Transiting into 2018: Six Key Practice Trends to Watch

BY KERRY ANN HAYON, MHA, MMS
DIRECTOR, PRACTICE SOLUTIONS AND RESEARCH

How will medical practice change in 2018? To some extent, we know. Throughout 2017, the looming question mark over the Affordable Care Act obscured the ways in which the health care industry was responding creatively to other challenges. Although the uncertainty over the ACA has not gone away, neither have the dynamism and innovation of the industry. In 2018, physicians and their practices should keep an eye on these trends:

1. Price Transparency
   The national focus on price transparency continues, with the goal of educating consumers on the costs of health care services, on how patients’ choices affect their out-of-pocket expenses, and on how they can access high-quality care at lower cost. In Massachusetts, the focus on price transparency, price variation, and consumer education will certainly continue. We may see additional requirements relating to how physician practices communicate with patients about out-of-pocket expenses.

2. Drug Costs
   Pharmaceutical cost controls are expected at every level of the system. Physician practices can expect to see a continued emphasis on health plan cost control mechanisms, such as prior authorization. With this issue looming large across the health care landscape, we may see other control mechanisms that can mitigate the administrative burden at the practice level.

3. Continued Shift to Value-Based Care
   The shift to value-based care has picked up steam, marked most notably at the federal level by the beginnings of MACRA implementation. Commercial insurance is similarly transitioning toward models that shift risk to physicians, with incentives for providing care that demonstrates value. These models emphasize the enhanced team-based care environment. This requires innovations in how practice teams interact with patients and how technology is used to monitor and track patients, including those not currently considered at-risk. Care will become more individualized.

4. Increased Use of Data
   The shift toward value-based care requires enhanced data-tracking capabilities that will both monitor and report on the larger system-based trends and broad practice population trends. In addition, they will layer in a sophisticated real-time look at patient populations defined as at-risk. Expect the next generation of EHR data reporting capabilities to prioritize enhanced user experience, both in ease of use and ease of trend identification. This may include real-time patient monitoring, useful integration of wearable device information, and

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Getting to the Root Causes: Public Health in 2018

BY ROBYN ALIE, MANAGER, MMS HEALTH POLICY AND PUBLIC HEALTH

In 2017, Massachusetts ranked high among the 50 states on education (#1), health care (#2), and public health (#5). But according to the same source — US News & World Report in June — the Commonwealth underperformed on other criteria that affect health: 40th for mental health, 47th in affordability, 41st in disability employment, and 40th for racial income gap.

Root Causes
Social determinants such as these are increasingly recognized as powerful drivers of health outcomes — more important than medical care, studies suggest. They have become a focus in the state’s efforts to improve health outcomes and address health care costs. Throughout 2017, CMS has piloted the section 1115 waiver project for MassHealth — with the active support of the MMS — to establish accountable care organizations (ACOs) that are addressing social determinants of health in their patient populations. Pilot ACOs have been working with behavioral health and community health partners. The goal of this care coordination is to reduce ED utilization and health care costs, and improve patient experience and health outcomes. Pilot projects wrap up in December 2017, and a full roll out of the waiver project is slated for 2018.

Opioid Crisis
At the same time, the opioid epidemic remains a crisis for Massachusetts. In 2016, 2,107 people died from opioid-related overdoses, more than triple the

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How the MMS Made Headlines in 2017

The media appearances of the MMS president have captured some of the most pressing issues of 2017. Henry Dorkin, MD, FAAP, has been sought after by the media to comment on health care stories of regional and national importance since his presidency began in April. His media presence speaks to the Society’s leadership, expertise, and relevance, which are based in our commitment to advocacy and education.

