Our Priority: The Patient–Physician Relationship

We have titled this year’s annual report Patient-Centered, Physician-Led Care because we found so much of our work in 2014 centered on protecting the relationship between physicians and their patients.

This theme was ever present in our advocacy on Beacon Hill and Capitol Hill.

We worked with state health officials as they crafted regulations on the state’s new medical marijuana law and encouraged legislation that ensured patients receive the highest quality care from physician-led teams.

In Washington, DC, the MMS advocated for permanent reform to the flawed Medicare physician payment formula, as well as better patient access to home health care services and addiction treatment for infants.

Led by President Ronald Dunlap, MD, the MMS spoke out about the need to address health care disparities and made the topic the centerpiece of our 2014 Public Health Leadership Forum.

NEJM Group introduced NEJM Knowledge+, an adaptive learning platform to help physicians meet certification requirements and prepare for exams with more convenience and ease. This year, NEJM also expanded its editorial reach in Asia, hiring two associate editors for China.

Also in 2014, MMS membership grew to more than 24,570 physicians — the highest number in our history.

We continue to seek innovative ways to engage new member constituencies and group practices with new services, benefits, and unique educational content, accessible on virtually any mobile platform.

We thank all of you — the Society’s leaders and all of our members — for your support as we strive to serve Massachusetts physicians and their patients.

Corinne Broderick

— Corinne Broderick, Executive Vice President
Section 2 Act of Incorporation, Chapter 15 of the Acts of 1781 as amended
Strategic Priorities 2014–2015

The MMS strategic priorities for 2014–2015 are the following: **improve health care quality, access, and equity for patients**, while delivering cost-effective care and promoting a sound public health system for the Commonwealth. In order to advance the mission of the MMS, the goals of our strategic plan will be the following:

Physician advocacy, education, and outreach: advance the position of the MMS as a **leader and credible voice at the state and federal level for physicians** in any practice environment or setting. The MMS will carefully monitor the operations of the Accountable Care Act as well as the increasing introduction of accountable care organizations, while identifying and developing physician implementation strategies.

Patient care advocacy: the MMS will work to identify and minimize barriers to access to care; will assist its members in their efforts to achieve **high quality, cost effective care**; and will expand and promote physician-led efforts to gather, analyze, and share accurate quality and cost data.

Preservation of professionalism: advocacy for health care environments that **foster a culture of professionalism** to ensure patient-centered, physician-led care; promote professional satisfaction and meaning, and provide an optimal educational and training environment for the next generation of physicians.
STATE ADVOCACY

The MMS pursued a number of legislative priorities crucial to physicians and patients this year, including the implementation of the state’s medical marijuana law, statutory regulations that sought to connect EHR/meaningful use proficiency to physician licensure, and legislation to advance physician-led team models for health care settings.
**Scope of Practice**

This year, a longstanding debate in the state legislature regarding the appropriate role of physician extenders and the value of the physician-led health care team came to a head. Proposals to allow nurse practitioners and certified registered nurse anesthetists to practice independently were the subject of several legislative initiatives in 2014. This year, the MMS advocated against several bills on Beacon Hill that would have allowed advanced practice nurses to order and interpret tests, order treatment and therapeutics, and prescribe medications independently, in any setting, with any patient population, after completing just two years of clinical practice under a supervising physician or supervising nurse practitioner with independent practice authority.

The state legislature blocked the independent practice initiatives in its most recent session, and the MMS is currently working to advance model legislation mandating physician-led teams as the appropriate system for integrating physician extenders into comprehensive practice systems.

Expansions of the practice of naturopaths, podiatrists, and optometrists were also successfully opposed this session.

**Combating Opioid Overdose and Addiction**

The MMS was instrumental in working on a number of fronts to advocate for the clinical needs of patients in pain management and in access to care for treatment of addiction. This spring, the Society formed a coalition with the Massachusetts Bar Association, the Massachusetts Hospital Association, the American Cancer Society Cancer Action Network, the Massachusetts Psychiatric Society, and the Massachusetts Pain Initiative. The result of the collaboration was a comprehensive bill expanding clinician-directed inpatient treatment on demand for addiction and expanding access to overdose-reversing drugs.

