MMS Goes to Washington: 2017 National Advocacy Conference

Thirty physicians, residents, and medical students representing the MMS attended this year’s American Medical Association (AMA) annual National Advocacy Conference (NAC), in Washington, DC, from February 27 to March 1. Highlights of the NAC included information and education sessions and scheduled meetings with the Massachusetts Congressional delegation, including U.S. Senators Markey and Warren, and U.S. Representatives Kating, Capuano, Kennedy, McGovern, and Upton.

Facing the Issues
“At the MMS, advocacy for our fellow physicians and our patients is at the core of all that we do,” said MMS Immediate Past President James S. Gessner, M.D., who attended NAC. “The NAC provides us with opportunities to become more effective advocates, to mentor younger members, and to learn, first-hand, about the issues facing our state and nation at specially arranged meetings with our congressional delegation. We discuss ideas and strategies at these meetings and inform one another on key issues.”

Issues the MMS Contingent Discussed with the Congressional Delegation Included MMS Opposition to Efforts by the 115th Congress to dismantle the Affordable Care Act (ACA) and concerns about the damaging impact on patient access to care and physicians’ ability to treat them should this repeal effort be implemented. Other issues included support for the Bridge Act (a bipartisan bill to improve access to mental health services through health insurance coverage) and the Keep Our Emergency Rooms Open Act (KEROA). The program also featured prerecorded video presentations from leaders in the field and will conclude with a live webinar, “Discussions on Concussions: Clinical Headlines.” A corresponding public education campaign will help parents and young adults learn how best to respond to a possible concussion-causing injury.

Medical Challenges of Treating Concussion
“In recent years, we seem to both learn more about concussion and learn more about what we don’t know regarding concussion,” said Michael Beasley, M.D., from the Division of Sports Medicine at Boston Children’s Hospital. Dr. Beasley, who is also the head team physician at the University of Massachusetts–Boston, is one of the presenters in the program.

He acknowledges that although we have recently developed a better understanding of the appropriate immediate response to concussion, physicians still lack...
A Common Voice for the Common Good

In this, my first President’s Message, I share with you all a few words from my father, Jerome R. Dorkin, M.D. My first, and strongest, role model, he gave me this advice: “Son, wherever you settle down, get involved with your state medical society. It is the only local common voice we have, and we must all stick together for the common good.”

Throughout my career, his words have rung true. Over the years, I have come to appreciate all that the MMS has accomplished through diligence and hard work — and, without question, through the involvement and leadership of its members.

As physicians, we are charged with protecting the health and well-being of our fellow men and women, but we are also responsible for the preservation of an environment in which we can do so without undue impediment from external forces.

Many of the challenges that we face — the burdens of overregulation, absence of tort reform, and for many, excessive education debt — don’t just make it hard to practice medicine, they actually have a negative impact on physician health. I firmly believe that the Medical Society can help us all as we confront these challenges, both as a resource and as a supportive community.

The MMS is here for all physicians in the Bay State, whether in solo practice or a large group, community or academic, rural or urban. But in order to represent you, we need to keep hearing from you — what matters to you? What are your goals for your practice and for your patients? What has improved and what has worsened in your efforts to carry out these goals?

If we work together, our common voice can, and will, be heard loud and clear.

— Henry L. Dorkin, M.D.

Concussions
continued from page 1

the ability to identify which patient is at a heightened risk of severe or prolonged symptoms.

Still, the new information that has emerged about concussions in recent years makes this the ideal time for physicians to catch up on best practices, says presenter Alan G. Kulberg, M.D., from the Berkshire Medical Center Concussion Evaluation and Rehabilitation Clinic. “It was not too long ago that it was common for a medical provider to declare a patient healed when they reported no symptoms or if they were symptom-free for one week. These notions are outdated."

Dr. Beasley and Dr. Kulberg agree that with appropriate care — including rest — a single head injury rarely causes permanent cognitive damage, but also stress that we are only now beginning to fully understand the lasting effects of repeat concussions.

Moreover, Dr. Kulberg says, clinicians and parents should expect that “cognitive impairment and mood difficulties can persist for many months, and it is important that we shepherd our students carefully and compassionately through this recovery period."

Accentuating Evidence-Based Information

Along with the growing attention to brain injury is a corresponding development of commercial products, including supplements and protective equipment, that offer “misinformation or false promises,” caution Dr. Beasley. “Physicians need to be able to offer patients and their families as much evidence-based information as possible, not only on how to treat and prevent injury, but also when a treatment strategy or protective device may not be appropriate.”

