What’s Coming in 2019? Seven Key Practice Trends for Massachusetts

BY BISSAN BIARY, MHA, MMS SENIOR PRACTICE SOLUTIONS SPECIALIST

How will medical practice evolve through 2019 and what do those changes mean for physicians? Vital Signs has identified seven key trends. These trends are driven by underlying market forces, including the expanding adoption of value-based payment models, the rapid development of health information technology, new policy and regulatory mechanisms, and more. The Medical Society helps physicians navigate the shifting landscape through general and customized support, on-point CME, and advocating for legislative and regulatory changes that prioritize physician wellness, reasonable compensation, and administrative simplification. Key trends include:

1 Shifting toward Population-Based Care

Population-based care systems use data derived from large patient populations to guide the care of individuals. They aim to help practices provide proactive, evidence-based interventions and coordinated care, ultimately improving clinical outcomes at lower cost. For example, the electronic health record (EHR) may flag patients who would benefit from certain vaccines, or a case manager may identify patients who share certain characteristics and work with them on self-care. Data from two Massachusetts state agencies, the Center for Health Information and Analysis and the Health Policy Commission (HPC), show physician-led organizations performing well on population-based measures. The new MassHealth accountable care organizations (ACOs), which provide care for 800,000 patients, are designed to coordinate medical care and social services. Throughout the rollout of the MassHealth ACO program the MMS has advocated for the primacy of the patient-physician relationship and the continuity of care.

2 Considering the Social Determinants of Health

The MassHealth ACOs now consider the social determinants of health (SDOH) — nonmedical factors influencing disease risk — in their care management systems. A related federal waiver has secured substantial funding for programming addressing the SDOH, which include education, socioeconomic status, neighborhood, food security, racial segregation, housing, public safety, transportation, and more. Addressing these factors is essential to improving outcomes and reducing disparities. Predictive technology can help identify relevant factors and flag patients for continued on page 3

The Biggest Outpatient Value-Based Care System? How Reliant Is Staying Ahead on Population-Based Care

BY ERICA NOONAN, MA, AND LUCY BERRINGTON, MS

Population-based health care is morphing from a theoretical policy goal (a nice-to-have) to a real-life practice requirement (a must-have). As hospitals and practices work to implement the key concepts, systems such as Reliant Medical Group (RMG), which have been doing it for decades, are ascendant. State data show Reliant’s lead on key topical measures. Tarek Elsawy, MD, FACP, RMG’s president and CEO, has held up the group as a potential national model. And since Reliant was purchased in April by OptumCare, expectations have only grown.

“OptumCare’s vision is to become the biggest ambulatory, value-based health care system in the country,” says Dr. Elsawy. “We now have a platform — all the medical groups across the country that are part of the OptumCare family — not just for us to model care delivery but to continue to learn from others that are doing this.”

The deal with OptumCare, a for-profit system owned by United Health Group Inc., speaks to the attractiveness of Reliant’s model to companies investing in efficiently managed care. “We fit in very well with Optum’s overall vision,” he says. “We have a symbiotic and empowering relationship.”

Building (for) the Team

The $250 million OptumCare deal included $186 million for infrastructure investments including new clinics. Following the merger, RMG has undertaken a major workflow initiative, re-designing many of its physical spaces. “Health care is a team-based sport,” says Dr. Elsawy. “When we asked ourselves, ‘How do we better deliver team-based care?’ the answer became ‘Design the building around the teams, not the team around the building.’”

Facilities at nine new locations (due to be completed by May 2019) were designed for practitioners working alongside each other. Reliant will continued to employ salaried physicians, emphasize value-based care, and contract with local hospitals. The plan is for RMG to continually refine its model while incorporating new OptumCare assets, such as data analytics and pharmacy systems. “We are always continued on page 6
**President’s Message**

**Pushing Back on Physician Burnout**

I’ll begin by thanking all of you for being part of an incredible year, for your leadership, and for your support of the work the Massachusetts Medical Society has done on behalf of our profession and our patients.