**Meaningful Use**

The MMS made it a priority in 2014 to advocate against regulations that would require federal meaningful use certification as a condition of medical licensure in Massachusetts. MMS officials worked with the Board of Registration in Medicine over the course of many months to interpret a state legislative mandate, which linked meaningful use skills and licensure, and explore possible solutions. The Society supported regulatory avenues that met the statutory requirement and encouraged increased skills and knowledge of electronic records among physicians who do not need to use them. The MMS received more calls and concerns about this legislative requirement than any other issue in 2014.
FEDERAL ADVOCACY

The national health care environment remained challenging this year, with a number of dramatic political showdowns in Congress over access, payment reform, and the evolving regulatory environment for physicians. The MMS continued its active advocacy for reforms to the flawed Medicare physician payment formula, effective implementation of the Affordable Care Act, and other issues important to Massachusetts physicians and patients.
Better Access to Home Health Care Services

The MMS worked closely with colleagues in the home health care community to advocate for changes in onerous federal regulations that resulted in the denial of claims for a large majority of valid home care services for patients in need.

In partnership with the AMA, the MMS and other home care advocates are currently working on developing new regulations that would allow the Centers for Medicare and Medicaid Services to appropriately verify the validity of home care services. We are continuing to work on proposed rules to ensure needed home care is delivered in a timely fashion without undue burdens on participating physicians.

Helping Victims of the Opioid Abuse Epidemic

To help combat the nationwide problem of opioid abuse and addiction, the MMS worked closely with members of our Congressional delegation this year on two specific bills. The Treat Act, introduced by U.S. Sen. Edward J. Markey, would increase the number of physicians and health care providers with expertise and ability to treat opioid addicted patients with medications.

The CRIB Act, introduced by U.S. Rep. Katherine Clark, would require coordinated data collection on the number of babies born with Neonatal Abstinence Syndrome and encourage national medical organizations to develop best practices to treat them.

Medicare Physician Payment Reform

Remarkable progress was made this past year in reaching a bipartisan, bicameral agreement on policy to repeal the Medicare physician payment formula. Despite strong protests from much of organized medicine, Congress did not pass a permanent solution, but it instead approved a one-year extension of the current sustainable growth rate (SGR) formula.

The SGR legislation also mandated a one-year delay of the implementation of the new ICD-10 diagnosis code set until Oct. 1, 2015.

The MMS, AMA, and dozens of state and specialty medical societies vocally opposed the SGR patch, and they intend to advocate vigorously for a complete repeal of the payment formula and toward a system based on quality and efficiency measurements while maintaining financial stability in the system.
NEJM Group, whose priorities this year included creating innovative, customized educational products to meet the needs of physicians and expanding global reach, launched the unique NEJM Knowledge+ platform and a new team of associate editors in China.

Approach the Boards with CONFIDENCE
NEJM Knowledge+

This year, NEJM Group launched NEJM Knowledge+, a unique adaptive learning platform with products designed to help clinicians meet certification requirements, prepare for their board exams, and incorporate lifelong learning into their schedules more easily.

The first product in the NEJM Knowledge+ product line, NEJM Knowledge+ Internal Medicine Board Review, is designed specifically for internal medicine residents, physicians, and subspecialists. It includes more than 4,000 questions covering over 1,500 key learning objectives; two practice exams that simulate the actual board exam; desktop, iPad, and iPhone access; and a robust progress and performance reporting system. It also offers clinicians the opportunity to earn CME credits and Maintenance of Certification points.

The adaptive learning technology at the core of NEJM Knowledge+ is an extremely efficient, effective, and engaging way to learn. NEJM Knowledge+ ensures a personalized learning experience for every user and offers links to further resources to help in remediation. Future products in other specialties are planned, beginning with NEJM Knowledge+ Family Medicine Board Review in early 2015.

NEJM Hires Two Associate Editors for China

The New England Journal of Medicine took the important step this year of hiring of two part-time NEJM Associate Editors for China, Rui-Ping (“Ping”) Xiao from Peking University, and Gary Wong, from The Chinese University of Hong Kong. The significant growth in Chinese research and the need to carefully analyze the quality of submissions from China convinced us of the benefits of having editors based there. In addition, representatives in China will help NEJM better manage the ongoing challenge to understand the business culture and maximize our impact from a brand and business perspective.

These new associate editors are tasked with helping NEJM solicit the highest-quality clinical and translational research for submission, expediting editorial review of articles submitted from China to NEJM, and validating the research involved in clinical trials. They will also establish a network of expert peer reviewers in China, and build relationships with Chinese researchers in order to educate them on the standards of high-quality research.

