Embracing Advocacy, Effecting Change

BY BRENDAN ABEL, JD, MMS LEGISLATIVE AND REGULATORY AFFAIRS COUNSEL

A dvocacy is a cornerstone of the mission of the Society. While many members support the MMS’s advocacy, far fewer have been directly involved with it. And perhaps even fewer appreciate the secret to MMS advocacy: it is only as strong as the members who get involved.

Fortunately, there are many ways to become involved. The first, of course, is by retaining membership. But it’s the involvement beyond dues paying that really counts. Much of the MMS state and national policy platforms are determined by the House of Delegates.

Joining a Committee

One important way to become directly involved in MMS advocacy is through joining MMS committees, like the Committee on Legislation (COL), which is tasked with prioritizing the Society’s various policies and establishing policy on emergent issues. Ted Calianos, MD, chair of the COL, notes, “I value the trust that the Society places in COL to establish positions on timely issues where there is no policy or precedent. This past summer, for example, the comprehensive health care cost bill could have had dire consequences for the practice of medicine and for our patients’ access to care. COL members offered their perspectives, debated the various options, and voted to take a position on the bill. MMS leadership then ran with that position. It’s always gratifying to see the committee’s work turn into effective advocacy.” The MMS was the primary advocate focusing on physician-centric issues, such as substantial increases to licensure fees — a proposal that ultimately did not pass last session.

Subject matter committees are regularly tapped for their insight into specific issues and bills and for help on certain questions brought by legislators. The Opioid Task Force’s expertise is regularly leveraged, as is the Committee on Public Health (on firearms legislation) and the Committee on Quality Medical Practice (on MassHealth ACO policy). The list goes on.

Physician Grassroots Advocacy

The MMS’s successes in advocacy rely on physicians’ on-the-ground experience with the issues legislators and regulators are working on. Written testimony offered by the Medical Society can often be helpful in providing data or offering proposed amendments, but minds are changed when a physician looks policymakers in the eye and tells them a story about how an issue affects his or her ability to care for young children.

A Powerful Massachusetts Delegation Bodes Well for Patients and Physicians

BY ALEX CALCAGNO, DIRECTOR, ADVOCACY, GOVERNMENT, AND COMMUNITY RELATIONS

At noon on January 3, the 116th session of Congress was gavelled into session — the most diverse Congress in history and one determined to change the way Washington conducts business.

With 235 Democrats and 199 Republicans, the US House of Representatives was hit by a “blue tsunami,” and that wave is decidedly female. The freshman class of women is notable for the number of firsts: Representatives Alexandria Ocasio-Cortez and Abby Finkenauer, both 29 on election night, are the youngest women ever elected to Congress. Representatives Rashida Tlaib and Ilhan Omar are the first Muslim women to reach Congress, and Representatives Deb Haaland and Sharice Davids, the first Native American women. Representative Ayanna Pressley is the first African American woman to represent Massachusetts in Congress.

In the Senate, the number of women also broke records, with 15 women winning seats for a total of 25. Ten members of the freshman class of both chambers are members of the LGBTQ community. Additionally, a sizable number are mothers of young children. Both chambers are considering family-friendly changes — like rescheduling the time of votes to accommodate members with young children.

Top Priority for House: Health Care

One of the first actions of the new House was to pass a bill authorizing the filing of an appeal to the lawsuit, Texas vs. United States, in which a federal judge stayed the entire Affordable Care Act (ACA).

The Trump administration chose not to defend the law because it agreed in part with the plaintiff’s position — putting key patient protections such as coverage for pre-existing conditions, bans on lifetime caps, and mandated essential benefits at risk. The new House majority is determined to pass legislation that strengthens the ACA and expands its provisions.

