What’s Working for Women in Medicine — and What’s Not

BY LUCY BERRINGTON, M.S., VITAL SIGNS EDITOR

There may be no more compelling measure of women’s ambitions to make their mark on medicine than the numbers; women make up almost half of new US medical graduates and a third of the practicing physician workforce. For Women in Medicine Month, an initiative of the American Medical Association, this year’s theme is Born to Lead. Women physicians and medical students are making and taking new opportunities, grappling with persistent challenges, and driving institutional change — a process that may be accelerated by the rapid evolution of health care practice and expectations. “The traditional health care model in medicine is being upended,” says Maryanne Bombaugh, M.D., M.S., M.B.A., an obstetrician/gynecologist who practices on Cape Cod, and vice president of the MMS. “This is a great opportunity for women to help create new models that improve care for patients yet reflect and integrate the professional practices and personal lives of women physicians.”

Voices of Women in Medicine For “Voices of Women in Medicine,” Vital Signs talked with 20 women at varying stages of their medical careers. The recurring themes of those conversations are explored in this issue, and on the MMS website and social media platforms. They ran counter to surprisingly durable myths — that women want to leave medicine early, eschew leadership positions, and lack the career drive of their male colleagues.

“You have to dig deeper and not feed into those stereotypes,” says Julie Silver, M.D., associate professor and associate chair in the Department of Physical Medicine and Rehabilitation at Harvard Medical School and the Spaulding Rehabilitation Network, and director of a women’s leadership program at Harvard. “Medicine has women who are really good leaders, but are making less money and missing out on certain opportunities.” The barriers are especially daunting for women physicians of color (diversity in medicine will be the theme of a future Vital Signs).

What Are Women Physicians Doing Right? Women physicians appear to practice medicine differently than men. A recent study in JAMA Internal Medicine found that hospital patients treated by women had slightly lower 30-day mortality and readmission rates than those treated by men, a finding that has major health implications across a population. Some evidence suggests that female physicians may practice more evidence-based medicine, communicate differently, and treat fewer patients.

In the context of women’s clinical excellence, the persistent gender-based pay gap in medicine is especially frustrating. In April, Doximity drew national headlines for reporting that women physicians earn on average 26 percent less than male physicians of equivalent experience. Even within female-dominated specialties, male physicians make substantially more money, its survey showed. Similarly, while women physicians and researchers are advancing across all levels of academic medicine, they are less likely than men to be promoted. Such uneven rewards are the result of cumulative, subtle institutional barriers, research shows.

Is Organized Medicine Working for Everyone? Some of those barriers may be found in unexpected places. A recent report in the journal PM&R, on which Dr. Silver was lead author, examined the distribution of awards by several national specialty societies — a metric for how women and men are navigating organized medicine, a key factor in career success. The researchers found a striking absence of female award recipients. Even medical societies that are invested in expanding diversity (the demographics of membership) may have a way to go on inclusion (the equal opportunity for members to benefit from and contribute to that institution), the study suggests. Dr. Silver does not generally see any bias as intentional, and has assembled a team of thought leaders to collaborate with specialty societies on inclusion. “Medical societies are perfectly positioned to be amazing partners,” she says.

The report did not look at statewide physician societies. The MMS, however, is looking at itself. A key strategic objective is ensuring that our membership represents the Commonwealth’s increasingly diverse physician and student population. The Society recently voted to collect demographic data, improving metrics for guiding strategy.

“The Society has been actively supporting women in medicine for three decades,” says Alice Coombs, M.D., anesthesiologist at South Shore Hospital and a past president of the MMS. “An organization can flourish when diversity is part of its fiber and DNA; it benefits from the brilliance that comes with all groups. The governance structure of the MMS embraces the creativity and innovation that comes with diversity in membership.”

For more stories and insights from women in medicine, and to share your own, please go to www.massmed.org/wim2017 and follow the MMS on Facebook and Twitter.

The Massachusetts legislature has acted on recreational marijuana legislation.