“...An attack on the very foundation of access to health care for everyone in this country. Without question, it is the vulnerable among us who will suffer the most.”
— On the decision to cut federal health care subsidies, WBUR, October 13, 2017

“It is now clear that health care for our nation is in dire jeopardy.”
— On the decision to cut federal health care subsidies, WBUR, October 13, 2017

“...Lindbergh bounced down the runway a couple of times before he became airborne, and some of these people simply are going to have some relapses on the way to full rehabilitation, and we would not want to incarcerate people at the first sign of a relapse if we’re treating this as a chronic disease.”
— On opioid abuse disorder and the Julie Eldred case, WBUR, September 24, 2017

“...When I first heard about [supervised injection facilities (SIFs)], I was skeptical. One of the first things they taught me at [medical school] was to look at the data. When I look at the data [on SIFs], what I see coming out of Vancouver is compelling.”
— On supervised injection facilities, WGBH’s Greater Boston, June 6, 2017
Bridging the Legal Gap: MMS Member Service for BORIM-Related Issues

Professional liability policies may not cover complaints that arise before the Board of Registration in Medicine (BORIM). The MMS Legal Advisory Plan (LAP) fills the gap to protect its members.

Some BORIM issues are covered by a malpractice policy, but coverage can be limited. The LAP helps cover initial expenses in a BORIM investigation, which in turn helps physicians avoid hitting financial caps imposed by malpractice policies.


click www.massmed.org/lap

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MMS Stark Law Series

In recognition of the complexity and onerous penalties of the Stark Law, the Massachusetts Medical Society is working to develop a series of briefs and accompanying webinars that will help providers better understand the law and how it applies to them. This education series is meant to provide individuals with:

- An overview of the basics of the Stark Law
- The most common exceptions to the law
- The benefits for group practices under the law
- The key elements of compensation exceptions
- Considerations for various practice structures, including physicians employed by a hospital and faculty practice plan, as well as independent providers

Key Practice Trends
continued from page 1

the use of artificial intelligence for proactive identification of patient needs and at-risk patients.

Patient Expectations for Service

The patient experience lens has broadened, and we’re now scrutinizing the overall care delivery model. There is a need for a redesign of practices to meet the increasing patient demand for immediate access, convenient hours, and multiple options for communicating with physicians. The standard for services received in a physician’s office is no longer set by other medical practices but instead by other service industries. This means, for example, that patients are increasingly mobile and interested in integrating technology into their personal care experience. Physicians and practices will be integrating technological and virtual patient care solutions into their delivery model in 2018 and beyond. Patients will be a force in driving that change.

Provider Wellness

Professional burnout has become a pervasive issue as health care providers take on more responsibilities to achieve value-based care. With the acknowledgment of the scale of the problem, we’ve seen many health care organizations working to enhance provider and employee wellness and engagement. A happy workforce leads to better productivity, professional satisfaction, and improved patient experience and engagement. Expect provider wellness initiatives to ramp up in 2018.

“Rapid and inexplicable increases in the prices of existing drugs [some of which have been in use for many decades], as well as the extraordinarily high cost of breakthrough drugs, have left those medicines inaccessible for many of our patients, some with life-threatening consequences.”

—On direct-to-consumer pharmaceutical advertising, Fierce Pharma, June 9, 2017

“Immunizations are critically important. They are one of the best, most effective values in terms of health care imaginable.”

—On childhood vaccinations, MetroWest Daily News, September 27, 2017

“In the face of a federal rollback of these important protections, the Massachusetts Medical Society is grateful to our elected officials, who are pursuing innovative approaches toward expanding birth control access for women and families across the state.”

—On the rollback of birth control coverage, MassLive, October 6, 2017

“They’re doing exactly the kind of the thing that is going to help us train more physicians and hopefully have more of them practice here in Massachusetts.”

—On UMass Medical School’s expanded class size and focus on primary care, Worcester Business Journal, September 11, 2017
Root Causes
continued from page 1
number of five years earlier. In August, the DPH reported a 5 percent decline in overdose deaths for the first half of 2017, compared to the first half of 2016. Opioid prescriptions had fallen 28 percent since the first quarter of 2015. The MMS will remain actively engaged in this issue, focusing in 2018 on prevention and treatment of opioid use disorder by addressing the treatment of chronic pain, supporting physicians as providers of medication-assisted treatment, and broadening access to naloxone.

