

VITAL SIGNS



MASSACHUSETTS
MEDICAL SOCIETY

Every physician matters,
each patient counts.



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Women's Health: Then and Now

BY ROBERT ISRAEL
VITAL SIGNS EDITOR

At the April 21 MMS Women's Health Forum, "Hormones: Do They Define Us?," to be held at the Waltham Conference Center at MMS Headquarters, two keynote speakers, JoAnn Manson, M.D., Dr.P.H., and Barbara L. Smith, M.D., Ph.D., will share insights into the origins and current efforts of their pioneering work as physicians and researchers — and providers who are dedicated to the care of women.

Both physicians will be honored by the MMS: Dr. Manson, an endocrinologist and chief of the Division of Preventive Medicine at Brigham and Women's Hospital in Boston, will be presented with the 2017 Women's Health Research Award. Dr. Smith, director of the Breast Program and co-director of the Women's Cancers Program at Massachusetts General Hospital, will receive the 2016 Women's Health Award.

Dr. Manson, one of the principal investigators of the Women's

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Annual Meeting Preview: Nobel Laureate Phillip Sharp to Present Shattuck Lecture

BY KATE CONNORS
MMS DIRECTOR OF COMMUNICATIONS
AND MEDIA RELATIONS

Although personalized medicine, including RNA therapeutics, is often associated with oncology, this innovative approach to drug development has the potential to shape the future of health care in a variety of fields, says Phillip A. Sharp, Ph.D., institute professor at the Massachusetts Institute of Technology (MIT) and recipient of the 1993 Nobel Prize in Physiology or Medicine.

Dr. Sharp will present the 127th annual Shattuck Lecture at the MMS Annual Meeting on April 28 at 12:30 p.m., at the Seaport Hotel in Boston. The Shattuck Lecture and Luncheon, organized by the *New England Journal of Medicine*, is named after MMS Past President Dr. George Cheyne Shattuck (1839–1840).

Dr. Sharp spoke with *Vital Signs* about the progress made in RNA therapeutics and in the future of personalized medicine in physician practice.

"RNA very generally is becoming a much more exciting therapeutic target and therapeutic agent," he says. "RNA is being used now for vaccines. It's being used to supplement for genetic

profound. "It's taken 18 years and well over a billion dollars to get the science to where we are in terms of its use in humans. But once we solve that problem, we will have solved it forever."

Compared with conventional small molecule drugs, RNA therapeutics have the potential for much higher levels of efficacy, Dr. Sharp explains. Researchers in the field are able to target the specific sequence of a gene that is involved in a disease pathway. Although personalized medicines — in which a genetic profile of a patient is used to guide the course of treatment — have been on the market for more than a decade, RNA therapeutics are new to a physician's arsenal, with one approved in December for spinal muscular atrophy and with several Phase III clinical trials ongoing.

It is the specificity that sets RNA therapeutics apart, says Jeffrey M. Drazen, M.D., editor-in-chief of the *New England Journal of*

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Dr. Phillip Sharp

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diseases. It's even being used as an agent to complement or stimulate the immune system in one way or the other."

Painstaking Process

As with most medical developments, the process has been painstaking, Dr. Sharp acknowledges. But the promise is

State Targets Social Determinants to Improve Public Health Status

BY ROBYN ALIE
MMS MANAGER, HEALTH POLICY
AND PUBLIC HEALTH

The United States leads the world in medical care and research, but our nation's health outcomes lag behind those of other developed countries. The public health community is examining the role of "social determinants of health" in health inequities in the U.S. and around the world — which The World Health Organization defines as the conditions in which people



Monica
Bharel, M.D.

are born, grow, work, and live, as well as the systems shaping those conditions.

Monica Bharel, M.D., Commissioner of the Massachusetts Department of Public Health and former medical director of Boston Health Care for the Homeless, will speak at the MMS's April 4 Public Health

Leadership Forum on the topic (see page 4).

Vital Signs spoke with Commissioner Bharel about social determinants of health in Massachusetts, and what steps the DPH is taking to address social determinants to improve individual and community health in Massachusetts.

VS: How do you see social determinants affecting the health of the people of Massachusetts?

Bharel: Massachusetts continues to be ranked as one of healthiest

states in the country. As physicians practicing in Massachusetts, that is something we should be immensely proud of. I believe that is a result of superb health care facilities, and importantly, access to insurance and health care, and also the work of decades of smart health policy.

Yet, even in Massachusetts, we have areas where not everyone has the same opportunities for health. We know that all across

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PRESIDENT'S MESSAGE



Taking Stock, Saying Thanks

This, my final message as president, presents an opportunity to reflect, to take stock of my tenure, and to thank you, our members.

If one theme has emerged from my communications over the last year, I hope it has been the significance of advocacy. Our efforts — and I emphasize “our” — have made a difference in many areas.

In the battle against prescription drug abuse, we have educated our colleagues on prescribing and pain management, advised patients on safe disposal and storage, worked with government and public health officials, highlighted the importance of prescription monitoring, and encouraged more treatment for substance use disorder. We have changed perceptions: physicians are now viewed as part of the solution and not the problem.