As we wind down 2018, we all should make efforts to find moments to rest and “shut down” in order to spend time with our family and friends. Make a promise to yourself that you will make every attempt to “be in the moment” and set aside distractions.

Once recharged, we can shift our focus to the future — the near future, as in health care trends that will affect our work in 2019.

One trend that has been on our radar for quite some time and will remain a priority in 2019 is physician burnout, which, as you know, has been a primary focus of the Medical Society for the last several months and is a subject about which I am passionate.

In looking to what 2019 will bring at the Massachusetts Medical Society, I’m confident that the time and energy we have put into studying burnout and formulating a series of directives and best practices intending to identify and diminish the effects of burnout will begin to be socialized and implemented.

Whether it’s burnout, the rising cost of prescription drugs, social determinants of health, or the advantages and dangers of emerging health care-related technologies, I want to assure our membership and the physician community that the Massachusetts Medical Society will continue to monitor health care trends and drive relevant conversation, advocacy, and education.

I’ll conclude by wishing you and yours a peaceful holiday season and a happy and healthy 2019.

— Alain A. Chaoui, MD

**How the MMS Made Headlines in 2018**

BY TOM FLANAGAN, MMS MEDIA RELATIONS MANAGER

Through 2018, news outlets covering health care stories of regional and national importance reached out for input from MMS presidents Alain A. Chaoui, MD, and Henry L. Dorkin, MD, and other members of the Society. The MMS received and facilitated more than 100 media requests. The most popular media topics included the opioid crisis, especially supervised injection facilities, provisions of the CARE Act, and the Julie Eldred case; medical aid-in-dying; the criminalization of self-induced abortion; and health care cost containment.

**Treatment for Opioid Use Disorder**

“We don’t think the infrastructure is there to handle (involuntary 72-hour) civil commitment. We need to start the treatment in the emergency rooms, with medication-assisted therapy for instance. If we can figure out ways to get people into appropriate treatment, we have a better chance of helping with survival.”

— Henry L. Dorkin, MD, MMS past president, on Governor Baker’s proposals for the CARE Bill, NECN, January 17, 2018

**Decriminalizing Self-Induced Abortion**

“The Massachusetts Medical Society took a new stand: women who attempt to end a pregnancy on their own should not be considered criminals.”

— Report on the vote by the MMS House of Delegates, quoting Rebekah L. Rollston, MD, MPH, who spearheaded the resolution; WBUR, May 7, 2018

**Tobacco Purchase Increase to Age 21**

“The Commonwealth acted to protect our children and significantly decreased the chances that their health will one day be compromised by the harmful effects of tobacco use.”

— Alain A. Chaoui, MD, MMS president, on tobacco legislation for which the Society advocated; MassLive, July 27, 2018

**Immigration Policy and Family Separation**

“The medical harm children endure while subject to confinement can cause subsequent and chronic medical conditions. We denounce a zero-tolerance policy, which leads to the detention of all children who are seeking asylum.”

— Alain A. Chaoui, MD, MMS president; Boston Herald, June 23, 2018

**Opposition to “Public Charge” Proposal**

“I can in some ways empathize with the angst and uncertainty endured by those new to this country, but I cannot fathom the fear that comes with not knowing where to turn for medical help. It would devastate me to learn that one of my patients did not receive care for no reason other than they were too scared to seek it.”

— Alain A. Chaoui, MD, MMS president, on the threat to immigrants’ access to health care; GoLocalWorcester.com, October 24, 2018

**No on Question 1**

“We empathize with nurses’ concerns but cannot support a government-mandated policy that assigns arbitrary and rigid formulas for nurse-staffing ratios.”

— Lee S. Perrin, MD, president of the Middlesex District Medical Society; Lowell Sun, October 23, 2018

**Farwell, Dr. Drazen**

“We are indebted to Dr. Drazen for his visionary leadership, his unsurpassed scientific and clinical knowledge, and his deep commitment to this organization and its mission.”

