Physician Burnout Is No Longer a Secret. Now What?

BY YAEL MILLER, DIRECTOR, PRACTICE SOLUTIONS AND MEDICAL ECONOMICS

Just four months ago, A Crisis in Health Care: A Call to Action on Physician Burnout, was released. A collaborative effort of the MMS, the Massachusetts Health and Hospital Association, the Harvard T.H. Chan School of Public Health, and the Harvard Global Health Institute, the white paper was met with a flurry of media attention. In the first month, the Medical Society received more than 10,000 hits to its website and more than 1,700 tweets about the paper. The Harvard School of Public Health’s website received more than 1,400 hits. The report was front page news in general interest publications and trade journals, including the Boston Globe and Medscape, and people spent anywhere from 10 to 27 minutes reading the paper online — a very long time, by internet standards. The report’s reach extended as far as Canada, where Le Journal de Montréal reported on it in French. The message was clear and resonant: physician burnout is a public health crisis.

These key stakeholders and their responsibilities are as follows:

Health plans, insurers, and the National Committee for Quality Assurance must streamline or reduce prior authorization (PA) and measurement requirements. Countless studies have shown that PA is taking time away from patient care and adding significant administrative costs to the system. Alternatives to the PA process are real-time approvals and/or “gold card” systems by which providers with high rates of approval are exempt from PA requirements. Furthermore, these stakeholders must reduce the number of measurement requirements that do not directly improve patient care.

State and federal agencies must reduce and/or eliminate physician documentation and measurement requirements that do not directly serve the goals of patient care. On the national level, EHRs should qualify as “certified” only if they can easily extract quality measures and allow for interoperability, usability, and Application Programming Interfaces.

Medical schools and residency programs must actively support self-care and counseling services for trainees, provide adequate staffing during off-hours, and designate mentors who are positive role models for students and trainees.

EHR vendors must collaborate with physicians in the development of systems and implement stronger usability measures, meet quality measure certification standards, and ensure interoperability.

Hospitals, health systems, and provider organizations must take the issue of clinician burnout seriously and address cultural issues that lead to burnout. Clinical workflows should be assessed and improved and EHR systems should be streamlined. Hiring and fully supporting the work of a physician executive leader focused on wellness, such as a chief wellness officer or the equivalent, is one important first step. (See page 5 for what Atrius Health and Boston Medical Center are doing on this front.)

Next Steps

The Medical Society will continue to raise awareness about physician burnout and the report’s recommendations. Moving forward, the MMS is committed to engaging key stakeholders and making them aware of their responsibility in this crisis, as well as encouraging them to make the necessary changes outlined in the report.

Ten Principles to Guide Health Care’s Future

ALAIN A. CHAOUI, MD, MMS PRESIDENT

In just a few weeks, my tenure as president of this extraordinary Medical Society will come to an end. As I begin to reflect on one of the great highlights and honors of my professional life, I also recognize the importance of looking forward.

Our health care system is at a junction that is difficult to navigate for patients and physicians. There is great promise in medicine and also great challenges. If we act on those challenges in a prudent way — one that engages patients and energizes doctors — I believe it will yield great dividends.

I have learned during my years of practice that health care doesn’t necessarily need an upheaval or a revolution. Instead, it’s through the thoughtful and deliberate implementation of fundamental principles that we create a system that serves the interests of both patients and clinicians.

These are the top 10 principles that I believe will help forge that path:

1. Transparency: Commit to transparency of cost and quality to fortify trust and the sacred patient-physician relationship.

2. Literacy: Foster health literacy among our patients so that they can be better decision makers about their health; this includes improving their understanding of coverage and the value of prevention and quality care.

3. Cost of care: Work together to reduce the cost of care. I liken this to the gradual and steady adoption of recycling. Everyone who is part of the health care ecosystem must do his or her share to reduce waste.

4. Integrate care: Integrate effective and appropriate behavioral health care with primary care. The two are inextricably linked and cannot continue on parallel tracks.

5. Team-based care: Encourage physician-led health care teams that deliver value to patients. Champion systems of care in which nurse care managers are important members of the care team.

