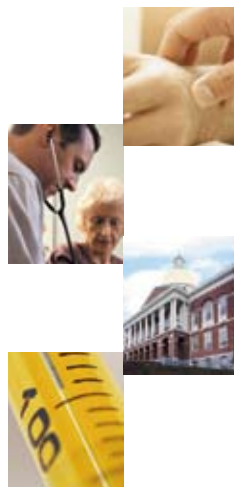




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Redefining Physician-Pharmaceutical Company Relationships

BY TOM WALSH

Pressing concerns over the rising cost of prescription drugs, coupled with nagging worries about medical ethics, have generated an increased interest in restricting the gifts that pharmaceutical companies provide to physicians and hospitals.

The movement is spreading to several academic medical centers across the country, including Massachusetts. Just last month, Massachusetts Senate President Theresa Murray introduced sweeping health care legislation that includes an outright ban on all gifts to doctors from pharmaceutical companies.

For practicing physicians, researchers, and hospitals, resolving the issue has become a complex mix of money, ethics, and quality patient care. "The issue is not totally black and white," said Lynda M. Young, M.D., the Worcester pediatrician who chaired an MMS committee in 2006 that authored the Society's policy on pharmaceutical gifts. "But I think Massachusetts is moving in the right direction."

The MMS policy, similar to that endorsed by the AMA, states that "any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value." For the complete MMS policy, see page 35 of the *MMS Policy Compendium* at www.massmed.org/policies.

a sales representative "typically ends up prescribing 16 percent more of that rep's product than he or she was prescribing before. And a four-minute encounter is likely to prompt a 52 percent jump in prescriptions."

Health Care For All's Lisa Kaplan Howe heads the Massachusetts Prescription Reform Coalition, which seeks to take action against marketing practices that inflate prescription drug costs. "Sustaining long-term health care reform will require finding new ways to control costs," she said. "Pharmaceutical costs were low-hanging fruit and a good place to start." In addition to limiting gifts to

prescribers, the organization wants to restrict drug-company "data mining" for marketing purposes.

Whither CME?

Complicating the issue further is the matter of continuing medical education (CME) programs, many of which are sponsored by the pharmaceutical industry. The Accreditation Council for Continuing Medical Education, which sets nationwide CME quality standards, recently strengthened guidelines for commercial support of CME programs. The

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MMS Gives Senate Testimony



Photo by Day Walters

Addressing the U.S. Senate Health, Education, Labor, and Pensions Committee, MMS President-Elect Bruce S. Auerbach, M.D., said, "Unless we take the necessary steps to increase the number of physicians, particularly those going into primary care, our efforts to increase access to quality health care and to reduce costs will fail."

Billions Spent on Doctors

According to the Prescription Project, a Massachusetts-based nonprofit organization dedicated to "eliminating conflicts of interest in medicine due to pharmaceutical marketing to physicians," the pharmaceutical industry spent \$7.2 billion in 2005 to market prescription drugs directly to physicians.

While the vast majority of doctors understands the potential conflict between pharmaceutical marketing and patient care, contact with sales representatives remains a primary source for physicians to learn about medications.

The purported effectiveness of direct-to-doctor marketing is startling. Adriane Fugh-Berman, M.D., is the principal investigator of PharmedOut, a group seeking to educate physicians about how pharmaceutical companies influence prescribing behavior. Earlier this year, she told *BusinessWeek* magazine that a doctor who spends just one minute with

New Blues Payment Model May Make Sense — But Not Now for Most Physicians

BY TOM WALSH

MMS leaders say they are collectively keeping an open mind about the Blue Cross Blue Shield of Massachusetts plan to offer an alternative to fee-for-service physician reimbursements. The Blue Cross Alternative Quality Contract (AQC) would instead pay a per-member, per-month reimbursement covering all services and costs, along with bonus payments of up to 10 percent based on a physician's success with specific quality measures.

"A lot of people agree that we have to change the way doctors, particularly primary care physicians, are paid," said B. Dale Magee, M.D., MMS president, following a Blue Cross briefing with Society officers and staff.

Dr. Magee praised the health plan's thoughtful rollout of the AQC. "They in-

tend to monitor it fairly closely and modify it as necessary," Dr. Magee said. "This is a constructive way to go about it."

Can You Manage the Risk?

Various aspects of the plan present challenges, however. For example, Elaine Kirshenbaum, MMS vice president of policy, planning, and member services, said physician practices contemplating participation in the program will need to be part of a sufficient administrative and clinical infrastructure to make the contract alternative worthwhile. "This will work best in integrated systems that include physician groups able to manage the risks that come with per-member payment," she said.