— Alain A. Chaoui, MD, MMS president, on the exceptional tenure of Jeffrey M. Drazen, MD, as editor-in-chief of the New England Journal of Medicine; Boston Business Journal, September 27, 2018
Seven Key Practice Trends
continued from page 1
early screening and prevention. This approach can also help health care systems collaborate with community-based organizations to more efficiently manage the care of high-risk patients. Policy adopted by the Society in December will enable more targeted and comprehensive advocacy aimed at addressing the nonmedical factors influencing health (see page 4).

3 Prioritizing Physician Wellness
Health systems and provider organizations are increasingly surveying their providers for burnout and seeking solutions. These may include, for example, the use of scribes and templates to ease EHR use, social gatherings to help reduce isolation, increased mentoring, improved practice workflow and on-call coverage, and expanded provider wellness programs. The MMS addresses physician wellness through a variety of channels, including advocacy, research, CME, and building physician community. This year, in collaboration with the Massachusetts Health and Hospital Association, the Society convened a Task Force on Physician Burnout to identify evidenced-based solutions and advocate for their adoption. Physician Health Services (PHS), an MMS subsidiary, works with physicians experiencing burnout, and its MedPEP podcast, launched in 2018, explores strategies for thriving in today’s medical environment: see massmed.org/PHS.

4 Tackling Prescription Drug Costs
Spending on specialty pharmaceuticals, gene therapies, and orphan disease drugs continues to rise rapidly. The HPC, which monitors cost drivers, is recommending an increase in transparency and accountability in drug pricing, and an effort to enhance state negotiations of drug prices — priorities for which the Society is advocating at the state and federal levels. The MMS is working with stakeholders — including patient groups, drug companies, and legislators — to explore opportunities for collaboration and policy intervention. In October, physicians and public health professionals came together at the Society’s 15th Annual Public Health Leadership Forum to discuss how to address prescription drugs costs as a barrier to care (see page 5).

5 Incorporating Artificial Intelligence
Advances in AI, robotics, and machine learning can potentially improve the quality of health care services and reduce costs. Emerging applications of AI include voice-enabled digital assistants for physicians, such as Amazon’s Alexa. AI applications have been used to schedule patient visits, refill prescriptions, supply laboratory results, and more. AI offers additional opportunities — from diagnostic algorithms to advanced treatment queries. That said, some aspects of AI raise regulatory concerns. To receive services, you need to be enrolled in a benefit, and to more efficiently manage the care of high-risk patients. Policy adopted by the Society in December will enable more targeted and comprehensive advocacy aimed at addressing the nonmedical factors influencing health (see page 4).

6 Ongoing Mergers and Acquisitions
Health systems, hospitals, and payers are continuing their consolidation activities — witness the megadeals between Beth Israel Deaconess Medical Center and Lahey Health, CVS Health and Aetna, and even Cigna and Express Scripts. Merging health care organizations are aiming to expand care services, control costs, and gain market share and negotiating power. Consolidation continues to pressurize smaller practices. Providers are encouraged to improve care coordination across their networks and reassess compensation, benefits, practice software, payer contracts, and staffing. Solo practice physicians are encouraged to stay tuned to the market and preserve their patient-physician relationships to the extent possible. The MMS’s Physician Practice Resource Center helps physicians and practices adapt: see massmed.org/pprc.

7 Tightening Cybersecurity
With the increasing number of ransomware and malware attacks and other security breaches, we expect to see growth in cybersecurity methods in 2019 and beyond. Digital health technology requires medical cybersecurity to manage and protect patients’ health care records from viruses, hackers, and other cyberattacks. Physicians are encouraged to invest in cybersecurity training programs and software tools, adopt updated protocols in protecting information, implement analytical and risk assessment tools to detect potential attacks, and ensure robust compliance and encryption technologies. The Society is developing resources to help physicians comply with the 2020 state mandate for electronic prescribing.

Safeguard Your Medical License and Career: MMS Member Service for BORIM Issues

A disciplinary action by the Board of Registration in Medicine (BORIM) may have devastating consequences. The Legal Advisory Plan (LAP), a low-cost MMS member benefit, gives you expert legal advice from counsel committed to protecting your rights and interests, helping you avoid common mistakes.