Although many physicians, including those certified to provide student athletes with medical clearance through the Massachusetts Department of Public Health (DPH), are familiar with the sports-related mantra “when in doubt, sit them out,” there is also a growing body of evidence regarding returning injured students to the classroom. Linda Brown, program coordinator with the DPH’s Sports-Related Concussions and Traumatic Brain Injury program, presents about the department’s current approach to how students should return to academics following a concussion.

The CME programs will also feature a live webinar with William P. Meehan, M.D., director of the Micheli Center for Sports Injury Prevention at Harvard Medical School. The hour-long live webinar will be held Wednesday, May 10, at noon. Both CME activities meet the requirements of the Massachusetts Sports Concussion Regulations for medical clearance.

Letters to the editor should be 200 words or fewer, and all are subject to editing. Send to the MMS Department of Communications, 860 Winter Street, Waltham, MA 02451-1411; vitalsigns@mms.org; or fax to (781) 642-0976.
BY NICOLAS ARGY, M.D., J.D.

The Culture of Safety (COS) survey is a tool that helps identify areas of weakness within the practice setting and promotes feedback within the health care team. It has been widely adopted by hospitals and validated by entities such as the Agency for Healthcare Research and Quality (AHRQ). In order to promote this valuable tool in the medical office and ambulatory surgical center setting, the AHRQ offers tailored surveys for each of these settings at no cost.

Promoting Feedback
A COS survey identifies improvement opportunities within a medical practice and encourages a self-critical approach to operations and communications. The use of these surveys is important for the efficient operation of high reliability organizations. It promotes enhanced communication, teamwork, and transparency within the organization.

Once the survey tool is completed, caregivers can check their results against a national database maintained by the AHRQ. Armed with these results, caregivers can use the measures to institute change. The adoption of the COS survey inherently indicates a willingness to critically evaluate your service delivery and improve your practice.

When areas of opportunity have been identified, there are many improvement “tools” practices can use, including Lean, Six Sigma, and Kaizen (the model for improvement used by the Institute for Healthcare Improvement, root cause analysis, and others). While the methodologies are slightly different, the goal is one of system analysis based on the teaching of Deming. These techniques may be new to practices as routine training of providers and other health care team members typically doesn’t include process improvement (PI) theories. In order for a culture of safety to exist, the lexicon and tools of process improvement must be understood by all of those at the table.

Implementing Culture of Safety
Regardless of the descriptor presented, the team must speak the same language and understand the process improvement methodology. Consider the following when strategizing the implementation of COS surveys:

- Select a champion who can educate and orient the team about the survey tool and corresponding PI plan, including senior management and new hires. This individual will also lead efforts for updated training.

- Create a PI comprehensive tool kit covering the basic elements for process improvement using the chosen methodology of the organization. Make it widely available and understood. You may also use the Action Planning Tool offered by AHRQ.

- Update skill sets so that the newest, best practices in process improvement are communicated to the key members of the team. The essential elements of new member training and maintenance of knowledge will ensure that a culture of safety will thrive.

COS tools help caregivers be more self-critical; as a result, they will seek opportunities for improvement. In addition, adoption of COS shows your staff and your patients a commitment to excellence.

Nicolas Argy, M.D., J.D., a radiologist, teaches at Boston College and is a nominee for Alternate Delegate of the MA AMA Delegation. He provides business development, strategy, and education in health sciences, technology, and public health.

Are You Having Problems Getting Paid?

MMS Regional Offices to Host In-Person Claims Review Sessions with Massachusetts Payers

The MMS Regional Offices are happy to announce that the annual Individual Claims Consultation Days will be taking place during the months of July, August, and September. These in-person trouble-shooting sessions are designed to allow MMS member physicians and their practice staff to schedule 30-minute appointments with health plans in order to focus on adjudication of troublesome claims.

Representatives from the health plans listed in the table will be on hand to review claims with physicians and their office staff in order to facilitate claims processing. To schedule your appointment today, please visit www.massmed.org/iccdays2017.

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<th>ICC Lakeville 9/21/17 9 a.m.–4 p.m.</th>
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Note: ✓ denotes plans that will be in attendance.
Physicians Urged to Address Weight Bias to Improve Patient Care

BY DANIELLE DICENZO
MMS HEALTH POLICY AND PUBLIC HEALTH INTERN

Nearly two-thirds of the American population are overweight or have obesity. According to an article published in Obesity, individuals who are struggling with weight issues are also experiencing weight bias and are vulnerable to increased risks of depression, social rejection, anxiety, and suicidality. Increasingly, people who are overweight or have obesity face discrimination in the workplace, barriers in education, stereotypes from the media, stigma in personal relationships, and bias from health care professionals.

