



VITAL SIGNS



2 PRESIDENT'S MESSAGE

Universal Access — and Responsibility

3 YOUR PRACTICE

Fallon Initiatives
HPHC Fee Increase
Law & Ethics:
Emergency Contraception

4 THE PUBLIC'S HEALTH

Stroke Awareness
Shaken Babies
Website of the Month

5 GOVERNMENT AFFAIRS

State: Needles, Seat Belts, and Mercury
Federal: Lackluster Agenda
in Congress

6 PROFESSIONAL MATTERS

Prescribing Controlled Substances
Reality Medicine for Minorities
Women in Medicine: 25 Years On

7 INSIDE MMS

Help with Debt Collection
Head/Neck Cancer Screening
Across the Commonwealth

8 MMS EDUCATION PROGRAMS

State Suspends Proposed Release of Physician Data

April Talks Slated to Discuss Plan Further

BY TOM WALSH

Concerned that a proposed change in a state regulation might lead to inappropriate release of “raw” physician performance data that could disrupt patient care and unfairly discredit some doctors, an MMS-led coalition convinced the state Division of Health Care Finance and Policy (DHCFP) to hold off on the regulation change until it can be further reviewed.

The proposed amendment would have authorized the release of physician license numbers as they pertained to hospital data. In its formal comments to the state agency, the Society said the amendment might have had additional unintended consequences resulting from patients being prompted to switch physicians: increased costs, duplicated testing, delays in necessary treatment, and added stress to the health care system.

The proposed regulation change made no provision for doctors to see their personal data before its release. “If data is to

be released, it should go to the physician in advance so the doctor has a chance to review it and have any errors corrected,” said Kenneth Peelle, M.D., MMS president-elect. “We have no trouble with data being posted if physicians get to correct it for accuracy in advance.”

After receiving cautionary comments about the proposal from the MMS and others, including doctors from the Partners and Beth Israel Deaconess physician organizations, Amy M. Lischko, DHCFP commissioner, said on Feb. 28 that the division would not adopt the changes in light of “the issues raised in the written comments.” She added that “consultative sessions” would take place “for further discussion of this important initiative.”

MMS President Alan M. Harvey, M.D., M.B.A., praised Lischko’s decision to hold back the changes, at least until further discussions can be held with the MMS and others. “We look forward to continuing a strong working relationship with the division to help improve clinical out-

comes for our patients and educate the public on legitimate measures of quality care,” Dr. Harvey said.

DHCFP spokesperson Dick Powers told *Vital Signs* on Feb. 28 that talks about the proposed regulation change would occur in four to six weeks — approximately early April.

Story Begins Quietly

The story of “114.5CMR 2.00: Disclosure of Hospital Case Mix and Charge Data,” as the regulation is formally known, began quietly enough on Jan. 6, with the divi-

sion’s formal indication that it sought to make changes.

“The proposed amendments add a new data element, the Board of Registration in Medicine physician license number, to the data that may be disclosed through the division’s confidential data request process,” the DHCFP explained in its formal filing. According to the original regulation, the number that identifies individual doctors in Massachusetts in data such as this is “encrypted” — able to be reviewed by the state agency, but not by researchers or others in the public, who have access only to aggregated information.

In its original filing, the DHCFP maintained that encrypted data “does not provide sufficient detail to improve health care quality research.... Given the need for greater transparency in health care data, the division proposes to make available to researchers the unencrypted physician license number in accordance with the security and confidentiality requirements of the regulation.”

MMS staff flagged this amendment soon after it was formally proposed. Society officials contacted their counterparts at several physician organizations.

continued on page 2

Legislative Accord on Universal Access Reflects MMS Recommendations

BY TOM WALSH

The MMS applauded a recent announcement by Massachusetts House and Senate leaders that they had reached agreement on a state health care reform bill that could extend health insurance coverage to hundreds of thousands of uninsured state residents and is designed to preserve \$385 million in federal Medicaid funding.

As this issue of *Vital Signs* went to press, a legislative conference committee was meeting to hammer out the details.

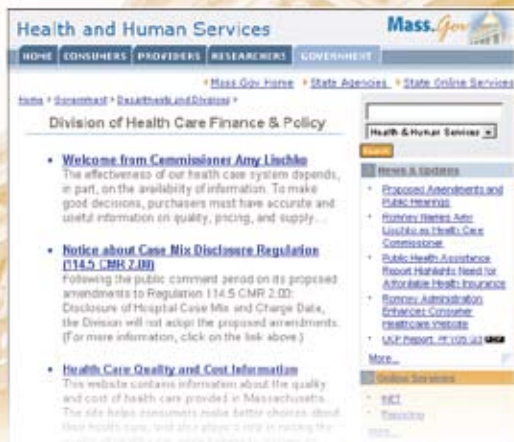
“Senate President Robert Travaglini, House Speaker Salvatore DiMasi, and other legislative leaders are to be congratulated for their diligence in reaching an agreement that will expand health care coverage for our residents,” said MMS President Alan M. Harvey,

M.D., M.B.A. “It is a great first step on the road to universal access to care.”

Announcement of the early March House-Senate accord came after a three-month legislative deadlock. The federal Medicaid funds were in jeopardy because of a federal government deadline for the state to devise a plan to insure more of its residents or risk losing the federal aid.

A key provision in the compromise bill was an assessment of \$295 per employee per year on businesses with more than 10 employees that do not provide health coverage. Estimates were that the plan could cover half to two-thirds of the state’s 500,000 to 600,000 uninsured residents over the next few years. The bill to eventually emerge from conference committee could also mandate that all residents buy health insurance, that insurers develop

continued on page 2



The MMS is vigilant to ensure that publicly released health care quality information, such as this data found at www.mass.gov/dhcfp, is accurate and helpful for patients.

PRESIDENT'S MESSAGE



Why Universal Access Is So Important

Grappling with universal access has occupied a monumental amount of time and energy from all stakeholders in

the health care system — physicians, insurers, payers, patients, and government officials. The rewards of these efforts promise to be huge: better access to good health care — and a healthier Commonwealth.

Universal access will also encourage all of us to practice preventive care. Especially with children, prevention is a most effective way to enhance public health and restrain future health care costs. Expanded coverage is also a key step toward eliminating the health care disparities that lead to poor outcomes and shorter lifespans for some of our citizens.

