self-inject illegal drugs to do so in a safe space, with appropriate medical response in case of an emergency.

The SIF advocacy process had been initiated by our dynamic Medical Student Section. The study revealed compelling data from SIFs in other countries, including Canada and Australia: reduced overdose mortality; increased referral to treatment, detoxification use, and initiation of methadone maintenance therapy; and no increase in related street crime, drug dealing, or litter.

At the 2017 Annual Meeting in April, the MMS House of Delegates voted 193 to 21 to adopt a policy stipulating that the MMS advocate for a pilot SIF program in the Commonwealth under the supervision of a task force convened by a state authority, such as the Department of Public Health. The vote led to substantial media coverage and hearings convened by Boston City Council and the Massachusetts Senate. In June, the American Medical Association's House of Delegates passed a similar resolution, based largely on the strength of the MMS research.



Photo: Doug Bradshaw

Why It Matters

“The MMS provides continuing medical education and training, has been actively involved in crafting regulations and legislation, and is looking at novel strategies to support doctors’ decision making around pain management. The MMS has produced a remarkable resource, the best single summary of available evidence, on supervised injection sites. Responding to the opioid epidemic is a strategic priority of the MMS.”

— Barbara Herbert, MD; medical director, SUDS Services, Commonwealth Care Alliance; past president, Massachusetts Chapter of the American Society of Addiction Medicine

#NextUpOnTheMMSAgenda

- Pain management in the context of the opioid epidemic
- Expanding access to medication-assisted treatment
- Making naloxone ubiquitous
- Supporting physicians in increasing primary care capacity

Frontlines of Marijuana Legalization

Staying in the Game — and Changing It

After Massachusetts voted in November 2016 to legalize recreational marijuana, the Society remained engaged as the legislature reviewed dozens of amendments. We advocated to ensure that the new law came with public health protections, oversight, and funding for research and education on substance use prevention and treatment, as well as research on the impact of legalization.

In July, the legislature passed a 44-page law, Chapter 55 of the Acts of 2017. Its measures include:

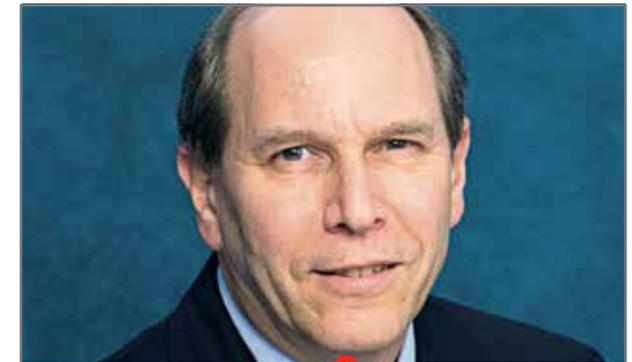
- A new Marijuana Regulation Fund with earmarks for public and behavioral health funding, including substance abuse prevention and treatment, youth education, and youth use prevention
- A new Cannabis Control Commission to oversee all aspects of both recreational and medical marijuana
- A special commission, including a Society representative, to study impaired driving

#NextUpOnTheMMSAgenda

- Supporting and responding to the Cannabis Control Commission
- Updating the Society’s web-based resources for physicians

Developing Evidence-Based Marijuana Medicine

The Comprehensive Cannabis Curriculum, a collaboration between the MMS and the medical education website TheAnswerPage.com, is designed to give physicians and other providers a robust training on the medical, legal, and social issues relating to marijuana use.



Why It Matters

“The course addresses a huge knowledge deficit clinicians have regarding risks and benefits of marijuana and other cannabinoids. This is just what doctors need to be able to have constructive conversations with their patients. The presentation is very balanced with an emphasis on the best available evidence.”

— Alan Ehrlich, MD, clinical associate professor in family medicine, UMass Medical School; executive editor, DynaMed

Frontlines of Health Care Advocacy

The Society's legislative and regulatory advocacy aims to improve the health of patients in Massachusetts and the sustainability of medical practice through evidence-based policy. In 2017, as the fight over the

Affordable Care Act became ever more urgent, the MMS advocated strongly at the federal level. In the State House, the MMS filed 20 bills and testified on more than 100.