"The devil's going to be in the details," said Steven J. Fox, the health plan's vice

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PRESIDENT'S MESSAGE



Breaking the Data Dam

Our medical society faces the constant challenge of remaining relevant to our members in a world where their needs change with the constantly evolving practice of medicine. In the not-so-distant past, most doctors were generalists who practiced in solo or small-group environments. Now a large percentage of physicians work in specialties, large practice groups, and/or for hospital organizations.

To enhance the value of MMS membership in today's environment, we have to make sure we are listening to Massachusetts physicians when they tell us what they need. That's why we're making sure the physician voice is heard in the important discussions going on now about health care cost and quality.

As I write this, we are preparing a follow-up meeting to the December 2007 medical directors' retreat (see *Vital Signs*, February, page 1). A core group of leaders from the health plans and medical directors from several independent physician associations (IPAs) will meet to determine how physicians can get access to — and appropriately use — near-real-time data to improve patient care.

This task may sound simple, but there are philosophical and technical challenges. The two we hope to tackle at this meeting are coming to an agreement among the health plans on uniform standards for data transfer, while simultaneously encouraging the IPAs to agree on common analytical tools. Those tools

have to be economically affordable, because few medical practices in this state have the resources to purchase analytical software that facilitates the detailed drill-downs of episode treatment groups that we described in our February lead article. The willingness of the plans and providers to lay down their competitive shields will be key. This medical society stands for *all* professionals working together for the free flow of vital information and better health care.

The Society's goal in facilitating the transfer and analysis of this data is similar to the goals of the Health Care Quality and Cost Council, with one essential difference. While the council is concentrating on collecting, vetting, and reporting data to the public, we want to put it directly into the hands of all doctors to improve care for *all* patients.

The freer flow of information that we're working to achieve reminds me of a very dark time in obstetrics. Back in the 16th century, the Chamberlain family invented birthing forceps, but strove to keep their invention a secret to ensure they retained "competitive advantage." For more than 100 years, mothers whose babies were born using forceps were blindfolded so even they could not share the secret. Countless numbers of babies and mothers died because knowledge of this simple tool was not disseminated.

It's as true today as it was then: quality tools should not be the "trade secret" of any health care stakeholder.

— B. Dale Magee

Physicians and Pharma

continued from page 1

MMS policy in this regard states that "subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible." However, the policy advocates against individual doctors being paid by commercial interests for travel expenses or time spent at educational conferences.

UMass Memorial Sets Tough Rules

The blurry line between education and marketing also exists in the relationship between drug companies and academic medical institutions. Several months ago, UMass Memorial Medical Center in Worcester adopted what has been called one of the nation's strictest hospital conflict-of-interest policies. The policy prohibits hospital physicians from accepting drug samples, meals, or gifts. It also bans donations to individual physicians for education programs, but it does allow

commercial interests to direct money to a hospital department for educational programming — as long as hospital administrators control the content.

"Academic medical centers need to take the lead in setting proper standards for relationships between industry and caregivers," said Stephen E. Tosi, M.D., UMass Memorial chief medical officer. "To preserve the public trust, our medical decision making must be above reproach both in fact and appearance."

The prevalence of aggressive direct-to-physician marketing — and the likelihood that it will persist — has prompted some medical schools to offer for-credit courses that teach students to weed out the hype when dealing with pharmaceutical reps. The pharma-physician relationship has even become a subject of CME courses for practicing physicians. But ultimately it's up to each physician to manage relationships with commercial entities in the best interest of patients. **VS**

New Blues Payment Plan

continued from page 1

president for provider network management. "To be clear, this contract is not for everybody." Over the next few years, Blue Cross envisions 15 to 20 percent of its network physicians opting for the new contract, which is targeted to systems of care, not individual physician groups.

In a publication prepared to help educate stakeholders about the plan, Blue Cross quotes Karen Davis, president of the Commonwealth Fund: "Fee-for-service payments create incentives to provide more and more services, even when there may be better, lower-cost ways to treat a condition.... It's not realistic to tell hospitals and doctors that they must improve quality if by doing so they are likely to lose money."

The next such adjustment would occur in 2009, he said. But Dr. Magee cautioned that linking the plan's annual fee increases to the CPI may not be realistic. "Historically, the annual cost of health care has risen at twice the rate of the CPI," Dr. Magee noted.