Climate Urgency
This year saw a series of devastating weather events, including multiple hurricanes resulting in the loss of American lives, property, and infrastructure. It also saw significant budget cuts to environmental agencies, including the EPA, and the US announcement of its intent to withdraw from the Paris climate agreement to reduce emissions. In May, the MMS adopted policy to initiate a three-year communications campaign to raise public awareness of the link between the environment and human health; the campaign is slated to launch in 2018.

Vital Signs asked local public health leaders to anticipate the pressing concerns for 2018

“Perhaps the most clear epidemic today that matters to all of us in Massachusetts is the opioid epidemic. It is hard not to focus on this and the potential it has to shape health in the Commonwealth for generations to come. Physician attention to this issue can make an enormous difference. And yet one cannot help but feel that Massachusetts can also be proactive, can think about health in 2020 and 2030, not simply focus on what is urgent today. To do so, the state needs to focus on the drivers of health, the economic, cultural, and social factors. Physicians have an important voice, and if they apply that to articulating a set of priorities that creates the healthiest state, it can go a long way.”
— Sandro Galea, MD, DrPH; dean, Boston University School of Public Health

“The ongoing opioid problem will remain a prime area of concern and active work in public health, as will evolving patterns in disease caused by familiar and novel pathogens. It seems that we can not shy away from societal and social determinants of health, and we will have to grapple directly with issues of disparities in health care and the role of society in providing for the disadvantaged.”
— Steven Ringer, MD, PhD; chair, MMS Committee on Public Health

“We know that social determinants of health — basic human needs such as lack of affordable housing, transportation barriers, limited access to well-paying jobs, and exposure to violence — contribute to poor health outcomes, drive up health care costs, and create deep health inequities across race and income. We have a window of opportunity now to take an aggressive approach to these inequities as part of Massachusetts health care transformation. It’s essential that health care and public health work together — in collaboration with consumer advocates, social services, and community organizations — to ensure that prevention and equity are at the center of our health care systems of the future.”
— Jessica Collins; president, Massachusetts Public Health Association

Physician-Led Group Looks to Drive Best Practice on Firearms Risk
BY DANIELLE DICENZO, MMS PUBLIC HEALTH INTERN

Physicians seeking to drive research into gun violence have founded an apolitical organization to inform evidence-based, best practice recommendations for health care providers. Currently, clinicians lack guidance and options if they consider a patient at risk of gun-related self-harm or violence toward others.

“There’s nothing political about firearm risk,” says Chris Barsotti, MD, executive director of the new organization, the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM). “We want to normalize conversation on what relates to the interest of our patients and communities. The country is particularly polarized: they think gun rights or gun control. We’re focusing on gun safety.”

The CDC estimates over 35,000 annual deaths are attributable to gun violence, including homicides, suicides, and accidents. But the political environment around guns is such that, since 1996, the CDC has not funded gun violence-related research.

In October, the MMS Board of Trustees voted to support the mission and goals of AFFIRM. This is a preparedness issue, says John Burress, MD, MPH, chair of the MMS Committee on Public Health. “When there’s a moratorium on researching such an important public health matter, physicians are often left in a void without clear standards of care.”

“The driver here is to create a public health approach that has multiple faces to it, like how we address opiates or concussions,” says Dr. Barsotti, who also chairs the Trauma and Injury Prevention Section at the American College of Emergency Physicians. The AFFIRM approach supports research that informs best practice and educates patients, their families, and communities.

“With any medical issue, we look at risk factors and we try to mitigate them. In the ER, we see patients we know are at high risk for harming themselves or others, but there are no guidelines,” says Dr. Barsotti. “What interventions have been shown to be effective? AFFIRM is about enabling ourselves to address the problem.”