6. Patient safety: Strive for a comprehensive system that fosters patient safety.

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Dear friends and colleagues,

As my time as president of our Massachusetts Medical Society winds down, this will be the final President’s Message I pen for this publication.

As I deliberated over a message, I opted for the simple approach — a thank you.

I want to thank all of you for being a community for me and for each other, and for assembling as one to work incredibly hard on the issue of physician burnout, which is the theme of this issue.

I wish that I could tell you that this challenging period in the illustrious history of medicine has come to an end and burnout has been eradicated, but we still have much work to do. Yet our work has had an impact. Burnout is more openly discussed within our ranks, by the media, and among our patients. Our efforts have opened the door to important conversations with legislators and regulators.

We will persist, and I cannot think of a more committed and relentless group than the members, leaders, and staff of the Massachusetts Medical Society. I look forward to our continuing work together.

In addition to the latest on burnout and an Annual Meeting preview that you’ll find within these pages, I’d like to also direct your attention to some thoughts I share on page 1 about the future of medicine. I believe that health care is not in need of a complete tear-down and rebuild, but rather a commitment from us all to adopt principles that can effect change.

I hope and trust that a good number of you will be attending our Annual Meeting to expand your knowledge and to share your experiences, concerns, and ideas.

— Alain A. Chaoui, MD

Physicians Play an Important Role in Reducing Firearm Injury and Death

BY MMS HEALTH POLICY AND PUBLIC HEALTH DEPARTMENT

It happens in hospitals and schools, at concerts and movies, in places of worship and business.

Firearm injury and death are daily occurrences in the United States. There were 39,773 gun deaths in 2017, an increase of more than 1,000 from the previous year, according to the Centers for Disease Control and Prevention, and nearly two-thirds were suicides. Even here in Massachusetts, where we have the nation’s strongest gun laws and lowest firearm death rate, the number of fatalities from firearms rose from 242 in 2016 to 262 the following year. What can the physician community do to help? Plenty.

Physicians, and pediatricians particularly, should be emphasizing safe firearm storage to their patients and their families — the same message they deliver about cleaning products. Additionally, primary care physicians are often the first to see or recognize signs of behavioral health issues, suicidal ideation, or a propensity for violence; at the very least, physicians should engage the patient in a conversation about what’s going on and involve others if there is reason for alarm.

The MMS Stance on Guns

The Massachusetts Medical Society has advocated for gun safety in several ways, including the adoption in 2013 of overarching principles “of reducing the number of deaths, disabilities, and injuries attributable to guns; making gun ownership safer; promoting education relative to guns, ammunition, and violence prevention for physicians and other health professionals as well as for the public; and encouraging research to understand the risk factors related to gun violence and deaths.” Additionally, the Society supports legislative reforms that limit access to assault weapons and high-capacity magazines.

The MMS is a strong advocate for meaningful changes in access to behavioral health care so people can get help sooner. Most recently, the Society adopted a policy in support of extreme risk protection orders that enable courts to temporarily prohibit people from possessing or carrying firearms if they are determined to pose a danger to themselves or others. The Medical Society also adopted a policy that opposes federal concealed carry reciprocity whereby if gun owners have a permit to carry a concealed weapon in their home state, they can also carry it anywhere in the country.

Roundtable on Firearms

Recognizing that medical centers, schools of public health, governmental agencies, and medical schools have a common interest in firearm safety and lots of firearm-related resources to share, the Society and its Committee on Preparedness invited representatives from 22 institutions to an afternoon roundtable in late January.

The exchange of information served to build and strengthen collaborations. Representatives shared screening tools, surveys, data, and institutional policies regarding firearm injury prevention strategies and best practices.

Content experts spent the final hour in small group discussions exploring resources and data on topics such as school violence, social determinants of health, advocacy, education of the medical profession and the public, and vulnerable populations, including the elderly, people with disabilities, and those with mental health challenges.