Protecting your medical license is paramount to preserving your reputation and continuing your career. When the BORIM issues a notification of a complaint or investigation, it can be time-consuming, challenging, and costly. Responding personally is not recommended. Hiring an attorney can cost thousands of dollars.

Bridge the Gap in Malpractice Coverage
Your professional liability policy may limit your coverage for BORIM matters, and you may quickly reach your coverage maximum. Using the MMS LAP first provides an extra layer of coverage and may help prevent malpractice insurance premium increases.

Examples of BORIM investigations include:
- A patient filed a complaint: the physician was rude, didn’t listen, or dismissed a health concern.
- The physician did not complete his or her medical license application correctly.
- The physician failed to report misconduct by another physician.

“Since I was not a LAP member when I received a Board complaint, it cost me thousands of dollars for an attorney to resolve the issue. The Plan is an incredible bargain.” — MMS Member

Enrollment Options
The LAP is an exclusive members-only, low-cost legal service. Two enrollment options are available for January 2019–January 2020: either enroll your entire medical group, or each physician can join individually. Groups of five or more receive additional discounts. To receive services, you need to be enrolled in the LAP when a BORIM investigation is initiated.

Call (781) 434-7311 or visit massmed.org/lap.

LEGAL ADVISORY PLAN
New Roles for MMS Physicians in Crafting Opioid Policy

Three MMS member physicians have been appointed to represent the Medical Society on new commissions established by the CARE Act. The commissioners’ task is to review policy solutions to the opioid crisis. Vital Signs spoke to them about their respective goals.

Medication Treatment for Opioid Use Disorder

“It was not that long ago that I did not fully comprehend the nature of addiction diseases such as opioid use disorder, and I think that many physicians would say the same thing. It is now clear that we are dealing with a chronic and relapsing disease that can be treated once we examine the evidence of what works. All of us in our practices have individuals who suffer from opioid use disorder.

“The basic charge of the commission is to study and make recommendations about the use of medication-assisted treatment (MAT). The Medical Society’s opioid task force has identified this as one of our major areas of effort.”

— Dennis M. Dimitri, MD; family medicine practitioner, UMass Memorial Health Care; past president, MMS; chair, MMS Task Force on Opioid Therapy and Physician Communication

Harm Reduction Including Supervised Injection Facilities

“The fact that the state is taking a deeper look at the possibility of supervised injection facilities (SIFs) is a testament to the MMS’s advocacy on this issue. The Harm Reduction Commission offers us a chance to have more dialogue about this critical part of our state’s response to the epidemic.

“I am also thankful for Secretary Sudders’ invitation to present findings to the Commission on lessons learned from the Supportive Place for Observation and Treatment (SPOT), a Boston Healthcare for the Homeless program that is saving lives by helping individuals reduce harm associated with the use of substances and gain access to treatment on demand. That’s a good indication of the comprehensive approach the Commission will take to bring lifesaving, harm reduction solutions to Massachusetts.”

— Jessie M. Gaeta, MD; chief medical officer, Boston Health Care for the Homeless Program; assistant professor of medicine at Boston University School of Medicine

The work that the Society has done to move the issue of harm reduction and SIFs forward in Massachusetts is groundbreaking. We are so pleased that our report on SIFs is being used as a resource by the commission and that many of our policy recommendations are being considered on the path forward to save lives.

— Therese Fitzgerald, PhD, MSW; director, MMS Health Care Research, Analytics, and Insights; Commission staff liaison

Section 35: Involuntary Commitment on the Basis of Alcohol or Substance Use Disorder

“Civil commitment and compulsory treatment is an important policy consideration for our sickest patients. This commission is debating many of the same issues that have been discussed at our House of Delegates. Is there a role for an additional civil commitment pathway that avoids courts altogether and places decision-making authority in the hands of physicians? What are the relative outcomes for patients receiving involuntary treatment versus those electing to receive this care?

“This commission includes many important stakeholder groups we’ve long partnered with, including Secretary Sudders, Commissioner Bharel, several physician colleagues, as well as members of the courts, law enforcement, and family groups. I look forward to working with them to fulfill our legislative charge.”