Read the Society’s take on the new law at www.massmed.org/marijuana.
**PRESIDENT’S MESSAGE**

**Share Your Voice on Medical Aid-in-Dying**

This month, members of the MMS will receive a survey asking that they share their perspectives on various forms of medical aid-in-dying, also known as physician-assisted suicide.

This challenging topic has emerged in the news, in the courts, and in legislatures across the country, including here in the Commonwealth. We want to know what you, our members — on the front lines of caring for patients statewide — have to say about the many facets of this conversation. Therefore, we encourage you to complete the survey on this important patient care issue in order to ensure that your voice is heard. The survey should take about 15–20 minutes. If you haven’t received one in your inbox yet, please email dph@mms.org or call (781) 434-7373.

The results of this survey will be available for the 2017 Interim Meeting, to be held this year on December 1–2. Stay tuned for information about the outcomes of the survey, as well as the many other policy decisions that will result from this next meeting of your MMS House of Delegates.

I know that your time is valuable. The survey is voluntary, but in appreciation of your time, we are offering members who complete the survey free access to one MMS end-of-life-focused continuing medical education program.

As a reminder, this important survey is not the only way you can help impact MMS policy moving forward. As the Interim Meeting approaches, members will once again be able to provide testimony online about what matters most to them. Please consider using this tool to have a voice in your medical society, on behalf of your patients.

— Henry L. Dorkin, M.D.

**Aiming High, Higher, Highest: Resident Physician Heads into Space**

Medical practice can lead to any number of unexpected places and situations, but it’s rare that those include space. For a resident physician recruited to NASA’s newest class of prospective astronauts, space is the latest shake-up in a nonconformist life marked by extraordinary achievements.

Jonny Kim, M.D., is currently beginning his two-year astronaut training at the Johnson Space Center in Houston. He is among 12 astronaut candidates selected this year by NASA from 18,300 applicants. Dr. Kim’s story starts in Los Angeles. After high school, he enlisted in the Navy, and as a SEAL during the Iraq War, took part in more than 100 combat operations. His honors include a Silver Star, a Bronze Star with Combat “V,” and the 2006 Special Operations Medical Association Naval Special Warfare Medic of the Year. Subsequently, Kim returned to school, picking up degrees in mathematics (University of San Diego, summa cum laude) and medicine (Harvard Medical School). Until last month, Dr. Kim was a resident in emergency medicine at Massachusetts General Hospital and Brigham and Women’s Hospital. Vital Signs caught up with him in June.

**What makes a doctor go to space?**

I’ve always had this intrinsic desire to make a positive contribution to this world and positively affect people’s lives on a large scale, and doing that in medicine was a passionate endeavor. My interest in space is related to that. I believe in pushing that frontier into the unknown and exploring where no humans have gone before. Crossing those barriers and hurdles, with technology that hasn’t yet been invented, benefits everyone. But what’s most important for me is the opportunity to inspire our children to dream big, to want to invent and innovate. It’s about building a better future for everyone.

**Why did you go into medicine following your Navy service?**

Being a doctor was not particularly my dream as a kid. In Iraq I was supporting missions, primarily as a special operator, and if anyone was injured in my team or coalition, or even the enemy, it was my responsibility to provide medical care. As a combat medic, I trained pretty extensively in first-line trauma care. I credit the phenomenal surgeons and doctors saving lives in that very stressful environment. The compassion you’re able to give on a battlefield is what inspired me to want to seek a profession that helps other people full-time.

**What will you learn in astronaut school?**

The first two years I’m going to be learning Russian, how to pilot an aircraft, how to do spacewalks, and various aspects of the International Space Station. When that training is complete and you’re waiting for an assignment, astronauts are supporting active missions, as well as participating in research opportunities around the globe.

You’re doing an amazing job checking off items on your bucket list. Are you concerned that you’ll run out of things to do by, say, 50?

I’ve always followed my passion and my heart. I certainly did not prescribe these events in my life and have it all figured out. I’ve been blessed to have a calling in these various fields and I’m very excited about life and the unknown in science. I’m pretty optimistic that I won’t run out of exciting and fun things to do.

