The Why, How, Pros, and Cons of Online Physician Communities

BY ERICA NOONAN, MA

The tools of the modern doctor’s kit: white coat, stethoscope, and Twitter. And if not Twitter, then Facebook, LinkedIn, Instagram, or other online forums. Industry estimates suggest more than 90 percent of physicians in the US are actively using at least one social media platform to interact with colleagues as well as patients.

These electronic forums — and the tools that physicians use to access them — serve the same purposes as traditional medical communities. They have become integral to advancing medical education, as well as facilitating cultural evolution within the profession, says Kathryn Hughes, MD, an acute care surgeon at Falmouth Hospital. “The reach [of online forums] in the medical community is broad, global, and across the entire arc of the medical experience, from student, to resident, to attendings, to thought leaders and industry leaders,” says Dr. Hughes. “It encompasses the entire spectrum of the hospital experience as well as colleges and universities and medical programs.”

General interest physician-only communities, such as Doximity and Sermo, are one manifestation of physicians’ online networking; Doximity estimates that 70 percent of US physicians have used the platform at least once. These forums are complemented by social media initiatives that bring physicians together, often in special interest communities. Facebook’s Physician Moms Group, for example, has become a dynamic forum for women physicians. “These are very fluid and nimble communities that can lay the groundwork for the next community to be created. Significant and real collaboration grows out of them, and they are a powerful way to form connections,” says Dr. Hughes. She and other physicians spoke to Vital Signs about the value of Twitter.

Enduring Goals, Changing Means

More than a century ago, surgeons came together in person to collaborate, support each other, set standards for the profession, and bond over shared experiences, says Dr. Hughes. “Flash-forward to a new millennium. Problems, benefits, and all of the good and all of the bad are bigger in this new electronic format, but they aren’t different.”

In 2015, the American Association of Medical Society Executives noted, “[T]he mechanisms and ways that [medical] communities come together have changed a great deal. New technologies allow physicians communities to be built online as in-person networking opportunities are harder to fit into members’ schedules.” In addition, young physicians are technologically savvy and would likely be active on social media platforms regardless of their career choices.

The Re-emergence of Physician Community

As the practice of medicine evolves, so does physicians’ experience of their professional community. Physician lounges aren’t what they used to be. Morning rounding has been pushed aside by the rise of the hospitalist culture and the pressure to do more in less time. But as the profession grapples with the extent of burnout, research is highlighting the vital importance of peer support and professional camaraderie to physicians’ well-being. Medical societies, hospitals, other health care organizations, and individual clinicians are exploring ways to re-energize the social and professional networks that help sustain physicians.

Some physicians find that online interaction can substitute for, or at least complement, face-to-face connections. Michael S. Sinha, MD, JD, MPH, says, “It’s nice to reconnect with the online colleagues you’ve made on a periodic basis. You often feel like you get to know people, even if you’ve never met in real life.”

Moving Medical Culture Forward

The influence of such networks has grown rapidly. Social media helps explore the ways that issues of broad topical currency play out in the practice of medicine. With women accounting for more than half of incoming US medical students in 2017, for example, online physician communities are dynamic forums for discussing diversity and inclusion.

“Virtual discussions have led to an increase in awareness of issues related to gender parity in medicine,” wrote Julie K. Silver, MD, associate professor and associate chair in the Department of Physical Medicine and Rehabilitation at Harvard Medical School, and co-author of a June 2018 article in the New England Journal of Medicine on the role of social media in advancing women physicians’ careers. “Social media may play a role in supporting these female students, just as it has begun to support women physicians of all career stages, helping them overcome traditional barriers to professional development.”

Dr. Hughes, chair of the MMS Committee on Women’s Health, was a pioneer of the hashtag #looklikeasurgeon, which first appeared in 2015 in an effort to highlight women’s contributions to the heavily male-dominated...
PRESIDENT’S MESSAGE

How We’re Building Physician Community

One of the great joys of being in a leadership role with the Massachusetts Medical Society is being invited to attend and speak at myriad events across our state and beyond.