— Alain A. Chaoui, MD; family medicine practitioner, Congenial Healthcare; president, MMS

Interim Meeting: New Policy on Social Determinants of Health

A resolution addressing the social determinants of health was the basis for a newly-adopted policy that will drive the Society’s advocacy. At the 2018 MMS Interim Meeting, Damian K. Archer, MD, chief medical officer at North Shore Community Health, presented a report on social determinants of health on behalf of the MMS Committee on Diversity in Medicine.

“At the Interim Meeting, physicians coming to the microphone were giving their personal experiences of patients and situations where the social determinants were ignored, causing extremely poor outcomes and extreme expense,” Dr. Archer told Vital Signs. On December 1, 2018, the House of Delegates voted for the new policy. It includes supporting sustainable care delivery and payment models that incorporate creative solutions.

Photo by Doug Bradshaw.
How Will the State Approach Health Care Reform in 2019?

BY SARAH RUTH BATES, MBE, AND BRENDAN ABEL, JD

Will the 2019 state legislature tackle health care reform with a scalpel or with a sledgehammer? The Society is hoping for the scalpel, an appropriately careful approach reflecting a period of restrained cost growth in the Commonwealth. During the 19-month legislative session, which starts in January, the MMS expects to shape policy on key areas of medical practice and will file some two dozen bills.

Where We Are
The past legislative session saw contradicting and comprehensive proposals to overhaul Massachusetts health systems in the name of cost savings and increasing patient access to care (see Vital Signs, October/November 2018). The upcoming session’s legislation will be informed, as always, by reports from the Center for Health Information and Analysis and the Health Policy Commission (HPC). This year’s reports showed health care cost growth in the Commonwealth at 1.6 percent, well below the HPC benchmark of 3.6 percent, despite high and rising costs relating to health plans and pharmaceuticals. Physicians continue to play a significant role in containing costs. The Society expects to weigh in with strong, data-driven advocacy on the following issues:

- **Pharmaceutical pricing:** The MMS expects to support transparency throughout all stages of drug development and marketing.
- **Unavoidable out-of-network billing:** The MMS plans to file legislation to protect patients from balance bills and to compensate physicians fairly.
- **Telemedicine:** The Society will advocate for parity in insurance coverage and reimbursement across telemedicine and in-person care delivery.
- **Provider price variation:** Legislators attempted last session to assess and reduce provider price variation among hospitals. The MMS will continue to closely monitor these proposals and assess their impacts on physicians and patients.

- **Scope of practice:** The MMS continues to speak up for parity in education, liability, and other relevant factors across independently practicing clinicians.
- **Social determinants of health (SDOH):** As health care organizations continue to shift to the accountable care organization model, the MMS looks forward to joining fellow stakeholders in affirming the importance of SDOH in promoting and protecting the health of our patients, especially the most vulnerable (see page 4).

The MMS plans to introduce a number of bills this session. Those legislative proposals include (and are not limited to):

- **Medical decision-making:** The MMS has worked for several years with a coalition of stakeholders on passing a state statute that would allow for the temporary appointment of a default decision-making agent for incapacitated patients who have not previously appointed a health care proxy. Massachusetts is one of a few states lacking such a statute, and its absence is costly. Every year, hospital systems must initiate guardianships for these patients, delaying their access to appropriate care and keeping them hospitalized. The MMS hopes to see this bill pass in the forthcoming session.
- **Maintenance of certification:** The MMS plans to refile a bill that would prohibit the Board of Registration in Medicine from requiring that physicians maintain their medical licenses.

**First Steps**
The past session concluded at the end of July. All bills that did not pass have been discharged; to be reactivated, they need to be referred by a legislative sponsor. The first order of business for the legislature will be appointing leaders and committee chairs. The Senate is now under the leadership of Senator Karen Spilka, and the House has the unexpected vacancy of its Ways and Means Chair. The MMS will pay close attention to appointments to Joint Committees on Health Care Financing; Public Health; Mental Health, Substance Use, and Recovery; and others.