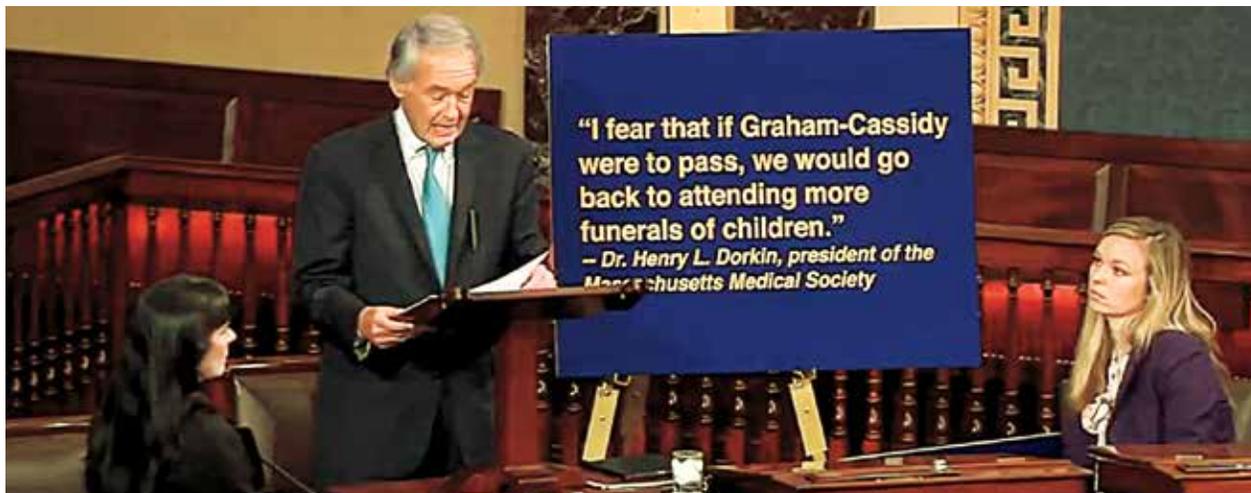
Protecting the Affordable Care Act

Through 2017, the MMS firmly opposed efforts to repeal the Affordable Care Act. We urged Congress to strengthen and sustain this landmark law and shore up the insurance markets, and reauthorize and fund the Children's Health Insurance Program and community health centers. Our efforts included:

- A collaboration with the Massachusetts congressional delegation on a compendium of stories from MMS members on the impact of the ACA for their patients

- A roundtable discussion convened by Senator Markey about the detrimental impact of repeal plans
- Outreach to the Senate Finance Committee; media statements; social media activities; and a first-of-its-kind legislative alert to members

Nationally, as well as across the Commonwealth, we have partnered with patient organizations, physician organizations, and business associations. The MMS sits on the AMA task force on ACA strategy and is a signatory to its letters opposing repeal and replace efforts.



Senator Ed Markey, speaking on the Graham-Cassidy bill, referenced Dr. Hank Dorkin's concerns on the Senate floor (September 2017).



Why It Matters

"[The AMA Annual Meeting] is a great way to take the pulse of health care in the US, because the meeting brings together physicians from all across the country. There are few better ways to hear diverse perspectives on medicine. The best way to influence change is to get involved."

— *McKinley Glover, MD, MHS; neuroradiologist, MGH; Health Policy and Management Fellow, Massachusetts General Physicians Organization; MMS delegation to the AMA*

Keeping Health Care Affordable

To what extent should costs drive decisions about care? What do current trends mean for practice viability and patients' wallets? The Society approaches this from several angles, including legislative advocacy and evolving support and services for medical practice. Our [informational report on high deductibles and other cost-sharing mechanisms](#) (June 2017) informs our advocacy. In October, Society President Dr. Hank Dorkin testified on a comprehensive bill aimed at curbing [health care costs](#) in Massachusetts. The MMS welcomed provisions aimed at streamlining the quality metric reporting process and providing greater transparency on pharmaceutical manufacturers and pharmacy benefit managers. We conveyed concern about proposals relating to scope of practice, out-of-network care, and telemedicine.