Our stand against Question 4 stressed the health and safety threats of recreational marijuana, issues that are now being recognized and given priority by legislators as they adjust the law. We have raised awareness on the rising crisis of gun violence, with educational courses for our colleagues and resources for our patients.

Beyond public health, our advocacy has favorably enhanced regulations governing such areas as determination of need, new payment models like MACRA, and the requirements of health information technology. We have guided our colleagues on physician wellness and end-of-life care and improved member communication through social media, videos, and webinars.

It has been an honor and a privilege to serve as your president, and I thank all of you whose hard work and dedication to our society have made the last year one of accomplishment. I offer my best wishes to my successor Hank Dorkin, and know he will find as much support as you have given me.

— James S. Gessner, M.D.

Sharp

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Medicine. “The future of nucleic acid-based therapeutics matters to physicians because of the potential to provide treatment for conditions that have been hard or difficult to treat with standard drugs,” he says.

New Frontier of Science

In discussing his work, Dr. Sharp opines that RNA research is a new frontier of science, explaining that the Human Genome

Project, rather than a culmination of understanding, was just the beginning: “We have a tendency to say that when we got the sequence of the human genome, we understood man. We didn’t. We don’t. Our understanding of how disease processes occur, what the role of genetic variation between us is in that process, environmental impact, lifestyle impact: it is really quite incomplete. And so we still have fundamental discoveries to make.”

Dr. Sharp, who has been at MIT since 1974 and who has

co-founded and advised several local biotechnology companies, praises the unique medical ecosystem in the Boston area: “The ability to conduct science at the forefront of understanding how biological systems work and then walking across the street and working with venture capital and companies and all of the other parts that are necessary to translate that basic science into new therapeutic agents is fascinating. And then you come back and do that basic science all over again.”

Women's Health

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Health Initiative (WHI), has published extensively on the pendulum swings regarding menopausal hormone therapy (HT). In an in-depth analysis and overview of the WHI findings, published in the *Journal of the American Medical Association* in 2013, she and her colleagues demonstrated that women in early menopause (or below age 60) at the time of HT initiation had more favorable results for heart disease and all-cause mortality than those starting HT at older ages.

“The WHI spurred a seachange in how HT was prescribed by the medical community,” Dr. Manson said. “After more detailed analyses, women and their clinicians were better able to understand the benefits and risks of hormone therapy.”

In her subsequent 2016 Perspective article published in the *New England Journal of Medicine*, “Menopause Management: Getting Clinical Care Back on Track,” Dr. Manson advised that this improved and refined understanding of the benefits and risks of HT should be shared among practitioners and “the new

generation of medical graduates and primary care providers who often lack training and core competencies in management of menopausal symptoms and prescribing of hormonal (or non-hormonal) treatments.”

Advancing Cancer Treatments

Dr. Smith’s work on surgery for women with breast cancer opened the door for improved patient outcomes with less-invasive intervention.

“Breast surgery from the 1890s through to the 1980s was very harsh, cancers were advanced, and it was accepted that mastectomy was part of the cancer treatment,” Dr. Smith said. “When I started my career in the 1980s, we were conducting lumpectomies, and this came about due to the advancement of medical science, but also because of our collaborations with our patients. It was from those early collaborations with women who demanded that we find better ways of treating the disease that we have been able to achieve better outcomes.”

Another significant advancement, Dr. Smith said, is the multidisciplinary approach to health care that has evolved over the years. This approach collects the

opinions of a group of specialists who then share their findings with patients and can recommend multimodality treatment. Patients gain a new sense of confidence that all their options are being explored. This approach is coupled with the use of technological advancements that enable physicians to “tailor the amount of surgery” needed for each patient, Dr. Smith said.

“The buzzword today,” she added, “is image-guided surgery. This allows us to be even more precise in treating cancer by making tumor targets microscopically clear so we can treat them in a personalized approach.”

The activism by women patients insisting on better treatments and better outcomes continues to inspire physicians and researchers, according to Dr. Smith.

“It’s about wanting to help people,” she said, “and striving to provide better resources. It’s not only gratifying, it’s energizing, too.”

At the April 21 event, Dr. Manson will speak on “Lessons from the Women’s Health Initiative HT Trials: Evolving Data That Has Changed Clinical Practice,” at 8:45 a.m. Dr. Smith’s presentation, “Breast Surgery: Now and Then,” will be at 1:45 p.m.

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LAW AND ETHICS

Antitrust Law As It Applies to Physicians

BY LIZ ROVER BAILEY
MMS ASSOCIATE COUNSEL

The purpose of antitrust law is to protect competition by creating an environment in which goods and services are exchanged between independent buyers and sellers at their fair market value. The antitrust law focuses primarily on the actions of sellers, rather than buyers. The law sees physicians as sellers of their services, and the insurers or individual patients as the buyers. It considers physicians to be competitors even if their businesses are not in the same geographic area, or they do not practice in the same specialty. In the health care sector, antitrust law encourages physicians to compete against one another for patients and for payer contracts.

