At IM16: Poster Project as Catalyst for Change

The sound of many voices speaking in the hallway of the Fenway conference room at MMS headquarters on December 2 emanated from clusters of medical students excitedly preparing their displays. Additional voices could be heard from MMS members and judges standing in line to view the projects.

Welcome to the Research Poster Symposium, a highly anticipated annual event at the MMS Interim Meeting (IM16).

In total, 126 abstracts were submitted by MMS residents, fellows, and students from throughout Massachusetts, with 67 contestants chosen to showcase their work at IM16. A panel of eight judges — from Harvard Medical School, Boston University School of Medicine, Brigham and Women’s Hospital, Massachusetts General Hospital, and others — selected 20 award winners in four categories: Basic Research, Clinical Research, Health Policy/Medical Education, and Clinical Vignettes. All entries represent original work by teams of aspiring medical scholars. Many projects result in fostering change.

Vital Signs interviewed two first-place winners to report how their project did just that: serving as a catalyst for improvements at Steward Carney Hospital in Dorchester.

Tackling Telemetry Overuse
Hassan Ghoz, M.D., a native of Cairo, Egypt, and Anil Jha, M.D., from Kolkata, India, are second-year residents at Steward Carney, a Tufts University School of Medicine teaching hospital. Their team was awarded First Place in the Health Policy/Medical Education category for tackling a vexing problem: telemetry overuse.

MMS Adopts New Policies at IM16
At MMS Interim Meeting (IM16) in December, the House of Delegates adopted several new policies. Among them is a policy outlining the next steps MMS will take regarding the legalization of recreational marijuana, which was passed by voters in November. Despite its passage, the MMS has vowed to continue its advocacy for public health. The MMS will work to:

- Prevent youth access to marijuana, including restrictions on marketing and advertising to those under 21 years;
- Direct the state to conduct and publish research on the clinical and public health effects of recreational marijuana;
- Prevent impaired driving due to recreational use of marijuana;
- Promote education about the health effects of recreational marijuana;
- Set safety and quality standards for both recreational and medical marijuana; and
- Direct adequate funding for health and public health interventions related to marijuana.

The MMS is working with the legislature to include provisions in the regulations governing the implementation of the law to reflect these concerns.

For all IM16 policies, turn to page 5.
**New Year, Big Changes**

The new year will be like few others in health care, with dramatic changes affecting physicians and patients. A new Administration and Republican Congress have targeted the Affordable Care Act for repeal and reform. The U.S. Department of Health and Human Services and the Centers for Medicare and Medicaid Services get new leaders. The Medicare Access and CHIP Reauthorization Act (MACRA) goes into effect, altering payment for physicians. In the Commonwealth, MassHealth undergoes its biggest changes in decades, recreational marijuana is now a reality, and aid-in-dying is regaining its focus. At the same time, cost control efforts, and consolidation continues.

In my report to the House of Delegates at our Interim Meeting in December, I restated my belief that has appeared repeatedly in this space: advocacy is what creates value for our members.

We have seen the value of advocacy time and again: with physician payment, as our suggestions on MACRA became part of CMS’s final rule and as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution; with public health issues, as our efforts have raised the awareness on such topics as health disparities and multiple forms of violence; and with electronic health records, as requirements for forms of violence; and with electronic health records, as requirements for physician pay - again: with physician payment, as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution.

In the Commonwealth, MassHealth undergoes its biggest changes in decades, recreational marijuana is now a reality, and aid-in-dying is regaining its focus. At the same time, cost control efforts, and consolidation continues.

In my report to the House of Delegates at our Interim Meeting in December, I restated my belief that has appeared repeatedly in this space: advocacy is what creates value for our members. We have seen the value of advocacy time and again: with physician payment, as our suggestions on MACRA became part of CMS’s final rule and as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution; with public health issues, as our efforts have raised the awareness on such topics as health disparities and multiple forms of violence; and with electronic health records, as requirements for physician pay - again: with physician payment, as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution.

In the Commonwealth, MassHealth undergoes its biggest changes in decades, recreational marijuana is now a reality, and aid-in-dying is regaining its focus. At the same time, cost control efforts, and consolidation continues.

In my report to the House of Delegates at our Interim Meeting in December, I restated my belief that has appeared repeatedly in this space: advocacy is what creates value for our members. We have seen the value of advocacy time and again: with physician payment, as our suggestions on MACRA became part of CMS’s final rule and as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution; with public health issues, as our efforts have raised the awareness on such topics as health disparities and multiple forms of violence; and with electronic health records, as requirements for physician pay - again: with physician payment, as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution.