NEJM Group and Social Media

NEJM Group brands continue to grow in terms of exposure on social media. This year we launched the NEJM Group page on LinkedIn, which now has regular updates from many products including NEJM, NEJM Journal Watch, Physician’s First Watch, NEJM Knowledge+, and NEJM CareerCenter. Updates include links to articles, video, audio, medical news, medical questions for use in teaching and learning, and physician-job listings.

The NEJM Facebook page reached a significant milestone when it surpassed one million “likes” in the spring. The NEJM Twitter feed now has over 200,000 followers with tweets posted daily. NEJM also has a collection of video on the NEJMvideo channel on YouTube. Here you’ll find NEJM Quick Take videos, procedural videos, and other select videos from NEJM Group brands.

NEJM Journal Watch has three active blogs: two that are specialty-specific and one for residents in family and internal medicine. NEJM Knowledge+ has a blog that covers education and certification.
MEMBERSHIP

We live in a world of systemic change within the health care delivery environment. The MMS continues to represent the physician community through individual members and — more recently — through the growing number of physician organizations and groups. Success with new physician group recruitment initiatives has also led to an expanded portfolio of member benefits.
Overall Membership Growth
Steady growth has led MMS membership to one again reach its highest-ever total in 2014 with 24,570 members, demonstrating a strong presence across the state in all membership categories.

The Changing Face of Medicine
The MMS is proud its membership reflects the diversity of the physician population in Massachusetts. Outreach to a vast array of constituencies has resulted in increased membership growth, adding to the broad fabric of our organization. In addition, the MMS also increased efforts to engage prospective members earlier in their career journey, and to provide services that fit the needs of all demographics.

- Sponsored by the Committee on Women in Medicine, the Women Physicians Lecture Series successfully offers timely education, leadership development, and networking opportunities.
- The Committee on Young Physicians prepares newly trained physicians in their transition to the practice world offering collegiality and outstanding services such as financial planning and contract analysis.

The International Medical Graduates Section is a forum that addresses legal and regulatory immigration issues through superb educational forums and the acclaimed Essential Facts for International Medical Graduates resource booklet.

Benefits and Services Meeting the Needs of Physicians
- The MMS provides DocbookMD, a free member benefit that gives physicians a fast, HIPAA-secure, mobile communications platform. This cutting-edge service enables MMS members to communicate 24/7 with colleagues and health care teams in a secure encrypted environment.
- The Legal Advisory Plan offers peace of mind with legal advice and assistance when physicians face an issue with the Board of Registration in Medicine.
- The MMS continues to meet the needs of physician groups and practices with many new first-rate offerings from its Physician Practice Resource Center, including individual assistance with practice management, payer issues, ICD-10 transition challenges, and much more.

Group Enrollment Grows
The number of integrated physician practice entities continues to grow, resulting in the MMS expanding its positive representation of physician groups on Beacon Hill and Capitol Hill. To illustrate that increase, the number of members participating in group enrollment packages has grown by 8% over the past year.

By extending special membership offers to group practices, organizations, and networks, we are responding to the changes and needs within these structures, while providing all the additional benefits of individual membership — the best of both worlds.
CONTINUING EDUCATION

For Massachusetts physicians coping with a changing regulatory landscape and a number of additional educational mandates, the MMS found new ways to create customized, mobile medical educational programs to meet their needs.
Certified Education Continues to Expand Beyond CME

There were more than 170,000 physician participants in attendance or completing CME exams for over 1,000 MMS online, journal-based and live CME activities during the past year. The MMS continues to meet the educational needs of members by delivering relevant and timely CME content that is formatted for their busy schedules. In addition to CME credit, members can receive ABIM Maintenance of Certification points for participating in NEJM Knowledge+ and NEJM Interactive Medical Cases.

MyCME Now Features MMS, NEJM, and NEJM Journal Watch Credits in One Location

MMS members can now access all MMS-sponsored CME activities, including *New England Journal of Medicine* and NEJM Journal Watch credits, in one location on any device. Users of the MyCME portal can also download certificates for all their MMS coursework and bookmark their spot in any online courses that they have yet to finish. Members can also input their participation in non-MMS CME activities into the MyCME portal. This provides members with a complete record of their CME activities to reference for license renewal.

MMS-Recognized Accreditor Program

In response to recent changes from the national Accreditation Council for Continuing Medical Education, the MMS-Recognized Accreditor Program engaged with the 53 MMS-accredited providers in a number of educational activities about the adopted changes.