Committee on Preparedness chair and moderator, Eric Goralnick, MD, MS, noted that the roundtable “provided meaningful insight into what the medical community is doing to act and how we can better work together to lessen the incidence and impact of gun-related violence, death, and injury.”

Developing an evidence-based, integrated, and collaborative public health and injury prevention strategy is essential in addressing this issue, and the Society is committed to being a strong partner in this effort.

The Massachusetts Medical Society’s firearm safety efforts and initiatives include an online CME course, Talking to Patients about Gun Safety, and accompanying educational materials: Gun Safety and Your Health (for patients) and Talking to Patients about Gun Safety (for providers).

CME online courses and content, brochures, and additional firearm and injury reduction resources are available at massmed.org/firearms.

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Enlisting Lawmakers to Help Combat Physician Burnout

BY SARAH BATES, MBE, GOVERNMENT RELATIONS AND RESEARCH ANALYST

The physician burnout crisis is only getting worse. Advocacy is one of the Medical Society’s strongest levers for creating change. But how can we use that lever to fix this complex problem? Legislative solutions work best for problems that affect medical practice, but they are too broad-brush for addressing some physicians’ day-to-day issues. We can’t send state or federal legislators into hospitals to solve these workday problems, but that doesn’t mean the Medical Society can’t address burnout through legislative advocacy. We must do so — not solely through encouraging the passage of standalone legislation — but also by encouraging lawmakers to consider the possible adverse consequences of all proposed legislation and regulations, state and federal, that increase administrative burdens for physicians without benefiting patients. This is the type of legislation we must advocate to amend.

Easing State Mandates
At the state level, the Medical Society has a long history of successful advocacy to reduce administrative burdens associated with statewide changes to health care systems. For example, several years ago, the legislature proposed requiring all physicians to adopt electronic health records (EHRs), without exceptions. The Medical Society recognized the burden that mandate would place on small and independent physician practices and worked with the Board of Registration in Medicine for a more reasonable interpretation, which included the option of a one-time continuing medical education course for physicians who do not regularly use EHRs.

More recently, the legislature proposed requiring that all physician practices connect to and regularly use the Mass HIWay to share electronic patient data. As with the earlier EHR mandate, this requirement would have compelled some small and independent physician practices to create unnecessary workflows simply to fulfill the requirement. In some cases, it might even have forced practitioners to close their doors. In response, the Medical Society advocated for a tiered implementation of required connection to the Mass HIWay, with an exemption for small physician practices.

The Medical Society is also part of a state coalition to address the issue of prior authorizations. We have joined with a sizable group of other organizations to protect Massachusetts patients from “fail-first” policies, which require that they first try a less expensive medication before “stepping up” to a more expensive drug. This is an issue of care access, but also one of administrative burden. We have heard from our members that prior authorizations have replaced EHRs as their most onerous day-to-day administrative burden. Overworked physicians cannot provide the high-quality care that they entered the profession to give.

Taking the Fight to Washington, DC
On the federal level, the MMS has consistently fought for administrative simplification for Medicare, including fewer reporting requirements and carve-outs from mandates for small physician practices. In August, the Centers for Medicare and Medicaid Services (CMS) released annual draft regulations on changes to the Quality Payment Program and the Physician Fee Schedule. CMS stated that one of its goals was to reduce administrative burdens through its “Patients over Paperwork” initiative. While many of the proposed changes were consistent with this goal, the MMS, along with the majority of national and state medical societies, successfully opposed other provisions, such as the collapsing of evaluation and management codes, which were ill-conceived and harmful to patient care.

Then in late January, the MMS weighed in on the role EHRs play in physician burnout through comments to CMS’s proposal on “Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and Electronic Health Records.” In his letter to CMS, MMS President Alain Chaoui, MD, suggested numerous ways to make health care IT help, not hinder, clinical workflow, including encouraging the development of artificial intelligence tools to support clinical documentation and quality measurements as well as incentivizing the adoption of technology that generates and exchanges standardized data, supporting documentation needs for ordering and prior authorization processes. The MMS has also joined with the AMA and other groups in opposing onerous prior authorization requirements in Medicare and Medicare Advantage plans.