Another issue high on the agenda of both parties and legislative chambers is controlling the cost of prescription drugs — although their solutions will vary dramatically. To date, Congressional proposals have ranged from increasing access to generics to capping out-of-pocket spending to allowing Medicare to negotiate prices to the government manufacturing drugs. The House is also expected to debate a Medicare for All or related proposals.
Making Physician Burnout Front Page News

ALAIN A. CHAOUFI, MD, MMS PRESIDENT

When I spoke last year at my inauguration in Boston, I made a light-hearted reference to the classic television show I Love Lucy, when I compared the famous conveyor belt in the chocolate factory scene to the practice of medicine. Although it did elicit some laughs, it also foreshadowed the year ahead for the Massachusetts Medical Society and for me.

The Medical Society is a sounding board — a community of peers — and we heard our members loud and clear when they discussed their growing concerns about physician burnout, a very real and very dangerous threat stemming largely from what I call “conveyor belt medicine.” I promised that we would do our level best to make a meaningful impact on diminishing the effects of burnout and the incredible leadership and staff at the Medical Society stood beside me to make it happen.

Tackling burnout has become a personal priority and I consider myself fortunate that the Medical Society and several like-minded stakeholders understood this critical mission and have worked doggedly in pursuit. The Medical Society has been a statewide and national leader on the issue, playing the role of advocate for our members and all physicians. We have convened meetings to discuss the issue with health systems leaders, health insurance organizations, the Department of Public Health, and the Board of Registration in Medicine.

Perhaps the biggest catalyst for action was the formation of a Task Force on Physician Burnout for which we enlisted the support of the Massachusetts Health and Hospital Association. The task force recruited the Harvard T.H. Chan School of Public Health and the Harvard Global Health Institute to research physician burnout and its causes and to propose and promulgate directives to:

• End the stigma associated with physicians admitting they need help
• Provide appropriate levels of assistance for physicians in need
• Minimize the “outside forces” that contribute to feelings of emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment

The result of this collaboration and many months of proverbial blood, sweat, and tears came in January when the organizations published a paper, A Crisis in Health Care: A Call to Action on Physician Burnout (massmed.org/burnoutpaper), in which physician burnout was declared a public health crisis.

Those directives include the appointment of an executive-level chief wellness officer at every major health care organization, proactive mental health treatment and support for caregivers experiencing burnout, improvements to the efficiency of electronic health records, including true interoperability, and, most importantly, letting doctors be doctors and relieving them of unnecessary administrative burdens that interfere with patient-physician relationships and force physicians to sacrifice family and personal time.

We knew the medical community would listen, and we can fix it.

Great to work with @MassMedical.

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for patients. The MMS regularly meets with state and federal legislators and their staffs. For example, each spring, MMS members travel to the nation’s capitol to meet with the Massachusetts congressional delegation as part of the AMA’s National Advocacy Conference. This is a great opportunity for the Medical Society to convey its priorities to policymakers directly.

Physician Burnout
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we were thrilled when the public — the patients for whom we care for every day — heard us loud and clear. Our burnout paper made an immediate splash, with front-page coverage in the Boston Globe and the resultant social media firestorm that galvanized supportive physicians and patients.

But the work is not done. Our push to lead and advocate on the issue of burnout will continue.

The honor and pleasure of being involved in something much bigger than myself and relentlessly advocating for my peers as part of a movement that supports all physicians and our noble calling — a movement that I believe only the Massachusetts Medical Society could have led — is something I will never forget. I offer my sincere thanks and appreciation to the Medical Society, our members, and the myriad partners who recognized the need to step up with a sense of urgency and take action in the face of a crisis that threatens patient care and those of us who dedicate our lives to healing.

It is my sincere hope that we use this momentum and call to action to work together on protecting the sacred patient-physician relationship and restoring the joy of practicing medicine.

There are many ways to get involved in MMS grassroots advocacy. Begin by paying attention to state and federal health policy. Check out the advocacy team’s updates in Vital Signs This Week. Attend legislative breakfasts, respond to MMS Calls to Action, and get to know your legislators. It’s much easier to advocate on an issue after you’ve established rapport and gained trust. Finally, keep an eye out for a new grassroots system that the MMS will be launching this year. It will allow members to report their specific areas of interest and expertise. MMS leadership and staff will then be able to contact members about opportunities for direct advocacy and engagement that match their interests. Feel free to reach out to MMS leadership, district or committee leadership, or MMS advocacy staff to learn more.