In the Commonwealth, MassHealth undergoes its biggest changes in decades, recreational marijuana is now a reality, and aid-in-dying is regaining its focus. At the same time, cost control efforts, and consolidation continues.

In my report to the House of Delegates at our Interim Meeting in December, I restated my belief that has appeared repeatedly in this space: advocacy is what creates value for our members. We have seen the value of advocacy time and again: with physician payment, as our suggestions on MACRA became part of CMS’s final rule and as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution; with public health issues, as our efforts have raised the awareness on such topics as health disparities and multiple forms of violence; and with electronic health records, as requirements for physician pay - again: with physician payment, as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution.

In the Commonwealth, MassHealth undergoes its biggest changes in decades, recreational marijuana is now a reality, and aid-in-dying is regaining its focus. At the same time, cost control efforts, and consolidation continues.

In my report to the House of Delegates at our Interim Meeting in December, I restated my belief that has appeared repeatedly in this space: advocacy is what creates value for our members. We have seen the value of advocacy time and again: with physician payment, as our suggestions on MACRA became part of CMS’s final rule and as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution; with public health issues, as our efforts have raised the awareness on such topics as health disparities and multiple forms of violence; and with electronic health records, as requirements for physician pay - again: with physician payment, as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution.

In the Commonwealth, MassHealth undergoes its biggest changes in decades, recreational marijuana is now a reality, and aid-in-dying is regaining its focus. At the same time, cost control efforts, and consolidation continues.

In my report to the House of Delegates at our Interim Meeting in December, I restated my belief that has appeared repeatedly in this space: advocacy is what creates value for our members. We have seen the value of advocacy time and again: with physician payment, as our suggestions on MACRA became part of CMS’s final rule and as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution; with public health issues, as our efforts have raised the awareness on such topics as health disparities and multiple forms of violence; and with electronic health records, as requirements for physician pay - again: with physician payment, as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution.

In the Commonwealth, MassHealth undergoes its biggest changes in decades, recreational marijuana is now a reality, and aid-in-dying is regaining its focus. At the same time, cost control efforts, and consolidation continues.

In my report to the House of Delegates at our Interim Meeting in December, I restated my belief that has appeared repeatedly in this space: advocacy is what creates value for our members. We have seen the value of advocacy time and again: with physician payment, as our suggestions on MACRA became part of CMS’s final rule and as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution; with public health issues, as our efforts have raised the awareness on such topics as health disparities and multiple forms of violence; and with electronic health records, as requirements for physician pay - again: with physician payment, as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution.

In the Commonwealth, MassHealth undergoes its biggest changes in decades, recreational marijuana is now a reality, and aid-in-dying is regaining its focus. At the same time, cost control efforts, and consolidation continues.

In my report to the House of Delegates at our Interim Meeting in December, I restated my belief that has appeared repeatedly in this space: advocacy is what creates value for our members. We have seen the value of advocacy time and again: with physician payment, as our suggestions on MACRA became part of CMS’s final rule and as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution; with public health issues, as our efforts have raised the awareness on such topics as health disparities and multiple forms of violence; and with electronic health records, as requirements for physician pay - again: with physician payment, as we prevented payment cuts with “incident-to” billing for team-based care; with the opioid crisis, as public perspectives on physicians turned from being part of the problem to being part of the solution.
Instituting Diversity and Cultural Competence

BY JILLIAN PEDROTTO
PPRC SPECIALIST

Health care organizations should consider hiring a diverse workforce that reflects the changing demographics of the community it serves in order to build a culturally competent health care team.

What does it mean to have a “diverse” team? What is cultural competency and how does it factor into the workplace?

Let’s look at the demographics. In 2060, the U.S. Census Bureau predicts that the number of international immigrants is expected to grow by 41.2 million and “minorities,” those who are not white European descent, will make up 57 percent of the overall population, representing a 20 percent increase from today. Furthermore, the aging, 65-year-old and older population is expected to double to 92 million, which will inevitably impact access to health care, as this cohort tends to be the highest consumers of care.

Over the decades, what is encapsulated within the definition of “diversity” has evolved as society and ideologies have shifted. Typically, when we think of diversity, we envision those of different racial, ethnic, and/or religious backgrounds. However, now that the definition is more inclusive of life experiences that help shape an individual’s beliefs, we must also consider factors such as socioeconomic determinants of health, age, and sexual orientation.