“We want to raise awareness of the human health threats impacted by climate change. Recent natural disasters have directly shown us this link but letting patients know that environmental conditions exacerbate many common diseases could benefit us all.”
— Heather Alker, MD, MPH; chair, MMS Committee on Environmental and Occupational Health

“As part of the MassHealth restructuring effort, ACOs are being encouraged to address social determinants of health. We recommend providers adopt the Hunger Vital Signs® to screen for food insecurity and connect patients to needed resources. The Flexible Services Program may be one potential avenue to create clinical-community linkages to address needs that are identified.”
— Kathryn Brodowski, MD, MPH; director of public health and research, Greater Boston Food Bank

MMS Federal Advocacy Continues Support of ACA

BY SARAH RUTH BATES, MBE

Predicting the next week of developments at the federal level, let alone the next year, is not easy — but we can safely assume that Republicans in Congress and the White House will continue their attempts to repeal and replace the Affordable Care Act (ACA). The MMS has been engaged in extensive and ongoing advocacy efforts to keep the ACA in place.

Prescription Drug Costs and Telemedicine

So far, the president and congressional Republicans have maintained an unrelenting focus on the ACA. We hope to see in 2018 bipartisan interest in and legislative proposals addressing prescription drug costs. In particular, Congress will likely address the rising costs of naloxone, a drug used to reverse opioid overdose, as the opioid epidemic continues to worsen. Congress will likely take up the issue of increasing access to and utilization of telemedicine services as well, and broader discussions of health care cost and quality will also continue.

MACRA Reimbursement

On the regulatory side, the implementation of MACRA continues into its second year. Physicians can choose between two methods of reimbursement: the Merit-Based Incentive Payment System (MIPS), which is similar to fee-for-service, and the Alternative Payment Model (APM), an ACO-type option that offers both the potential for higher reimbursement and greater risk if physicians fail to meet the requirements put forward by their ACOs. Very few physician practices transitioned to APMs during the first year of MACRA; we expect to see more physician-led APMs and more virtual groups this year. These transitions will likely also result in a greater use of telemedicine. The MMS will continue to follow these and other regulatory developments this year.

MMS State Advocacy Shifts from Testifying to Coalition-Building

BY SARAH RUTH BATES, MBE

The Society’s Government Relations team is transitioning into a process of building coalitions with legislators and fellow stakeholders, following a year of testifying at hearings in the State House.

The shift in process comes as the State House moves into the latter stages of the current legislative session. This session began in January 2017, when legislators filed 6,000 bills. In 2018, legislative committees will make decisions regarding the merits of those bills, and will vote out each bill favorably, unfavorably, or into study. This legislative session ends in July. The MMS’s continuing advocacy addresses the many bills that affect physicians, patients, and medical practice in the Commonwealth. Major themes include the following:

Adult Guardianship

One of many bills that we hope to see reported favorably out of committee is Senate Bill 1177/ House Bill 3027. An Act to Establish the Office of Adult Guardianship and Decisional Support Services. This bill seeks to standardize and regulate the guardianship process, providing invaluable assistance to incapacitated patients and their families.

Health Care Costs

Also in the State House, the Senate has recently released a comprehensive bill addressing health care costs, on which Dr. Henry Dorkin, the MMS president, has testified. The House will review that legislation in early 2018, and the MMS will continue to engage with legislators on its future iterations. We may see further state legislative action in response to changes on the federal level.

Opioids

As we approach two years since the governor’s opioid bill, his administration has put forward a second, similar piece of legislation. We look forward to engaging with the Baker administration on this bill. We will likely also see increased enforcement of existing opioid legislation. For more information, please visit www.massmed.org/opioids.

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How Team Dynamics Protect Physicians from Burnout

By Lucy Berrington, MS, Vital Signs Editor

If your practice values teamwork over individual performance, you may be more protected from burnout than your peers are in less team-oriented organizations. The medical team is featuring large in the transition to value-based care — and it appears to take a powerful role in physician wellness too.