According to Blue Cross documents, under the AQC, global payments will be coupled with "sophisticated yet straightforward" performance measures drawn from "nationally accepted measure sets." Performance measures will fall into three categories: clinical process measures, clinical outcome measures, and patient care experiences. The benchmarks established for the group contracts will not change over the five-year term.

Kirshenbaum said using national quality metrics is a strength of the program. "The MMS has always advocated the use of metrics that have been validated," she said.

Fox said Blue Cross has not yet set timetables for the program's growth, predicting that the global contract concept will take years to evolve. Still, he said, "The current model doesn't work any more. We need to break the link between volume and payment and create a payment system that is based on quality outcomes, safety, and efficiency." **VS**

Adjustments and Incentives

The global payment under the AQC will be based on the average medical expense for members in their geographic region, adjusted for age, sex, and health status of the doctor's Blue Cross patients. Adjustments would be made annually to account for consumer price index (CPI)-based inflation. Fox said the inflation adjustment for 2008 has already been factored into global payments for groups that enroll this year.

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SPOTLIGHT ON SUCCESS

Solo Physician's Website Gives Patients On-Demand Access to Information

Easier and faster access to medical and practice information for his patients — that was the simple motivation behind family physician Alain Chaoui, M.D.'s goal to develop his own practice website.

Determining the Need

Three general observations drove Dr. Chaoui to consider establishing a practice presence on the Web:

First, a website could provide a means for patients to get basic office information (e.g., location, hours, accepted insurances) as needed, on their own time.

Second, Dr. Chaoui's patients often misplaced the paper educational handouts he provided them during visits.

Third, his patients, like many others today, were using the Internet to investigate symptoms, treatments, and other issues *before* their doctor appointments. A practice website, Dr. Chaoui figured, would "help make sure my patients were getting medically sound information. Having patients appropriately informed prior to their office visit makes the face-to-face time more efficient."

Pulling It Together

But could this vision be realized by a solo physician with no formal training or experience in website development?

Dr. Chaoui decided to use Medem, a website vendor approved by the MMS and the AMA. He enlisted the help of a tech-savvy college student to set up the initial coding of the website and then took personal charge of populating the

content. He started by replicating on the website the hard-copy library of information he already had in his office. He then added photos, video clips, and links to reputable medical sites after verifying that the information was consistent with current clinical guidelines.

Since he launched the site in October 2006, Dr. Chaoui conducts annual reviews of the existing information to ensure accuracy, and he places new content on the website as it comes in.

Dr. Chaoui is currently using his electronic medical record to send test-result letters to his patients, directing them to specific links that provide them with information about the results and what to do to modify their disease state.

He has even referred patients to the website while talking on the phone with them. For example, when asked — as he often is — how much children's Tylenol should be given to a feverish infant, he refers patients to a chart on the site that identifies the appropriate dosages by weight.

Dr. Chaoui continues to look for additional, relevant information that he can make available to his patients through Web links. "Web communication opens up more opportunities to make information that was historically accessible only to me and other physicians also accessible to my patients," he concluded. **VS**

— Dana Cooper

If your practice is interested in being featured in Spotlight on Success, contact Dana Cooper at (781) 434-7218 or dcooper@mms.org.

Harvard Pilgrim Fees Increase 3% for 2008

Harvard Pilgrim Health Care's updated standard physician fee schedule, effective April 1, will result in an aggregate 3 percent increase for physicians.

Physicians will be able to determine the total effect of the new fee schedule on their individual practices after reviewing specialty-specific information. Sample fee schedules are available upon request. Contact the HPHC Provider Service Center at (800) 708-4414.

Practice Management Tip: Check All Your Fee Schedules

Spring is a perfect time to audit and reconcile your practice's fee schedules with the EOBs you receive. Determine whether your fee schedule needs to be adjusted to accommodate increases in reimbursement offered by insurers.

LAW AND ETHICS

A Victory for Medical Necessity?

In February, a three-judge panel of the Massachusetts Appeals Court ruled unanimously that MassHealth can't deny payment for a medical procedure *simply* because prior authorization hadn't been obtained. The Appeals Court ordered MassHealth to revisit its decision not to pay for surgery for Ashley Shaw, a teenager who developed a lipodystrophy, or "buffalo hump," on her neck and shoulder as a side effect of HIV-AIDS medications.