Importance of Cultural Competence

Similar to diversity, the term “cultural competence” has no single definition, but refers to a general sentiment of individuals demonstrating behaviors and attitudes that enable them to work cross-culturally. This developmental process is evolutionary as individuals gain higher levels of awareness and knowledge related to culture, diversity, and acceptance. The National Center for Cultural Competence states that culturally competent organizations have the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of communities they serve.

A diverse workforce is a strategy for acquiring a better understanding of the community that fosters greater insights and promotes better health outcomes. Patients benefit by feeling more at ease and will participate more in their own care if their health care setting is a representation and extension of their community. The various perspectives — knowledge and life experiences — epitomized within a diverse workforce can add profound value toward resolving problems, as a staff is more attuned to the needs of the population.

Steps to Consider

Organizations that would like to develop and enhance their cultural competency and diversity should consider the following:

• Incorporate diversity within the mission, vision, and values.

   The mission, vision, and values of an organization personify what the organization stands for, help to set the course of work that will be accomplished, and set expectations for employees. Indicating that diversity is a primary value for an organization by including it in the mission, vision, and values statements hardwires their importance to your organization.

• Know your neighborhood and its needs.

   Taking the time to get out of the office and engage in dialogue with community members will allow you to get a better sense of your community’s health care needs and align efforts internally to achieve the most positive impact for the community and for your patients. Consider identifying opportunities for collaboration with other entities that may be able to support the health of the community and your patients, for example, Meals on Wheels or other community-based services.

• Tap into your employee knowledge base.

   Tapping into each individual’s knowledge can provide alternative strategies for meeting needs and solving problems. Employees may have similar backgrounds as patients, thus enhancing the understanding of a particular culture.

• Create a community resource guide.

   Creating and publishing a community resource guide focused on health care, wellness, and other services, is a way to educate your patients as to the availability of broader services that provide support for them and/or their families.

Students Volunteer in Community Programs

BY JASON H. PARK
MMS MEDICAL STUDENT SECTION—COMMUNITY SERVICE

The MMS Medical Student Section this past fall volunteered at numerous Boston-area community programs. At the Prison Book Program (PBP) in Quincy, the group prepared packages for 50 prisoners and learned about the prison system and the role of education in improving it. The group also volunteered with Community Servings in Jamaica Plain. Students cooked, packed, and shipped nutritious meals for over 700 individuals struggling with acute or chronic conditions.
MMS Leadership Forum to Address Social Determinants of Health

The MMS and its Committee on Public Health will host the 13th Annual Public Health Leadership Forum on April 4, 2017. Harold Cox, associate dean of Boston University School of Public Health, will moderate this year’s forum. The theme will address the social determinants of health and how the medical community can impact economic factors.

Faculty will explore how to shift the current health care paradigm from addressing an individual’s disease to a new paradigm that recognizes and incorporates social determinants that will transform the health care system to advance the quality of care and to improve population health.

The policy and practice panel discussions will focus on the value of health care models that encourage partnering across sectors and integrating and collaborating with social services that can help control more costly clinical interventions and improve health outcomes.

For more information contact Vanessa Kenealy at vckenealy@mms.org.

MMS Holds Global Health Conference

MMS and its Committee on Global Health are sponsoring a one-day Conference on Global and Community Health for Trainees on Saturday, February 4, at Massachusetts General Hospital’s Simches Research Center, 185 Cambridge St., Boston.

The conference will feature case studies, lectures, and workshops, and will afford students opportunities for direct conversations with faculty during a networking session at lunch. Topics include the following: Challenges and strategies for initiating and a global health project, advocacy surrounding human trafficking, vulnerable populations in international settings, common emergencies, family planning/reproductive health care in low-resource settings, and oral health and how to manage common dental emergencies in resource poor settings.

For more information, visit: www.massmed.org/globalhealth2017.

Call for Entries: MMS Anti-Tobacco Poster Contest

The deadline for the MMS and MMS Alliance Anti-Tobacco Poster Contest is approaching. Contest kits are still available to Massachusetts elementary schools, pediatricians, and family physicians. It includes a 2017 calendar featuring the 12 winning entries from the 2016 poster competition. The annual contest is open to children in grades one through six. Participation encourages children to avoid tobacco and to encourage their friends and family to do the same. Contest deadline is February 24, 2017. Children submitting the 12 winning posters will each be invited to a formal State House ceremony, receive a $50 gift certificate, and are recognized on the MMS website and in news releases sent to local media outlets.