**If you could choose your space mission, where would you go?**

My favorite planet is certainly Earth, and I would be happy going anywhere in space. If I had to choose, a mission to Mars is very exciting to me, the next frontier. Seeking the solutions for that journey will yield a lot of technological benefits to humanity. One of the biggest challenges is the effects on human physiology of a long-duration space mission.

**From your vantage point of almost-in-space, what would you say to your younger self?**

I did not dream of being an astronaut as a kid. I didn’t have many dreams growing up. Childhood was kind of rough for me. But I would tell my younger self to embrace failure and the lessons you can learn, follow your dreams, maintain that curiosity in the sciences and the unknown, love yourself and the people around you, and enjoy the ride and the adventure. And never give up.

**Which is the better movie: The Martian or Interstellar?**

I’m a bigger fan of The Martian. It’s a classic underdog story of someone who perseveres against all odds, embraces failure, and learns from the mistakes they’ve made. That certainly strikes a strong chord with me.

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Thinking of Taking a Career Break? How and Why to Plan for Reentry

BY JILLIAN PEDROTTY, M.H.A., SPECIALIST, PPRC

“How present do you have to be to be a good mom?” asks Margee Louisias, M.D., M.P.H., an associate physician at Brigham and Women’s Hospital and instructor at Harvard Medical School. “I’m always asking that question. Having a child is a full-time job in conjunction with another full-time job.” Caring for children continues to fall disproportionately to women, and the challenges and successes of combining a medical career and a family were recurring themes in physicians’ interviews with Vital Signs.

More Physicians Are Taking Time Out

For some, parenting involves a career break. Taking time out of medicine is not exclusive to women, of course. Any physician may need to care for family members, or recover from illness or burnout, and more doctors are choosing career breaks than in previous generations, studies show. The shortage of physicians in other industries. The evolution of medicine is constant and can be rapid; the longer a clinician is out of practice, the further they may fall behind.

Path to Reentry

The Board of Registration in Medicine (BORIM) defines reentry as the “means to return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from discipline or impairment.” To reenter practice in Massachusetts, BORIM requires a physician to submit a “reentry into clinical practice plan” and pay the full license application fee. That plan should describe the clinician’s continuing medical development, clinical training, and other relevant experience during the break period. BORIM may require a physician to pass a board-approved clinical skills assessment or other professional determination of clinical competency.

Strategies for Career Reentry:

• Maintain an active license and keep up with continuing education courses: It is more difficult to reinstate your medical license than to keep up with the professional development required to maintain an active license.
• Work part-time: If this is an option, working one or two days a week can keep your foot in the door, and maintain and cultivate your clinical skills.
• Maintain your networks: Preserving your relationships with colleagues is a great way to learn about potential opportunities for reentry and stay relevant in your medical community.

How to Think about Work-Life Tension: Sequence Your Career

“Sequencing your career is an idea that hasn’t penetrated the medical world as well as it has the business world. It’s about paying close attention to the different phases in your life and building your career around them. These phases are often (but not always) driven by life-cycle events, such as parenting or aging parents. Your career can include periods when you work part-time or explore alternative schedules. It’s okay to do things for five-year periods. You’re not going to lose your opportunities by sequencing your career.”

—Lauren Meade, M.D., F.A.C.P, director of clinical learning and development at Sound Physicians; associate professor of medicine at Tufts University School of Medicine; winner of the MMS LGBT Health Award, 2014

For more ways that women physicians are handling work-life pressures, and the barriers they are encountering, see www.massmed.org/wim2017.

How to Think about Work-Life Tension: Sequence Your Career

Lauren Meade, M.D.

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Are Patient-Physician Communication Technologies Improving the Health of Populations?

BY LEON BARZIN, M.S., MMS DIRECTOR OF HEALTH INFORMATION TECHNOLOGY

Technology is by its nature disrupt-ive. With so much tech innova-tion emerging in the medical profession, and patients and con-sumers rummaging through 165,000+ health and wellness apps, where are the true opportuni-ties to improve societal health? Can communication and track-ing technologies really help achieve the triple aim of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care?