Illustration: Chris Twitchell

The Summer 2017 issue of *Vital Signs* explored the impact of rising cost-sharing on physicians and patients.

Keeping Prescription Drugs Affordable

The MMS recognizes that [prescription medicines](#) are essential for health care, and is increasingly concerned about [dramatic increases](#) in prescription drug prices.

This year, the Society welcomed the efforts of Senator Warren and the Senate HELP Committee to increase transparency on prescription drug pricing, and supported federal legislation regarding direct-to-consumer advertising.

The MMS sits on the AMA task force on pharmaceutical pricing. The [AMA's new resolution on drug cost transparency](#) was drafted by a Society past president.

In Massachusetts, we're supporting proposals aimed at heightening [transparency](#) around the pharmaceutical industry and pharmacy benefit managers.

Clearing the Way for Freestanding Ambulatory Surgery Centers

The MMS successfully opposed regulations proposed by the DPH that had threatened to limit freestanding [ambulatory surgery centers \(ASCs\)](#) not affiliated with hospitals. The revised regulations broadly lifted a 20-year moratorium on new ASCs, promoting greater patient access to high-quality care and providing opportunities for lower-cost surgical care.

#NextUpOntheMMSAgenda

- State advocacy on health care costs, adult guardianship, opioids, and more
- Federal advocacy on the ACA, drug costs, telemedicine, and more

**Massachusetts Medical Society** 
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Guarding the Rights and Liberties of Massachusetts Residents

The MMS routinely advocates for evidence-based policy on issues that can change the lives of citizens across the Commonwealth, whether or not those issues make headlines. In 2017, we worked to repeal a restriction on [blood donation](#) (the requirement of a year of celibacy in men who have sex with men), ensure cost-free [birth control](#) coverage at the state level, and protect Massachusetts residents from [female genital mutilation](#).

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Making Headway on Firearm Risk

A collaboration between the Society and Attorney General Maura Healey led to a working group of professionals focused on developing resources for providers about [gun safety](#).

The Society's ability to make headway on this sensitive issue was applauded at the AMA Annual Meeting in July. Our new tools include a brochure for providers about speaking with patients on preventing gun injury and death, a corresponding brochure for patients, and a free online webinar. The MMS continued our advocacy in support of Senator Markey's bill that would allow federal research into gun violence prevention.



Heading Off Burdensome Regulations

The MMS raised concerns about revisions to Board of Registration in Medicine [regulations](#) on licensing and medical practice that would have hindered clinical practice and medical education. In the light of our feedback, the regulations are undergoing substantial revisions.

Frontlines of Medical Practice

Throughout 2017, a question mark loomed over the Affordable Care Act and the future of health care reform. Physicians and their practices are adjusting to major ongoing evolutions in care delivery and compensation models — including the shift to value-based care, the integration of technology solutions, and the use of data to drive best practices and reimbursement.

The Physician Practice Resource Center (PPRC) is equipped and ready to help. We provide an ever-expanding range of live, digital, and print resources, as well as phone and in-person consultations. In 2017, the PPRC responded to more than 460 calls from physician practices requesting support on practice management, regulatory compliance, retirement planning, health plan payment, and many more issues.

Transitioning to New Delivery Models

Health care redesign and what it means for practices is a major theme of inquiries and consulting requests to the PPRC. How can our practice embrace value-based care principles without sacrificing independence?



What is a patient-centered medical home and how can our practice become one? How can independent physician practices improve their contracting prospects while retaining their autonomy?



Fourth Annual PPRC Talks: Adam Licurse, MD, MPH (left), and Sarika Aggarwal, MD (right), examined ways to engage physicians in the transition to value-based care (September 2017).

Adjusting to New Compensation Models

The transition to value-based care involves reimbursement models that shift risk to physicians, with incentives for providing care that demonstrates *value*. The Society has led the way forward with consulting resources, a help line, and workshops relating to these issues and more:

- Current and future models of physician compensation
- Individual compensation claims
- Implementing Medicare Access and CHIP Reauthorization Act (MACRA) with Healthcentric Advisors

Easing the Administrative Burden

The MMS is part of an ambitious and effective collaboration aimed at streamlining cumbersome administrative processes for physicians across the Commonwealth. As a steering committee member of the Mass Collaborative, we are working with insurance companies, hospitals, provider groups, and trade associations. Our combined voices are making a difference. The Collaborative has developed streamlined forms for claim reviews, provider information, and prior authorization. We are working with the Board of Registration in Medicine and the Department of Public Health to ease the credentialing process for new physicians.