But universal access requires universal responsibility. All the aforementioned stakeholders must cooperate as members of the same team, albeit with different roles. Putting whatever comes out of the state Legislature into action will require something from all of us.

It is necessary for physicians to continue developing and adhering to evidence-based clinical practice guidelines and to reaffirm their commitment to use resources rationally.

Insurers need to design new plans with affordable premiums, copays, and deductibles. The business community, which has shouldered the brunt of health insurance costs, must become

even more *universally* involved in covering their workers — a fact that legislators on Beacon Hill recently recognized (see article on page 1).

It's virtually certain that patients from all socioeconomic strata will be called upon to pitch in as well. And many patients could redouble their efforts to make difficult lifestyle changes that will improve their health and prevent future illness. Now is the time for physicians to speak openly with their patients about all this.

Elected and appointed government officials need to resolve their differences and pass legislation that will facilitate sustainable and affordable universal access. That includes MMS-supported legislation that will help revive the debilitated physician practice environment in this state. Although the most recent agreement at the State House was arduous, long in coming, and at this writing still tentative, it's a good example of successful negotiation.

We need to align all stakeholders on the same side of the table to work together and solve the problems at the other side of the table. We all can agree on the important issues of enhancing patient safety, accurately measuring and continuously improving the quality of care we deliver, and reasonably controlling costs. Now is the time to align our interests and work together for significant improvements in these areas.

Alan M. Harvey MD, MBA

— Alan M. Harvey, M.D., M.B.A.

Regulation Change

continued from page 1

None of them had heard anything about the proposed changes.

"If the Mass. Medical Society hadn't called me, we would not have known anything about it," said Rich Parker, M.D., medical director of the 1,400-physician Beth Israel Deaconess physician organization.

No Public Hearing

The proposed amendment was filed with a Feb. 24 deadline for public comment. As of that date, the division could have put the revised regulation into practice. The filing made no provision for a public hearing on the proposed changes.

However, the MMS and other physician groups recognized the proposal as a "sea change" in the way the state handles sensitive health care data that involves physicians, said Elaine Kirshenbaum, MMS vice president of policy, planning, and member services. "There needs to be a public hearing vetting process to make sure we all understand this," she explained.

Kirshenbaum added that there have been numerous errors in physician data in the past, emphasizing that "public reporting involves the lives of both patients and doctors and therefore must proceed thoughtfully and collaboratively."

MMS Weighed In

On Feb. 17, a week before the close of the public comment period, the Society sent a letter to the Division of Health Care Finance and Policy asking that the proposed regulation changes be discussed at a public hearing. "The MMS believes that a change of this magnitude warrants a public hearing rather than the brief comment period proposed," the letter stated.

When no public hearing was scheduled, the MMS submitted a more lengthy commentary to the division on Feb. 24. Citing a Massachusetts law requiring that individual physicians be allowed to review any profiles prior to them being made public, the MMS urged the DHCFP to "rescind the current proposed regulations and issue a new draft designed to support the release of accurate and useful information."

The MMS commentary noted that the Society worked recently with the division on the release of data on 10 surgical procedures. However, the commentary continued, "The release of clinical data on hundreds of procedures by thousands of physicians is entirely different. It may well result in the generation of inaccurate profiles that cause patients to distrust their current physicians or seek new physicians with unwarranted excellent ratings."

The State Listened

At the Division of Health Care Finance and Policy, state officials took note of the strong opinions voiced by the MMS and other physician organizations. On the last day of February, the division decided not to adopt the revised regulations and instead pledged to open a new dialogue on the matter.

"We will continue to work with interested parties to ensure timely access to health care data that will inform decision making and promote the efficient delivery of quality health care," said a statement from the DHCFP.

In expressing the Society's appreciation of the division's call for further review, Dr. Harvey responded, "We support transparency. But the MMS believes it is something that has to be done right — for the benefit of patients, physicians, and the entire health care system." **VS**

VITAL SIGNS is the member publication of the Massachusetts Medical Society.

EDITOR: Lloyd Resnick **STAFF WRITER:** Tom Walsh

EDITORIAL STAFF: Charles Alagero, Office of General Counsel; Robyn Alie, Public Health; Dana Cooper, Managed Care; Stephen Phelan, Membership; Cathy Salas, West Central Regional Office; Stephen Shestakofsky, Government Relations; Jessica Vautour, Physician Health Services

PHYSICIAN EDITORIAL ADVISORY BOARD: Elsa Aguilera, M.D.; Lynn Black, M.D.; Jenny Chen; James Feldman, M.D.; Alan M. Harvey, M.D.; David R. Jackson, M.D.; Dubravko M. Kuftinec, M.D.; Ogochukwu A. Okpalan, M.D.; Jack K. Ringler, M.D.; Ashish J. Sitapara, M.D.

PRODUCTION AND DESIGN: Lisa Salvo & Sylvia Sziklas, layout & design; Marissa Mathieson, quality assurance; Department of Printing Services, print production

PRESIDENT: Alan M. Harvey, M.D., M.B.A. **EXECUTIVE VICE PRESIDENT:** Corinne Broderick

DIRECTOR OF COMMUNICATIONS: Frank Fortin

Vital Signs is published monthly, with combined issues for June/July and December/January, by the Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451-1411. Circulation: controlled to MMS members. Address changes to MMS Dept. of Membership Services. Editorial correspondence to MMS Dept. of Communications. Telephone: (781) 434-7110; Toll free outside Massachusetts: (800) 322-2303; Fax: (781) 642-0976. E-mail: vitalsigns@mms.org. Letters to the editor should be no longer than 200 words; all are subject to condensation.

Vital Signs lists external websites for information only. MMS is not responsible for their content and does not recommend, endorse, or sponsor any product, service, advice, or point of view that may be offered. MMS expressly disclaims any representations as to the accuracy or suitability for any purpose of the websites' content.

©2006 The Massachusetts Medical Society. All Rights Reserved.

Universal Access

continued from page 1

more affordable plans, and that Medicaid reimbursements for physicians be increased. Those not covered by Medicaid who could not afford health insurance would qualify for state subsidies.

The MMS has long supported universal access to health care and supports both individual and employer mandates.

Just hours before the agreement was reached, Jack Evjy, M.D., past MMS president and chair of an MMS task force that analyzed recent universal coverage proposals, said that the separate House and Senate proposals mired in the deadlock "essentially contain, between them, all the ingredients to deal with the issue of the

uninsured in Massachusetts. The job is to harvest from that pile of ideas the right language to accomplish the task." That is apparently what happened, at least for now.