Enriching Medicine through Diversity

BY SARAH ABDULLAH MMS PUBLIC HEALTH INTERN

Physicians, medical students, and medical school representatives gathered on October 21 to discuss strategies to advance diversity on campuses and in the workforce. Panelists at the MMS-sponsored event included Sherri-Ann Bowie-Burnett, M.D., assistant dean of student affairs in the Office of Recruitment and Multicultural Affairs at Harvard Medical School (HMS); Joyce Sackey, M.D., dean for multicultural affairs and global health at Tufts University School of Medicine (TUSM); and Robert A. Witzburg, M.D., BUSM’s associate dean and director of admissions. Student panelists included Bryan Anker (BUSM), Dominique Prue, (TUSM), and Rubén Monárez (HMS).

Workforce Diversity Improves Care

Dr. Witzburg urged participants to personally confront racial disparities. “A physician holding an unconscious bias is a significant barrier to creating a diverse physician workforce.”

Faculty and students explored topics related to diversity that ranged from sharing their own experiences within medical schools and medical practices, to discussing strategies medical schools are employing to address the racial disparities. Panel presentations were followed by roundtable discussions that enabled attendees to garner advice and feedback on how to implement possible strategies within their current medical professions.

Supporting Medical Students

The panelists stressed the importance of addressing racial diversity in medical school admissions. They emphasized the importance of ensuring resources are available for minority students. Student panelists shared their experiences in medical schools, including the benefit of established programs for mentorship that speak to the needs of minority students. Members of the MMS Committee on Diversity agreed to host additional meetings in the New Year.

In 2015, an Association of America Medical Colleges (AAMC) report, “Altering the Course: Black Males in Medicine,” revealed that despite an increase in the number of black male graduates over the past three decades, the number of black male applicants in medical schools dropped to 1,337 in 2014, compared to 1,410 in 1979. The report also revealed that the number of enrollees had declined, with 542 black male students enrolled in 1978, compared to 515 in 2014.

“A physician holding an unconscious bias is a significant barrier to creating a diverse physician workforce.”
— Robert Witzburg, M.D.

Massachusetts Adult Immunization Champion Award

Do you have a colleague who has demonstrated particular leadership, initiative, innovation, collaboration, or advocacy to promote adult immunization? Submit a nomination for Massachusetts Adult Immunization Champion Award, to be presented at the Massachusetts Adult Immunization Conference on April 25. Deadline for nominations is February 10.

Visit maic.jsi.com for more information.
At Interim Meeting 2016: New Policies Adopted by MMS House of Delegates

In addition to a policy on recreational marijuana (see page 1), several proposals were adopted as new policies by the members of MMS House of Delegates at the Interim Meeting, held on December 3, 2016. These included aid-in-dying, climate change, drug pricing, epinephrine auto-injectors, and concussions:

Aid-in-Dying — Delegates approved a resolution directing the MMS to conduct a survey of its members to determine the attitudes of physicians and physicians-in-training in Massachusetts toward medical aid-in-dying. The survey is scheduled to be conducted in 2017.

Climate Change — Physicians approved a policy adopted from the American Medical Association (AMA) stating that the MMS agrees with the findings of the Intergovernmental Panel on Climate Change’s fifth assessment report that states that “human influence on the climate system is clear, that recent climate changes have had wide-spread impacts on human and natural systems, that climate change will amplify existing risks and create new risks for natural and human systems, and that risks are unevenly distributed and greater for disadvantaged people and communities.” The policy also states that the MMS recognizes the importance of physician involvement in policymaking at all levels and supports efforts to mitigate climate change to protect human health.

Drug Pricing — Acknowledging the soaring prices of drugs and attempting to increase transparency surrounding drug pricing, MMS delegates adopted a policy to advocate for the appropriate Federal agencies that regulate direct-to-consumer advertising of prescription drugs that such advertising be required to state the manufacturer’s suggested retail price.

At Interim Meeting 2016: Epinephrine Auto-Injectors — Delegates approved a resolution declaring MMS support of schools that use their own emergency supply of epinephrine auto-injectors instead of requiring parents to purchase individually labeled auto-injectors for each child and that each student and employee who has life-threatening allergies be required to provide their school with an individualized health care plan. The resolution stated that the MMS communicate its policy regarding support for school-supplied epinephrine auto-injectors and the required health care plans to school organizations throughout the state.

Concussions — MMS physicians adapted policies from the AMA and the American Association of Neurological Surgeons on concussions, stating that the MMS would continue to work with other organizations to increase athletic safety by promoting concussion awareness; developing a program of public education stressing the importance of prevention, diagnosis, and proper treatment of concussion and brain-related injuries; and ensuring that an athlete exhibiting symptoms is properly evaluated, treated and cleared before returning to play. The policy also included the support of the adoption of evidence-based, age-specific guidelines on the evaluation and management of concussions for use by physicians, health professionals, and athletic organizations.