Quick Takeaways from the Midterm Election

Health care played a critical role in the November election, which brought about shifts that have huge implications for the 116th legislative session. Democrats won 40 seats in the House of Representatives — for a total of 235 seats, their highest number in a decade — taking back the majority. The new “freshman class” of Congress is the most inclusive of women and racial minorities in history. Meanwhile, Republicans deepened their control of the Senate.

In 2019, Washington, DC, will be even more contentiously divided than before the midterms, a manifestation of the intensifying urban-rural political divide in the US. Areas for potential cooperation include transparency of prescription drug pricing and infrastructure reform.

The Massachusetts congressional delegation is welcoming two new members, Congresswomen Ayanna Pressley (the first African American House representative from Massachusetts) and Lori Trahan. The delegation also took additional leadership positions. Congresswoman Katherine Clark was elected vice chair of the House Democratic Caucus, likely making her the second-highest ranking woman in the caucus. Congressman Richard Neal will chair the influential Ways and Means Committee, and Congressman Jim McGovern will chair the House Rules Committee, which determines the ground rules for moving bills to the floor of the House.

See the February issue of Vital Signs for analysis of the election and its implications for health care.
looking for novel partnerships and that will never stop," says Dr. Elsawy. "Nobody can solve [health care delivery] problems alone."

**Keeping Costs in Check**

The RMG method has long prioritized population-based care principles that are key to health care redesign: providing evidence-based prevention and treatment, delivering collaborative care, empowering patients, avoiding unnecessary interventions, and connecting patients with community resources. Now, the value of such an approach is being measured like never before. Reports in 2018 from the Center for Health Information and Analysis and the Health Policy Commission showed Reliant holding down costs more effectively than comparable medical groups in the Commonwealth, including spending per patient per year and avoidable ER and hospital visits (both reports used data from 2015 to 2016). The data show physician-led groups consistently delivering care at lower cost.

That cost containment has not undermined the quality of care, says Dr. Elsawy. "We are in approximately the 90th percentile on 90 percent of the HEDIS [Healthcare Effectiveness Data and Information Set] quality measures." These outcomes speak to a culture of risk-based modeling since the 1970s. "We have been doing [population-based care] for so long, we are truly vested in it."

Success in care efficiency is cumulative. "To use a baseball metaphor, it really is not a bunch of home runs; it is a bunch of singles," says Dr. Elsawy. "It's your pharmacy spend, your population health, and preventive efforts, and on and on. All of those things on their own aren't glamorous, but that is how you win." The transition to risk management takes time, especially for the pioneers. "It takes a lot of years of growth, innovation, mistakes."

**Innovation and Challenge**

RMG, founded in 1929 as the Fallon Clinic, lays claim to a history of innovation; it was among the first closed health models in Massachusetts, for example. The group currently has 2,600 employees, including nearly 500 providers, at 31 locations in and around Worcester. That this venerable and innovative health care system sits closer to the middle of the state, not the Longwood medical area, is a point of pride.

Population-based care continues to face challenges, such as the growing use of high-cost specialty drugs. "These new medications are exorbitantly expensive, adding in a new variable, and how do we manage that?" asks Dr. Elsawy. Physician burnout is another ongoing, multifaceted issue. "I think team-based care and meaningful work is part of the solution. But there are so many other systemic things that need to be addressed and every day we are battling new parts of it."
Mehmet Furkan Burak, MD (Kocaeli University, 2011; residency: Mount Auburn Hospital), was awarded the 2018 Charles A. King Trust Postdoctoral Research Fellowship Award, which supports postdoctoral fellows and physician-scientists in nonprofit academic, medical, or research institutions in Massachusetts. Dr. Burak will partner with Harvard T.H. Chan School of Public Health faculty to investigate the role of adipose hormone aP2 in the pathogenesis of obesity-related asthma and potential treatment. Dr. Burak is an endocrinology fellow at BWH.