Dr. Evjy said the MMS task force has remained clear on the objective of health care reform: "increased access to health care for people who are financially disadvantaged, at a reasonable cost."

According to Dr. Evjy, both individual and employer mandates are essential to any workable solution. "Everyone has to accept some responsibility for doing this," he concluded. **VS**

Fallon Initiatives Address Imaging, Kids' Health, and Depression

Fallon Community Health Plan (FCHP) and MedSolutions, Inc. have formed a new relationship to offer a physician-to-physician radiology consultation program. Since March 1, MedSolutions' board-certified physicians have been available to answer questions physicians may have regarding the appropriate use of MRI, CT, PET, and nuclear cardiac imaging studies for FCHP members.

The voluntary program, called Radiology AnswerLine, is available to all FCHP network physicians between 8 a.m. and 8 p.m. at (888) 693-3211. Physicians are required to identify themselves as FCHP providers and answer a few intake questions, but they are not required to provide any member information.

FCHP network physicians also have unlimited access to MedSolutions' evidence-based clinical guidelines via the MedSolutions website at www.medsolutions.com. Click the "First Time User Help" link for access details.

Physicians are encouraged to take advantage of MedSolutions' board-certified physicians' expertise to enhance patient care, reduce costs through appropriate patient testing, obtain relevant diagnostic information, and minimize radiological exposure. FCHP also plans to analyze ordering patterns and work with outlier physicians and their medical directors to encourage them to use MedSolutions resources.

FCHP Grants Help Fund Physician-Directed Programs

Programs aimed at preventing childhood obesity and improving the treatment of depression in the primary care setting recently received Fallon Community Health

Plan support with grants of \$5,000 each. These grants support physician-directed programs that benefit communities in FCHP's service area.

FCHP is funding the startup of "Start Healthy, Stay Healthy," a pilot program at UMass Memorial Health Care that aims to change lifestyle patterns for the nearly one-third of all children who are overweight or at risk for overweight. While promoting healthy family lifestyles, Start Healthy, Stay Healthy sessions will include nutrition information, hands-on cooking demonstrations, active play, goal-setting, and rewards geared toward young children.

FCHP awarded its second grant to Northeast Physician Hospital Organization, which seeks to provide its North Shore primary care providers with toolkits for treating depression. Nearly 10 percent of the U.S. population suffers from a depressive disorder or depression in any given year, and primary care clinicians oversee the care of most patients with depression.

"Fallon Community Health Plan is proud to be working alongside innovative providers who share our commitment to improving the lives of those we serve," said Eric H. Schultz, Fallon's president and CEO. "I am very enthusiastic about the positive impact these programs may have in their communities."

For more information or to receive a copy of the grant application, contact Kate McEvoy-Zdonczyk, Fallon's director of community relations and development, at (508) 368-9523, or visit www.fchp.org/community. **VS**

— Dana Cooper

LAW AND ETHICS

Emergency Contraception: The Rules Have Changed

The U.S. Food and Drug Administration approved the first two emergency contraception (EC) products in 1998 and 1999. In Massachusetts, An Act Providing Timely Access to Emergency Contraception, effective December 14, 2005, changed the requirements for physicians, hospitals, and pharmacists who deal with EC.

Until recently, a pharmacist in Massachusetts could dispense EC only in accordance with a prescription from an authorized prescriber. Now, the Act permits a licensed pharmacist to dispense EC in accordance with written, standardized procedures or protocols (Standing Order). The Standing Order must be (1) developed by an actively practicing physician who is registered with the Massachusetts Department of Public Health (DPH) to distribute or dispense a controlled substance in the course of professional practice, and (2) filed at the pharmacist's place of practice and with the Massachusetts Board of Registration in Pharmacy before implementation.

In addition, prior to dispensing EC pursuant to a Standing Order, a pharmacist must complete a training program on EC that has been approved by the Massachusetts DPH. The training's agenda must include proper documentation, quality assurance, and referral to additional services including an appropriate recommendation that the patient follow up with a medical practitioner.

The Board of Registration in Pharmacy, the Board of Registration in Medicine, and the Drug Control Program have issued joint guidelines for the implementation of the Act. The guidelines stipulate that the Standing Order must include written, standardized procedures and protocols, the printed name and signature of the physician, and the entity(ies) authorized by the physician.

A physician may issue a Standing Order for a pharmacist, pharmacy, or group of pharmacies under common ownership or control of one entity. Physicians may access a model Standing Order provided by the DPH at www.mass.gov/Eoohhs2/docs/dph/quality/boards/pharmacy_ec_model_standing_order.pdf.

The Act also sets forth certain requirements for hospitals and health care providers who treat victims of sexual assault. The Act states that all hospitals must give professionals who provide care to victims of sexual assault medically and factually accurate written EC information prepared by the DPH. In addition, the Act requires that every female rape victim of childbearing age who presents at a hospital after a rape promptly be provided with such information. Furthermore, hospitals that provide emergency care must promptly offer EC at the hospital to the victim and must initiate EC upon her request.

As a result of these new requirements, hospital-based physicians are likely to receive more information about EC in the near future. Furthermore, hospitals may require physicians to provide information and initiate EC to ensure the hospital complies with the new law.

The Act does not provide for the conscientious objection of a provider. A physician would have to look at a hospital's medical staff bylaws or policies and procedures for an exception to the new responsibilities created by the Act. **VS**

— Lara Beth Winn, Esq.

The "Law and Ethics" column is provided for educational purposes and should not be construed as legal advice. Readers with specific legal questions should consult with a private attorney.

Six-Week E/M Chart Auditing Course

Mondays, May 1 to June 12, 3–7 p.m.

MMS Headquarters, Waltham

Sponsored by the MMS and its Physician Practice Resource Center (PPRC), this six-week course will provide participants with key elements and the step-by-step components involved in chart auditing, including documentation and visit coding. Participants will also be able to develop a template to set up an office-based audit program. Earn 24 CEU or AMA PRA Category 1 Credits™ in only six weeks!

Fees: \$1,200 for physician MMS members
\$1,400 for physician nonmembers
\$800 for nonphysicians

To register, call MMS Customer Service at (800) 843-6356.
For more information about the course, contact the PPRC at (781) 434-7218.