Among other policies were those concerning electronic health records, reimbursement for telemedicine services, and the organization's bylaws and administrative procedures, including diversity within the organization and committee and leadership representation.

State Legislative Agenda continued from page 1

filed by others that will affect the MMS and its members. We expect to be testifying at hearings, drafting detailed written comments, and meeting with key legislators — all components of effective advocacy.

MMS Bills: Opioids, Partial Fill Rx

The MMS legislative agenda reflects the diverse priorities of our members.

Three new bills are related to opioid prescribing. An Act Relative to the Prescription Monitoring Program will seek to fix a loophole in the current Bay State laws that omit methadone as a treatment for opioid use disorder from being included in the list of a patient’s controlled substance history. Many members have raised this as a public health concern that could lead to potentially dangerous drug interactions.

Another bill this year would allow for “partial fills.” This means that it will allow for a patient to elect to receive a portion of their Schedule II opioid medication, and then return to the pharmacy to receive the remainder of the prescription if necessary. At present, the remainder of a partially filled prescription is no longer valid, requiring patients to return to the physician for an additional prescription. Passage of this bill will make state law compatible with Federal law, passed as part of the Comprehensive Addiction and Recovery Act. The “partial-fill” concept originated within the MMS and represents one of the signature advocacy efforts on the Federal level in 2016.

A third bill, An Act Relative to Ensuring Transparency in Health Plan Formularies, would require health plans to post their drug formularies online for patients and providers.

Public Health, Health Care Delivery Bills

Several bills related to public health are part of this year’s state legislative agenda.

One bill seeks to ban smoking or the use of electronic cigarettes at outdoor pedestrian-only public areas, such as Boston’s Fanueil Hall Marketplace.

Another bill aims to protect children from poisoning by prohibiting laundry detergent packets that are not in child resistant packaging because of their appealing “candy-like” appearance.

The MMS is also filing bills related to health care delivery and payment. One bill will seek to prohibit the use of maintenance of board certification as a condition of obtaining a medical license. The bill would also extend to hospital or health plan credentialing determinations. Another bill is intended to raise Medicaid rates to be greater than or equal to Medicare rates.

The MMS is preparing a legislative proposal related to out-of-network billing, or “surprise billing.” This topic has been the subject of many high-profile conversations at meetings over the past several months, prompting the Medical Society to offer a solution most beneficial to physicians and patients.

Refiling MMS Bills

The MMS is refileing a dozen bills. Bills in this category may have gained momentum but ultimately did not pass before the end of the last state legislative session in December. One of them, An Act Improving Students’ Access to Life Saving Treatment, would allow students to self-administer glucose testing strips, insulin, and glucon. This bill is important for circumstances that arise when students are outside the presence of a school nurse, for example, while attending a field trip. This bill passed the House last session. The MMS hopes to partner with diabetes advocacy groups to see the bill to final passage.

The MMS will also refile An Act Relative to Medical Decision Making. This bill aims to improve the medical decision-making process for incapacitated patients without health care proxies by allowing physicians in certain circumstances to name family members of the patient as surrogate decision-makers. In the last session, this bill was voted favorably out of the Joint Committee on the Judiciary. The MMS hopes that the bill will be passed this year.

A full list of bill filings is available at www.massmed.org/advocacy.

For additional information visit www.massmed.org/hod/indexOfHouseVotes.
PHYSICIAN MATTERS

Medical Benevolent Society: Physicians Helping Physicians in Need

BY ROBERT ISRAEL
VITAL SIGNS EDITOR

For over 150 years, without fanfare and with resolve, the Massachusetts Medical Benevolent Society has assisted physicians in need.

“Many of our clients are dealing with a wide variety of personal and professional matters and are working to overcome a mental or physical illness, a behavioral health issue, or a substance use disorder,” said Charles A. Welch, M.D., Benevolent Society president and MMS past president.

Recently, Dr. Welch received a thank you letter from a client who was the recipient of a Benevolent Society grant to help during a personal crisis:

“Thank you for all your support during this terrible process,” the client wrote. “I am still amazed that I was able to survive the client wrote. “I am still amazed that I was able to survive the crisis with strength and resolve.”