Improving the health of a popula-tion via these technologies relies in part on a simple concept: “Patients who are engaged in their health tend to have better outcomes,” says Rebe-cia Mishu-ris, M.D., M.S., M.P.H., associate chief medical information officer at Boston Medical Center. “In terms of reducing disparities, the most effective implementations are those that can use technolo-gies patients already have. Almost all patients have smartphones, or at least cell phones that support SMS messaging.”

Value-Based Decision Making

Easy, direct communication via email or apps can help patients make value-based care decisions, says Thomas E. Sullivan, M.D., Chief Strategic Officer of DrFirst, a software company working to advance physician-patient communication and collaboration. Physicians on call after hours can help patients “avoid unnecessary and costly emergency depart-ment visits, as well as unnecessary admissions.”

Simplifying communications also supports team-based care. “We are already seeing greater engagement of patients in their own health care due to the sim-plicity of accessing members of the team anytime and anywhere,” says Dr. Sullivan, who chairs the MMS Task Force on Physician Choice and Mandates. “Clinical referrals, appointments, secure chats with multiple members of the care team, as well as many other features and patient-centric functions, are growing in popularity.”

Investment Dilemma

At Boston Medical Center, where telemedicine helps clinicians monitor patients with congestive heart failure and diabetes, a care-coordination nurse triages incoming information. Those demands are set to multiply. “Patients are generating lots of data,” says Dr. Mishuris, a mem-ber of the MMS Committee on Information Technology. “The questions for providers are how much of it do we want, how do we get it into the hospital systems, and what would we do with it when we get it?”

Easier communication comes with increased demand for inter-preter and translation services. Patients sending health data via smartphone may exceed their plan limits, incurring additional costs. “Going forward, govern-ment and private sector leaders must create policy to align incen-tives among all the stakeholders to allow this era of innovation and technology to achieve real value,” says Dr. Sullivan.

On October 26, 2017, the MMS will explore the role of technol-o-gy in improving individual and population health at its 14th Public Health Leadership Forum, The Promise and Pitfalls of Transforming Health Through Technology and Information. For more infor-mation, contact the MMS Department of Health Policy and Public Health at (781) 434-7373 or dph@mms.org.

Harsh Hospital Experience Resolves Student’s Career Doubts

BY LUCY BERRINGTON AND ALANA COLE, PUBLIC HEALTH INTERN

When doubting your calling as a physician, it may seem counter-intuitive to seek out a learning experience in which the chal-lenges of practicing medicine are vastly magnified. But that’s what worked for Jory Kahan, M.D., then a fourth-year medical stu-dent at Tufts University School of Medicine, when he volunteered at a hospital in rural Haiti.

“There have been moments throughout medical school where I have questioned my choice to seek a public health de-gree, and have even questioned my decision to become a physi-cian,” says Dr. Kahan. “The month in Haiti reaffirmed my perspective on medicine and public health. I had incredible, perhaps life-changing, experienc-es that reminded me that medi-cine is my calling.”

Dr. Kahan — now a surgical resident — received a $1,500 Interna-tional Health Studies grant from the MMS and Alliance Charitable Foundation. “The suf-fering in the Haitian medical sys-tem is particularly acute and un-fair,” says Dr. Kahan. “Open fractures and hip dislocations seem to go without intervention for days at a time. Mothers and babies die in childbirth almost daily. Fourteen-year-olds unnec-essarily die on the operating room table.”

The experience forced Kahan as a student to confront the ex-reme differences in resources between the United States and parts of the developing world. “I have seen the awesome potential of medicine with unlimited re-sources, and now, as I am devel-oping skills, I saw the limits of re-sources, the limits of doctors, and the limits of medicine. At the same time, I observed the tremendous resilience of the Hai-tian people and the incredible amount of care that can be pro-vided with extremely limited re-sources,” he says.
Physicians have been prescribing insulin to diabetic patients for nearly a hundred years, for most of that period at low cost. In the past decade, the price of the drug has increased more than 250 percent. “The price is so high that some of my patients have to take a lot less insulin, or even not take it at all,” says MMS President-Elect Alain Chaoui, M.D., who practices family medicine in Peabody. “I’ve had patients elect to forgo insulin to cover food or rent. They’ve developed avoidable complications of diabetes, which ironically end up costing many times the cost of the prescription.”