Restraint of Trade

In the Sherman Act, established to preserve economic competition in the marketplace, Section One includes the principle federal antitrust law that applies to collective action by physicians. It prohibits any contract, combination, or

conspiracy in restraint of trade. Clear violations of the Sherman Act include the following:

- Agreements between competitors relating to price (e.g., agreement as to the level of reimbursement physicians would seek in managed care contracts)
- Agreements between competitors to allocate customers (e.g., two hospitals agreeing that one would focus on childbirth services while the other focuses on psychiatric services)
- Tying agreements, where the entity imposing the tie has market power (e.g., a medical device manufacturer requiring that the purchaser must buy one product in order to get the product the purchaser wants)
- Group boycotts where the group has market power (e.g., large numbers of physicians refusing to contract with a particular payer until the payer changes its policies)

In the early 1990s, three dentists in Tucson, Arizona, endured criminal prosecution for alleged

antitrust violations. The dentists felt that their fees were too low, and met with about 50 other dentists in the area to discuss the issue. After the meeting, several dentists wrote letters to dental plans requesting higher fees. In response, the dental plans revised their fee schedules upward. The Department of Justice brought criminal price-fixing charges against three of the dentists, and the jury convicted.

Avoiding Antitrust Violations

To avoid any appearance of violating the antitrust law, when spending time with other physicians with whom you are not legally affiliated (e.g., via a group practice or otherwise), avoid discussing or exchanging information regarding the following:

- Reimbursement rates or any other data that might bear on the price you are paid for your services
- Raising, lowering, or “stabilizing” your fees
- What constitutes a fair profit level or margin level

- Allocation of markets, territories, or patients (e.g., any agreement to “honor,” “protect,” or “avoid invading” one another’s geographic areas, practice specialties, or patient lists would violate the law)
- Whether other physicians should or should not deal with certain persons or entities (e.g., any agreement among physicians not employed by a hospital not to cover call unless paid to do so, any agreement among non-employed physicians to strike or not to accept certain tasks, or any agreement not to contract with a specific payer, would violate the law)

Even if no formal agreements are reached on these matters, discussions of these topics, followed by parallel conduct in the marketplace, can lead to antitrust scrutiny or challenges.

The “Law and Ethics” column is provided for educational purposes and should not be construed as legal advice. Readers with specific legal questions should consult with a private attorney.

Guidelines for Personal Appearance at Work

BY JILLIAN PEDROTTY
PPRC SPECIALIST

Employers struggle with determining and implementing effective policies with regard to personal appearance by staff at work. As organizations create their policies to address what is or isn’t considered appropriate dress, what restrictions to place on body art and piercings, and overall hygiene-related considerations, they might consider the following guidelines:

- **Nondiscrimination laws** and reasonable accommodations when contemplating different dress codes for different professional roles — for example, dress codes for nurses as opposed to those who work for IT support, administration, or the janitorial staff. The dress code expectations should be communicated to potential and current employees early and often.
- **Develop policies based on your business needs** and be sure to clearly communicate expectations with staff early in the interview and/or training process. Provide examples of appropriate and inappropriate clothing or appearance that is consistent with the organization’s policies, values, and culture.
- **Train supervisors** on how to address situations when the dress code is violated and consider including a component of dress code compliance in each team member’s performance evaluation that is specific to their individual roles.

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Public Health

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Massachusetts, just like all across the U.S., the places that we live — our zip codes — are still the most important determinant of health. In 2017 in Massachusetts, that shouldn't be the case.

Let me give you some examples: The rate of fatal occupational injuries for Hispanic workers is 80 times higher, and for black workers 50 times higher, than for non-Hispanic whites. Infant mortality rates for blacks in Massachusetts are twice that of whites. Our tobacco use rates in Massachusetts are some of the lowest in the country. However, for those with poor mental health or with mental illness, the rates are some of the highest in the state.

VS: Why are there differences between zip codes?

Bharel: There are multiple social determinants of health. Some examples are resources to meet daily needs: food, safety, shelter. Place matters because it has all of these components in it. Access to not only educational opportunities, but also economic and job opportunities are affected by our place — the quality of education that individuals can have, the transportation options, public safety, even things like social support and social connectivity, and, of course, poverty and concentrated poverty, and the living conditions that accompany that. Other aspects — like language, literacy, residential segregation — impact our overall health.

We spend a lot of time in clinical medicine talking about health behavior. We ask our patients to stop smoking, to exercise more, to eat well. We know that the social determinants of health really play a part in structuring health behaviors and how individuals can improve those health behaviors.

VS: What is the DPH doing to address these social determinants of health?

Bharel: It is a top priority for the DPH to promote health equity for all individuals in the Commonwealth. Many of the programs supported by the DPH

enhance health services for marginalized communities — such as WIC and nutrition programs, family and community health, home visiting programs, supporting individuals experiencing homelessness, and so on.