Integrating Telemedicine

Incorporating telemedicine into clinical practice can reduce delivery costs over time but requires significant upfront investment. In November 2016, the MMS enacted policy to promote parity in both insurance coverage of and reimbursement for telemedicine. On the state level, the MMS is supporting bills that seek reimbursement parity in Massachusetts. On the federal level, the MMS advocates for the expansion of telemedicine under Medicare.



Photo: Thinkstock/webstock_photo

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#NextUpOnTheMMSAgenda

- Developing a webinar series on physician and practice finances and viability
- Developing a webinar series on mitigating risk associated with the Stark Law
- Co-chairing (with the Massachusetts Health and Hospital Association) a task force on physician wellness

Prioritizing Physician Wellness

The Society and NEJM Group are working to improve physician wellness through developing events and resources, publishing new findings on burnout and other aspects of the physician experience, and advocating to alleviate the stressors of medical practice.

Our collaboration with Physician Health Services, Inc. (PHS), an MMS subsidiary, is key to this effort. In the Fiscal Year 2016–17, PHS directly helped more than 400 physicians and medical students who were dealing with issues relating to substance use, behavioral health, or burnout, and provided 47 educational sessions and webinars. The Medical Professionals Empowerment Program (MedPEP), a podcast series from PHS, will launch in 2018.

Webinars, Events, and Publications

MMS website resources: *Advocating for Physician Wellness* (January 2017).

Live webinar: *Running on Empty? Physician's Path to Enjoying Life and Medicine More* (January–February 2017).

Webinar: *Restoring Well-Being to the Medical Profession* (a collaboration with Physician Health Services, Inc.) (October 2017).

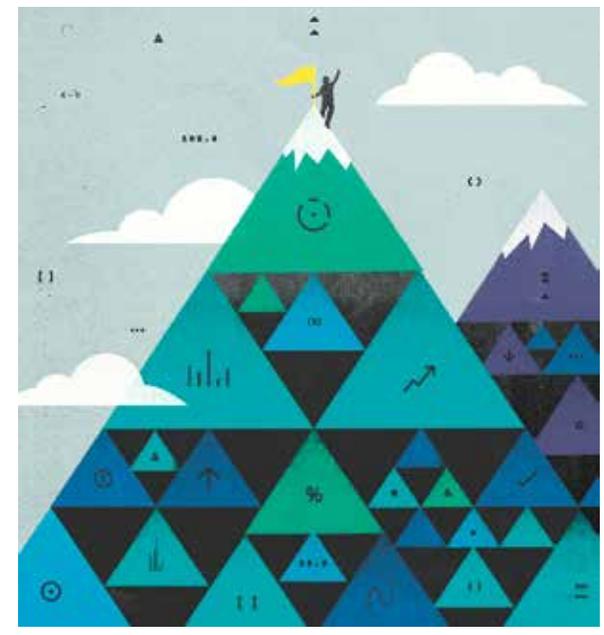
Live webinar: *New England Journal of Medicine: Meaning and the Nature of Physicians' Work* (November 2016).

NEJM Catalyst: *Why Physician Burnout Is Endemic, and How Health Care Must Respond* (December 2016).

Live forum: *Managing Workplace Conflict: Improving Leadership and Personal Effectiveness* (Physician Health Services, Inc.) (repeating).



Physician wellness and burnout are recurring themes in Vital Signs.