Prevalence of Weight Discrimination

“It is critical for health care providers to be aware of this issue and take steps to prevent stigma associated with weight in their practice,” said W. Scott Butsch, M.D., M.Sc., vice chair of the MMS Committee on Nutrition and Physical Activity, and an obesity specialist at the Massachusetts General Hospital Weight Center.

The prevalence of weight discrimination in the United States has increased 66 percent over the past 10 years and is comparable to rates of racial discrimination, especially among women. A study of physicians has found that more than 50 percent of physicians viewed patients with obesity as “awkward, unattractive, ugly, and noncompliant.”

These biases — both explicit and implicit — are hampering patients’ access to health care.

Bias in Health Care

Research conducted by the Rudd Center for Food Policy and Obesity at the University of Connecticut has found that physicians spend less time and are less engaged in discussions with patients who are struggling with weight issues. Furthermore, the Rudd Center’s research reveals that physicians are reluctant to perform preventive screenings and to engage with patients who are overweight or have obesity.

According to a Boston Medical Center Public Health Review, attributing a person’s obesity to causes within his or her control continues to be a major source of stigmatization and discrimination.

Addressing lifestyle choices such as dieting and physical activity without acknowledging the genetic, metabolic, and other characteristics that are factors that contribute to obesity can perpetuate weight bias.

Strategies for Physicians

“Growing body of scientific literature has supported that obesity is a complex disease that stems from the failure of normal weight and energy regulation. We know it’s more than a matter of ‘calories in and calories out,’ as there are multiple contributing factors to one’s weight gain and strong genetic and biological forces at play making it difficult to lose weight,” Dr. Butsch said.

UConn’s Rudd Center suggests four approaches physicians can take in order to address weight bias and to enhance patient experience in a clinical setting. The first is to self-identify negative weight-based assumptions, stereotypes, or judgments and empathize with the lived experience of those who have overweight or obesity. Second, alter weighing procedures, paying attention to negative comments or facial gestures which contribute to patient embarrassment and shame. Third, evaluate medical equipment, ensuring that appropriately sized gowns or blood pressure cuffs, for example, are available. Finally, look at the overall office environment — remove reading materials that stigmatize weight and be aware of size of chairs in the waiting room.

Dr. Butsch added, “Weight bias is somehow an acceptable form of discrimination. We need to change that. Physicians can work toward this and work toward improving patient outcomes by educating themselves, their staff, and their patients.”

 Documentary Film Honors Black Women Doctors

On May 9, the MMS will sponsor the screening of Changing the Face of Medicine: Black Women in Medicine, an Oscar-qualified documentary directed, produced, and written by Crystal R. Emery. The film highlights the challenges and achievements of trailblazing physicians and creates a dialogue about race, gender, medicine and society.

Overcoming Barriers

Approximately one in four persons currently living in the United States is African American. The number is steadily increasing. By contrast, African Americans represent only 4.5% of the physician workforce under 40. The percentage of female minority doctors is even smaller. As minority doctors are more likely to provide care to minority, underserved, and disadvantaged communities, their under-representation is a problem with potentially serious consequences.

As former U.S. Surgeon General Dr. Joycelyn Elders says in the film, “You can’t be what you can’t see.” Black Women in Medicine aims to replace negative imagery regarding race, ethnicity, gender and character often seen in mainstream media with positive images of successful black female doctors.

“We desperately need role models to come forward and share their stories, so that our children can consider careers in the health care professions,” says Dr. Claudia Thomas, the first black female orthopedic surgeon. “We need to reach a point where a patient isn’t surprised to see a black female doctor is their heart surgeon, or their primary care physician or the expert consulted on their orthopedic surgery.”

The film will be screened on Saturday, May 6, at Wellesley College and will also include interactive workshops designed by Ms. Emery to build bridges, and lower defenses, in order to begin a real dialogue. It is this coalition building, Ms. Emery says, that is particularly important now. “In order to heal America’s psyche, we have to start with physicians,” she says.