Shaw's doctors at Children's Hospital Boston deemed that the surgery was medically necessary in 2004. The Appeals Court noted that "by February, 2004, [the lipodystrophy] ...caused Ashley to have abnormal posture, difficulty in swallowing, back and neck pain, headaches, and an inability to sleep without medication."

The Shaws sought prior approval for the procedure. The day before surgery, MassHealth notified the Shaws that it would not pay because the procedure did not "meet medical necessity criteria" and was not a "covered procedure" under state and federal Medicaid rules. While the Shaws pursued an administrative appeal of MassHealth's denial, Ashley's mother agreed to pay for the surgery, and it was performed. MassHealth then denied the appeal because the pro-

cedure had been performed without prior authorization.

The Shaws turned to the courts in 2005. The trial court ruled in favor of MassHealth. The Appeals Court overruled the lower court, rejecting the view that the claim could be denied only because the procedure was performed without authorization. The Appeals Court sent the case back to MassHealth for a new hearing based on the medical merits of the procedure.

In making its decision, the Appeals Court explained that prior authorization cannot override all other considerations because it is "apparent that [the regulation] principally is concerned with the medical necessity of a request as the controlling prerequisite for payment of services for certain procedures not otherwise covered by MassHealth."

This ruling ensures that Ashley Shaw can have her case heard before MassHealth, and it may offer physicians and their patients a useful precedent regarding the importance of medical necessity in MassHealth coverage decisions. **VS**

— Sarah Elisabeth Curi, J.D., M.P.H.

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.

Helping Young Adults with Special Health Care Needs Migrate to Adult-Medicine Practices

This past fall, the MMS worked with Springfield pediatrician Matthew D. Sadof, M.D., and Beverly L. Nazarian, M.D., of the Massachusetts Chapter of the American Academy of Pediatrics to evaluate potential barriers that might impede young adults/children with special health care needs from accessing adult-medicine physicians for primary and specialty care (see *Vital Signs*, August 2007, page 1).

An MMS-facilitated survey addressed two of six core action steps necessary to improve the transition to adult-centered care among this population: the identification of willing and able providers and identification of core knowledge and skills required to care for this population.

Key findings from the survey include the following:

- Improved communication between pediatricians and adult-medicine physicians is crucial.

- More than three-quarters of respondents said they were very comfortable/somewhat comfortable with taking care of young adult patients with special health care needs.
- The top barriers to caring for these patients are time, knowledge, and availability of community resources. The top barriers inhibiting physicians from accepting these patients into their practices are time, reimbursement, and lack of available assistance from nonphysician office staff.

Dr. Sadof said the survey identified a "coalition of the willing," but he added that addressing the transition barriers will require additional resources and ongoing effort.

For a copy of the survey results, go to www.massmed.org/betterbridges. **VS**

— David J. Huffman, M.S., M.H.A.

CME Program Will Address Mother-to-Child HIV Transmission

Forty percent of HIV-infected infants born in 2000 were born to mothers who were not known to have HIV infection before delivery. Yet the American College of Obstetricians and Gynecologists found that 52 percent of 582 OB/GYNs surveyed said they only perform an HIV test upon the mother's request.

The Centers for Disease Control and Prevention now recommends an "opt-out" strategy for HIV testing, where women are provided with information about HIV and are told that a test will be performed, unless they choose to decline testing.

In response to concerns about mother-to-child transmission of HIV during pregnancy, labor, delivery, and post-delivery, the MMS Committee on Maternal and Perinatal Health is sponsoring an

evening CME program titled Perinatal Aspects of HIV (see box).

"As a neonatologist working with obstetricians, I am always impressed by how the treatment of HIV changes with new drugs on the market and evolving resistance patterns," said Sanjay Aurora, M.D., chair of the committee.

The program is designed for obstetricians and other perinatal health care providers, as well as pediatricians, infectious disease specialists, and internal medicine and family practice physicians who practice in metropolitan or high-risk areas. The faculty will

review appropriate interventions for pregnant women with HIV, best practices to reduce the risk of mother-to-child transmission, and how to overcome barriers to perinatal HIV care and management. **VS**

— Robyn Alie

Perinatal Aspects of HIV

**Wednesday, April 16,
6:00 to 9:00 p.m.**

MMS Headquarters, Waltham

Faculty include Sandra Burchett, M.D., M.S., Children's Hospital Boston; Katherine Luzuriaga, M.D., UMass Medical School; and Lauren Smith, M.D., Massachusetts Department of Public Health.

To register, call (800) 843-6356.