I like to talk about the three Ds — data, determinants, and disparities. Part of our approach at the DPH is using data to highlight social determinants and where the disparities are. Before we propose solutions, it is important to deeply understand the issues. One of the principles is the concept of precision public health, which I first read about through a CDC blog. For example, substance use disorder is an incredibly complex issue and for the first time, we are looking at data within the DPH and across different agencies, so we can not only understand the root cause and how they use the health care system, but how that relates to data that we're getting from across state agencies, including in the areas of health, education, housing, etc., so we can paint a full picture, and target our limited resources.

VS: How are you working across state agencies?

Bharel: We have a legislative mandate, Chapter 55, which gave us capacity to decrease barriers to share data. The sharing of data allows us to target our programming across state agencies. With substance abuse disorder, that has been incredibly impactful. For example, our first release of the data last July showed that when an individual is released from the Department of Corrections (DOC), they have a 56 times higher risk of dying from a fatal opioid overdose than individuals that weren't in the DOC. This has allowed us to collaborate in a new way with our colleagues in criminal justice. Another example: from the data, we see that 90 percent of adults who have substance use disorder started before the age of 18. That profound statistic allows us to partner with education systems in a new way. We are now working with schools to do much more education for students in their formative years, doing trainings

for teachers and coaches, more outreach to parents of children involved in sports, and so on.

By targeting our resources, it allows us to work smarter, to ensure that resources are getting to populations that need it most and see impactful outcomes.

VS: What can physicians do to address these social determinants?

Bharel: Regardless of socioeconomic status, everybody's patients are affected by social determinants of health.

As physicians, our training is around treatment of disease. I believe it is critical for us as physicians to not only treat the disease the patient has at that moment, but to help them have an opportunity to live healthy lives. In order to do that, we have to address the social determinants of health for our patients.

In my own practice, I was often frustrated about what to do about them. We as physicians have to remember that we don't have all the answers, but we do have keen awareness of all the things that contribute to good health.

As physicians we first want to be educated, to know what the social determinants of health are, how they directly impact the health of our patients, and their

capacity to manage their diseases no matter what their socioeconomic status is.

Secondly, we have to start asking patients about social determinants of health.

And third, we can access team members who can help patients navigate the system of community-based and other resources to address social determinants of health. This can be done at the individual patient level, at a health system level, or at a community level.

VS: Is there a role for the MMS in addressing social determinants of health?

Bharel: The MMS has been an incredibly powerful ally and has helped in many important DPH initiatives. The MMS is a leader in medicine and in sharing the physician advocacy voice. Giving a platform for physicians to come together to talk about population, health, and social determinants and how they impact the care we give our patients is really a critical part.

Together we can have a powerful impact on caring for our patients.

13th Annual MMS Public Health Leadership Forum to Address Social Determinants of Health

On April 4, the 13th Annual MMS Public Health Leadership Forum will address social determinants of health and the role of policymakers in the medical community. Harold Cox, associate dean of Boston University School of Public Health, will moderate.

Panelists will include:

- DPH Commissioner Monica Bharel, M.D.
- Jim O'Connell, M.D., Boston Health Care for the Homeless Program
- Kathryn Brodowski, M.D., Greater Boston Food Bank
- Rocco Perla, Health Leads
- Karen Tseng, Massachusetts Attorney General's Office
- Arvin Garg, M.D., Boston University School of Medicine
- Lauren Taylor, co-author of *The American Health Care Paradox*

Contact the MMS Department of Health Policy and Public Health at phforum@mms.org or (781) 434-7373.



Navigating the Price Variation Issue

BY BRENDAN ABEL
MMS LEGISLATIVE COUNSEL

The MMS has been closely monitoring developments at the state legislative and regulatory levels related to health care costs.

The first issue being debated is provider price variation. This refers to differing levels of reimbursement between providers that are not justified by warranted factors, such as quality, patient acuity, or teaching services. This provider price variation issue came to the forefront a year ago when a ballot initiative was proposed that would limit hospital contracts above a certain percentage of the median contracting price, with the intended goal of driving high and low variants toward the average price. Those proposing the ballot initiative envisioned this would aid some providers such as community hospitals while constraining the growth for those providers who yield the highest relative price.

The proposal never made it to the ballot. Instead, part of the

negotiated agreement that removed it from the ballot created a Special Commission on Provider Price Variation. Comprising legislators, health plans, hospitals, and business representatives (though not the MMS), it has taken up the price variation issue — primary among hospitals — in part by establishing factors they deem warranted in driving variation. Additionally, it has also discussed how certain health plan insurance designs can promote care at lower cost providers. It has taken up the issue of out-of-network billing.

The MMS has testified to the commission supporting solutions that remove patients from receiving these bills. The MMS has urged them to leave the details of such a proposal for the legislature, a venue inclusive of all parties affected — including physicians.