Burnout Resources

Physician Burnout

The Medical Professionals Empowerment Program (MedPEP) podcast series, created and sponsored by Physician Health Services, highlights the experiences of a fictional young internist, Marie Curious, MD, who is contemplating leaving medicine. Dr. Curious speaks to many professionals who offer her techniques to bring the joy back into medicine.

MedPEP was recently granted CME credit for risk management study, awarding listeners one credit per episode. medpep.org

Online CME Courses

Physician Wellness and Burnout
18.00 CME Credits | RM | Audio

Restoring Well-Being to the Medical Profession
1.00 CME Credit | RM | Slides/Audio

Running on Empty? Physicians’ Path to Enjoying Life and Medicine More
1.00 CME Credit | RM | Slides/Audio

Advocating for Physician Wellness

MMS website with resources for physician wellness massmed.org/physicianwellness

NEJM

Beyond Burnout — Redesigning Care to Restore Meaning and Sanity for Physicians massmed.org/beyondburnout

Heart and Soul — Of Metatarsals, Meaning, and Medicine massmed.org/heartandsoul

The Boston Globe

Physician burnout now essentially a public health crisis

NEJM Catalyst

Physician Resiliency and Wellness for Transforming a Health System massmed.org/lpdpw

Care Redesign: What’s the Business Case for Promoting Wellness? massmed.org/bcpw

Physician Burnout: The Root of the Problem and the Path to Solutions massmed.org/nejmburnout

NEJM Resident 360

massmed.org/residentleaders
First-Year Medical Student Spurs Massachusetts to Act on SIFs

BY SARA RUTH BATES, MBE, GOVERNMENT RELATIONS AND RESEARCH ANALYST

MMS advocacy for supervised injection facilities (SIFs) has reached the most important political arenas in the Commonwealth and the country. The Medical Society now serves as a go-to resource for legislators and policymakers who wonder what the state’s medical community’s position is on SIFs — spaces where people can inject drugs under clinical supervision and receive referrals to treatment and other services. Several key elected officials, including Boston Mayor Marty Walsh, have moved from skepticism to openness to exploring the establishment of SIFs in Massachusetts. How did we get here?

The Origin Story

The MMS’s work on SIFs began at the intersection of Albany Street and Massachusetts Avenue in Boston’s South End. It was the fall of 2015 and Nicholas Chiu’s first week at the Boston University School of Medicine (BUSM). Chiu had moved into a residence hall near the stretch of Mass. Ave. commonly called “methadone mile” for its abundance of methadone clinics and the prevalence of opioid use disorder (OUD) among the neighborhood’s denizens.

“Walking to school that first week, I remember seeing a number of people who were clearly struggling with opioid use. The most distinct memory I have was of one individual, clearly very sedated, stumbling into the intersection of Mass. Ave. and Albany. Cars were stopping abruptly and honking at him. At the time, it struck me as painfully ironic that so many people there clearly had OUD — and although they were in the vicinity of Boston Medical Center and Boston Health Care for the Homeless Program (BHCHP), they weren’t getting the care they needed. That was my first glimpse of the problem.”

Chiu then got a closer look at the human side of OUD. He took a two-year elective course, Homeless Health Immersion Experience, co-run by the BUSM and BHCHP. “We got to go into BHCHP and interview patients. We would talk with them for 40 minutes, sometimes even an hour, and they would open up to us about their lives. A large proportion of those patients were dealing with OUD. Through that experience, I got a more personal look at people affected by opioids; it put a face on the problem.”

But what could he do to help?

SIFs: An Evidence-Based Intervention

Chiu was only a first-year medical student, but he had a doctor’s mindset. “My first instinct was to look at the literature. I came from a research background, and I was used to doing systematic reviews of the literature and conducting meta-analyses.” He followed that instinct and learned about SIFs. “It shocked me how much literature there was on SIFs — over 100 studies. I started reading, and all of them showed reduction in opioid overdose deaths. None of the studies that I could find showed any deaths in a SIF. There were also increased rates of referral to addiction treatment, decreased rates of viral transmission, and no increase in crime.”