State to Launch Campaign Against Secondhand Smoke

In response to a comprehensive report from the U.S. Surgeon General, the Massachusetts Department of Public Health (MDPH) will launch a media campaign to increase awareness of the dangers of secondhand smoke, especially as it affects children. The campaign will run from early May until the end of June and will include radio spots, transit posters, billboards, and Internet advertising.

The report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, states that exposure to secondhand smoke can cause asthma attacks, ear infections, upper respiratory infections, and a number of other conditions, including sudden infant death syndrome in children. There is no safe level of exposure.

"Though Massachusetts has a comprehensive statewide smoke-free workplace law that protects most adults from the dangers of secondhand smoke, MDPH estimates that more than a quarter million Massachusetts children are at risk

for serious health consequences from exposure to secondhand smoke," said MDPH Commissioner John Auerbach. This exposure occurs mainly in the home, he added.

The media campaign will inform parents about the dangers of secondhand smoke and urge them to talk with their health care providers about getting help to quit smoking. The MDPH will provide free materials

for providers, including posters and patient handouts, tips on how to respond to questions from patients, health facts about secondhand smoke, a guide to quitting smoking, and links to more detailed resources.

For free campaign materials, available in mid-April, visit www.madclearinghouse.com/CatalogPageFrameSet.htm. For more information about quitting smoking and preventing secondhand smoke exposure in the home, visit www.makesmokinghistory.org/secondhandsmoke/index.html.

— Cathy Corcoran

MDPH Tobacco Control Program

There is no safe level of exposure to secondhand smoke.

MMS Hosting National Conference on Impact of War on Soldiers and Their Families

On April 4, the MMS will host the 2008 Linda E. Saltzman Symposium on the health and social consequences of armed conflict on soldiers, returning veterans, and their families.

"This is a new and important field in medical care," said Elaine Alpert, M.D., M.P.H., founding chair of the MMS Committee on Violence and the Society's representative to the AMA's National Advisory Council on Violence and Abuse, which is sponsoring the program with the Department of Veterans Affairs National Center for Post Traumatic Stress Disorder (PTSD). "Veterans are not just returning to military bases and VA hospitals, they're returning to civilian life and civilian physicians."

Returning military personnel often have issues physicians do not normally see in community-based practices. These include exposure to chemicals and other occupational toxins and infectious diseases not native to the U.S. In addition, said Dr. Alpert, some of the medical, psychological, and social effects of combat may not become apparent until six months to one year after returning. These social and health consequences include substance abuse, PTSD, depres-

sion, anxiety, somatic complaints, divorce, and financial stress.

High rates of suicide, violent behavior, and domestic violence among returnees have been documented, especially in National Guard and Reserve forces, as they

reenter the community and lose the connection to their unit and the support system it provided.

The April 4 program will emphasize the need for education of community-based physicians about treating families of war and will explore next steps in terms of research on these issues. Dr. Alpert remarked that Massachusetts boasts cutting-edge researchers on these issues, from which the symposium drew its faculty. "This five-hour program won't answer all the questions, but we will help physi-

cians understand how to identify local resources for these patients," she said. Topics will include psychological effects of combat on soldiers and on the family system, sexual trauma in the military, combat recovery, and physician health during wartime.

For more information or to register, contact Candace Savage at (781) 434-7017 or e-mail dph@mms.org. **VS**

— Robyn Alie



Photo courtesy of the U.S. Army

WEBSITE OF THE MONTH

Alcohol and Substance Abuse Helpline Includes Directory of Massachusetts Treatment Centers

The Helpline provides free and anonymous information and referral for alcohol and other substance abuse problems. This resource, a project of The Medical Foundation and funded by the Massachusetts Department of Public Health's Bureau of Substance Abuse Services, can be accessed on the Web at www.helpline-online.com or by phone at (800) 327-5050, TTY: (617) 536-5872. The Helpline links consumers with comprehensive information about more than 600 treatment and prevention services throughout Massachusetts.

The website's top navigation bar links to a searchable database of Massachusetts treatment centers. There are also links to online self-assessment tools, questions to ask when choosing a treatment center, links to self-help resources such as Alcoholics Anonymous, and evidence-based prevention information. A "Partners for Recovery" tab offers information for health care professionals, including a Web-based curriculum geared toward generalist clinicians.

STATE/FEDERAL UPDATE

Physician Workforce Issues Percolate in State and Federal Legislatures

The last two MMS Physician Workforce Studies have emphasized the growing shortage of primary care physicians, in addition to increasing shortages among other specialties. The Society has worked for several years with legislators in Washington and Boston to develop strategies that address the deteriorating condition of the physician workforce. Recently, meaningful legislative movement on this issue occurred in the U.S. Congress and the State House.