The high and rising costs of many prescription drugs have harmed patients throughout the Commonwealth. Policymakers and legislators are working at the state and federal levels to address high drug prices, and the MMS advocates in support of those efforts on behalf of patients and physicians. The Society’s policy on drug pricing aims to make medications accessible to patients while not stifling pharmaceutical innovation. Traditional policy approaches include pricing transparency and encouraging competition among generic drug manufacturers. More innovative ideas include value-based drug pricing, in which the costs of medications are based partly on their post-market efficacy.

**Action on Beacon Hill**

In June, the MMS Committee on Legislation voted to support a new Massachusetts bill, An Act to Promote Transparency in Prescription Drug Prices. The MMS is advocating alongside other stakeholders, including the Massachusetts Association of Health Plans. This legislation would require manufacturers of certain high-cost prescription drugs to provide the Attorney General and/or the Health Policy Commission with an explanation of those costs and certain price increases.

**MMS-AMA Collaboration**

In June, the AMA passed a drug cost transparency resolution drafted by Dr. Motta. The resolution would require pharmaceutical companies to disclose drug costs in direct-to-consumer advertising. Several U.S. senators have expressed interest in working with the MMS to pass legislation to that effect.

The MMS is committed to long-term action on reducing drug costs. “Ideally, I would like to see all medications used for chronic medical conditions significantly subsidized or free,” says Dr. Chaoui. “This will minimize mortality and morbidity from these illnesses, and decrease ER visits as well as hospitalizations.”

**The AMA Turns Up the Volume on Medicaid, Opioids, and Health Plans**

BY MICHÉLE JUSSAUME, MMS DIRECTOR, REGIONAL OUTREACH AND AMA ACTIVITIES

Medicaid, the opioid epidemic, and insurance restrictions made top billing at the Annual Meeting of the American Medical Association in Chicago this June. Three primary messages emerged:

**“Do Not Cut Medicaid”**

“In one of the big takeaways, the AMA is firmly against anything that would lead to a loss of coverage for those who gained it under the ACA,” says Dr. McKinley Glover of the MMS Delegation. A report by the Council on Medical Service — Capping Federal Medicaid Funding — affirmed the AMA’s opposition to per capita caps. The AMA position is supported by the MMS, the New England Delegation, the PacWEST Caucus, and several specialty societies.

**“Explore Pilot Supervised Injection Facilities (SIFs)”**

In a welcome surprise, the AMA voted to support the development of pilot SIFs, adopting recommendations largely consistent with the position of the MMS. The movement to support pilot SIF programming originated with the MMS Medical Student Section in 2016. At this AMA meeting, the AMA Medical Student section, the MMS, and the state of New York submitted resolutions relating to SIFs. “I was proud to see the groundwork that our students laid down result in other states and other organizations realizing this is actually possible,” says Jessica Fortin, a student in the Massachusetts Delegation. The MMS is working with the AMA on next steps.

**“Help States Address Coverage Restrictions”**

The AMA resolved to develop model state legislation addressing the coverage of and payment for out-of-network care. This is designed to assist the many states that are working to protect patients from coverage restrictions. The resolution incorporates a number of principles supported by the New England Delegation: patients should be held harmless, payments should not be limited by Medicare rates, and an appeals mechanism is required.

**Resolutions from Massachusetts**

Your Massachusetts Delegation offered seven resolutions that had previously been accepted by the New England Delegation. The AMA House of Delegates adopted a resolution relating to direct-to-consumer drug advertising, and referred to committee resolutions relating to transgender prisoners, clinician-patient privilege, early child care, and the mandated reporting of injuries and deaths relating to law enforcement. A full report is available at www.ama-assn.org/hod-annual-overview.
Carole Allen, M.D.