I thought, “This is clearly an evidence-based intervention that works. So many countries do it — so why doesn’t it exist in the United States? Reading more, I stumbled on the political and legal implications.” The data showed that SIFs saved lives, but political and legal impediments had blocked clinicians from establishing SIFs in the United States. Chiu was learning about clinical care, but he didn’t know how to get around political and legal roadblocks. “As a first-year medical student, I was curious about all those things, but I didn’t know at the time exactly what to do.”

With a Little Help from His Organized Medicine Friends

Luckily, Chiu was very familiar with organized medicine and knew the support it could give medical students and residents. He chaired the MMS chapter at BUSM and had attended the MMS and AMA’s interim conferences. “I remember seeing medical students write resolutions. Those resolutions passed and influenced medical societies to take stances, and even advocate politically on specific topics.”

SIFs, he saw, would need political action to become a reality in Massachusetts. “I realized this was a very political issue, with complex legal implications. To actually move SIFs forward, it would not be enough just to create a buzz around the issue — you’d have to mobilize some sort of political action. My natural thought was, ‘What better way than the MMS supporting this to move this issue forward?’

Citing evidence from the literature, Chiu drafted a resolution for the MMS to advocate for a pilot safe

MMS Works to Address the Social Determinants of Health

“Let food be thy medicine and medicine be thy food,” Hippocrates famously declared. The Medical Society has been collaborating with Community Servings and others to bring increased funding and attention to the social determinants of health — including inadequate nutrition. Community Servings is a Boston-based nonprofit that feeds low-income individuals living with serious illness and their families. MMS officers met with Community Servings in October to strategize.

From Idea to Resolution to Report and Beyond

The resolution passed, and the MMS Opioid Task Force researched and wrote a report on the feasibility of SIFs in Massachusetts that many legislators and policymakers have since utilized and cited. The MMS held a briefing on SIFs based on that report for US Senate staff in Washington, DC. The report was also shared with the entire Massachusetts congressional delegation. The MMS delegation to the American Medical Association (AMA) also brought a resolution on SIFs to the AMA’s House of Delegates, resulting in the AMA’s adoption of the MMS’s policy.

At the state level, the MMS successfully urged the passage of the first state SIF legislation in the country, requiring the state Executive Office of Health and Human Services to create a commission to study the feasibility of SIFs. MMS member Jessie Gaeta, MD, BHCHP’s chief medical officer, represents the Medical Society on the commission. At its latest meeting, she presented six of the strongest empirical studies on the efficacy of SIFs.

The MMS gave Chiu the mentoring and tools to make local and national change, as a first-year medical student. And Chiu has given the MMS the impetus to do what it does best: advocating for evidence-based policy interventions that can save the lives of patients, including Chiu’s former neighbors on Mass. Ave.
Solutions floated in both chambers range from modest Medicare buy-ins for various populations to more comprehensive measures that would extend government-run health care to millions.

With majority rule, the Democrats also gain subpoena authority. The House is expected to examine conflicts of interest and other potential improprieties by the president, his family, and appointees.

**Increased Reliance on Regulatory and Administrative Action**

The longest government shutdown in history is over, but political observers wonder whether the prolonged paralysis will turn out to be a harbinger of the remainder of the session. The Trump administration is expected to increase its reliance on regulatory and administrative actions to implement the president's agenda. Among the pending proposals:

- Changes to the “public charge rule,” which would deter families who are legally seeking entry into the US from obtaining legal health care
- Changes to the Title X family-planning program that would limit providers’ communications with patients and impede access to abortion services
- Changes to conscience clause rules, which would allow health providers to deny treatment to a patient based on “moral grounds”

The MMS opposed these rules and many others, deeming them harmful to patients and quality health care. There are concerns that the administration will also seek to block grant Medicaid through rulemaking — a proposal that has failed to be approved in every Congress and one that the MMS has consistently opposed.