That's a key implication of a survey and review of performance data by athenahealth. The survey, undertaken in April 2017, assessed more than a thousand physicians' self-perceived capability — a measure of whether they felt they had sufficient resources and latitude to provide high-quality care (capability did not refer to clinical skills). The value of the team in health care organizations is closely related to physicians' capability, as well as to job satisfaction and burnout risk, that survey suggests.

Teamwork-Capability Link

"Doctors in our survey who agreed with the statement that 'Our practice values teamwork more than individual performance' were over three times more capable and five times more willing to go above and beyond in their jobs and to recommend and stay with their organizations," wrote Josh Gray, vice president of research at athenahealth, in a review of the findings published on the company website in October. "Physicians who agreed with the teamwork statement were also 75 percent less likely to say they experience significant signs of burnout."

Teamwork is an abstract concept; its manifestations are more concrete. Effective clinical teams, for example, empower nonphysician providers to take on more responsibilities. In turn, physicians can focus on clinical challenges, driving increased job satisfaction and capability.

Why Teams Work

Researchers of health care systems have been exploring what makes medical teams more (or less) effective. A recurring focus of that work is relational coordination — a term that aims to capture the human interactions representing the ties between tasks and the people who perform them. The core attributes of relational coordination include shared goals, shared knowledge, and mutual respect.

On the ground, relational coordination manifests as front-line providers in direct contact with each other, in contrast to traditional top-down management. That communication shift facilitates more seamless coordination, less fragmentation of tasks and roles, improved work relationships, smoother handoffs, and the enhanced ability to adjust in real time to new information or conditions, according to Jody Hoffer Gittell, PhD, MA, professor of management at Brandeis University and author of Transforming Relationships for High Performance: The Power of Relational Coordination (Stanford University Press, 2016).

Improved Outcomes

Health care studies have linked relational coordination to a range of positive clinical outcomes, including quality of care, shorter length of hospital stay, and improved patient satisfaction. The outcomes for providers include increased professional efficacy, improved work engagement, more learning from failures and each other, and reduced burnout and emotional exhaustion.

Thursday, April 26

• House of Delegates Opening Session
• Reference Committee Hearings
• MMS Awards Luncheon
• Ethics Forum
• International Medical Graduates Annual Reception
• President's Reception and Nancy N. Caron Annual Art Exhibit and MMS and Alliance Charitable Foundation Auction

Friday, April 27

• Annual Education Program
• Presidential Inauguration and Awards Reception and Dinner
• Alliance Annual Meeting, Brunch, and Program
• Annual Meeting of the Society Luncheon
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.

Lina M. Bolanos, MD, 38; Boston, MA; Universidad Libre de Cali, Colombia; died May 5, 2017.

Henry L. Kirkendall Jr., MD, 81; Vero Beach, FL; Long Island College of Medicine, Brooklyn; died April 14, 2015.

Salvatore N. Mangano, MD, 94; Hingham, MA; Tufts University School of Medicine, 1947; died April 11, 2017.

James A. Marquardt, MD, 67; Madison, VA; Perelman School of Medicine at the University of Pennsylvania, 1978; died July 16, 2017.

Bertram M. Winer, MD, 94; Wayland, MA; New York Medical College, 1946; died December 3, 2016.

New MMS Member Benefit: NEJM Journal Watch Online

Members of the Massachusetts Medical Society now have free access to an innovative and pragmatic resource for keeping up with medical research: NEJM Journal Watch Online. Your complimentary subscription provides unlimited access to physician-edited perspectives on developments in research, presented by specialty, allowing you to tailor content to your professional needs.

NEJM Journal Watch Online delivers information about current research, medical news, drug information, public health alerts, and guidelines across 12 specialties and 19 topic areas. A team of physician-editors surveys 250 medical journals, selects the most important research and guidelines, and distills them into focused summaries. Subscribers receive updates that frame findings in a clinical context, providing perspective on how current research applies to the everyday practice of medicine.