I take a tremendous amount of pleasure in learning and sharing. However, I must look forward to the opportunity to meet, catch up with, and simply talk with colleagues and peers before and after these events.

Those moments at a dinner table or in the corner of a conference room are important, uplifting, and necessary, but they’ve also become rare. That separation from camaraderie is yet another symptom and cause of burnout.

In this issue, you’ll hear from several of our colleagues who are part of and/or lead physician communities. You’ll learn more about our informal networking events around the state (see right), how our Member Interest Network brings physicians and their families together to enjoy nonclinical downtime (page 3), and why advocacy has opened a new gateway to physician community (page 6). Across the Commonwealth is your source for upcoming events in the MMS districts (page 7). Our sections provide dynamic networking forums and mentoring and engagement opportunities for International Medical Graduates, Medical Students, Residents and Fellows, Minority Affairs, and Women Physicians (starting in 2019).

The support we can give and receive as a part of a community builds social capital within our ranks and can help to support and encourage peers.

I realize that time, like camaraderie, is a precious commodity. I encourage you to consider ways in which you can help foster a community of your physician peers, perhaps by deploying some of the strategies within these pages.

— Alain A. Chaoui, MD, FAAP

Casual Networking Events Bring Physicians Together across the Commonwealth

BY BILL HOWLAND, MBA, MMS DIRECTOR OF MEMBER ENGAGEMENT

The MMS is offering programs and services that foster professional networking and restore community among physicians, in response to shifts in the health care landscape that have eroded physicians’ traditional means of connecting.

For medical societies, the explicit role of building physician communities is fairly new. Traditionally, the MMS has served physicians across the Commonwealth by providing advocacy, education, and practice management support. But as health care is increasingly consolidated, delivered by large systems and groups, the forums in which physicians meet across practices and specialties — such as hospital rounding — have been disrupted.

The Evolution of Networking

This evolution and its implications were highlighted in a 2013 report of the American Association of Medical Society Executives: “By nature of their employment, many physicians have fewer opportunities to network and connect with physicians who are not affiliated with their organization or institution. The difficulty in meeting physicians from other organizations and institutions is an area that medical societies can address by being a bridge and connector for all physicians.” Medical societies also play a critical role in community-building for physicians in independent practices.

Under the leadership of MMS President Alain A. Chaoui, MD, F.A.F.A.P., these new Medical Society initiatives span the spectrum. The simplest involve adding dedicated networking time to MMS meetings. Other programs are developed expressly to promote physician well-being and address burnout. In addition, the MMS has taken its networking on the road, hosting events open to members and their guests as well as nonmember physicians.

These informal gatherings offer a chance for physicians to connect with colleagues from across organizations and specialties, make new professional contacts, and meet members of the MMS leadership in nonclinical settings. Recent events have been held in Boston, Fitchburg, and Hyannis.

Upcoming Events

Please plan to join members and friends and share some cheer at one or more of these complimentary events:

Wednesday, October 24, 2018, 6:30–8:30 p.m. Hotel on North, Pittsfield, MA

Thursday, November 1, 2018, 6:30–8:30 p.m. Stonewood Tavern, Peabody, MA

Thursday, March 21, 2019, 6:30–8:30 p.m. Samuel’s, Springfield, MA

Thursday, March 28, 2019, 6:30–8:30 p.m. The Cove Restaurant, Fall River, MA

Physicians and their guests gathered in Hyannis for hors d’oeuvres and drinks, hosted by the MMS.

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Clinicians Achieve Harmony through Music

BY SARAH RUTH BATES, MBE

Leonard I. Zon, MD, takes his trumpet practice seriously, and so do the police. When Dr. Zon visited California to give a talk, he couldn’t practice music in his room without disturbing his neighbors in their shared faculty housing. “So I decided I would go out into my car and play. All of a sudden, I heard sirens. The police came up to my car, and they said, ‘Sir, what are you doing?’ I said, ‘I’m playing Mahler.’ They said I was disturbing people and I had to stop. I said, ‘Well, I just have a little bit more.’” This incident was the second time that police have interrupted Dr. Zon’s outdoor trumpet practice.