**Massachusetts Influence on Health Care**

With the Democrats taking control of the House, the Massachusetts congressional delegation is now in a position of power.

- Representative Richard Neal has become chair of the powerful House Ways and Means Committee and will have leadership authority over Medicare and Medicaid and tax legislation.
- Representative Jim McGovern has taken over as chair of the House Rules Committee, a position of significant power because nothing goes to the floor of the House without first going through his committee.
- Representative Katherine Clark rises to an even more powerful position in the Democratic Party. She is now vice chair of the House Democratic Caucus and the second most powerful woman in the caucus after Speaker Nancy Pelosi. She also sits on the House Appropriations Committee’s Subcommittee on Labor, Health and Human Services, Education. Nothing gets funded without going through the appropriations process.
- Representative Joseph Kennedy rises in seniority on the House Energy and Commerce Committee — the other powerful House committee with jurisdiction over health care, including parts of Medicare and Medicaid.

With a new House majority, every member of the Massachusetts congressional delegation is in a critical position to effect change.

In the Senate, Senator Elizabeth Warren keeps her seat on the Health, Education, Labor and Pensions Committee — one of that chamber’s two most powerful health care committees. Senator Ed Markey, another health care policy Senate leader, continues on several committees, including Commerce, Science and Transportation.

It’s difficult to predict what the new legislative session will yield. But we do know that with a powerful Massachusetts congressional delegation in both the House and the Senate, we will have a stronger opportunity to work with lawmakers to advocate for health care reforms for patients and physicians and to push back against ill-conceived proposals that undermine patient and physician rights and access to health care for all.

**Massachusetts Congressional Delegation Committee Assignments**

**SENATORS**

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<th>Senator Ed Markey</th>
<th>(202) 224-2742</th>
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**REPRESENTATIVES**

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<th>Representative Richard E. Neal</th>
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*MMS representatives met with Representative Katherine Clark during the 2019 AMA National Advocacy Conference. From left: Lois Dehls Cornell, Marian Craighill, MD, Representative Clark, Carole Allen, MD, Sarah Taylor, MD, Lee Perrin, MD, Michael Medlock, MD. Photo by Alex Calcagno.*
MMS Member News and Notes

Peter A. Banks, MD (Columbia University College of Physicians and Surgeons, 1961; residency: Beth Israel Hospital), received the Samuel S. Weiss Award by the American College of Gastroenterology — the society’s highest honor. The award is presented to a Fellow of the College in recognition of outstanding career service to the American College of Gastroenterology. Dr. Banks is professor of medicine at Harvard Medical School and director of the Center for Pancreatic Disease at BWH.

Maura J. Brennan, MD (Yale University School of Medicine, 1989; residency: Baystate Medical Center), was appointed as a member of the Advisory Council on Alzheimer’s Disease Research and Treatment for the State of Massachusetts.

Dr. Brennan, along with the 17 other sitting members on the council, will advise Governor Charlie Baker, Lt. Governor Karyn Polito, and Secretary Marylou Sudders about improving care for patients with dementia. Dr. Brennan is division chief for Geriatrics & Palliative Care at Baystate Health and professor of medicine at UMass Medical School-Baystate.

Daniel P. Cahill, MD, PhD (Johns Hopkins Medical School, 2001; neurosurgery residency: MGH), was named the inaugural incumbent of the Tawingo Endowed Chair in Neurosurgery. In this position, Dr. Cahill will advance research, care, and education in the practice of glioma neurosurgery. Dr. Cahill is an associate professor of Neurosurgery at MGH/Harvard and leads the Translational Neuro-Oncology Laboratory in the Simchess Brain Tumor Research Center.

Dania Daye, MD, PhD (University of Pennsylvania School of Medicine, 2014; residency: MGH), received the Founder’s Award from the American Physician Scientist Association (APSA). The inaugural award recognizes individuals for their extraordinary and dedicated service to the APSA. Dr. Daye is a resident physician in radiology and a James H. Thrall Management and Leadership Fellow at MGH.