Emery has also penned a book, Against All Odds: Celebrating Black Women in Medicine, which tells many more inspiring stories, including Massachusetts physicians, former MMS President Alice Coombs, M.D., Harvard Medical School Dean for Students Nancy Oriol, M.D., and Takija Heard, M.D., the first black person to graduate from Harvard’s neurophysiology fellowship program. The film event will take place at Saturday, May 6, from 9:00 a.m. to 2:00 p.m., at Wellesley College, Diana Chapman Walsh Alumnae Hall Auditorium, 106 Central Street, Wellesley, MA.

Attendance at this event is free and open to physicians, medical students, aspiring physicians, and members of the community. For more information, visit http://bit.ly/2nfr0Z.
GOVERNMENT AFFAIRS

MMS Goes to Washington

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bill that would provide protection from deportation for young immigrants who have Deferred Act for Childhood Arrivals status, support for Medicaid as an entitlement program, and support for funding for opioid abuse programs and making electronic prescribing of Schedule II drugs more accessible.

Briefing Sessions

During the first day of NAC activities, physicians were briefed by both the MMS and AMA staffs. First-time attendee Christopher Worsham, M.D., chair of the MMS Resident and Fellow Section, said he found these sessions particularly useful.

“The preparatory sessions at the onset of NAC helped me to better grasp the issues, and how we could get the most of the brief time we were allotted with our elected representatives,” he said.

Dr. Worsham added that these initial briefings provided concrete ways younger physicians could take on a greater activist role in their communities.

“As residents, we are often in the dark about how vocal or active we should be,” he said. “In Boston, do we just put on our white coats and join protests, or is there more we can do to be effective? By listening to physicians who had attended NAC before us and to those deeply versed in their subject areas, we learned how we can collectively protect Medicaid entitlements for our patients, to petition our representatives to find ways to lower drug prices, and to continue to battle against opioid abuse. We learned about how we can have an impact, not only in our state, but in our nation, too.”

Marisa Flavin, M.D., also a first-time NAC attendee, agreed.

“The sessions are balanced, and the speakers make sure that they present many sides to the argument — point and counterpoint — so we understand what’s at stake with the issues,” Dr. Flavin said. “I left with a deeper understanding of the role our Massachusetts congressional delegation plays and how we, as physicians, can work with them. The power of membership is to achieve a strong voice so we can better educate our patients, enlist the support of our co-residents, and discover new ways to become involved in our community.”

Nathan Davis Award for Andy Slavitt

A highlight of NAC each year is the presentation of the Dr. Nathan Davis Awards for Outstanding Government Service. Each year elected and career public servants in national, state, and local governments, who have demonstrated outstanding contributions to improving public health, are honored by the AMA.

This year the MMS nominated Acting CMS Administrator Andy Slavitt for his efforts “to improve health care while putting patients and physicians at the center of his deliberations.”

Slavitt was among 10 elected officials, administrators, and public servants who received Dr. Nathan Davis Awards at a ceremony on February 28.

Roundup

continued from page 1

holding hearings on bills. Legislative rules require every bill to have a hearing; committees will often batch related bills and hold a hearing on a dozen or so related bills.

The hearing season will likely run from April through the end of this year. During this period, the MMS provides written testimony on dozens of bills per month and testifies at hearings on select bills of priority. Government relations staff tracks many more bills, reviewing testimony provided and discussing with legislators, staff, and other stakeholders.

MassPAT Update

Massachusetts Prescription Awareness Tool (MassPAT), the statewide prescription monitoring program launched in 2016 by the Commonwealth with input by MMS, continues to be one of the best tools we have to combat opioid abuse. On March 1, the Department of Public Health released the following statistics:

- An estimated three million MassPAT searches have been conducted since August 2016
- Total number of prescribers registered with MassPAT: 51,948 (delegates inclusive)
- Total number of physicians registered: 26,610
- Approximately 25,000 searches have been conducted per weekday in MassPAT since new search requirements went into effect as of October 15, 2016
- MassPAT is now connected with 28 states to share patient prescription data, including the District of Columbia, New Hampshire, Vermont, New York, Connecticut, and Rhode Island
- To create a new account, visit www.mass.gov/dph/masspat
- For more information, visit www.massmed.org/masspat

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Send an email to vitalsigns@mms.org with your preferred email as well as the address currently listed on your V5 mailing label. The MMS will begin emailing Vital Signs to you as a downloadable PDF.
Practical Tips for Aging Physicians

BY WENDY COHEN, M.D.
PHYSICIAN EVALUATION DIRECTOR

A topic of increasing concern in the area of physician health is the aging physician population. According to a 2015 study by the Association of American Medical Colleges, the physician population is aging, with 30 percent over the age of 60. It is important that the physician health community respond to this trend.