HPHC Physician Fees Increase

Harvard Pilgrim Health Care's updated standard physician fee schedule will take effect on April 1.

The new fee schedule incorporates Medicare's 2006 national Relative Value Units and will result in an aggregate increase of 5 percent for physicians and other network providers contracted under the standard fee schedule.

Physicians will be able to determine the effect of the new fee schedule on their individual practices after reviewing specialty-specific information, which is available through HPHC. Sample fee schedules are available upon request.

Physicians with questions regarding this fee schedule change should contact the HPHC Provider Service Center at (800) 708-4414, option 5. **VS**

— Dana Cooper

American Stroke Association Hopes to Boost Stroke Awareness

Every year, approximately 700,000 Americans suffer a new or recurrent stroke, according to the American Stroke Association (ASA), a division of the American Heart Association. Yet a study recently published in the journal *Neurology* reports poor knowledge of stroke signs and symptoms among the general population (see box). This failure to recognize the onset of a stroke can adversely affect a patient's treatment and outcome. Massachusetts stroke patients wait an average of 22 hours before going to the hospital.

The ASA encourages physicians to discuss stroke prevention measures and warning signs with patients at risk for stroke. In a scientific statement released in January, the ASA called upon physicians "to give individualized lifestyle advice to patients and refer patients at risk or diagnosed with hypertension to dietitians, health educators or behavioral modification programs."

"It is important for physicians to educate their patients about how to prevent cardiovascular disease by healthy eating, regular physical activity, and taking medications as prescribed," said Gray Ellrodt, M.D., chair of the Department

of Medicine at Berkshire Medical Center. "Even if medication is prescribed, it's still important for patients to receive additional information to help them make positive lifestyle changes."

During May, American Stroke Month, the ASA will launch a "Power to End Stroke" awareness campaign. The main

objective is to inform African Americans about their increased risk of stroke and to encourage steps toward prevention. African

Americans are twice as likely as those in the general population to die from heart disease and stroke. A survey of African Americans conducted last August by the ASA found that only 30 percent of participants could correctly define stroke, and more than half could not identify stroke symptoms.

"Medical professionals, especially physicians, have the knowledge to help men and women learn about their individual risks so they can do something about it before it's too late," said Dr. Ellrodt.

The ASA and American Heart Association have joined with the National Committee for Quality Assurance (NCQA) to develop the Heart/Stroke Recognition Program. This voluntary program recognizes physicians for providing high-quality cardiovascular and stroke care.

The Joint Commission on the Accreditation of Healthcare Organizations recognizes as "Primary Stroke Centers" hospitals striving for better stroke outcomes. These hospitals have an acute stroke team — headed by a physician director with expertise in cerebrovascular disease — and timely availability of neuroimaging and other laboratory and neurosurgical services.

The ASA website (www.strokeassociation.org) contains a number of tools for physicians and patients to improve stroke awareness, prevention, and treatment. More information is also available from Shannon Melluzzo at (413) 735-2104, or Shannon.melluzzo@heart.org. **VS**

— Christine Connare

American Stroke Association
A Division of American Heart Association



ASA Stroke Warning Signs

- Sudden numbness or weakness of the face, arm or leg, especially on one side
- Sudden difficulty with speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden dizziness or loss of balance or coordination
- Sudden, severe headache with no known cause

Call 9-1-1 if you see or have any of these symptoms.

Treatment is more effective if given quickly.

Every minute counts.

WEBSITE OF THE MONTH

Screening Teens for Alcohol Use

In a 2005 NIH-sponsored study titled "Monitoring the Future," 17 percent of eighth graders, one-third of tenth graders, and nearly half of twelfth graders reported drinking once or more in the prior 30 days. Almost 40 percent of high school seniors perceived no great risk in consuming four to five drinks nearly every day.

Speak with your middle school, teen, and college-age patients about alcohol use. Screening for Mental Health Inc., a nonprofit organization dedicated to large-scale mental health screenings, offers a number of alcohol-screening resources on its website for physicians and patients (www.mentalhealthscreening.org/careprov/alcohol.aspx). The website features alcohol facts, screening tips, and a Primary Care Kit for use by physicians.

For more information on the study, visit www.monitoringthefuture.org.

Infant Crying Can Trigger Shaken Baby Syndrome

Between 1,200 and 1,600 children are reported victims of Shaken Baby Syndrome (SBS) in the U.S. each year, according to estimates from the National Center on Shaken Baby Syndrome. Babies who are shaken can suffer blindness and other eye damage, developmental delays, seizures, spinal cord damage and paralysis, brain damage, or death.

"Data show that the highest morbidity and mortality from SBS occur in children younger than two years old," said Jetta Bernier, executive director of Massachusetts Citizens for Children (MCC), a nonprofit child advocacy organization that houses the Massachusetts SBS Prevention Center. "One of the most frequent triggers of SBS is infant crying and fussiness," added Bernier, so one of MCC's main objectives in preventing SBS is educating parents on how to cope with a crying child and other parental stressors.

Usually, SBS occurs out of frustration, not from any intent to hurt the child, Bernier said. Parents know that children will cry, but they are often unaware that some babies can cry for hours a day, and colicky babies cry for three hours a day three times a week for three weeks or more.

"Parents leave the hospital with two primary jobs: to successfully feed and calm the infant," said Harvey Karp, M.D., pediatrician and author of *The Happiest Baby on the Block*. "If parents fail at either job, they can begin to feel desolate and incompetent. There's lots of information to help parents with the feeding part, but almost nothing to help them with the crying issues." Karp's book offers techniques to soothe a crying baby.

According to MCC, nearly 70 percent of SBS-related shakings are committed by a child's father or the boyfriend of a child's

mother. Young adult men between 18 and 25 years of age are a particularly high risk group. Babysitters and child care workers account for less than 17 percent of the cases, and mothers for 12 percent.

Bernier would like physicians to ask patients proactively about infant crying during the first several well-baby visits. MCC offers information and resources to help parents cope with infant crying, including a 24-hour Massachusetts Parental Stress Line, (800) 632-8188.