Caitlin M. Dugdale, MD (Indiana University School of Medicine, 2011; residency: Brown University/Rhode Island Hospital), received a travel award during the 2018 Pediatric Global Health Summit at MGH for her outstanding poster presentation. Dr. Dugdale’s presentation focused on anti-retroviral therapy for women in South Africa. Dr. Dugdale is an adult infectious disease physician at MGH, instructor at Harvard Medical School, and MPEC (Medical Practice Evaluation Center) research fellow.

Shekinah N. Elmore, MD, MPH (Harvard Medical School, 2015; residency: MGH), and Jennifer Manne-Goehler, MD (Boston University School of Medicine, 2014; residency: Beth Israel Deaconess Medical Center), have been named 2018 STAT Wunderkinds. The award recognizes researchers blazing new trails as they endeavor to answer urgent questions in science and medicine. Dr. Elmore is a resident in radiation oncology at the Harvard Radiation Oncology Program and Dr. Manne-Goehler is a fellow in infectious diseases at MGH/BWH.

Byron D. Roseman, MD (Tufts University School of Medicine, 1955; residency: Children’s National Medical Center), recently retired as director of Medical Education at Lowell General Hospital, a position he held for 25 years. Concurrent with this position, Dr. Roseman served on the pediatric staff at Lowell for 60 years. Dr. Roseman is the current chair and past officer of the MMS Committee on Accreditation Review.

Chana A. Sacks, MD, MPH (University of Chicago Pritzker School of Medicine, 2011; residency: MGH), received a grant award from MGH’s Executive Committee on Community Health, presented to clinicians seeking creative ways to incorporate community health and health equity into their work. The winning proposal, co-authored by Drs. Sacks and Peter Masiakos, focused on firearm safety education and gun violence prevention. Dr. Sacks is a clinician investigator in the Division of General Internal Medicine at MGH.

Johanna M. Seddon, MD, ScM (Univ. Pittsburgh School of Medicine, 1974; residency: Tufts-New England Med. Ctr.; fellowships: HMS, Mass. Eye and Ear Infirmary [MEEI], ophthalmologic pathology, and first female fellow in vitreoretinal surgery at MEEI; graduate degree: Harvard School of Public Health-Epidemiology), was awarded the Mildred Weisenfeld Award from the Association for Research in Vision and Ophthalmology (second woman in 30 years), the Lucien Howe Medal from University of Buffalo department of ophthalmology (second woman since 1928), and the Lifetime Achievement Award from the American Academy of Ophthalmology. Dr. Seddon is a professor of ophthalmology at University of Massachusetts Medical School (UMMS), and director of retina and founding director of the Macular Degeneration Center of Excellence in the Department of Ophthalmology and Visual Sciences at UMMS.

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

Looking to Join an MMS Committee?

Apply by March 8

Would you like to revitalize your network and support the health care community?

Consider participating in one of the MMS’s more than 40 committees or its Member Interest Network (MIN) Executive Council.

Committee appointments are for specific terms, usually a three-year renewable commitment. Conference calls and online meetings allow for convenient, remote participation.

For committee descriptions and an application form, visit massmed.org/committees or contact Karen Harrison at (800) 322-2303, ext. 7463, or kharrison@mms.org. If you would like to join the MIN Executive Council, contact Cathy Salas at the West Central Regional Office at (800) 322-2303, ext. 7715, or csalas@mms.org.
Across the Commonwealth

District News and Events

NORTHEAST REGION


MIDDLESSEX CENTRAL — Delegates Meeting. Thurs., Mar. 21, 7:45 a.m. Emerson Hospital, Concord.

MIDDLESSEX WEST — Annual Meeting. Tues., Mar. 19, 6:00 p.m. Location: Marlborough Country Club, Marlborough. Speaker: MMS President Alain Chaoui, MD. Topic: Heal the Healer: Take Back the Joy of Medicine. This activity has been approved for AMA PRA Category 1 Credit™.

SUFFOLK — Annual Meeting. Thurs., Mar. 28, 6:00 p.m. The Downtown Harvard Club, Boston. Speaker: Ann McKee, MD, director, CTE Center; professor of neurology and associate director, Boston University Alzheimer’s Disease Center; psychiatrist, Boston University School of Medicine; died September 26, 2017.