Aging brings wisdom, experience, and mastery. Yet aging may also bring new complications in performing our work with safety and skill. A recent conference hosted by the Rhode Island Medical Society entitled “Senior Physicians: Addressing Age, Ability and Acumen” addressed how health care systems are responding to cognitive and physical functioning in aging physicians. Panelists identified resources for assessment and maintenance of a healthy physician population. Additionally, a thoughtful discourse was presented on transitioning to retirement, which highlighted the benefits of planning ahead and finding fulfillment.

At Physician Health Services (PHS), I meet with physicians who express concerns that their health status may be impacting their work. They want to ensure they continue to practice safely. Here are some practical tips I have shared with them on signs of concern in the aging process and suggestions on where to go for help.

**Signs of Early Dementia**
Trouble with word finding is often a sign of normal aging. However, there are signs of dementia to look out for including:

- Repeating stories without awareness
- Forgetting events and conversations that occurred

**Assessment**
It is impossible for physicians to self-assess when it comes to memory impairment. Issues of confidentiality, shame, and fear can also interfere with obtaining a timely evaluation. However, if you are concerned about your memory, you deserve to be supported and receive early intervention.

Conducting a baseline test can help elucidate subtle changes in the future. PHS always recommends seeking advice from providers who have experience evaluating physicians whenever possible.

Here are some recommendations to assess the problem:

- Complete an adequate neuropsychologic screen: it should be extensive (at least 30 minutes in duration). A traditional mental status exam may yield false negatives.
- Complete neuropsychological testing to clarify a diagnosis. Understanding how you learn can help people understand how best to move forward with reeducation, if necessary.

**Preventing Dementia**
Higher education is a protective factor, but there are other things physicians can do to actively prevent dementia.

- **Maintain good physical health:** Be proactive against obesity, hypertension, and diabetes. Lowering risk of cardiovascular disease can lower risk of dementia significantly.
- **Avoid smoking:** Smokers have a 45 percent higher risk of developing dementia than non-smokers, according to a 2014 World Health Organization report. Quitting smoking later in life could also reduce the risk of dementia.
- **Exercise:** Brain cells may benefit from increased blood flow and oxygen and cardiovascular risks will be reduced.
- **Maintain a healthy diet:** The Mediterranean diet (low fat, low sodium, and low sugar) has been shown to be beneficial in slowing cognitive decline and lower risk of Alzheimer’s disease.

**Transitioning to Retirement**
Planning ahead for retirement helps the transition proceed more smoothly. Donna Singer, a consultant and coach to physicians, speaks of having “meaning, passion, and purpose” in retirement. There are many resources available to help physicians consider areas of transition and set goals for retirement, including the Physician Practice Resource Center’s MMS Guide to Practice Transition or Retirement, available on the MMS website at www.massmed.org/practice-transitions. Another useful resource is The Encore Career Handbook: How to Make a Living and a Difference in the Second Half of Life by Marci Alboher.

Contact Physician Health Services for a free, confidential, peer-review protected intake at (781) 434-7404, or visit www.physicianhealth.org.

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**List Your News In Vital Signs**
We know you’ve been busy. We’d love to hear about it and share it with your colleagues in two new columns we’ll be running in Vital Signs.

**Members on the Move** will be a column listing your professional news, such as joining a new hospital, opening a new practice, or a recent promotion.

**Honors and Accolades** is where we’ll share your achievements: speaking engagements, community outreach, or published works.

**Submissions Format:**
- Full name and title
- Medical school with graduation year
- Residency institution
- Hospital affiliation
- Recent update

Please send submissions to vitalsigns@mms.org.
HONORS AND ACCLAMATIONS

NINA MEYERSON, M.D.
(Harvard Medical School '09, residency: Massachusetts General Hospital), a cardiovascular radiologist and attending physician at MGH in Boston, has been awarded the Valerie Jackson Education Fellowship from the American College of Radiology (ACR) for creating a radiation safety continuing education case study recently published by ACR’s Image Wisely program.

FATIMA CODY STANFORD, M.D.
(Medical College of Georgia '07, residency: Palmetto Health), an obesity medicine physician for adults, adolescents, and children at the MGH Weight Center in Boston, was presented with the 2016–2017 Harold Amos Faculty Diversity Award on April 11 for having made a significant contribution to moving Harvard Medical School toward being a diverse and inclusive community.