Financial Assistance Available

“Physicians, who work with patients in a helping profession, often find it difficult to ask for help for themselves, especially when they need it the most,” said Stephen F. O’Neill, associate director of the ethics support service at Boston’s Beth Israel Deaconess Medical Center, who serves as a contracted social worker for the Benevolent Society. “Clients are self-referred, or come to us from PHS or other referrals, and we evaluate them and determine if they might be eligible for a grant,” O’Neill said.

Grants range in dollar amounts and may be either a one-time outlay or may be made numerous times, depending on the individual physician’s circumstances.

“Everything in the medical profession centers around possessing and maintaining a good reputation,” O’Neill said. “But what if you are a physician who is up against challenging issues or, in some cases, issues that have tarnished your reputation? We help physicians save face. We offer them access to a community of support.”

Confidential Support

Like PHS, the Benevolent Society’s work with physicians is confidential. Assistance runs the gamut from helping a physician overcome an addiction battle, to regain their medical license after a bout with a physical disability, or trying to cope with a mental health issue.

“We have a saying at the Benevolent Society: ‘Never Worry Alone,’” said O’Neill. “We want physicians to know they can find help by turning to us and that once they do, trusting that we can connect them to others who can provide the help they need.”

Recently, the Benevolent Society received another thank you letter from a physician who had been awarded a grant to help him through a difficult time.

“I have been given the green light to submit an application on my license,” the physician wrote. “My hard work is paying off and things are going incredibly well. I want to thank the Benevolent Society for all that you’ve done for me. Believe me that one day I will be overjoyed to be in a position to give back!”

For more information or to support the Benevolent Society, contact them at (781) 434-7809.

IN MEMORIAM

The following deaths of MMS members were recently reported to the Society. We also note member deaths on the MMS website, at www.massmed.org/memoriam.

Robert D. Blute, M.D., 95; Shrewsbury, MA; Tufts University School of Medicine, Boston; died October 25, 2016.

Leo S. Buckley, M.D., 90; Shrewsbury, MA; Georgetown University Medical School, Washington, D.C., 1961; died December 12, 2016.

Edward S. Casey, M.D., 88; Largo, FL; Tufts University Medical School, Boston, 1954; died November 9, 2016.

Raymond G. Colby, M.D., 97; Pittsfield, MA; New York Medical College, Valhalla, NY, 1943; died June 15, 2016.

Thomas A. Doe, M.D., 93; N. Chatham, MA; Yale University Medical School, New Haven, CT, 1946; died September 25, 2016.

John Dreyfus, M.D., 98, Stone Mountain, GA; Middlesex University School of Medicine; died July 31, 2011.

George P. Rizzone, M.D., 91; Lynnfield, MA; Tufts University Medical School, Boston, 1953; died December 30, 2016.

Richard H. Seder, M.D., 78; Shrewsbury, MA; North Grafton, MA; Harvard University Medical School, Boston, 1965; died December 19, 2016.

Harold Simon, M.D., 84; Crestview Hills, KY; Duke University Medical School, Durham, NC; died January 8, 2015.

Timothy P. Stone, M.D., 101; Southborough, MA; Tufts University School of Medicine, Boston; died October 24, 2016.

H. Brownell Wheeler, M.D., 87; South Portland, ME; Harvard University Medical School, Boston, 1952; died November 22, 2016.

Are you connected with MMS?
Stay on top of important health news from across the Commonwealth, all in real time.

@MassMedical  @MassMed  Massachusetts Medical Society

Women’s Health Forum — April 21
“Hormones: Do They Define Us?”

The MMS Committee on Women in Medicine and Brigham and Women’s Hospital’s Connors Center for Women’s Health and Gender Biology present the Women’s Health Forum on April 21.

This year’s program, “Hormones: Do They Define Us?” features a lecture and panel on transgender health, a session on the effect of hormones on metabolism and weight regulation, and a discussion on the evolution of breast surgery by faculty from the Massachusetts General Hospital (MGH).

Also planned are networking opportunities and an awards luncheon. The Women’s Health Award will be presented to Barbara L. Smith, M.D., and the Women’s Health Research Award will be presented to Robert H. Young, M.D., — both from MGH.

For registration, visit www.massmed.org/wfh2017, or contact Erin Tally at etally@mms.org.
Remote Access for MMS Members Only
Enhance Virtual Meetings

BY LEON Q. BARZIN
MMS HEALTH INFORMATION TECHNOLOGY MANAGER

A decade ago, the MMS Committee on Information Technology, working together with the Finance Committee and other groups, began offering members seats at virtual meetings. The platform provided remote access to committees, task forces, and other meetings. Today the MMS, through the adoption of Adobe Connect, continues to provide access to meetings remotely. Features include toll-free audio from anywhere in the world, screen sharing, video on desktop computers, tablets, and smartphones.