LEGISLATIVE BREAKFAST. Fri., Mar. 8, 7:30–9:00 a.m. Berkshire Medical Center, Pittsfield.

HAMPDEN — Executive Committee. Tues., Mar. 19, 6:00 p.m. Hampden Office, West Springfield. Legislative Breakfast. Fri., Mar. 29, 7:00–9:00 a.m. Hilton Garden Inn, Springfield. For more information, contact Coni Fedora at (413) 736-0661.

HAMPDEN — Legislative Breakfast. Fri., Mar. 15, 7:30–9:00 a.m. Cooley Dickinson Hospital, Conference Room 8, Northampton.

HAMPDEN/FRANKLIN — Annual Meeting. Tues., Mar. 12, 6:00 p.m. Blue Heron, Sunderland. Speaker: Carl Streed Jr., MD, MPH. Topic: Providing Gender Affirming Care. This activity has been approved for AMA PRA Category 1 Credit™.

WORCESTER — Annual Meeting. Wed., Mar. 20, 6:00 p.m. The Cove Restaurant, Fall River. Speaker: MMS President Alain Chaoui, MD. Topic: Heal the Healer: Take Back the Joy of Medicine. This activity has been approved for AMA PRA Category 1 Credit™.

Contact Sheila Kozlowski at (800) 322-3301 or skozlowski@mms.org.

WEST CENTRAL REGION

BERKSHIRE — High School Doctor for a Day Program. Mon., Mar. 4–Wed, Mar. 6, 8:00 a.m.–4:00 p.m. Berkshire Medical Center, Pittsfield and local offices.

HAMPDEN — Executive Committee. Tues., Mar. 19, 6:00 p.m. Hampden Office, West Springfield. Legislative Breakfast. Fri., Mar. 29, 7:00–9:00 a.m. Hilton Garden Inn, Springfield. For more information, contact Coni Fedora at (413) 736-0661.

HAMPDEN — Legislative Breakfast. Fri., Mar. 15, 7:30–9:00 a.m. Cooley Dickinson Hospital, Conference Room 8, Northampton.

HAMPDEN/FRANKLIN — Annual Meeting. Tues., Mar. 12, 6:00 p.m. Blue Heron, Sunderland. Speaker: Carl Streed Jr., MD, MPH. Topic: Providing Gender Affirming Care. This activity has been approved for AMA PRA Category 1 Credit™.

WORCESTER — Women in Medicine Leadership Forum. Wed., Mar. 13, 5:30 p.m. Beechwood Hotel, Worcester. Topic: Cyber Security — What You Need to Know for Your Professional and Personal Life. Experienced panel followed by Q&A Discussion. This activity has been approved for AMA PRA Category 1 Credit™.

For more information, contact WDJM at (508) 753-1579.

WERCESTER NORTH — Winter Meeting. Wed., Mar. 27, 6:00 p.m. Location: Colonial Inn, Gardner. Speaker: Matthew Katz, MD. Topic: Physician Use of Social Media. This activity has been approved for AMA PRA Category 1 Credit™.

Contact Cathy Salas, West Central Regional Office at (800) 522-3112 or csalas@mms.org.

STATEWIDE NEWS AND EVENTS

CONNECT WITH PHYSICIAN COLLEAGUES. Thurs., Mar. 21, 6:30–8:30 p.m. Samuel’s Basketball Hall of Fame, Springfield. The MMS invites members/non-members and their guests to join colleagues and friends for an evening of professional networking and cheer. Complimentary hors d’oeuvres, drinks, and fun.

CONNECT WITH PHYSICIAN COLLEAGUES. Thurs., Mar. 28, 6:30–8:30 p.m. The Cove Restaurant, Fall River. The MMS invites members/non-members and their guests to join colleagues and friends for an evening of professional networking and cheer. Complimentary hors d’oeuvres, drinks, and fun.