DENNIS M. DIMITRI, M.D.
(George Washington University Medical School ’79, residency: University of Massachusetts Medical School), has been named a director of the board of the Health Foundation of Central Massachusetts. Dr. Dimitri is a clinical associate professor in the Department of Family Medicine and Community Health at the University of Massachusetts Medical School, and vice chair of the Department of Family Medicine and Community Health at UMass Memorial Medical Center. Dr. Dimitri is also a past president of the MMS.

DANIEL ALFORD, M.D.
(Boston University School of Medicine ’91, residency: Boston City Hospital), medical director of Office-Based Addiction Treatment (OBAT) at Boston Medical Center, has been awarded the American College of Physicians (ACP) Award for Distinguished Contributions to Behavioral Medicine. The award was presented at ACP’s Convocation Ceremony on March 30 in San Diego, CA.

SIDHARTA GANGADHARAN, M.D.
(Dartmouth Medical School, ’96, residency Brigham and Women’s Hospital), was honored as Outstanding Physician of the Year by the Philippine Medical Association (PMA) of New England. Dr. Gangadharan, chief of thoracic surgery and interventional pulmonology at the Beth Israel Deaconess Medical Center, was honored on March 18 in Boston.

Vital Signs would love to hear about your professional news — joining a new hospital, opening a new practice, or a recent promotion. Please send submissions to vitalsigns@mms.org.

ACROSS THE COMMONWEALTH

DISTRICT NEWS AND EVENTS

NORTHEAST REGION

Middlesex District — Legislative Breakfast. Fri., May 19, 7:30 a.m. Location: Lynch Board Room, Mount Auburn Hospital, 300 Mount Auburn Street, Cambridge.

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.

WEST CENTRAL REGION

Hampden — Executive Board Meeting. Tues., June 13, 6:00 p.m. Location: HDMS Office, West Springfield. Fiscal year-end review with Ken Pasco, CPA.

Hampshire — Legislative Breakfast. Fri., June 9, 7:30–9:00 a.m. Location: Cooley Dickinson Hospital, Conference Room B.


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.

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.

Eliot L. Berson, M.D., 80; Boston, MA; Harvard University Medical School, Boston; died March 19, 2017.

Stanley Deutsch, M.D., 86; Bristow, VA; Boston University Medical School, Boston; died March 12, 2017.

Lester G. Jenkins, M.D., 89; Lynn, MA; University of Ireland Medical School, Cork, Ireland; died August 10, 2016.

John C. McManama, M.D., 100; Waltham, MA; Tufts University Medical School, Boston; died February 10, 2017.

Barry R. Miller, M.D., 67; Sharon, MA; University of Kansas School of Medicine, Kansas City, KS; died October 2, 2015.

James F. Patterson, M.D., 98; Medford, OR; died February 23, 2016.

Leonard F. Smith, M.D., 87; Hingham, MA; Georgetown University Medical School, Washington, DC; died March 26, 2010.

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   • Documentary Film Honors Black Women Doctors

5. Practical Tips for Aging Physicians

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**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 Ethics Forum  
Thursday, April 27, 2017 (Seaport Hotel, Boston, MA)

2017 Annual Education Program — The Winding Road of Addiction: Hope on the Horizon  
Friday, April 28, 2017 (Seaport Hotel, Boston, MA, or via live webinar)

2017 Shattuck Lecture — Personalized Medicine or Precision Medicine  
Friday, April 28, 2017 (Seaport Hotel, Boston, MA)

Directors of Medical Education Conference — Advancing Collaboration and Compliance  
Thursday, May 18, 2017

The Many Facets of Men’s Health: Clinical Conversations Impacting Your Patients  
Thursday, June 15, 2017

**ONLINE CME ACTIVITIES**

Visit www.massmed.org/cme  

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

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  
• MassPAT: 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  
• NEW Talking to Patients About Gun Safety  
• Initiating a Conversation with Patients on Gun Safety  
• Intimate Partner Violence: The Clinician’s Guide to Identification, Assessment, Intervention, and Prevention

Efficacy of FIT-FOBT for Colorectal Cancer Screening  
Prostate Cancer and Primary Care  
Cancer Screening Guidelines (3 modules)  
Transitioning to Alternative Payment Models  
Payer Audits and Payment Recoupments  
Understanding Clinical Documentation Requirements for ICD-10

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