The motivating factor behind the MMS virtual meetings, then and now, is to recognize that, while a face-to-face meeting may enhance committee work, there are times when inclement weather, travel, or clinical responsibilities interfere with the best of intentions.

Another new technology that adds depth to your MMS participation is MMS Connect, a web-based community for posting messages, participating in discussions, and distributing documents. By logging onto MMS Connect via your MMS website credentials — using the link found at the bottom of the home page — you can join any one of your committees and start a conversation, respond to an existing dialog, or post new documents. Each interaction will be distributed automatically to all members via email. You may also receive meeting announcements from MMS Connect with a simple one-click method of providing an RSVP to the staff.

If your group could benefit from accessing this easy-to-use technology for upcoming meetings, contact Leon Barzin at lbarzin@mms.org for more information. To access MMS Connect, visit https://community.massmed.org/home.

INSIDE MMS

ACROSS THE COMMONWEALTH

District News and Events

NORTHEAST REGION

Charles River — Executive Committee Meeting. Tues., Feb. 7, 6:00 p.m. Location: MMS Headquarters, Waltham.

For more information on these events, or if you have Northeast District news to contribute, please contact Michele Jussaume or Linda Howard, Northeast Regional Office at (800) 944-5562 or mjussaume@mms.org or lhoward@mms.org.

SOUTHEAST REGION

Norfolk South — Executive Committee Meeting. Thurs., Feb. 16, 6:00 p.m., location: Abby Restaurant, Milton.

For more information, or if you have Southeast District news to contribute, please contact Sheila Kozlowski, Southeast Regional Office at (800) 322-3301 or skozlowski@mms.org.

WEST CENTRAL REGION

Berkshire — H.S. Doctor for a Day Program. Thurs., Feb. 16, 7:30 a.m. Orientation and 4:00 p.m. Debriefing. Location: Berkshire Medical Center, Pittsfield. Legislative Breakfast, Fri., Feb. 24, 7:30 a.m. Location: Berkshire Medical Center, Pittsfield.

Hampden — Executive Board Meeting. Tues., Mar. 14, 6:00 p.m. Location: HDMS Office, West Springfield. Legislative Breakfast, Fri., Mar. 31, 7:30-9:00 a.m. Location: Clarion Conference Center, West Springfield.

Hampshire — H.S. Doctor for a Day Program. Wed., Feb. 15, 7:30 a.m. Orientation and 4:00 p.m. Debriefing. Location: Cooley Dickinson Hospital, Conf. Rm B., Northampton.

Worcester — 221st Annual Oration. Wed., Feb. 8, 5:30 p.m. Location: Beechwood Hotel, Worcester. “A Glass (More than) Half Full: The Top 10 Reasons to be Optimistic about the next 218 Years of Worcester Medicine.” Orator: Terence R. Flotte, M.D., Celia and Isaac Haidak Professor of Medical Education, dean of the School of Medicine, and Provost and executive deputy chancellor of the University of Massachusetts Medical School.

For more information, or if you have West Central news to contribute, please contact Cathy Salas, West Central Regional Office at (800) 522-3112 or csalas@mms.org.

Statewide News and Events

Arts, Humanism, History, and Culture Member Interest Network — Music and Medicine Program. Performances by our MMS Members. Sat., Mar. 4, 1:30 p.m. Location: Wellesley Library, Wellesley. Herb Workshop-Engage the Senses Herbal Adventure. Sat., Mar. 25, 10:00 a.m. Location: MMS Headquarters, Waltham. Featuring culinary delights such as herb butters, syrups and cordials: scented treasures such as potpourris, mug mats and spice necklaces; feel good body products such as massage oil, lip balm and body powder; and visual delights such as pressed flower bookmarks, miniature dried flower arrangements and a rose wreath. Each person will have the opportunity to make herb butter, massage/body oil and rose wreath.

For more information, or if you have statewide news to contribute, please contact Cathy Salas, West Central Regional Office at (800) 522-3112 or csalas@mms.org.

Rebuild MMS Membership in 2017

Thank you to our many members who have renewed their membership with the MMS for 2017. We look forward to another year bringing you practice management support, continuing medical education, professional networking and advocacy. If you have yet to renew, make sure you continue to receive your subscription to the New England Journal of Medicine and maintain access to the many other membership benefits the Society has to offer.

Renew online today at www.massmed.org/renew or call 800-322-2303, ext. 7495, with questions.