David Y. Chung, MD, PhD (Columbia University College of Physicians and Surgeons, 2010; residency: New York–Presbyterian Hospital), and Sanjat Kanjilal, MD, MPH (HMS, 2010; residency: Mount Sinai Hospital), received KL2/Catalyst Medical Research Investigator Training (CMeRT) Awards from Harvard Catalyst. The program provides advanced training in clinical and translational research to senior fellows and junior faculty. Dr. Chung is a neurointensivist at MGH and Dr. Kanjilal is associate medical director in clinical microbiology at BWH and assistant in medicine at MGH.

Darshan H. Mehta, MD, MPH (UT Southwestern Medical School, 2002; residency: University of Illinois), met with Narendra Modi, prime minister of India, as part of a collaboration between MGH’s Benson-Henry Institute for Mind Body Medicine and the Indian government. Their conversation centered on the importance of mind-body medicine within health care systems and the need for further research. Dr. Mehta is an internist and medical director for the Benson-Henry Institute.

Lisa L. Nagy, MD, FAAEM (Weill Cornell Medical College, 1986; residencies: Catholic Medical Center/ Cornell Medical College; Metropolitan Hospital/New York Medical College), is featured in the 2018 Netflix series Afflicted, a seven-episode exploration of unexplained symptoms. Dr. Nagy, who appears largely in episode 6 (“Mind & Body”), is board-certified in environmental medicine and emergency medicine. She is medical director of the Environmental Health Center of Martha’s Vineyard, where she treats conditions including chronic fatigue and environmental sensitivities; a Society delegate; and president of the Preventive and Environmental Health Alliance, a nonprofit organization.

Matthew D. Sadof, MD (Rutgers Newark Medical School, 1983; residency: New York Hospital Cornell Medical Center; fellowship: Boston Children’s Hospital), was named a Healthcare Hero by Business West magazine in the Community Health category. From his office in Springfield, Dr. Sadof treated and advocated for patients suffering from asthma, which arose in part from substandard housing. His practice now focuses on working with children who are medically complex and socially fragile and teaching a new generation of socially conscious physicians. Dr. Sadof is a pediatrician affiliated with Baystate Medical Center.

Uzma M. Siddiqui, MD (Kasturba Medical College, India, 2012; residency: UMass Medical Center), joined Dartmouth-Hitchcock’s endocrinology team in Manchester, NH. Dr. Siddiqui completed her fellowship in endocrinology, diabetes, and metabolism at UMass Medical School this past June.

Hanni M. Stoklosa, MD, MPH (Tufts University School of Medicine, 2009; residency: BWH/MGH), was chosen for the National Academy of Medicine’s Emerging Leaders in Health & Medicine Program and was named a Health Innovators Fellow by the Aspen Institute. The awards recognized Dr. Stoklosa’s work in emergency medicine and her contributions to the detection and care of human trafficking victims. Dr. Stoklosa is the executive director and co-founder of HEAL Trafficking, an international organization that brings together doctors and other professionals to end human trafficking and support survivors.

Amanda Whitehouse (UMass Medical School, 2021), was selected as the new chair for the American Medical Association’s Membership, Engagement, and Recruitment Committee. As chair, Ms. Whitehouse will lead a team tasked with developing new strategies to reach and recruit medical students nationally. Ms. Whitehouse is a second-year student at UMass Medical School in the Population Based Urban and Rural Community Health track.

Please send your news to vitalsigns@mms.org. Learn about MMS membership at massmed.org/benefits.
The Medical Trends Issue

1 What’s Coming in 2019?
Seven Key Practice Trends and How the Society is Helping Physicians Navigate Them.

1 The Biggest Outpatient Value-Based Care System? How Reliant Is Staying Ahead on Population-Based Care
Tarek Elsawy, MD, Reliant president and CEO, talks to Vital Signs.

Also in this Issue
2 How the MMS Made Headlines in 2018
4 New Roles for MMS Physicians in Crafting Opioid Policy
4 2018 Interim Meeting: New Policy on Social Determinants
5 How Will the State Approach Health Care Reform in 2019?

Plus
2 President’s Message: Pushing Back on Burnout
3 Safeguard Your Medical License and Career
5 Quick Takeaways from the Midterms

Inside MMS
6 Across the Commonwealth
7 Member News and Notes

Continuing Medical Education
7 Online CME