Paul A. Carpentier, M.D.

Kelly Irwin, M.D., M.P.H.

Paula A. Johnson, M.D., M.P.H.

Samantha Spencer, M.D.

Yoshihiro Yonekawa, M.D.

**What Does Gender Have to Do with Physician Burnout?**

BY THOMAS FLANAGAN, MMS MEDIA RELATIONS MANAGER, AND LUCY BERRINGTON

Discrimination in the 21st century tends to hide in the “small stuff” that isn’t small at all. A road to promotion may be lined with 7:00 a.m. meetings, excluding physicians who have primary responsibility for children. Administrative supports may be unevenly distributed, bolstering some physician demographics more than others.

Women who entered medicine earlier, especially those in male-dominated specialties, tell stories of more explicit bias. “Like many other women, I’ve succeeded anyway, but it grinds you out. I got to the point that I took 2½ years off. When people talk about burnout, it’s these little hits to your self-worth, on top of the normal stresses of medicine. After a while, you think, what am I doing this for?”

Women physicians burn out at higher rates than male physicians, studies show. For a discussion of the gender-specific factors that contribute to burnout, and how some physicians are handling those pressures, see www.massmed.org/wim2017.

Physicians who believe that they are experiencing burnout and would like help are welcome to self-refer for a free, confidential intake at Physician Health Services at the MMS; call (781) 434-7404.

**MMS Member News and Notes**

CAROLE ALLEN, M.D. (Tufts University School of Medicine, 1971; residency: Boston City Hospital and Tufts Medical Center), earned a Master of Business Administration (M.B.A.) degree in Medical Management from Brandeis University in May. Dr. Allen was a member of the inaugural class of a 16-month intensive executive program for physicians offered by the Heller School for Social Policy and Management. Dr. Allen, a board certified pediatrician retired from clinical practice, serves on the Board of Trustees of the MMS and on the Massachusetts Health Policy Commission, where she chairs the Committee on Care Delivery and Payment System Transformation.

PAUL A. CARPENTIER, M.D. (St. Louis University School of Medicine, 1986; residency: University of Massachusetts, Worcester), has been appointed medical director of a new women’s health center on Long Island, NY. Capitalizing and expanding on his 25 years of experience in restorative reproductive medicine and health care reform, Dr. Carpentier was recruited to establish the Gianna of Long Island Center for Women’s Health and Fertility under the auspices of Good Samaritan Hospital Medical Center in West Islip, NY. Dr. Carpentier was previously at Heywood Hospital, Gardner, and recently served as MMS delegate from Worcester North.

KELLY IRWIN, M.D., M.P.H. (Harvard Medical School, 2008; residency: Massachusetts General Hospital), received the “one hundred” award from the MGH Cancer Center, recognizing her as a leader who is changing cancer care delivery. Her work is dedicated to promoting equity in cancer care and reducing premature mortality for patients with serious mental illness. Dr. Irwin is a psychiatrist in the MGH Center for Psychiatric Oncology and Behavioral Sciences and the MGH Schizophrenia Program, and the founding director of the Collaborative Care and Community Engagement Program. Photo: Amanda Kowalski

PAULA A. JOHNSON, M.D., M.P.H. (Harvard Medical School, 1985; residency: Brigham and Women’s Hospital), is the recipient of the 2017 Stephen Smith Medal for Distinguished Contributions in Public Health, a lifetime achievement honor, from the New York Academy of Medicine. Dr. Johnson is president of Wellesley College. She was a professor in women’s health at Harvard Medical School and professor of epidemiology at the Harvard T.H. Chan School of Public Health. As chief of the Division of Women’s Health at Harvard Medical School and Brigham and Women’s Hospital, she founded the Connors Center for Women’s Health and Gender Biology.

SAMANTHA SPENCER, M.D. (University of Michigan, 2000; residency: Harvard Combined Orthopedic Residency Program), has been elected to lead the Massachusetts Orthopaedic Association. Dr. Spencer, an assistant professor at Harvard Medical School, is the first woman orthopedic surgeon to lead the organization. At Boston Children’s Hospital, she treats patients with a wide range of congenital and traumatic conditions.