On April 10 and 11, MCC will sponsor two programs in Waltham and Springfield by Dr. Karp for health care professionals. Dr. Karp will teach his "Five-S" technique to soothe a crying baby: *swaddling* an infant, placing an infant on its *side* or *stomach*, *shushing*, *swinging*, and *sucking*. For more information, visit www.masskids.org. **VS**

— Robyn Alie

The 11th Annual Adult Immunization Conference

Protecting Adults: Old and New Threats

**April 11, 8:30 a.m.–3 p.m.,
DCU Center, Worcester**

*Sponsored by MassPRO and the
Massachusetts Adult
Immunization Coalition*

Keynote Speaker: William Atkinson, M.D.,
M.P.H., Medical Director,
CDC National Immunization Program
6.75 AMA PRA Category 1 Credits™
For information,
visit www.masspro.org/events,
or contact Pam Amico at (781) 419-2712.

STATE UPDATE

Public Health and Safety Bills Advance on Beacon Hill

While most attention was focused on the seemingly endless efforts to pass a health access bill (see article on page 1), measures supported by the MMS that would benefit the public health have advanced. Three significant bills were approved by the House and sent to the Senate, while two bills passed by the Senate await consideration by the House.

The House-passed measures relate to hypodermic needles and syringes, seat belts, and mercury:

- Massachusetts is now one of only three states that requires a physician's prescription to purchase hypodermic needles and syringes, and criminalizes their possession without such authorization. House Bill 4176, passed by a 115–37 vote in the House, would allow purchases by individuals 18 years of age or older. MMS testimony in favor of the bill noted that more than one-third of all HIV/AIDS cases and about half of the nearly 110,000 cases of hepatitis C in Massachusetts stem from injection drug users reusing “dirty needles.” The bill would need a two-thirds majority vote in the Senate to override an anticipated veto by Governor Romney.

- While seat belt use is “mandatory” under existing law, police may only stop vehicles and cite offenders when the vehicle has been stopped for “a violation of the motor vehicle laws or some other offense.” House Bill 229 would allow for fuller enforcement of the law. The House passed the measure by a slim 76–74 vote margin in January. The MMS noted that Massachusetts ranks 48th among the states in driver seat belt usage.
- On February 2, the House unanimously approved House Bill 4670, which would phase out the sale of mercury-containing thermostats, instruments, measuring devices, and switches and relays. Other mercury-containing products would also be banned and replaced by safer alternatives. While the MMS supported this legislation, the Society is working closely with the Massachusetts Hospital Association and the Massachusetts Chapter of the American Academy of Pediatrics to ensure that vaccines containing trace levels of mercury would be exempt from the law.

The Senate-passed bills relate to methamphetamine and motorcycle helmets:

- Many states have been seeking new ways to limit the production of methamphetamine, an illegal drug clandestinely manufactured from legal substances, including pseudoephedrine. Senate Bill 2183, supported by the MMS, would prohibit the nonprescription sale or distribution of products with more than nine grams of pseudoephedrine per transaction. It would also require that such items be dispensed from locked cabinets.
- This year, Senate Bill 1344, a measure to repeal the state's motorcycle helmet law for adults 21 years of age or older, reached the Senate floor. After a contentious debate, the bill was modified to require that helmet-less cyclists would have to complete a motorcycle safety course or have at least six years of licensed motorcyclist experience. It also would require operators to carry health insurance with at least \$50,000 of medical benefits coverage. The MMS will oppose the measure in the House. **VS**

– Steve Shestakofsky

FEDERAL UPDATE

Congressional Health Care Agenda Lacks Luster

Despite nearly universal agreement that significant health care reform is necessary at the federal level, there is little hope that it will happen during the second session of the 109th Congress. President Bush's agenda calls for increased funding for health savings accounts, but also significantly cuts Medicare, Medicaid, and other health care programs. Add to that a growing budget deficit and a short legislative year, and health care advocates will be lucky to maintain current programmatic funding levels. Against this dim backdrop, two other health care issues predominate on Capitol Hill.

Medicare Drug Benefit

The Center for Medicare and Medicaid Services (CMS) announced that the number of Medicare beneficiaries in Medicare Advantage plans rose by nearly a half a million since the implementation of the Part D benefit, to a total of 5 million. Medicare Advantage plans are Medicare managed care plans created through the new Part D program. The Medicare Mod-

ernization Act increased payments to managed care organizations by 7 percent to encourage the development of such plans. In addition, the law created a substantial stabilization fund to ensure the success of Medicare managed care.

Meanwhile, Congressional Democrats are holding hearings on the Part D benefit and plan to introduce legislation to address a number of problems that have surfaced. Massachusetts Sen. Edward Kennedy will introduce legislation to eliminate the “doughnut hole” — the gap between \$2,250 and \$5,000 of total drug expenses where Part D offers no coverage — and to allow the government to negotiate drug prices. Other bills would extend the original Part D enrollment period through December 2006.

The MMS continues to offer a one-hour educational program entitled, “The Medicare Part D Drug Benefit — What Physicians Need to Know.” Please contact Alex. Calcagno at (781) 434-7214 or acalcagno@mms.org if you are interested in scheduling a program.

Transparency and Pay for Performance

Much of the Congressional and CMS focus remains on proposals to link physician payments to quality indicators (pay for performance). In addition, the President said legislation may be needed to ensure that hospitals, physicians, and other health care providers give consumers more detailed information about the cost of health care services. In the Administration's view, price transparency is a key component to health savings accounts, since their success is based on the premise that consumers will be more judicious in choosing health care providers if they know the cost.

The President's health savings account proposals are estimated to cost \$29 billion. Senate Finance Committee Chair Charles Grassley (R-Iowa) has already stated it would be difficult to pass such legislation, particularly in an election year, given the Administration's proposals to cut health care entitlement programs. **VS**

– Alex. Calcagno

LEGISLATOR
OF THE MONTHRepresentative
Joseph R. Driscoll (D)

District: Braintree, Holbrook (part),
Randolph (part)

Committees: Financial Services, Election
Laws, Personnel & Administration



QUOTE: Rarely is it the case in state government that so many different stakeholders come together to address an issue as large and important as health care insurance reform. Great challenges can also be seen as great opportunities. The health care debate on Beacon Hill is such an opportunity.

Quality, affordable, accessible health care, within a framework of world-class hospitals staffed by dedicated physicians, is within our reach. The MMS has been central to the development of this policy debate. As a member of the Financial Services Committee, with jurisdiction over bills relating to insurance, it has been enlightening to hear testimony from physicians, hospital administrators, patient advocates, and health insurance executives regarding their opinions on what exactly is broken and needs to be fixed.