Dr. Zon, director of the Stem Cell Program and chair of Pediatrics at Boston Children’s Hospital, has been practicing medicine for 35 years and playing the trumpet in the Longwood Symphony Orchestra for 34. The Orchestra is a nonprofit group of volunteer musicians who work as clinicians, researchers, and students in the life and basic sciences.

Nonmedical Community

Physician communities built around nonmedical interests can help counter the more draining aspects of medical practice. “It’s always really healthy to have a hobby, something outside of medicine, an outlet for artistic expression, a different social circle, and just another way to try to experience the world,” says Michael L. Barnett, MD, MS, an internist at Brigham and Women’s Hospital, an assistant professor of health policy and management at the Harvard TH Chan School of Public Health, a chair of the Orchestra board, and an oboist.

Vital Signs spoke to four members of the Orchestra, each of whom emphasized the power of community as an antidote to professional stressors. “I have some very close friends in the orchestra, and the synergy between an emotional release and the fellowship of our group provides a balance for the rigors of practicing medicine,” says Rea Pukkila-Worley, MD, an infectious disease physician and a PI of a lab at the University of Massachusetts Medical School, and a cellist. The curative powers of music can be immediate, says Dr. Zon. “The most therapeutic thing is, if you’ve had a bad day, you can just point the trumpet right at the conductor and play as loudly as you can.”

Playing for High Stakes

On Monday evenings for two-and-a-half hours, the Orchestra practices music instead of medicine. The group performs three annual benefit concerts, partnering with local health care nonprofits and donating a portion of ticket sales to those organizations. In 30-plus years, they have raised over $2.5 million. “It’s a wonderful mission and it feels like we’re benefiting the community in material ways as well as helping ourselves to cope with the stress of our careers,” says Dr. Pukkila-Worley. Dr. Zon agrees: “The benefit concerts raise the mission of the Longwood Symphony. It’s a real privilege to play.”

Teamwork, Learning, Dedication

Music, like medicine, requires lifelong learning: Dr. Zon still takes trumpet lessons every Saturday. And the concerts don’t always go exactly to plan, requiring quick thinking and contingency planning. This year’s highly anticipated concert in the Hatch Shell got rained out. The musicians plan to incorporate the pieces they didn’t get to play that day into this year’s concerts.

Perhaps the most striking parallel is the dedication that physicians and musicians bring to both work and play. When Dr. Zon was called to testify before Congress about stem cell research on the same day as a rehearsal, he flew to Washington, DC, to testify, returned to Boston for the rehearsal, then went back to DC that night.

The Orchestra’s program on December 1 benefits Global Oncology; for information and tickets, visit massmed.org/MIN or email csalas@mms.org.
Vaping: Physicians Confront the Challenge of E-cigarettes and Youth

BY GWEN STEWART, MS, EXECUTIVE DIRECTOR, TOBACCO FREE MASS

A new generation of nicotine products—“pod mods,” a type of electronic cigarette—is changing the way that young people are exposed to nicotine, and putting the onus on physicians and public health advocates to address and counter the emerging addiction risk.

Pod mods are a group of products that use a disposable “pod” with a reusable electronic device (“mod”). The most popular pod mod is JUUL, a discreet device that looks like a flash drive. Pod mods use nicotine salts to deliver an addictive level of nicotine without any harshness. The pods are available in a range of sweet flavors.

The sophisticated marketing of pod mods to young people and the environmental accessibility of these products in some communities have emerged as public health risks, said experts at a September event organized by Tobacco Free Mass, a statewide coalition, and hosted by the MMS. In addition, the overlap between electronic products delivering nicotine and cannabis complicates efforts to monitor and talk about health risks.

E-cigarette Use among the Young

Recent years have seen a striking jump in youth use of electronic cigarettes (e-cigarettes). By 2015, 24 percent of Massachusetts high school students reported using e-cigarettes (“vaping”) in the past 30 days, compared to 3 percent of adults. Nearly half (45 percent) of high school students had tried vaping, according to the Youth Risk Behavioral Survey.