YOSHIHIRO YONEKAWA, M.D. (Weill Cornell Medical College, 2010; residency: Harvard Medical School), pediatric retina surgery specialist at Massachusetts Eye and Ear Infirmary (MEEI), has been named to the Ophthalmologist’s 2017 Power List of the top 50 rising stars in ophthalmology.

Please send submissions to vitalsigns@mms.org.
MMS Mourns Former EVP

Dr. William M. McDermott Jr., executive vice president of the MMS from 1985 to 1994, and a retired rear admiral in the U.S. Naval Medical Command, died on June 6, aged 87. Dr. McDermott co-founded the Fallon Community Health Care Network, for which he received the MMS Lifetime Achievement Award. Dr. McDermott graduated from Tufts University School of Medicine.

LGBT Health Care in the Commonwealth

Apply for a Medical Student Research Grant

The MMS Lesbian, Gay, Bisexual and Transgender (LGBT) Research Program encourages cultural competency training early in medical education to advance the quality, access, and equity of health care services for LGBT patients. Awards are granted to qualified medical students, residents, or fellows from Massachusetts institutions for use in curriculum development, or to produce research that addresses LGBT health disparities. The proposal deadline is October 2, 2017. To learn more and apply, visit www.massmed.org/lightgrant, or contact Erin Tally at etally@mms.org or (781) 434-7413. For more about Dr. Safer’s accomplishments, visit www.massmed.org/lgbt.

Network with Providers Committed to LGBT Health Care

Joshua D. Safer, M.D., will receive the MMS 2017 LGBT Health Award recognizing his outstanding contributions to LGBT health on Thursday, October 26, 2017, at 7:00 p.m.; at Club Café, 309 Columbus Avenue, Boston. The event is sponsored by the MMS Committee on LGBT Matters. A prix-fixe menu for $20 per person (includes taxes and tip; drinks are extra) is available. RSVP to Erin Tally at etally@mms.org or (781) 434-7413.

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.

Richard D. Baldwin, M.D., 86; Jersey Shore, PA; New York Medical College, Valhalla; died February 28, 2017.

Carol E. Craig, M.D., 91; South Hadley, MA; University of Wisconsin-Madison School of Medicine and Public Health; died April 19, 2015.

Robert S. Lees, M.D., 82; Brookline, MA; Harvard Medical School, Boston; died June 5, 2017.

John W. Littlefield, M.D., 91; Cockeysville, MD; Harvard Medical School, Boston; died April 20, 2017.

William P. Luke, M.D., 89; Gulf Stream, FL; Boston University Medical School; died April 27, 2017.

Miriam D. Mazor, M.D., 73; Brookline, MA; Harvard Medical School, Boston; died April 4, 2014.

William H. Sullivan, M.D., 84; Canton, MA; Harvard Medical School, Boston; died March 31, 2017.

Harrison D. Willcutts, M.D., 84; West Springfield, MA; Indiana University Medical School, Indianapolis; died May 17, 2017.

ACROSS THE COMMONWEALTH

District News and Events

NEORTHEAST REGION

Charles River — Executive Committee Meeting. Wed., Sept. 6, 6:30 p.m. Location: 47 Dolphin Road, Newton.

Essex South — Clambake. Sat., Sept. 9, 1:00 p.m. Location: Coffin Beach, Gloucester.

Middlesex Central — Delegates Meeting. Thurs., Sept. 21, 7:45 a.m. Location: Emerson Hospital, Concord.

Middlesex North — Family Fall Event. Thurs., Sept. 14, 6:00 p.m. Location: Kimbells Farm, Westford.

Middlesex West — Family Outing. Sun., Sept. 10, 11:30 a.m.—3:00 p.m. Location: Charles River Boat Company, Rowes Wharf (40 Atlantic Ave.), Boston. Buffet luncheon and Harbor Cruise.