All parties agree that the uncompensated care pool is a tremendous drain on the system. The development of affordable plans that shift care from the acute emergency-department setting to a model of preventive-and-maintenance care is essential to success in this endeavor.

I look forward to continued work with the Society in our effort to make the most of this great opportunity, and I encourage physicians from my district to contact me directly with their thoughts on health care reform.

MMS Offers Dose of “Reality Medicine” for Minority Students and Residents

For the fourth year, the MMS Committee on Diversity in Medicine will host its popular “Reality Medicine for Minority Physicians in Massachusetts.” This program allows medical students and residents to hear about many important issues from practicing internists and other specialists, such as partnerships and financial arrangements, practice barriers, personal and professional goals, and discrimination in the workplace. This year’s program will focus on different career options for those just starting their careers in medicine.

Because of the success of previous Reality Medicine programs held at Boston University School of Medicine and Tufts University School of Medicine, the

Committee is continuing its outreach to minority students. This year’s program will be held at Beth Israel Deaconess Medical Center (see box) and will feature a welcome address from Nancy E.

Oriol, M.D., Harvard Medical School’s associate dean for student affairs.

Hundreds of students and residents have attended this program in the past because it offers a unique opportunity for attendees to network with peers and practicing physicians. The Committee is encouraging medical

students and residents to become involved in the MMS by offering a free membership to nonmember students and residents who attend the Reality Medicine program. **VS**

— Erin Tally

Reality Medicine for Minority Physicians in Massachusetts

Friday, April 21, 6–8 p.m.

Kirstein Living Room

Beth Israel Deaconess Medical Center, Boston

To register for the Reality Medicine program, please contact Erin Tally at (800) 322-2303, ext. 7413, or via e-mail at etally@mms.org.

PHYSICIAN HEALTH MATTERS

Use Caution When Prescribing Controlled Substances

The inherent dangers of misusing controlled substances require prescribers to exercise care when prescribing them. This article will highlight some guidelines physicians can apply when prescribing controlled medications.

In general, controlled substances work well for diminishing anxiety, improving attention, or treating pain. However, misuse of these medications can lead to dependence and addiction for the patient and legal or disciplinary troubles for prescribing physicians. The problem is compounded by the fact that some controlled substances have significant “street value.”

To help mitigate misuse, physicians should always keep their prescription pads secure. It’s best not to print your DEA number on the prescription itself. Based on the symptoms being treated and how well you know the patient, carefully think through how much of a controlled substance it is prudent to prescribe and whether refills should be included. (Schedule II prescriptions cannot be refilled.)

up visit, take an interim history and re-contact family members or other providers if appropriate to determine whether the patient has used the prescribed medication correctly. Signs of potential misuse include “doctor shopping” (use of multiple prescribers), taking medications with alcohol or illicit drugs, or using medications inappropriately (e.g., injecting oral formulations).

Established Patients

If the patient in question is one you’ve seen previously and the pain or symptoms continue, a consultation with a colleague, pain specialist, or mental health specialist might be indicated. If the medicine is prescribed in significant doses for an extended period of time, consider instituting a pain-management contract with the patient that outlines in detail how the medication should be used.

Physicians must also stay abreast of the situation “on the street.” A recent article described widespread abuse by suburban adolescents of Klonopin. Opiates, including Percoset and OxyContin, also have significant value on the street.

Although physicians with special DEA licenses are prescribing the Schedule III medication buprenorphine for opiate-addicted patients, in general, prescribing controlled substances to substance-dependent patients is neither advised nor allowed, except for carefully considered pain management.

For some physicians the biggest challenge is saying “no” to patients who demand medication when it is ill advised or not indicated. Saying no respectfully and offering other assistance such as consultations with specialists often prove helpful to both patient and physician.

If your patient is a physician and you have identified significant mental, behavioral, or emotional problems and/or substance abuse issues, consider a confidential consultation with Physician Health Services.

For further information, contact Physician Health Services at (781) 434-7404 or www.physicianhealth.org. You can also visit the Massachusetts Board of Registration in Medicine’s website (www.massmedboard.org/regs/) for policies and guidelines on prescribing. **VS**

— Luis T. Sanchez, M.D.

Director, Physician Health Services

— John R. Knight, M.D.

Associate Director, Physician Health Services

Celebrating 25 Years of Women in Medicine

This year marks the 25th anniversary of the Committee on Women in Medicine. Through networking opportunities and innovative programming such as the popular Women’s Lecture Series, the Committee on Women in Medicine has successfully raised the profile and status of women physicians at the Society and throughout the state.

The committee has several events planned to honor this important benchmark. One highlight of the anniversary will be the publication of the committee’s book, *When You Don’t Fit the Mold, Make a New One*. A collection of stories from more than 20 women physicians, the text brings a historical perspective on the path women have taken to their crucial role today in the field of medicine. The book also serves to inspire women to embrace autonomy and strive toward their goals.

In September, in honor of Women in Medicine Month, the committee will host an educational program on choosing a part-time practice. Part-time practice is

becoming a viable option for an increasing number of physicians who are concerned about devoting more time to family and other endeavors.

Also, at the MMS Annual Meeting in May, the committee will host a reception to celebrate its anniversary (see box). Please join committee members at this reception to acknowledge this important milestone and learn more about upcoming events throughout 2006. **VS**

— Erin Tally



25th Anniversary Reception

Committee on Women in Medicine

Thursday, May 11

6:00–7:30 p.m.

Seaport Hotel, Boston

All are welcome to attend.

To register, call (800) 322-2303, ext. 5515, or visit

www.massmed.org/annual2006

ACROSS THE COMMONWEALTH

District News and Events

Barnstable – Annual District Meeting. Thurs., April 27, 6 p.m. Location: Daniel Webster Inn, Sandwich. Featured Entertainment: Magician David Oliver. Members and guests are invited. Cost: \$25 per person. For more information, contact the Southeast Regional Office.

Berkshire – High School Doctor for a Day. Thurs., April 6, 7:30 a.m. to 5 p.m. Location: Berkshire Medical Center, Pittsfield. For more information, contact the West Central Regional Office.

Bristol North & Plymouth – Joint Annual Meeting. Tues., April 4, 6 p.m. Location: Benjamin's Restaurant, Taunton. The evening will consist of an antiques road show. For more information, contact the Southeast Regional Office.