Pod mod devices soared in popularity among youth over the past year, driving up the number of young people using nicotine regularly. Eighty percent of people aged 15–24 who try JUUL continue to use it, a 2018 study suggests.

How Pod Mods Got Popular

The popularity of pod mods is the result of a sophisticated marketing effort aimed at young people, reported Youn Ok Lee, PhD, research public health analyst at RTI International, at the September conference. JUUL’s official marketing content references helping smokers quit combustible tobacco. But the product is also being marketed to young people on social media, and promoted by retailers and affiliate marketers. The social media content tends to glamorize youth e-cigarette use.

These products are sold online and by community-based retailers. Children who live in communities with a higher density of vape stores use e-cigarettes at a higher rate than their peers who have less environmental access, said Lisa Henniksen, PhD, a senior research scientist at Stanford University School of Medicine.

Some pod systems, such as Suorin, may contain drugs other than (or in addition to) nicotine. Some systems, including KandyPens and Pax, are explicitly designed for cannabis oils. The blurred boundaries between nicotine and cannabis e-products are a challenge to monitoring these devices and even having conversations about them, said Michael Tynan, public health analyst at the CDC.

New Law in Massachusetts

In Massachusetts, new tobacco legislation will go into effect at the end of December. The age for sale of all nicotine products will rise from 18 to 21, and the use of e-cigarettes will be prohibited where the Smoke-Free Workplace Law applies.

In addition, many municipalities require stores to obtain a permit to sell e-cigarettes, and some cap the number of permits they allow. Some have restricted the sale of flavored nicotine products, a policy that is gaining traction.

Physicians on Alert

The tobacco and nicotine industry works continually to recruit new users for its products. “[W]e advise physicians and parents to remain on alert regarding this emerging public health concern,” wrote Jessica L. Barrington-Trimis, PhD, and Adam M. Leventhal, PhD, in the New England Journal of Medicine in August. Informed physicians can counter those efforts through honest conversations with their patients and by helping to shape the communities where their patients live.

Learn more about advocacy efforts and view slides from the event at Tobacco FreeMA.org. An interactive map of local tobacco regulations is at MakeSmokingHistory.org.

Art against Tobacco: Encourage Your Young Patients to Design a Poster

The MMS and MMS Alliance will mail Anti-Tobacco Poster Contest kits in early November to Massachusetts elementary schools, pediatricians, and family physicians. The contest encourages children to avoid tobacco and to share that message with their friends and family. The annual contest is open to children in grades one through six. Entries must be received by February 22, 2019.

Artists submitting the winning posters will be invited to a formal State House ceremony and receive a $50 gift certificate.

View the 2018 winning posters at massmed.org/tobacco.

MMS Foundation Seeks to Expand Grantmaking

Deadline: January 15, 2019

Every year, the Massachusetts Medical Society and Alliance Charitable Foundation provides grants to programs that seek to improve the lives of individuals struggling within our own communities. This past fiscal year, our Foundation supported 20 organizations for a total of $265,000, and hopes to fund more programs next year.

Please refer individuals and organizations to mmsfoundation.org to learn how to apply.
How the MMS Worked with the Legislature on Health Costs and Opioid Deaths

BY BRENDANABEL, JD, MMS LEGISLATIVE COUNSEL

Tensions mounted as the July 31 conclusion of the 2017–2018 legislative session approached. In a departure from the last two sessions, major health legislation—a comprehensive health care cost and access bill and an opioid treatment bill—took center stage. The MMS engaged vocally on both bills as they moved through the legislative process. In the end, as the legislature wrapped up its session in the final hours of the last day of July, a best-case scenario unfolded: the problematic health care cost and access legislation fell apart and a favorable opioid bill was passed.