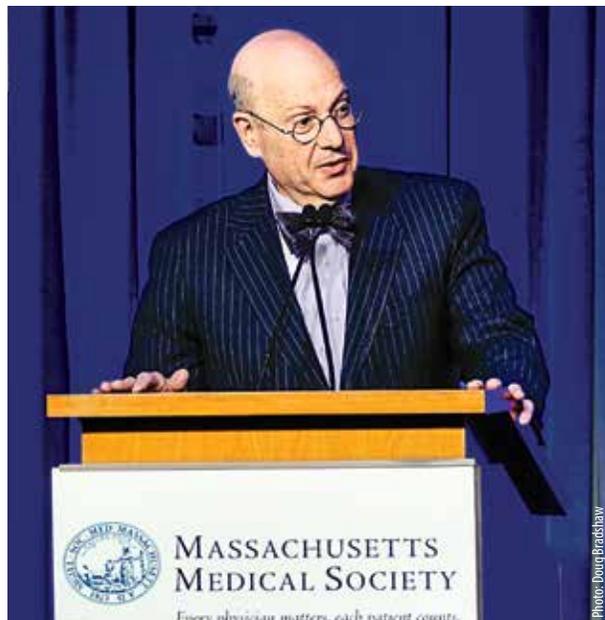
Frontlines of Medical Education

As the practice of medicine evolves, so do the ways that physicians stay up-to-date with medical knowledge. The MMS, in concert with its NEJM Group division, has implemented innovative approaches to digital

medical education that bring better information to doctors efficiently and interactively. Our continuing medical education program increasingly blends MMS and NEJM initiatives.

Raising the Bar for Medical Literature

The *New England Journal of Medicine* is cited more often in scientific literature than any other biomedical research journal. It is the only US medical journal ever to receive the George Polk Award for journalistic excellence.



Jeffrey M. Drazen, MD, editor-in-chief of the *New England Journal of Medicine* since 2000, at the 2017 Annual Meeting (April 2017).

Pioneering Innovative Data Use for Better Health

The SPRINT Data Analysis Challenge, convened by NEJM, explored the potential of the data underlying a specific *New England Journal of Medicine* article to identify novel clinical findings that advance medical science. Two hundred qualifying teams from around the world submitted entries — all from the same data set. The SPRINT Challenge set the stage for a two-day *Aligning Incentives for Sharing Clinical Trial Data* summit and web event (April 2017).



A group of medical students — team Renality Check — from Boston University School of Medicine earned second place (April 2017) in the SPRINT Data Analysis Challenge.



Adapting Medical Learning to Individual Physicians

NEJM Knowledge+ facilitates a lifelong learning experience for physicians. In 2017, NEJM Knowledge+ Pediatrics Board Review launched, joining the existing internal medicine and family medicine resources. Increasingly, physicians are turning to NEJM Knowledge+ to efficiently and effectively prepare for their board exams and improve their practice.

Since 2014, more than 16,000 learners have answered more than 10 million questions across the three products, mastering over 193 million learning objectives in aggregate. With adaptive learning technology, the platform delivers a learning experience tailored to each physician's individual needs.

“Since 2014, more than 16,000 learners have answered more than 10 million questions across the three products, mastering over 193 million learning objectives in aggregate.”

Supporting Residents and Students through Training

NEJM Resident 360 helps residents and students feel confident and prepared, providing them with foundational clinical knowledge, career insights, and support via interactive learning tools. In the past year, NEJM Resident 360 has continued to expand its offerings, with new expertly curated rotation guides in allergy/immunology, women's health, and more.

Facilitating Thought Leadership in Health Care Evolution

NEJM Catalyst remains at the forefront of multimedia content about health care delivery and redesign, patient engagement, and physician wellness and leadership. In 2017, we hosted compelling in-person and web events, including:

- The Future of Care Delivery: Relentless Redesign
- Hardwiring Patient Engagement to Deliver Better Health
- Physicians Leading | Leading Physicians
- Navigating Payment Reform for Providers, Payers, and Pharma

#NextUpOnTheMMS/NEJMAgenda

- NEJM Catalyst: events on care redesign, patient engagement, leadership, and the new marketplace
- NEJM Resident 360: New rotation guide in emergency medicine and a series in pediatrics
- NEJM Knowledge+: New subscription options
- MMS: Expanded online CME courses including end-of-life, pain management, and risk management

Continuing Education with the MMS

- 30,000 CME credits issued to 8,000 independent learners (12 months)
- 13,300 CME credits to MMS members (12 months)
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- 30 new online CME courses (2017)

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