Essex North – Annual Meeting. Tues., April 4, 6 p.m. Location: DiBurro's, Ward Hill. Guest Speaker: Kenneth Peelle, M.D., MMS president-elect. For more information, contact the Northeast Regional Office.

Essex South – Annual Meeting. Wed., April 26, 6 p.m. Location: Danversport Yacht Club, Danvers. Guest Speaker: Kenneth Peelle, M.D., MMS president-elect. For more information, contact the Northeast Regional Office.

Franklin – High School Doctor for a Day. Thurs., Apr. 13, 7:30 a.m. to 5 p.m. Location: Franklin Medical Center, Greenfield. For more information, contact the West Central Regional Office.

Hampden – High School Doctor for a Day. Thurs., April 6, 7:30 to 8:30 a.m. orientation, 5:30 to 6:30 p.m. debriefing. Location: Holyoke Medical Center, Holyoke. **Annual Meeting.** Tues., April 25, 6 p.m. Location: Springfield Country Club, West Springfield. Guest Speaker: John Abramson, M.D. Topic: "Overdosed America." Cosponsored by Holyoke Medical Center. CME credit available. For more information, contact Suzanne Skibinski at (413) 736-0661.

Middlesex – Annual Meeting. Sat., April 8, 6:30 p.m. Location: Mugar Omni Theatre, Museum of Science, Boston. Presentation: "Mysteries of Egypt." For more information, contact the Northeast Regional Office.

Statewide News and Events

Creative Writing Expo – The Seventh Annual Creative Writing Contest is underway. Consider submitting an original composition (poetry welcome) on a topic of your choice, with a 1,500 word limit. The submission deadline is September 1, 2006. Contact the West Central Regional Office for registration information.

Middlesex Central – Annual Meeting. Thurs., April 6, 11:45 a.m. Location: Emerson Hospital, Concord. Guest Speaker: Alfred DeMaria Jr., M.D. Topic: "Preparing for the Perfect Storm." Reservations required. Contact Carol Marshall at (978) 287-3017.

Middlesex North – Annual Meeting. Wed., May 3, 6 p.m. Location: Vesper Country Club, Tyngsboro. Guest Speaker: Joseph Holtschlag. Topic: "Transforming Physician Practices with Electric Medical Records (EMRs)." For more information, contact the Northeast Regional Office.

Middlesex West – Women Physicians Group Barbecue. Tues., June 13, 6:30 p.m. Location: South Natick. Family members are welcome. For more information, contact Phyllis Kornguth, M.D., at (508) 652-0206 or Ceil Mikalac, M.D., at (508) 752-7529. **Annual Meeting.** Tues., April 4, 6 p.m. Location: Framingham Cinema 16. Reservations required. Contact Karen Kalpajian at (508) 478-7703.

Norfolk – Annual Meeting. Wed., April 26, 6 p.m. Location: Sheraton Hotel, Needham. Guest Speaker: Mary Y. Lee, M.D. Topic: Innovations in Medical Education. For more information, contact the Northeast Regional Office.

Norfolk South – Legislative Breakfast. Fri., May 5, 7:30 to 9 a.m. Location: South Shore Hospital. For more information, contact the Southeast Regional Office.

Southeast Regional Caucus – Delegates Meeting for Barnstable, Bristol North, Bristol South, Norfolk South, and Plymouth District Medical Societies. Tues., May 2, 6 p.m. Location: LeBaron Hills Country Club, Lakeville, to review and discuss resolutions. For more information, contact the Southeast Regional Office.

Suffolk – District Meeting. Thurs., April 27, 6 p.m. Location: Massachusetts General Hospital, East Garden Room, White Basement. For more information, contact Thelma Malafey at (617) 236-5864.

Worcester – Annual Business Meeting and Medical Education Programs. Wed., April 5, 5:30 p.m. Location: Beechwood Hotel, Worcester. Speaker: Alfred DeMaria Jr., M.D. Topic: Avian and Pandemic Influenza. CME credit offered. **Medical Education Committee Meeting.** Mon., April 10, 7:30 a.m. Location: Worcester DPH, 25 Meade St. Speakers: Police Chief Gary Gemme and Michael Hirsch, M.D. Topic: "Targeting Violence in Worcester." CME credit offered. For more information, contact Joyce Cariglia at (508) 753-1579.

Worcester North – Legislative Breakfast. Fri., April 28, 7:30 to 9 a.m. Location: Sheraton Four Points, Leominster. For more information, contact the West Central Regional Office.

If you have news for "Across the Commonwealth," contact Florence Keefe, Northeast Regional Office, at (800) 944-5562 or fkeefe@mms.org; Linda Howard, Southeast Regional Office, at (800) 322-3301 or lhoward@mms.org; Nancy Caron, West Central Regional Office, at (800) 522-3112 or ncaron@mms.org; or Cathy Salas, West Central Regional Office, at (800) 522-3112 or csalas@mms.org.

MMS Members Can Get Help with Debt Collection

Every practice faces it at some time or other: collecting overdue accounts. It is burdensome, time consuming, and uncomfortable for office staff, who often aren't trained in debt collection. Yet it can't be ignored.

Doctors and their staff frequently delay collection efforts, fearing that they may be perceived badly and tarnish the physician-patient relationship.

When the task of following up on unpaid accounts becomes difficult to manage yourself, consider passing the accounts to a professional collection agency. These agencies have the experience and knowledge to skillfully handle

personal contact by phone or mail in a low-key, friendly manner.

Knowing that the longer an account goes unpaid the more likely it will remain unpaid, these companies understand the value of following up in a timely fashion, and they know how to comply with the laws governing debt collection.

Some physician are wary about collection agencies out of concern for the techniques such agencies may use. Practices should look for an agency with a strong reputation for ethical conduct and one that offers flexibility in its approach to collection.

Head/Neck Cancer Screenings Coming in April

To increase public awareness, the Massachusetts Society of Otolaryngology – Head & Neck Surgery (MSO-HNS) will join forces with the Yul Brynner Head and Neck Cancer Foundation for the second Annual MSO Oral, Head and Neck Cancer Screening Week, from April 17 to 21.

Last year, ear, nose, and throat physicians provided free screenings at 19 sites across the Commonwealth, and the

MSO-HNS is hoping to increase the number of sites and screenings this April.