In February, Massachusetts Medical Society physicians discussed physician burnout with the Massachusetts congressional delegation at the National Advocacy Conference in Washington, DC. Members of Congress and their staff were troubled to learn that burnout affects physicians of all ages and levels of experience, including trainees and early-career physicians. At some point, Congress may be asked to intervene to prevent the physician workforce shortages that are being predicted, should the problem continue unabated. The MMS delegation encouraged members of Congress and their staff to carefully consider the administrative burdens new laws could place on physicians as part of their deliberations.

Ten Principles

Continued from page 1

7 Affordable medication: Support affordable access to medications for chronic illnesses to ensure patient compliance and the prevention of long-term complications.

8 Broaden access: Explore the feasibility and effectiveness of physician-led outpatient care models offering comprehensive care — ones that include low-cost ancillary services and after-hours and weekend access.

9 Social determinants: Expand access to care by exploring ways of overcoming barriers erected by the social determinants of health. This includes greater adoption of telemedicine.

10 Physician burnout: Recognize our finite capacity to doctor and adjust if limits of time and resources impact our effectiveness or erode the feeling of joy in practice. Let doctors be doctors.

With a focus on these principles, I’m hopeful that health care will be strengthened where debilitated, reinvented where inadequate — and that all of this will be built on a thoughtful framework that considers the perspectives of patients and clinicians.
Write Poetry. Spot a Snowy Owl. Create a Bonsai. Take a Natural History Tour. Join the Member Interest Network.

Physician burnout must be combated on numerous fronts. Pursuing interests outside of medicine — hobbies that exercise a different part of the brain and provide stress relief — can be an effective burnout antidote.

The Massachusetts Medical Society’s Member Interest Network (MIN) was established in 1998 and Edward L. Amaral, MD, served as its first chair. MIN offers physicians the opportunity to connect with other members who share a hobby or interest.

MIN offers many activities throughout the year for members and their families in the areas of astronomy, birding, creative writing, gardening, medical history, and music. Are you an artist or art aficionado? Participate in the annual member art exhibit.

Do you like to bird-watch? MIN has collaborated with the Audubon Society to provide Birding 101 and a tour of its Joppa Flats Wildlife Sanctuary in Newburyport.

Would you like to try your hand at nurturing a bonsai tree? Keep an eye out for the bonsai workshops that MIN hosts.

Do you sing or play an instrument? MIN hosts events where members showcase their talents.

Let us know if there are particular interests or activities you would like MIN to explore and find other members to share these with. We want to hear from you. Contact Cathy Salas, staff liaison, at (413) 596-9231 or csalas@mms.org.

Birding on Plum Island.

Edward Amaral, MD, and Marta Kushnir, MD, discuss their work with their instructor during a poetry workshop.

Mai Phan, MD, Sara-Jane Kornblith, MD, Manijeh Zarghamee, MD, and others learn how to create bonsai.

Members and families enjoy a natural history tour of Plum Island.
BMC Appoints Wellness and Professional Vitality Chief

BY DAVID KIBBE  
BMC COMMUNICATIONS DIRECTOR

Boston Medical Center (BMC) recognizes clinician burnout as a major priority for the organization. Susannah Rowe, MD, MPH, an ophthalmologist and assistant professor at Boston University School of Medicine, was appointed associate chief medical officer for wellness and professional vitality in January 2018.

Dr. Rowe leads the hospital’s efforts to understand and address clinician burnout. Pilot initiatives focus on strategies to ease administrative burdens and enhance flexible work schedules, as well as increasing access to resources for personal resilience and mental health. BMC will measure its progress on these initiatives and the results will be communicated to key stakeholders, including its boards.

“Hospitals play a critical role in clinician wellness,” Dr. Rowe said. “Being a physician is a wonderful privilege. At the same time it can be incredibly stressful. Over the past few years, the documentation and regulatory requirements have increased to the point where we now spend more time looking at our computer screens than we do talking with and caring for our patients. This is frustrating for both patients and their doctors. We are looking at ways to lessen the burden and provide resources for our clinicians so we can optimally deliver care. There is much work for us as a profession to do. We can’t take care of our patients to the best of our ability if we aren’t taking care of our own staff as well.”