MMS Committee Appointments Available

Deadline is March 3, 2017

If you would like to become more involved in the MMS, consider participating on a committee or the Member Interest Network (MIN) Executive Council. Committee appointments are for specific terms, usually three-year renewable commitments. We have put in place resources for distance participation including conference calls and online meetings. Those with time constraints can take advantage of these means. For a list of opportunities and descriptions of committees, visit www.massmed.org/committees/governance. Deadline is March 3, 2017. For an application form, contact Karen Harrison at the MMS Governance office (800) 322-2303, ext. 7463, or email kharrison@mms.org.

If you would like to join the MIN Executive Council, contact Cathy Salas at the West Central Regional Office (800) 322-2303, ext. 7717, or via email to csalas@mms.org.
**IN THIS ISSUE**

1. MMS Launches State Legislative Agenda for 2017
• AT IM16: Poster Project as a Catalyst for Change

2. President’s Message: New Year, Big Changes

3. Instituting Diversity and Cultural Competence

4. Enriching Medicine through Diversity
• MMS Leadership Forum to Address Social Determinants of Health

5. At Interim Meeting 2016: New Policies Adopted by MMS House of Delegates

6. Medical Benevolent Society Helps Physicians in Need

7. Remote Access for MMS Members Only
• Enhance Virtual Meetings
• Across the Commonwealth

---

**MMS AND JOINTLY PROVIDED CME ACTIVITIES**

**LIVE CME ACTIVITIES**

Unless otherwise noted, event location is MMS Headquarters, Waltham. Visit www.massmed.org/cme/events

2017 Women’s Health Forum — Hormones: Do They Define Us?
Friday, April 21, 2017

SAVE THE DATE
2017 Annual Education Program — The Winding Road of Addiction: Hope on the Horizon
Friday, April 28, 2017 (Seaport Hotel, Boston, MA)

**ONLINE CME ACTIVITIES**

Go to www.massmed.org/cme

Risk Management CME

Electronic Health Records Education (3 modules)
• Module 1 — EHR Best Practices, Checklists, and Pitfalls
• Module 2 — Making Meaningful Use Meaningful: Stage 1
• Module 3 — Making Meaningful Use Meaningful: Stage 2

End-of-Life Care
• Legal Advisor: An Introduction to Advance Directives
• End-of-Life Care and Non-Disclosure: Case Study
• Starting the Conversation about End-of-Life Care with Patients

• End-of-Life Care (3 modules)
• Principles of Palliative Care and Persistent Pain Management (3 modules)

**Pain Management and Opioid Prescribing**
MasPAT: Incorporating the New PMP into Your Practice
• Managing Pain Without Overusing Opioids
• The Opioid Epidemic: Policy and Public Health (6 modules)
• Principles of Palliative Care and Persistent Pain Management (2 modules)
• Opioid Prescribing Guidelines in Practice
• Opioid Prescribing Series: (6 modules)
• Identifying Potential Drug Dependence and Preventing Abuse (Legal Advisor)
• Managing Risk when Prescribing Narcotic Painkillers for Patients (Legal Advisor)

Medical Marijuana (4 modules)
• Module 1 — Medical Marijuana: An Evidence-Based Assessment of Efficacy and Harms
• Module 2 — Medical Marijuana in the Commonwealth: What a Physician Needs to Know
• Module 3 — Medical Marijuana in Oncology
• Module 4 — Dazed and Confused: Medical Marijuana and the Developing Adolescent Brain

**Additional Risk Management CME Courses**
• Initiating a Conversation with Patients on Gun Safety
• Intimate Partner Violence: The Clinician’s Guide to Identification, Assessment, Intervention, and Prevention
• Understanding Clinical Documentation Requirements for ICD-10
• ICD-10: Beyond Implementation
• Prostate Cancer and Primary Care
• Cancer Screening Guidelines (3 modules)
• Impact of Effective Communication on Patients, Colleagues, and Metrics (2 modules)
• Effective Chart Review for Quality Improvement

**Additional CME Courses**
• Carbon Monoxide Poisoning
• Genetically Modified Foods: Benefits and Risks
• Just a Spoonful of Medicine Helps the Sugar Go Down: Improve Management of Type 2 Diabetes
• Weighing the Evidence on Obesity

---

**CME CREDIT:** These activities have been approved for **AMA PRA Category 1 Credit™**.

FOR ADDITIONAL INFORMATION AND REGISTRATION DETAILS, GO TO www.massmed.org/cmecenter, OR CALL (800) 843-6356.