Governor's Budget

The second issue is a series of policies contained in Gov. Charlie

Baker's proposed budget aimed at health care cost containment strategies. The budget included a proposal for a growth cap on physician reimbursement based upon cost tiering, and an overall reimbursement cap tied to 160 percent of Medicare rates for Group Insurance Commission plans. The MMS wrote a letter in strong opposition to both of these proposals, and will work with both the House and Senate Ways and Means Committees to promote better solutions.

In February, the Health Policy Commission's (HPC) annual Cost Trends Report publication provided a comprehensive analysis of the state's health care system cost and quality performance.

The HPC noted that overall growth in 2015 exceeded the 3.6 percent benchmark by .5 percent, at a level of 4.1 percent. The HPC noted the main contributors to exceeding the benchmark in Massachusetts were prescription drug costs, hospital spending, health insurance enrollment changes,

and spending on long-term services and supports.

With all of the attention to increased total medical expenditures and increased variation in pricing, the MMS has been engaged in strong advocacy to promote the most evidence-based approaches to cost containment that limit interference in clinical care. In continuing to engage with government stakeholders, the MMS hopes these conversations can be the difference between helping to identify policies aimed at curbing rising pharmaceutical pricing, for example, rather than further constraining physician spending, which has consistently seen low annual growth in the Commonwealth.

The total cost of medical care must be contained to ensure access and affordability for all patients of the Commonwealth. The MMS looks forward to serving as a steward of policies and solutions that are in the best interest of patients and physicians alike.

MMS, AG Healey Partner for Gun Safety

The MMS has partnered with Attorney General Maura Healey to provide physicians with the tools they need to speak to their patients about preventing gun-related accidents, self-harm, and violence. The MMS has launched a voluntary online training program for physicians with materials that were developed by a working group of physicians and other health professionals who met last year to address this vexing problem.

Speaking at Boston Medical Center on February 13 to announce the initiative, MMS President James S. Gessner, M.D., said, "We are honored to work with the Attorney General and law enforcement officials in efforts to make gun ownership safer and reduce deaths and injuries attributable to guns. For more than 20 years, the MMS has been engaged in efforts to reduce violence in many forms. Since 1995, the physicians of our Committee

on Violence Intervention and Prevention have provided resources for physicians, health care providers, and patients in such areas as intimate partner violence, bullying, child abuse, and human trafficking."

Attorney General Healey said, "We are pleased to partner with the Massachusetts Medical Society in developing these materials for health care providers, who are uniquely situated to engage their patients about keeping themselves and their families safe."

Pamphlet information provides details for health care practitioners to talk to patients about gun safety at home. Topics include how to make guns less accessible to children or others who may experience behavioral health challenges; how to dispose of unwanted firearms; and how to respond when a gun owner may be at risk of violence, suicide, or accidental injury.

The MMS is hosting a for-credit CME program designed for providers seeking additional information and training on gun safety. The materials are available

free via download from this newly created dedicated MMS website on firearm safety, "Firearm Violence Resources," available on the MMS website.



Photo by Paul Bologna

MMS President James S. Gessner, M.D., addressed gun safety at a press conference on February 13. Behind him are Attorney General Maura Healey and Speaker of the Massachusetts House Robert A. DeLeo.

PHYSICIAN HEALTH MATTERS

Introducing PHS Core Services and Team

BY STEVEN ADELMAN, M.D.
PHS DIRECTOR

Across the country, some 47 states have a physician health program (PHP) of one sort or another. PHPs were envisioned as safe havens for physicians — a place to go for help before the ravages of addiction or major mental illness impair the ability to practice medicine in ways that would lead to disciplinary actions by regulatory boards. This remains an important function of all PHPs, including Physician Health Services (PHS).

Over the years, close to 3,000 physicians and medical students have received services at PHS. Recently, about 350 individual clients have been involved with the program over the course of each year. About half enroll in the monitoring program; others come for consultative services and assessments that do not involve long-term monitoring.

Three Long-Term Monitoring Programs

PHS has three long-term monitoring programs: Substance Use Monitoring, Behavioral Health Monitoring, and Occupational Health Monitoring.

When a physician or medical student is monitored by PHS, he

or she agrees to conform to a structured remediation program that lasts between one and three years. When monitoring by PHS is required by an entity like the Board of Registration in Medicine, the Drug Enforcement Administration, or a health plan, it may last longer than three years.

Monitoring typically involves active treatment (addiction counseling, psychotherapy, psychiatric intervention, or coaching); participation in physician self-help groups; monthly meetings with PHS staff members; and the involvement of two individuals at work: a chief of service and peer monitor. Substance use monitoring involves a state-of-the-art drug-testing program.

Over the years, we have found that physicians and students with serious challenges are often able to stabilize, recover, and thrive during the course of PHS monitoring. Documentation of compliance with and completion of monitoring can be extremely beneficial to physicians whose challenges culminated in “the wrong kind of attention.”

Assessing, assisting, and monitoring physicians and students with complex and consequential health challenges all require a

great deal of thoroughness and attention to detail. Some individual cases require hundreds of hours of staff time over the course of a year. PHS’s professional and administrative staff members collaborate effectively in an effort to maximize our ability to help each and every client.