A list of the screening sites can be found on the Yul Brynner Foundation website at www.yulbrynnerfoundation.org. If you would like more information on Oral, Head and Neck Cancer Screening Week or a participating screening site, please contact Julie Kealey, MSO-HNS chapter administrator, at (800) 322-2303, ext. 7317. **VS**

– Julie Kealey

With these criteria in mind, the MMS has endorsed the collection services of I.C. System. Its programs are designed to collect overdue accounts while safeguarding patient relationships.

For more information about the collection programs offered by I.C. System,

call (800) 279-3511 or visit www.icsystem.com/associations/mms.htm. Mention your MMS membership and ask about the company's value-added benefits. **VS**

– Carolyn Maher

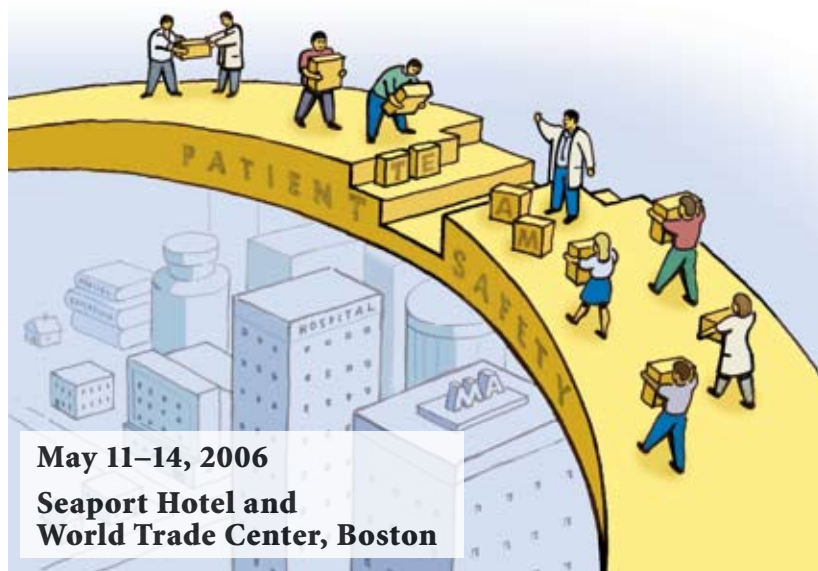


MMS Annual Meeting 2006

Patient Safety is Teamwork

REGISTER
TODAY!

Bridging the Gap



May 11–14, 2006

Seaport Hotel and
World Trade Center, Boston

See inside for details and visit www.massmed.org/annual2006.

MMS Education Programs

To register for any of these activities, call (800) 843-6356. For more information on these activities, contact the MMS Department of Continuing Education and Certification at (800) 322-2303, ext. 7306, or go to www.massmed.org.

NOTE: (RM) indicates that the activity or a portion of the activity meets the Massachusetts Board of Registration in Medicine criteria for risk management study.

Onsite CME Programs

Women's Cardiac Health Conference: Updates in Prevention, Diagnosis, and Management

April 6, 8 a.m.–4 p.m. MMS Headquarters, Waltham. Sponsored by the MMS and its Committee on Women in Medicine. CME Credit: 7.5 *AMA PRA Category 1 Credits*TM (2.5 RM)

2006 MMS Annual Oration: Effects of Race/Ethnicity and Socioeconomic Status on Cardiovascular Outcomes

April 6, 11:35 a.m.–12:35 p.m., MMS Headquarters. CME Credit: 1 *AMA PRA Category 1 Credit*TM (RM)

Early Warning Disease Threats: Public Health Preparedness through Surveillance

April 25, 6–9 p.m., MMS Headquarters. Sponsored by the MMS and supported by the Massachusetts Department of Public Health. CME Credit: 2.5 *AMA PRA Category 1 Credits*TM (RM)

ment of Public Health. CME Credit: 2.5 *AMA PRA Category 1 Credits*TM (RM)

2006 Literature and the Professions Series — Healing Words: The Benefits of Apology

April 28, 9 a.m.–3:15 p.m., MMS Headquarters
May 5, 9 a.m.–3:15 p.m., Beechwood Hotel, Worcester
May 19, 9 a.m.–3:15 p.m., MMS Headquarters
Sponsored by the MMS. CME Credit: 6 *AMA PRA Category 1 Credits*TM (RM)

Breastfeeding: What Every Doctor Needs to Know

May 3, 8:30 a.m.–12 noon, Countway Library, Harvard Medical School, Boston,
OR May 24, 8:30 a.m.–12 noon, Mercy Hospital, Delisio Conference Room, Springfield. Jointly sponsored by the MMS and the Massachusetts Breastfeeding Coalition, Inc. CME Credit: 3.5 *AMA PRA Category 1 Credits*TM (RM)

Patient Safety is Teamwork: Bridging the Gap

May 13, 8:30 a.m.–12:45 p.m. Seaport Hotel & World Trade Center, Boston. Sponsored by the MMS as part of the 2006 Annual Meeting. CME Credit: 4 *AMA PRA Category 1 Credits*TM (RM)

Annual Shattuck Lecture and Luncheon

Speaker: Ferid Murad, M.D., Ph.D.
May 13, 1–2:30 p.m. Seaport Hotel & World Trade Center. Sponsored by the MMS and its Committee on Publications. CME Credit: 1 *AMA PRA Category 1 Credit*TM

Managing Workplace Conflict: Improving Personal Effectiveness

June 15–16, 8 a.m.–4 p.m., MMS Headquarters. Sponsored by the MMS and Physician Health Services. CME Credit: 11.5 *AMA PRA Category 1 Credits*TM (RM)

Fourth Annual Symposium on Men's Health: Working with Men in Your Daily Practice

June 23, 8 a.m.–4 p.m. MMS Headquarters. Sponsored by the MMS and its Committee on Men's Health. CME Credit: 7.5 *AMA PRA Category 1 Credits*TM (2.5 RM)

Physicians Adopting Computer Technology (PACT)

June 24, 8 a.m.–6 p.m. MMS Headquarters. Sponsored by the MMS, the Healthcare Information and Management Systems Society, the Massachusetts eHealth Collaborative, and MassPRO. CME Credit: 7 *AMA PRA Category 1 Credits*TM. To register, visit www.himss.org/pact.

Online CME Programs

Go to www.massmed.org/cme for a complete listing.