Cost and Access Legislation

The MMS was engaged with the issue of health care cost and access for the entire two-year legislative session. Massachusetts has long had among the highest per capita health care costs in the country (though the rate of growth has been quite constrained over the past few years). There has been particular focus on the growing variation in negotiated prices between large academic medical centers and community hospitals, even after avoidable out-of-network community hospitals, even after epidemic medical centers and competing prices between large academic medical centers and community hospitals, even after

There has been particular focus on the issue of health care cost and access. The MMS was engaged with the issue of health care cost and access for the entire two-year legislative session. Massachusetts has long had among the highest per capita health care costs in the country (though the rate of growth has been quite constrained over the past few years). There has been particular focus on the growing variation in negotiated prices between large academic medical centers and community hospitals, even after avoidable out-of-network community hospitals, even after epidemic medical centers and community hospitals, even after avoidable out-of-network community hospitals, even after avoidable out-of-network community hospitals, even after avoidable out-of-network community hospitals, even after avoidable outpatient centers, office-based surgery centers, and taxes on ambulatory surgery centers, Office-based surgery centers, and emergency care centers. The MMS issued a call to action urging physicians to contact their legislators to convey the potential harm to patients’ access to high-value settings of care. The MMS conveyed the concerns of the physician community, in meetings, testimony, and letters, and through coalition building with state and national stakeholders.

The Medical Society succeeded in passing amendments to improve the out-of-network billing provisions, but was unable to secure changes to the remaining provisions of the bill. The House passed its bill in the final days of June, allowing just a month for each branch to negotiate a compromise bill.

In the end, due in part to strong, broad-based advocacy from the Medical Society, medical specialties, and many other stakeholders, the House and Senate were not able to reconcile their bills in time. The House and Senate leadership plan to take up these bills again in January, and we will continue our staunch advocacy.

Opioid 2.0 Legislation

The Medical Society was also heavily engaged in the CARE Act, the second piece of comprehensive opioid legislation in Massachusetts in three years. The initial bill contained some concerning provisions, including a Prescribing Oversight Board and a proposal to create a 72-hour involuntary civil commitment in settings such as emergency departments. The MMS successfully advocated to instead tailor this legislation to address the heart of the changing opioid crisis, one that is now driven by increasingly poisonous substances such as fentanyl and carfentanyl.

Our efforts focused on policies to drive harm reduction, such as shoring up the standing order and Good Samaritan protections for naloxone, and a state-led study of supervised injection facilities. (The MMS has been appointed to this study commission, as well as to two other commissions in the bill.) The bill also expands access to medication treatment for opioid use disorder. The bill creates a pilot program to provide it in jails and prisons and emergency departments, and

establishes and funds an innovative peer-to-peer physician education program for the care of patients with substance use disorder and patients with pain. In addition, the bill improves the existing process for the “partial fill” of opioid prescriptions—a tool that, like the peer-to-peer physician education program, was originally proposed by the MMS.

The MMS was proud to be one of the select invited guests to Governor Charlie Baker’s ceremonial signing of the bill. The Medical Society is hopeful that this legislation, which promotes evidence-based treatment and harm reduction rather than strict prescribing limitations, serves as a model of legislation throughout the country, and most importantly, will continue to turn the tide of the opioid scourge in the Commonwealth.

Tobacco, Alzheimer’s, and More

The MMS was engaged on dozens of other bills. The Medical Society, as a founding member of Tobacco Free Mass, was a proud proponent of the comprehensive legislation including increasing the sales age for tobacco from 18 to 21, adding e-cigarettes to the smoke-free workplace law, and prohibiting the sale of tobacco in pharmacies (see page 4).

The MMS also helped craft a bill to improve care for people with Alzheimer’s, including striking language relative to a clinician’s requirement to notify families upon “implied consent” and securing strong liability protections for related communications.

BMC Pediatrician Honored for Reducing Health Disparities

Megan T. Sandel, MD, MPH, received the MMS 2018 Reducing Health Disparities Award from Simone S. Wildes, MD, chair of the MMS Committee on Diversity in Medicine. Dr. Sandel has more than 15 years’ experience caring for low-income children, studying the impact of social determinants on child health, and advocating for interventions. She is associate director of the Grow Clinic at Boston Medical Center, which cares for children who have “failure to thrive,” a principal investigator with Children’s Health Watch, and associate professor of pediatrics at the Boston University School of Medicine and Public Health.