Middlesex — Fall Family Outing. Sun., Sept. 24, 11:00 a.m. Location: Kimbells Farm, Westford.

Norfolk — Executive Committee. Wed., Sept. 27, 6:00 p.m. Location: MMS Headquarters, Waltham.

Suffolk — Students, Residents, and Young Physicians Reception. Tues., Sept. 26, 7:00—9:00 p.m. Location: Clery’s, Dartmouth St., Boston.

Northeast Regional Office: (800) 944-5562 or mjussaume@mms.org or lhoward@mms.org.

SOUTHEAST REGION

Bristol South — Family Fall Event. Sat., Sept. 23, 1:00 p.m. Location: Plimoth Plantation, Plymouth.

Plymouth — Family Outing: Clambake. Sun., Sept. 17, 1:00 p.m. Location: J. Erik Jonsson Center, Woods Hole.

Southeast Regional Office: (800) 322-3301 or skozlowski@mms.org.

WEST CENTRAL REGION

Hampshire — Legislative Breakfast. Fri., Sept. 29, 7:30—9:00 a.m.

Hampden — Executive Board Meeting. Tues., Sept. 12, 6:00 p.m. Location: HDMS Office, West Springfield. For more information, contact Coni Fedora at (413) 736-0661.

Northeast Regional Office: (800) 522-3112 or csalas@mms.org.


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

STATEWIDE NEWS AND EVENTS

Art, History, Humanism, and Culture Member Interest Network — Hawk Migration. Sat., Sept. 23, 1:00–3:00 p.m. Location: Wachusett Meadow, Wachusett.

West Central Regional Office at (800) 522-3112 or csalas@mms.org.
MMS AND JOINTLY PROVIDED CME ACTIVITIES

LIVE CME ACTIVITIES
Visit www.massmed.org/cme/events.

Safe Prescribing and Dispensing Conference
Thursday, September 14, 2017, Randolph, MA. Open to all Norfolk County registered prescribers and pharmacists

ONLINE CME ACTIVITIES
Go to www.massmed.org/cme Risk Management CME

Comprehensive Cannabis Curriculum (1–16 Modules)
- Module 1 — Endocannabinoid System and Phytocannabinoids
- Module 2 — Guidance on the Recommendation of Medical Cannabis
- Module 3 — Cannabis Products, Modes of Administration, Dosing Considerations & Contraindications
- Module 4 — Cannabis — Physiologic and Cognitive Effects
- Module 5 — Cannabis Use and Mental Health Effects
- Module 6 — Cannabinoid Hyperemesis Syndrome
- Module 7 — The History of Medical Cannabis
- Module 8 — Medical Use of Cannabis and Cannabinoids in Amyotrophic Lateral Sclerosis
- Module 9 — Medical Use of Cannabis and Cannabinoids in Cancer
- Module 10 — Medical Use of Cannabis and Cannabinoids in Epilepsy
- Module 11 — Medical Use of Cannabis and Cannabinoids in HIV/AIDS
- Module 12 — Medical Use of Cannabis and Cannabinoids in Huntington’s Disease
- Module 13 — Medical Use of Cannabis and Cannabinoids in Inflammatory Bowel Disease
- Module 14 — Medical Use of Cannabis and Cannabinoids in Multiple Sclerosis (and Spasticity)
- Module 15 — Medical Use of Cannabis and Cannabinoids in Neuropathic Pain
- Module 16 — Medical Use of Cannabis and Cannabinoids in Parkinson’s Disease

The Comprehensive Cannabis Curriculum is designed for all providers, whether or not they intend to recommend medical cannabis for patient care. As patients increasingly seek physicians’ advice on the medical or recreational use of cannabis, providers will need to be aware of its physiological and psychological effects, as well as potential drug interactions. For more information on this curriculum, and reviews by practicing physicians, see the October issue of Vital Signs.

FOR ALL OTHER ONLINE CME ACTIVITIES, VISIT www.massmed.org/cme.

CME activities include:
- Electronic Health Records Education
- End-of-Life Care
- Pain Management and Opioid Prescribing

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.