All members of the MMS receive a complimentary subscription to the New England Journal of Medicine. But it’s clear that today’s physician needs even more high-quality medical information, efficiently presented. Although medical research is being conducted — and published — at an unprecedented rate, administrative burdens leave doctors with few free minutes in the day. In today’s medical environment, it is increasingly difficult for physicians to stay on top of the current medical evidence.

At the same time, some physicians are seeing medical library services rolled back. In an MMS survey, one in five members reported that they have neither physical nor online access to medical library services, and nearly two in five reported that their level of access either does not suit or only somewhat suits their needs.

Beginning in December 2017, the MMS will include a free subscription to NEJM Journal Watch Online (priced at $129 a year to nonmembers) as a benefit of membership. MMS members will receive an email invitation from NEJM Group with instructions for establishing your complimentary account and online subscription, including unlimited 24/7 access to the archives and resources of JWatch.org.

For those physicians who need a specific published article for research or clinical purposes, the MMS can also help. As a benefit of the Medical Society’s relationship with the Boston Medical Library, you may request up to 10 complimentary articles from the Countway Library each year.

Part of the mission of the Massachusetts Medical Society is to advance medical knowledge. These member benefits are intended to help us do just that for our members — for the benefit of your patients.

ACROSS THE COMMONWEALTH

District News and Events

NORTHEAST REGION

Charles River — Executive Committee Meeting. Thurs., Jan. 11, 6:30 p.m. Brookline Country Club, Chestnut Hill.


Middlesex Central — 5th Tuesday Program. Tues., Jan. 30, 11:45 a.m. Speaker: Brendan Abel, Esq. Legal and Regulatory Affairs Counsel MMS. Emerson Hospital, Emerson (Cheney Conference Room). Topic: Beyond the State House: MMS, Regulators, and Clinical Practice.

Middlesex West — Executive Committee Meeting. Wed., Jan. 10, 6:00 p.m. MacPherson Hall, Framingham Union Hospital, Framingham.

Northwest Regional Office: (800) 944-5362 or mjussaume@mms.org or thoward@mms.org.

SOUTHEAST REGION


Plymouth — Executive Committee Meeting. Wed., Jan. 31, 6:00 p.m. MMS Southeast Regional Office, Lakeville.

Southeast Regional Office: (800) 322-3301 or skolowski@mms.org.

WEST CENTRAL REGION


West Central Regional Office: (800) 522-3112 or csalas@mms.org.

STATEWIDE NEWS AND EVENTS

Arts, History, Humanism, and Culture Member Interest Network — Nancy N. Caron Annual Member Art Exhibit. Thurs., Apr. 26, 5:00 p.m. Seaport Hotel, Boston. Deadline to register for placing artwork in the exhibit is Friday, January 12. Contribute statewide news: (800) 522-3112 or csalas@mms.org.
**ONLINE CME ACTIVITIES**

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- Module 2 — Guidance on the Recommendation of Medical Cannabis
- Module 2.1 — General Information about Medical Marijuana Under Federal Law — NEW!
- Module 3 — Cannabis Products, Modes of Administration, Dosing Considerations, and Contraindications
- Module 4 — Cannabis — Physiologic and Cognitive Effects

- Module 5 — Cannabinoid Use and Mental Health Effects
- Module 6 — Cannabinoid Hyperemesis Syndrome
- Module 7 — The History of Medical Cannabis
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- Module 14 — Medical Use of Cannabis and Cannabinoids in Multiple Sclerosis (and Spasticity)
- Module 15 — Medical Use of Cannabis and Cannabinoids in Neuropathic Pain
- Module 16 — Medical Use of Cannabis and Cannabinoids in Parkinson's Disease


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**Current and Future Models of Physician Compensation**

Alex Barker, JD, MHA, Senior Client Partner, Korn Ferry Hay Group
Eric Passon, MBA, Founder and CEO, Ancore Health


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**MMS AND JOINTLY PROVIDED CME ACTIVITIES**

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