A full-time director and seven other part-time professionals contribute to the program in a variety of mission-critical ways. They include the following:

- **Wendy Cohen, M.D.** — PHS Evaluation Director
- **Melissa Freeman, L.M.H.C.** — Monitoring Associate
- **Wayne Gavryck, M.D.** — Medical Review Officer and PHS Associate Director (Western MA)
- **Debra Grossbaum, J.D.** — General Counsel
- **Harvey Kowaloff, M.D.** — PHS Associate Director (Central MA)
- **Jacqueline Starer, M.D.** — PHS Monitoring Director
- **Juliana Szakacs, M.D.** — PHS Associate Director (Boston)

In addition to the general counsel and the professionals with clinical backgrounds, we

also employ a dedicated office staff that works closely with the professionals and PHS’s clients to maintain very high standards in the following domains: the PHS support group program, education and outreach services, assessment services, monitoring, compliance, drug testing, and time-sensitive documentation that may be of great medicolegal import.

In September 2016, Dr. Lynn Hanks, a founding father and national leader of the physician health movement, performed a four-day program review of PHS. Dr. Hanks concluded, “PHS’s overall operation unequivocally qualifies it as a top-tier outstanding highly functioning program. It demonstrates excellence throughout its entire spectrum of activity.”

Our work depends on doing a superlative job helping each and every distressed physician. We are inspired by this “vote of confidence” to continue our quest to do everything possible to deliver compassionate, thorough, and timely assistance to the growing number of physicians and medical students who call upon us to help them during a time of need.

MMS Committee on Information Technology: Supporting Innovation

BY LEON Q. BARZIN
MMS HEALTH INFORMATION TECHNOLOGY
MANAGER

Innovation in health information technology drives improvement in medical research and clinical patient care. Since 2001, the MMS Committee on Information Technology supports innovation by recognizing, with yearly awards, the valuable work of students and residents who develop solutions. Committee members review applications in the fall and invite finalists to present their projects during the winter. The winning applicants are each awarded a \$3,000 prize in the spring.

Two yearly Medical Information Technology Awards are presented for functioning projects substantially completed during the past year that use technology to assist physicians in

the practice and teaching of medicine or clinical research.

Announcing 2016 Winners

This year’s winners are Kevin Wong, M.D., of Boston University Medical School, for *Augmented Reality: The Future Anatomy Classroom*, employing an innovative use of Google “Cardboard” to display human anatomy in 3D, and Omar Badri, M.D., of Harvard University Medical School, for *Automated SMS/Email Based Check-ins to Educate and Monitor Patients*, a project that improves clinical workflows.

During the past 16 years, the prevailing projects have been diverse, including:

- Testing electronic health records (EHR) data to identify trends and anomalies

- Improving EHR workflow
- Automating diagnostic interpretation in radiology
- Improving clinical coordination for the developing world
- Enhancing educational websites
- Developing applications for smartphones

Springboard to Success

In previous years, MMS Medical Technology Award winners have used their projects as springboards for launching their own successful technology companies.

A 2013 resident winner, YiDing Yu, M.D., has parlayed her project into a company called Twiage (www.twiaged.com), an advanced cloud-based platform that enables first

responders and physicians to use telemedicine to accelerate life-saving patient care. A 2015 resident award winner, Marc Succo, M.D., has launched a successful web and mobile clinical publishing and analytics site, 2-Minute Medicine (www.2minutemedicine.com); his work has been featured in *Forbes*.

Applicants must be students, residents, or fellows and be enrolled in one of the four Massachusetts medical schools or a Massachusetts hospital or training program.

The MMS Committee on Information Technology looks forward to the 2017 awards and invites all members to help spread the word: www.massmed.org/cit_award.

IN MEMORIAM

The following deaths of MMS members were recently reported to the Society. We also note member deaths on the MMS website, at www.massmed.org/memoriam.

Bartholomew R. Alfano, M.D., 71; Dover, MA; Tufts University Medical School, Boston; died February 16, 2017.

James F. Connolly, M.D., 84; Northborough, MA; Tufts University Medical School, Boston; died March 26, 2010.

John J. Curran, M.D., 89; Wellesley Hills, MA; Georgetown University School of Medicine, Washington, DC; died December 27, 2016.

David A. Drachman, M.D., 84; Concord, MA; New York University Medical School, New York; died December 5, 2016.

Francis X. Dufault Jr., M.D., 89; Worcester, MA; Tufts University School of Medicine, Boston; died February 18, 2017.

Theodore J. Goodman, M.D., 89; Walpole, MA; University of Vermont Medical School, Burlington, VT; died October 21, 2015.

Joel M. Seidman, M.D., 78; Peabody, MA; died February 13, 2017.

Mohamed A. “Moe” Zeidan, M.D., 29; Somerville, MA; Tufts University School of Medicine, Boston; died September 5, 2014.