Nominations for the 2019 Reducing Health Disparities Award are due by November 16, 2018. Visit massmed.org/awards#disparities.
Why Advocacy Offers a Powerful Physician Community

BY BRENDAN ABEL, JD, MMS LEGISLATIVE COUNSEL

For many physicians, advocacy represents a dual solution to the loss of traditional physician communities. Advocacy is both a new means of building supportive networks with peers, and a way to influence the evolution of the practice of medicine in ways that can re-establish community.

Advocacy presents an opportunity to engage with physician colleagues outside the clinical setting, and to bond over shared experiences and common goals. A goal might be promoting telemedicine, working toward a healthier environment, ensuring patients’ access to contraception, or any one of the other health-related issues that merit legislative action.

David R. Kattan, MD, director of family planning at Baystate Medical Center and president of the MMS Hampden District, became involved in a legislative initiative to guarantee access to contraception — an issue of particular importance given developments in Washington, DC. Dr. Kattan engaged with MMS government relations staff and other stakeholders to raise awareness and testify on Beacon Hill.

“Advocacy is a way to network and find allies for issues you care deeply about,” he said. “What I was thrilled about … is that there are physicians that I didn’t know at all that I can now work with on causes that may come up in the future. Advocacy is a way to meet others who feel the same way you do and want to work together toward a solution.”

McKinley Glover, MD, MHS, a radiologist at Massachusetts General Hospital and now vice speaker of the MMS House of Delegates, who has been active in the Massachusetts delegation to the AMA, also speaks to the social benefits of advocacy. “The AMA meeting provides an immense opportunity to develop friendships and relationships with colleagues and learn from each other,” he told Vital Signs.

Advocacy as a route to friendship is a recurring theme among physicians. “I gain inspiration, and even a little hope, from this advocacy work and the personal and professional relationships it has led to,” wrote James M. Recht, MD, assistant professor of psychiatry at Cambridge Health Alliance and Harvard Medical School, and an environmental and social justice activist, in the Summer 2018 issue of Vital Signs.

Through community building and shaping health care delivery, physicians’ advocacy appears to be protective against burnout. Atul Gawande, MD, MPH, told Freakonomics Radio in April: “I feel like I would have totally burned out on my medical-practice work if I were only in the trenches and not able to lift my head up and see what’s really going on.”

Online Physician Communities

continued from page 1

field of surgery. The hashtag went viral. (The theme was immortalized in popular culture by an April 2017 New Yorker cover showing four masked female faces gazing down at a patient in an operating theatre.)

Facilitating Patient Care

Online networks can facilitate clinical learning. The use of hashtags on some social media platforms enables users to find relevant content and conversations. Dr. Sinha, a research fellow at Harvard Medical School, routinely engages in several e-communities on Twitter, including #WomenInMedicine, #HMCChat (transforming health care delivery and medical education), #PWChat (physician well-being), #HJMCChat (care for hospitalized patients), and #MedEd (medical education).

Matthew Katz, MD, a Lowell radiation oncologist, turned to Twitter more than four years ago as a means to keep current efficiently with cutting-edge academic research. Dr. Katz initiated a monthly journal discussion for tweeting oncologists, engaging article authors and introducing them and their research to the e-community. He facilitates chats that often attract 50–100 colleagues, researchers, and patients interested in treatment developments related to breast, lung, and brain tumors. Dr. Katz, who is also a regular user of Doximity, is a past chair of the MMS Committee on Communication, which is developing an updated guide to social media for physicians (available imminently on massmed.org).

Patient-Physician Learning

Online learning communities can include patients, says Dr. Sinha. “When patients join the chats, especially topical chats centered around specific diseases like #lscm (lung cancer), #obsm (obesity), or #brcm (breast cancer), those perspectives and contributions are tremendously insightful and important for physicians.”

This multidimensionality of online communities is a major benefit to medicine, he says. “Increasingly, it’ll be a way for physicians and patients to engage with one another, to educate one another, and to establish meaningful relationships. It’s certainly not an appropriate venue for establishing a patient-physician relationship, but if used correctly, e-communities like Twitter can allow physicians to walk in patients’ shoes, and vice versa. That’s critically important in health care today,” said Dr. Sinha.