Dr. Rowe serves on the MMS-MHA (Massachusetts Health & Hospital Association) Joint Task Force on Physician Burnout and the Physician Wellness Academic Consortium, a national group that supports physician wellness evaluation and needs assessment at academic institutions.

Karim Awad, MD, of Atrius Health Cares for Doctors and Patients

BY JACKSON MURPHY ON BEHALF OF ATRIUS HEALTH

As medical director of clinician wellness at Atrius Health, Karim Awad, MD, leads well-being initiatives for 825 physicians and more than 300 advanced practice clinicians in the state’s largest independent medical group. Atrius Health committed to making physician burnout prevention part of its organizational strategy in 2016, when it appointed Dr. Awad to help lead this work in a new clinical affairs department. He was appointed to his current role earlier this year.

With burnout affecting nearly half of physicians nationally, Dr. Awad says it’s crucial that health care organizations recognize that this issue has broad implications. “Clinician burnout harms patients,” he says. “It can lead to medical errors, longer post-operative recovery, and higher hospital mortality. If an organization is focused on delivering the best care, then they need to address this big problem.”

Dr. Awad says organizations can start by streamlining processes. At Atrius Health, this involves automating tasks like prescription refills, reducing inbox clutter, and eliminating clicks in the electronic medical record.

Karim Awad, MD  
Photo by Robert Schoen  

At Atrius Health

“We’re redesigning the way care is delivered,” he says. “We are developing a team approach that involves doctors, nurses, and medical assistants working at the top of their licenses to coordinate care.”

Although facilitating these types of institutional changes takes time and resources, Dr. Awad sees it as an absolute necessity for the future of health care. “Investing in reducing burnout helps curb rising costs for turnover and medical errors. It improves the well-being of our doctors and the health of our patients. By returning joy to the practice of medicine, we can all work to make Massachusetts a much healthier place to live.”

Susannah Rowe, MD, MPH  

Now What?  
continued from page 1

The Board of Registration in Medicine must adopt the Federation of State Medical Boards’ recommendations to help reduce the stigma associated with seeking help for burnout and its consequences.

MMS Advocacy

The Medical Society has been busy advocating for these recommendations in several arenas. The Society’s efforts include the following:

• The MMS has communicated the recommendations about EHRs and prior authorization to the Office of the National Coordinator for Health Information Technology (ONC), which is developing a strategy to reduce the burden of health care information technology and EHRs. The ONC seems to be listening.

• The MMS signed on to a national letter urging the Centers for Medicare and Medicaid Services to include language about prior authorization in its written guidance — specifically that PA causes care delays and negatively affects patients.

• The MMS met with the state’s Quality Alignment Task Force, which is charged with reducing the number of metrics for accountable care organizations (ACOs). The Society called on the task force to decrease the number of quality measures and to align measures uniformly across plans and payment models for local and national payers and government agencies. Choose measures that matter to patients and physicians and can be extracted without inordinate administrative work.

Soon, the MMS is planning to meet with and provide recommendations to other stakeholders, including the state’s Health Policy Commission, that are tackling the issue of costly administrative burdens that don’t add value. The MMS will continue to leverage the report to seek changes to the health care system.
**MMS Member News and Notes**

**Emery Neal Brown, MD, PhD** (Harvard Medical School, 1987; residency: MGH), received the 2018 Dickson Prize in Science from Carnegie Mellon University (CMU). The prize recognizes substantial achievements or sustained progress in the natural sciences, engineering, computer science, or mathematics. According to the CMU faculty nominator, Dr. Brown's research has been "truly transformative" for the field of integrative biology. Dr. Brown is the Edward Hood Taplin Professor of Medical Engineering and Computational Neuroscience at MIT, the Warren M. Zapol Professor of Anesthesiology at Harvard Medical School, and an anesthesiologist at MGH.