In May, the MMS, along with the Rhode Island Medical Society, hosted the Annual Directors of Medical Education, drawing more than 65 Directors of Medical Education, CME Coordinators, and CME Program Planners from Massachusetts, Rhode Island, and contiguous states. The conference included an ACCME overview of important changes in accreditation as well as an overview on the timely topic of Physician Payment Sunshine Act and its implications for CME providers. The program also included the 18th Annual Ralph C. Monroe, MD, Memorial Lectureship and Luncheon: Focus on Online Learning, presented by Dr. Graham T. McMahon, associate physician, Brigham and Women’s Hospital; and associate dean for continuing education, Harvard Medical School.

Leadership in Risk Management Education

The MMS is recognized as a leading provider of accredited risk management education. This year, several unique educational CME activities were developed to address issues with end-of-of-life care, pain management/opioid prescriptions, and medical marijuana certification, and to help members meet their state mandated CME risk management licensing requirements.

The courses — *The Importance of Discussing End-of-Life Care; Medical Marijuana: Regulations, Responsibilities, and Communication;* and the *Opioid Prescribing Series* — were extremely well-received and quickly became among the most widely accessed MMS CME offerings.

This year, the MMS also began work with health information technology organizations to develop curriculum to meet anticipated physician educational needs as EHR/Meaningful Use regulations are finalized at the state level.
The MMS had many opportunities to advocate this year for a sound public health system locally and nationally. The Society continued to address health care disparities, while also keeping physicians and their patients updated on timely issues such as opioid addiction, emerging infectious diseases, and the state’s implementation of the new medical marijuana law.
Health Care Disparities

Under the leadership of Dr. Ronald W. Dunlap, the Committee on Diversity in Medicine, and the Committee on Public Health, MMS worked to address disparities in health care experienced by some of our most vulnerable patients. We collected specific survey data from physicians and brought it directly to policymakers and payers.

The 2014 Public Health Leadership Forum focused specifically on the impact of health care reform on these disparities, and discussed the role of pay-for-performance programs, technology, and system changes to reduce health care disparities. Experts from across the country participated in the forum, including members of the national Commission to End Health Care Disparities and the Honorable Louis Sullivan, former U.S. secretary of Health and Human Services.

Tobacco-Free Pharmacies and Health Care Institutions

The MMS has long advocated for restricting the sale of tobacco products at health care institutions in the state so that no licensed health professional is employed at a site where these products are sold. In 2014, CVS Caremark became CVS Health and stopped selling tobacco products in its stores nationwide, a move that the MMS hailed as “a milestone in tobacco prevention efforts.” The MMS hopes to encourage more chain pharmacies and retailers to adopt similar policies.

E-Cigarettes Legislation

The MMS was a strong supporter of legislation intended to prohibit the sale of electronic cigarettes to children under the age of 18, prohibit manufacturers and retailers from distributing free samples of e-cigarettes, and ban the use of e-cigarettes in places where the smoke-free workplace law applies.

Advance Care Planning

The MMS Committee on Geriatric Medicine developed resources for physicians to start having conversations with their patients about choosing what is right for each individual at the end of life. Intended for anyone 18 years and older, the brochure “Planning Ahead: What Are Your Choices” includes information on the completion of a health care proxy, the nuances of palliative care, and the intricacies of the Medical Orders for Life Sustaining Treatment (MOLST) for those diagnosed as being within their final year of life. All of the information can be accessed for free at www.massmed.org/advancecareplanning.

MMS and the Alliance Charitable Foundation Supports Underserved Populations

Since its inception, the Foundation has proudly supported physician-led volunteer initiatives that provide free care to uninsured patients and increased access to care for the medically underserved.

This year the Foundation funded three physician-led programs:

- **MetroWest Free Medical Program** and its Diabetes Care Initiative for the uninsured, providing free medical care for patients with acute and chronic illness in Sudbury and Framingham
- **The Sharewood Project**, an entirely student-operated medical clinic providing free health services to Greater Boston’s most vulnerable residents
- **Volunteers in Medicine Berkshires**, a volunteer-based community organization of health care professionals and laypersons providing health care for disadvantaged Berkshire region residents

The Foundation assisted nine other organizations across the Commonwealth with grants totaling $151,500 for programs supporting health and medical services that address prevention and screening services, homelessness, and youth development.

The Foundation also awarded six International Health Studies Grants totaling $10,000 to encourage international education, particularly focusing on underserved populations.
LEADERSHIP

MMS and District Leadership, 2013–2014

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Dennis Dimitri, MD, Vice President
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