Challenges and Pitfalls

Online forums are not without hazards. Social media can be a time sink; it is important to be conscious of the return on investment. “You have to do it in a way that adds to your clinical practice of medicine,” says Dr. Katz. In addition, any mistakes made in such forums are public.

Protecting Patient Privacy

Participating physicians have the added responsibility of constant vigilance about patient privacy laws. Many physicians who are active on Twitter make a point not to reply to posts soliciting medical or legal advice, and place such disclaimers on their profiles, says Dr. Sinha. “Above all, it’s important for physicians to avoid disclosing identifiable information about patients — and not just because HIPAA says we should. It’s more about respect for patient dignity and personal privacy.”

Online medical communities are working on these challenges. “Social media are potentially very powerful tools for communication, and I am hopeful we’ll figure out through better research a way to use them both ethically and effectively, but I don’t think we are there yet,” Dr. Katz says.

That said, there’s no going back. “We’ve barely scratched the surface of the potential for how social media can be used to bring us together to disseminate information and improve clinical practice,” says Dr. Hughes. “We are in the early stages of seeing where this can take us. I’m an optimist.”
**ACROSS THE COMMONWEALTH**

**District News and Events**

**NEORTH EAST REGION**

**CHARLES RIVER** — Delegates Meeting, Wed., Nov. 14, 6:30 p.m. MMS Headquarters, Waltham.

**ESSEX NORTH** — Membership Meeting, Tues., Nov. 13, 7:30 a.m. The Haven, Beverly. Speaker: Daniel Levy, MD.

**ESSEX SOUTH** — Joint Delegates Meeting, Tues., Nov. 20, 6:00 p.m. Stonewood Tavern, Peabody. Speaker: Eugene P. Whittier Jr., MD.

**MIDDLESEX CENTRAL** — Executive/Delegates Meeting, Thurs., Nov. 15, 7:45 a.m. Emerson Hospital, Concord.

**MIDDLESEX WEST** — Delegates Meeting, Mon., Nov. 26, 6:00 p.m. MacPherson Hall, Framingham Union Hospital.

**NORFOLK** — Delegates Meeting, Fri., Nov. 30, 7:30 a.m. MMS Headquarters, Waltham.

**SUFFOLK** — Delegates Meeting, Fri., Nov. 30, 7:30 a.m. MMS Headquarters, Waltham. Contact Michele Jussaume or Linda Howard at (800) 944-5562 or mjmjussaume@massmed.org or lhoward@mms.org.

**SOUTHEAST REGION**

**BARNSTABLE, BRISTOL NORTH, NORFOLK SOUTH, PLYMOUTH** — Southeast Regional Caucus, Tues., Nov. 20, 6:00–9:00 p.m. LeBaron Hills Country Club, Lakeville.

**BRISTOL SOUTH** — Membership Meeting, Fri., Nov. 9, 5:30 p.m. Reception at Cork Wine and Tapas, New Bedford, followed by 8:00 p.m. show at Zeiteron Theater, New Bedford. Contact Sheila Kozlowski at (800) 322-3301 or skozlowski@mms.org.


**WEST CENTRAL REGION**

**HAMPDEN** — Executive Committee/Delegates Meeting, Tues., Nov. 20, 6:00 p.m. HDMS Office, West Springfield. Contact Coni Fedora at (413) 736-0661 or hdms@massmed.org.

**WORCESTER** — Fall District Meeting and Awards Ceremony, Wed., Nov. 14, 5:30 p.m. Beechwood Hotel. Contact Joyce Caraglia at (508) 753-1579 or wdms@massmed.org. Contact Cathy Salas at (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., May 2, 2019, 3:00 p.m. Seaport Hotel, Boston. Deadline to register for placing artwork in the exhibit is Friday, January 11. Contact Cathy Salas at (800) 522-3112 or csalas@mms.org.

**IN MEMORIAM**

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

William R. Buchanan Jr., MD, 90; Greenfield, MA; Harvard Medical School, Boston; died March 21, 2018.