List Your News In Vital Signs

We know you've been busy. We'd love to hear about it and share it with your colleagues in two new columns we'll be running in *Vital Signs*.

Members on the Move will be a column listing your professional news, such as joining a new hospital, opening a new practice, or a recent promotion.

Honors and Accolades is where we'll share your achievements: speaking engagements, community outreach, or published works.

Submissions Format:

- Full name and title
- Medical school with graduation year
- Residency institution
- Hospital affiliation
- Recent update

Please send submissions to vitalsigns@mms.org.



Link In with MMS

Connect with your peers by joining our members-only LinkedIn group at www.massmed.org/linkedin.

ACROSS THE COMMONWEALTH

District News and Events

NORTHEAST REGION

Charles River — Delegates' Meeting. Wed., Apr. 19, 6:30 p.m. Location: MMS Headquarters, Waltham. Delegates will meet to review and discuss the resolutions for the 2017 Annual Meeting.

Essex South — Annual Meeting. Thurs., Apr. 6, 6:00 p.m. Location: Danversport Yacht Club, Danvers. Guest speaker: Henry Dorkin, M.D., MMS president-elect.

Essex South/Essex North — Delegates Meeting. Wed., Apr. 12, 6:00 p.m. Location: Beverly Depot, Beverly.

Middlesex District — Annual Meeting. Sat., Apr. 8, 6:00 p.m. Location: Museum of Science, Mugar Omni Theater, Boston. Presentation at 9:00 p.m. — Extreme Weather.

Middlesex Central — Delegates/Executive Meeting. Thurs., Apr. 20, 7:45 a.m. Location: Emerson Hospital, Concord.

Middlesex North — Annual Meeting. Tues., April 11, 6:00 p.m. Location: Stonehedge Inn, Tyngsboro.

Norfolk — Annual Meeting. Wed., Apr. 5, 6:00 p.m. Location: Sheraton, Needham Hotel. Guest Speakers: James Gessner, M.D., MMS president, Alex Calcagno, MMS director of Federal and Community Relations. **Delegates' Meeting.** Tues., Apr. 18, 6:00 p.m. Location: MMS Headquarters, Waltham. Delegates will meet to review and discuss the resolutions for the 2017 Annual Meeting.

Middlesex West — Delegates' Meeting. Mon., Apr. 24, 6:00 p.m. Location: MacPherson Hall, Framingham Union Hospital, Framingham. Delegates will meet to review and discuss the resolutions for the 2017 Annual Meeting.

For more information on these events, or if you have Northeast District news to contribute, please contact Michele Jussaume or Linda Howard, Northeast Regional Office at (800) 944-5562 or mjussaume@mms.org or lhoward@mms.org.

SOUTHEAST REGION

Bristol South and Bristol North — Joint Spring Annual Meeting. Tues., Mar. 28, 6:00 p.m. Location: Venus de Milo, Swansea. Speaker: Paul A. Skudder, M.D.

Barnstable — Annual Meeting. Fri., Apr. 7, 5:30 p.m. Location: New Seabury Country Club, Mashpee. Guest Speakers: James Gessner, M.D., MMS president, Alex Calcagno, MMS director of Federal and Community Relations.

Barnstable, Bristol North, Bristol South, Norfolk South, Plymouth — Southeast Regional Caucus. Tues., Apr. 11, 6:00 p.m. Location: LeBaron Hills Country Club, Lakeville. **Plymouth and Norfolk South Joint Spring Annual Meeting.** Wed., Apr. 5, 6:00 p.m. Location: Neighborhood Club of Quincy, Quincy. Speaker: Ronald W. Dunlap, M.D., MMS Past president.

For more information, or if you have Southeast District news to contribute, please contact Sheila Kozlowski, Southeast Regional Office at (800) 322-3301 or skozlowski@mms.org

WEST CENTRAL REGION

Franklin — High School Doctor for a Day. Mon., Apr. 3, 7:30–8:00 a.m. Orientation and 4:00–4:30 p.m. Debriefing. Location: Baystate Franklin Medical Center, Greenfield.

Hampden — High School Doctor for a Day. Thurs., Apr. 13, 7:30 a.m. Breakfast and 5:00 p.m. Debriefing. Location: Baystate Conference Center, Holyoke. **Annual Meeting.** Tues., Apr. 18, 6:00 p.m. Location: Delaney House, Holyoke. Speaker: Cynthia Lowen, co-producer/writer of “Bully,” a documentary film. She is also directing “Netizens,” a documentary film about women and online harassment. **Executive Board/Delegate Caucus Meeting.** Tues., Apr. 25, 6:00 p.m. Location: HDMS office, West Springfield.