**Paul M. Busse, MD, PhD** (St. Louis University School of Medicine, 1982; residency: MGH), was named inaugural incumbent of the Joseph W. Cotchet Endowed Chair in Radiation Oncology at MGH. The duties of the chair include advancing research, care, and education in the practice of radiation oncology. Dr. Busse is clinical director of radiation oncology and director of head and neck service at MGH.

**Hubert I. Caplan, MD** (Tufts University School of Medicine, 1955; residency: Tufts-NEMC/Boston VA), received special recognition and an award for 52 years of service as an active member of the medical staff at Newton-Wellesley Hospital. Since joining Newton-Wellesley in 1967, Dr. Caplan served as the hospital’s chief of rheumatology from 1977–1987 and coordinator of Medical Mortality Review for more than 30 years. Dr. Caplan has been a member of the MMS for 58 years and a longtime trustee, delegate, and committee member, including a decade on the Administration and Management committees.

**Elizabeth De Jesus, Ista Egbebo, and Nathanaelle Ibeziako**, second-year medical students at Tufts University School of Medicine, were selected for the American Society of Hematology’s (ASH) Minority Medical Student Award Program. The program paired eligible underrepresented minority medical students with ASH mentors to oversee a research project related to hematology. Award winners presented their findings at the ASH annual meeting in December.

**Elizabeth George, MD** (All India Institute of Medical Sciences, 2011; residency: BWH), **Olga Laur, MD** (Yale University School of Medicine, 2015; residency: BWH), and **Walter F. Wiggins, MD, PhD** (Wake Forest School of Medicine, 2014; residency: BWH), won first place in the Radiological Society of North America’s Diagnosis Live Resident Competition. Each team — composed of trainees from US radiology residency programs — evaluated clinical images and submitted a diagnosis. The BWH team was also awarded “ultimate residency program bragging rights.”

**Richard A. Sacra, MD** (University of Massachusetts Medical School, 1989; residency: Bristol Regional Medical Center), was awarded the 2018 Gerson L’Chaim Prize for Outstanding Medical Missionary Service by African Mission Healthcare.

The program paired eligible underrepresented minority medical students with ASH mentors to oversee a research project related to hematology. Award winners presented their findings at the ASH annual meeting in December.

**Guenter Ludwig Spanknebel, MD, 85**

We mourn the passing of Guenter Ludwig Spanknebel, MD, former president of the MMS, who died on December 15, 2018. Dr. Spanknebel was the first international medical graduate to serve as MMS president. He practiced gastroenterology for 40 years at Memorial Hospital in Newton-Wellesley in 1967, Dr. Caplan served as the hospital's chief of rheumatology from 1977–1987 and coordinator of Medical Mortality Review for more than 30 years. Dr. Caplan has been a member of the MMS for 58 years and a longtime trustee, delegate, and committee member, including a decade on the Administration and Management committees.

**In Memoriam**

We also note member deaths on the MMS website at massmed.org/memoriam.

**Edward J. Broadus, MD, 93; Andover, MA; Ohio State University College of Medicine, Columbus; died December 25, 2018.**

**Owen E. Christensen, MD, 90; Westminster, MA; Tufts University School of Medicine, Boston; died March 14, 2018.**

**Edwin M. Davidson, MD, 92; Newton, MA; SUNY Downstate College of Medicine, New York; died September 6, 2017.**

**William S. Kaden, MD, 83; Weston, MA; Yale School of Medicine, New Haven; died October 30, 2018.**

**Stjepan Kereshi, MD, 70; West Brookfield, MA; University of Zagreb School of Medicine, Croatia; died October 28, 2018.**

**Lillian A. Lukas, MD, 94; Bordentown, MA; Boston University School of Medicine; died July 1, 2018.**

**Alonzo D. Sheffield Jr., MD, 97; Springfield, MA; Howard University College of Medicine, Washington, DC; died December 21, 2018.**

**William M. Stenson, MD, 66; Scituate, MA; George-town University School of Medicine, Washington, DC; died January 29, 2018.**

**Luther M. Strayer III, MD, 84; Hilton Head, SC; Columbia University College of Physicians and Surgeons, New York; died December 27, 2018.**

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Federation of State Medical Boards: Physician Burnout Is a Patient Safety Issue

BY TOM FLANAGAN, MEDIA RELATIONS MANAGER

Humayun Chaudhry, DO, may not seem like someone who would spend a lot of time on the issue of professional burnout. After all, he’s the president and chief executive officer of the Federation of State Medical Boards (FSMB), whose mission is to support state medical boards in licensing, disciplining, and regulating physicians and other health care professionals in order to keep patients safe.