ARTS, HISTORY, HUMANISM, AND CULTURE MEMBER INTEREST NETWORK — Nancy N. Caron Annual Member Art Exhibit. Thurs., May 2, 3:00 p.m. Seaport Hotel/World Trade Center, Boston. Contact Cathy Salas at (800) 522-3112 or csalas@mms.org.

In Memoriam

We also note member deaths at massmed.org/memoriam.

Robert H. Ackerman, MD, 85; Cambridge, MA; University of Rochester School of Medicine; died December 18, 2018.

Norman L. Avnet, MD, 89; Pittsfield, MA; University of Rochester School of Medicine; died January 13, 2017.

Gerald J. Bargman, MD, 79; Boxford, MA; SUNY Upstate Medical University, Syracuse; died September 28, 2018.

William A. Cook, MD, 86; Amesbury, MA; University of Wisconsin School of Medicine, Madison; died November 13, 2018.

Henry J. Crampton, MD, 94; Concord, NH; Boston University School of Medicine, Boston; died March 26, 2017.

Leslie J. DeGroot, MD, 90; South Dartmouth, MA; Columbia University College of Physicians and Surgeons, New York; died October 23, 2018.

Thomas J. Dowd, MD, 89; Marblehead, MA; Hahnemann Medical College, Philadelphia; died September 26, 2017.

David B. Elmer, MD, 64; Centerville, MA; Tufts University School of Medicine, Boston; died October 18, 2018.

Melvin H. Farnam, MD, 89; Naples, FL; Tufts University School of Medicine, Boston; died November 5, 2018.

John C. Going Jr., MD, 82; Westford, MA; Tufts University School of Medicine, Boston; died November 25, 2015.

Bernard T. Hutchinson, MD, 84; Boston, MA; Harvard Medical School, Cambridge; died April 9, 2018.

Richard J. Kitz, MD, 88; Warren, VT; Marquette University School of Medicine, Milwaukee; died September 19, 2017.

John J. McDonald, MD, 97; Needham, MA; Tufts University School of Medicine, Boston; died December 23, 2017.

Joseph F. Nates, MD, 96; Taunton, MA; Tufts University School of Medicine, Boston; died September 17, 2018.

Barry H. Paw, MD, 56; Saratoga, CA; UC Los Angeles School of Medicine; died December 29, 2017.

Ronald G. Rosso, MD, 87; Hingham, MA; Saint Louis University School of Medicine; died October 16, 2017.

Robert A. Scarpato, MD, 75; Osterville, MA; Medical University of South Carolina, Charleston; died May 14, 2017.

William M. Soybel, MD, 86; Acton, MA; University of Vermont School of Medicine, Burlington; died November 11, 2018.

Barry Steinberg, MD, 84; Fall River, MA; Dalhousie University Faculty of Medicine, Canada; died November 16, 2018.

Ernesto Waingorin, MD, 90; Milton, MA; Universidad De Buenos Aires, Argentina; died May 1, 2018.

Physician Health Services CME Program

Managing Workplace Conflict

IMPROVING LEADERSHIP AND PERSONAL EFFECTIVENESS

Participants learn and practice techniques to improve teamwork and minimize conflicts in today’s pressurized medical environments.

For more information and registration, visit massmed.org/mvc.

THURSDAY AND FRIDAY, JUNE 6–7, 2019

MMS Headquarters, Waltham, MA
The Advocacy Issue

1 Embracing Advocacy, Effecting Change
The Medical Society offers many ways to get involved in advocacy.

2 A Powerful Massachusetts Delegation Bodes Well for Patients and Physicians
Who are the players? What are the issues?

Also in this Issue

2 Making Physician Burnout Front Page News
4 First Year Medical Student Spurs Massachusetts to Act on SIFs
4 MMS Works to Address the Social Determinants of Health

Plus
2 President’s Message: Pushing Back on Physician Burnout
3 Physician Burnout Resources
5 Massachusetts Delegation Committee Assignments

Inside MMS
6 Member News and Notes
7 Across the Commonwealth

Continuing Medical Education
7 Managing Workplace Conflict, June 6–7