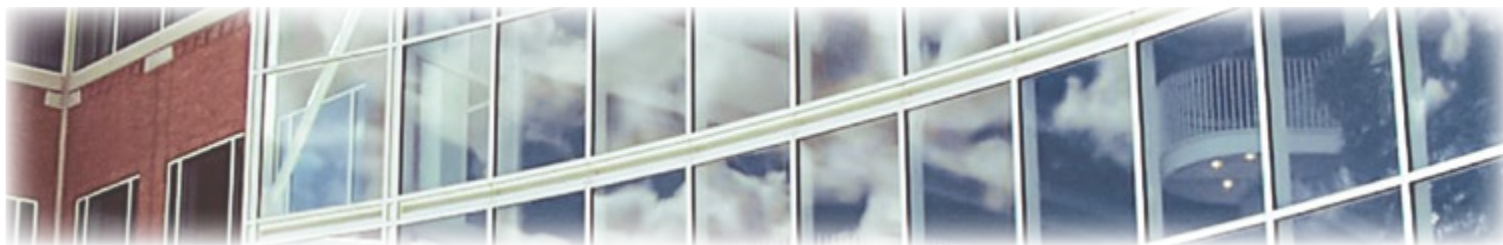
Worcester — Annual District Meeting. Wed., Apr. 12, 5:30 p.m. Location: Beechwood Hotel, Worcester. Guest Speaker: Edward M. Augustus Jr., City Manager, Worcester, MA. Meeting will also include presentation of the 2017 Community Clinician of the Year Award.

For more information, or if you have West Central news to contribute, please contact Cathy Salas, West Central Regional Office at (800) 522-3112 or csalas@mms.org

Statewide News and Events

Nancy N. Caron Annual Art Exhibit. Thurs., Apr. 27, 5:00 p.m. Location: World Trade Center/Seaport Inn, Boston.

For more information, or if you have statewide news to contribute, please contact Cathy Salas, West Central Regional Office at (800) 522-3112 or csalas@mms.org.



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MASSACHUSETTS
MEDICAL SOCIETY

VITALSIGNS

VOLUME 22, ISSUE 3, APRIL 2017

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MMS AND JOINTLY PROVIDED CME ACTIVITIES

LIVE CME ACTIVITIES

Unless otherwise noted, event location is MMS Headquarters, Waltham. Visit www.massmed.org/cme/events

2017 Ethics Forum

Thursday, April 27, 2017 (Seaport Hotel, Boston, MA)

2017 Annual Education Program — The Winding Road of Addiction: Hope on the Horizon

Friday, April 28, 2017 (Seaport Hotel, Boston, MA)

2017 Shattuck Lecture — Personalized Medicine or Precision Medicine

Friday, April 28, 2017 (Seaport Hotel, Boston, MA)

Directors of Medical Education Conference — Advancing Collaboration and Compliance

Thursday, May 18, 2017

ONLINE CME ACTIVITIES

Go to www.massmed.org/cme

Risk Management CME

Electronic Health Records Education (3 modules)

- Module 1 — EHR Best Practices, Checklists and Pitfalls
- Module 2 — Making Meaningful Use Meaningful: Stage 1
- Module 3 — Making Meaningful Use Meaningful: Stage 2

End-of-Life Care

- *Legal Advisor*: An Introduction to Advance Directives End-of-Life Care and Non-Disclosure: Case Study
- Starting the Conversation about End-of-Life Care with Patients
- End-of-Life Care (3 modules)
- Principles of Palliative Care and Persistent Pain Management (3 modules)

Pain Management and Opioid Prescribing

MassPAT: Incorporating the New PMP into Your Practice

- Managing Pain Without Overusing Opioids
- The Opioid Epidemic: Policy and Public Health (6 modules)
- Principles of Palliative Care and Persistent Pain Management (2 modules)
- Opioid Prescribing Guidelines in Practice
- Opioid Prescribing Series (6 modules)
- Identifying Potential Drug Dependence and Preventing Abuse (*Legal Advisor*)
- Managing Risk when Prescribing Narcotic Painkillers for Patients (*Legal Advisor*)

Medical Marijuana (4 modules)

- Module 1 — Medical Marijuana: An Evidence-Based Assessment of Efficacy and Harms
- Module 2 — Medical Marijuana in the Commonwealth: What a Physician Needs to Know
- Module 3 — Medical Marijuana in Oncology
- Module 4 — Dazed and Confused: Medical Marijuana and the Developing Adolescent Brain

Additional Risk Management CME Courses

- **NEW** Talking to Patients About Gun Safety
- Initiating a Conversation with Patients on Gun Safety
- *Intimate Partner Violence: The Clinician's Guide to Identification, Assessment, Intervention, and Prevention*
- Efficacy of FIT-FOBT for Colorectal Cancer Screening
- Prostate Cancer and Primary Care
- Cancer Screening Guidelines (3 modules)
- Transitioning to Alternative Payment Models
- Payer Audits and Payment Recoupments
- Understanding Clinical Documentation Requirements for ICD-10
- ICD-10: Beyond Implementation



CME CREDIT: These activities have been approved for *AMA PRA Category 1 Credit™*.

FOR ADDITIONAL INFORMATION AND REGISTRATION DETAILS, GO TO WWW.MASSMED.ORG/CMECENTER, OR CALL (800) 843-6356.