Brian M. Golden, MD, 78; Winchester, MA; Tufts University School of Medicine, Boston; died May 30, 2018.

Herbert A. Haessler, MD, 91; Lincoln, MA; Marquette University School of Medicine, Milwaukee; died June 20, 2017.

Joseph A. King Jr., MD, 93; Westford, MA; New York Medical College, Valley Stream, NY; University School of Medicine, Stony Brook, NY; died May 23, 2018.

Gerald N. LaPierre, MD, 80; East Longmeadow, MA; Boston University School of Medicine; died May 19, 2018.

Miguel A. Leibovich, MD, 85; Cambridge, MA; Facultad de Ciencias Medicas de la Universidad Nacional de La Plata, Argentina; died February 9, 2017.


Arthur S. Lurie, MD, 89; Peabody, MA; Tufts University School of Medicine, Boston; died July 11, 2017.

Frederick S. McAlpine, MD, 88; Natick, MA; University of Pittsburgh School of Medicine; died May 31, 2018.

Edward D. McHugh, MD, 85; Holyoke, MA; Georgetown University School of Medicine, Washington, DC; died August 10, 2018.

Elliott E. Rivo, MD, 85; Brookline, MA; University at Buffalo School of Medicine; died August 13, 2018.

Barry F. Sachs, MD, 83; Longmeadow, MA; New York University School of Medicine, New York City; died May 17, 2017.

Robert L. Scribner, MD, 91; Salem, MA; Tufts University School of Medicine, Boston; died September 16, 2017.

Javad S. Shamsai, MD, 92; New York, NY; University of Tehran Medical School, Iran; died August 30, 2018.

Roy M. Shulman, MD, 85; Cambridge, MA; New York Medical College, Valhalla; died September 24, 2017.

Felix A. Silverstone, MD, 98; Canton, MA; George Washington University School of Medicine, Washington, DC; died April 30, 2018.

Stephen L. Washburn, MD, 88; Concord, MA; Washington University School of Medicine, St. Louis; died June 21, 2018.

Eugene P. Whittier Jr., MD, 92; Greenfield, MA; Boston University School of Medicine; died July 27, 2018.
Physician Health Services CME Program
Managing Workplace Conflict
IMPROVING LEADERSHIP
AND PERSONAL EFFECTIVENESS

Participates learn and practice techniques to improve teamwork and minimize conflicts in today's pressurized medical environments.
For more information and registration, visit massmed.org/mwc.

THURSDAY AND FRIDAY, NOVEMBER 1–2, 2018 | MMS HEADQUARTERS, WALTHAM, MA

CONTINUING MEDICAL EDUCATION ACTIVITIES

LIVE CME ACTIVITIES
Managing Workplace Conflict: Improving Leadership and Personal Effectiveness
November 1–2, 2018
Annual Oration: The Beneficial Effects of the 100-Year-Old BCG Vaccine in Type 1 Diabetes
November 30, 2018
Ethics Forum: Health Care as a Human Right
November 30, 2018

ONLINE CME ACTIVITIES
Reading Financial Forms
Shared Decision Making: Essential Skills for Prostate, Lung, and Breast Cancer Screening (4 Modules)

For additional information, including CME credits and registration details, go to massmed.org/cmecenter, or call (800) 843-6356.

Please plan to join us on November 30 and December 1

2018 INTERIM MEETING of the MMS House of Delegates
FRIDAY AND SATURDAY, NOVEMBER 30–DECEMBER 1, 2018
MMS Headquarters and the Westin Hotel, Waltham

- The Delegates’ Handbook posts online Tuesday, November 6, at massmed.org/I18handbook.
- Pre-registration closes Monday, November 26, at noon. Register today at massmed.org/interim2018/register.
- The MMS hotel deadline has passed but rooms may still be available. Please visit massmed.org/IM18reservations or contact Laura Bombrun at lbombrun@mms.org or (781) 434-7007.

- In addition to the HOD sessions, the Interim Meeting includes a gentle movement yoga class, the 13th Annual Research Poster Symposium, and other networking opportunities.

Visit massmed.org/interim2018 for more information on all the events and for online registration.