But Dr. Chaudhry believes that physician burnout is unequivocally a patient safety issue. He’ll bring that message to the Massachusetts Medical Society’s 2019 Annual Education Program on May 3. “As many organizations in the house of medicine started to talk about burnout, the issue landed on our desk and we wondered if we should weigh in on it as well,” said Dr. Chaudhry. “As we started to look into how state boards address the issue, it became very apparent that physician stress and burnout is a patient safety issue.

The federation, on behalf of the state boards and working with the state boards, felt that we should look into this.” The FSMB formed a workgroup and came up with a “sensible series of recommendations,” he added.

Of the 35 recommendations, number one was that state medical boards should review their medical licensure and renewal applications and rethink the necessity of including probing questions about an applicant’s past mental health, addiction, or substance use. The thought was that this line of aggressive questioning could discourage physicians from seeking treatment.

Dr. Chaudhry said he is looking forward to the opportunity to engage with the physician and student members of the Medical Society and emphasize that the issue of physician burnout is one that the FSMB and state boards take seriously. “It’s perfectly OK to seek care when you need it,” he said. “Your patients deserve it and you deserve it.”

Dr. Humayun “Hank” Chaudhry is the president and chief executive officer of the Federation of State Medical Boards (FSMB) of the United States, which represents the nation’s state medical licensing boards and co-sponsors the United States Medical Licensing Examination. From 2016 to 2018, Dr. Chaudhry served as chair of the International Association of Medical Regulatory Authorities, which represents more than 116 members in more than 48 nations.

District News and Events

NORTHEAST REGION


ESSEX NORTH/ESSEX SOUTH — Joint Delegates Meeting. Tues., Apr. 23, 6:00 p.m. Stonewood Tavern, Peabody. Resolution review.

ESSEX SOUTH — Annual Meeting. Wed., Apr. 10, 6:00 p.m. Spinelli’s Function Facility, Peabody. Speaker: MMS President-Elect Maryanne Bombaugh, MD.

MIDDLESEX — Annual Meeting. Sat., Apr. 13, 6:00 p.m. DeCordova Sculpture Park and Museum, Lincoln. Dinner and dancing.

MIDDLESEX CENTRAL — Executive/Delegates Meeting. Thurs., Apr. 18, 7:45 a.m. Emerson Hospital, Concord.

MIDDLESEX NORTH — Annual Meeting. Wed., Apr. 10, 6:00 p.m. Gibbet Hill, Groton.

MIDDLESEX WEST — Delegates Meeting. Mon., Apr. 29, 6:00 p.m. MacPherson Hall, Framingham Union Hospital, Framingham. Delegates meet to review and discuss the resolutions for Annual Meeting 2019.


Contact Michele Jussaume or Linda Howard at (800) 944-5562 or mjussaume@mms.org or lhoward@mms.org.

SOUTHEAST REGION


PLYMOUTH/NORFOLK SOUTH — Annual Meeting. Thurs., Apr. 11, 6:00 p.m. Neighborhood Club of Quincy. Quincy. Speaker: MMS President Alain Chaoui, MD. Topic: Heal the Healer: Bringing Back the Joy of Medicine.

SOUTHEAST REGION


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The Physician Burnout Issue

1 Physician Burnout Is No Longer a Secret. Now What?
Stakeholders must step up to stamp it out.

1 Ten Principles to Guide Health Care’s Future
MMS President Alain Chaoui, MD, weighs in on what it will take to ensure health care thrives.

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