Sen. Edward Kennedy invited MMS President-Elect Bruce S. Auerbach, M.D., to testify before the Senate Health, Education, Labor, and Pensions Committee on health care workforce issues for the future. The MMS frequently weighs in at the federal level with written testimony to Congress, but this was the first time in recent MMS history that a member of the Society was invited to testify in person.

The purpose of the hearing was to discuss health care workforce shortages and reauthorization of Title VII of the Health Professions Training Program.

During his testimony, Dr. Auerbach said, "Unless we take the necessary steps to increase the number of physicians, particularly those going into primary care, our efforts to increase access to quality health care and to reduce costs will fail."

In testifying about the success of Title VII programs, Dr. Auerbach said, "These

programs have been very effective in training physicians who continue to practice in community health centers and underserved areas. As such, Title VII should be reauthorized with significant additional funds."

Dr. Auerbach recommended several additional steps the federal government could take to address the physician-shortage problem, including the following:

Governor Supports Medicaid Rate Increase in State Budget

In addition to facilitating insurance coverage for more than 300,000 previously uninsured Massachusetts residents to date, the state's health reform law also provided a mechanism to increase Medicaid reimbursements to physicians.

The third of three legislated annual Medicaid rate increases, which together total \$81 million, is scheduled to take effect on July 1, 2008. Despite a projected state revenue shortfall of more than \$1 billion, Gov. Deval Patrick included the physician rate increase in his fiscal 2009 budget proposal. The House is expected to vote on its version of the budget this month, and the Senate should address the issue in May.

- Implementing a new methodology for accurately counting full-time practicing physicians (Massachusetts and other states with a high percentage of physician researchers and academicians are misrepresented in these counts, and such inaccuracies may unfairly disqualify areas that should be eligible for shortage designation and accompanying federal funds.)
- Providing debt relief and other financial incentives for medical school graduates who pursue primary care and commit to practicing in an underserved community for a period of time
- Comprehensive reimbursement reform for all physicians, especially for primary care providers in the areas of cognitive and preventive services and comprehensive patient management

Loan-Repayment Relief Bill Advances on Beacon Hill

Meanwhile, at the State House, Senate President Theresa Murray introduced comprehensive legislation that includes tuition incentives and loan forgiveness programs to expand access to primary care. Also, the Joint Committee on Health Care Financing recently reported out House Bill 4514, which would improve patient access to physicians in two ways:

- By establishing a physician loan repayment program for medical school graduates specializing in primary care who make a commitment to practice in underserved areas of the state
- By creating a Healthcare Workforce Council to examine disincentives to physician recruitment and retention and make recommendations to eliminate those barriers

As he did in Washington, MMS President-Elect Bruce S. Auerbach, M.D., testified before this committee.

In related State House news, a report is due out shortly from a special commission to investigate the accessibility of obstetrical, gynecological, and neurosurgical care in the state's four western counties. Recent MMS Physician Workforce Studies have documented that the physician workforce shortage is most acute in western Massachusetts and on Cape Cod. **VS**

— Alex. Calcagno and Stephen Shestakofsky

LEGISLATOR OF THE MONTH

Representative Elizabeth A. Malia (D)

District: Boston (part)

Committees: Mental Health and Substance Abuse (Vice Chair); House Ways and Means; Bonding, Capital Expenditures, and State Assets



QUOTE: The Legislature's Joint Committee on Mental Health and Substance Abuse, on which I serve as vice chair, continues to play a crucial role in bringing increased attention to — and funding for — mental health and substance abuse services.

Like the Massachusetts Medical Society, I strongly support the mental health parity bill (H. 4423). This bill would require health insurers to provide equal coverage for both "biologically" and "non-biologically" based disorders. As physicians well know, current medical research blurs the distinction between the two. There should be comprehensive insurance coverage for *all* mental disorders, including substance abuse, eating disorders, and post-traumatic stress disorder.

I am also very supportive of the health disparities bill (H. 2234), which would address and eliminate racial and ethnic disparities in health care. As we work to remove disparities in general, we should make eliminating disparities in mental health care a priority. There is a shortage of mental health providers who are linguistically and culturally competent, which makes it difficult for minorities to receive appropriate mental health care. There are also not enough mental health providers in Boston and other Massachusetts cities, making it more difficult for urban residents to access mental health services.

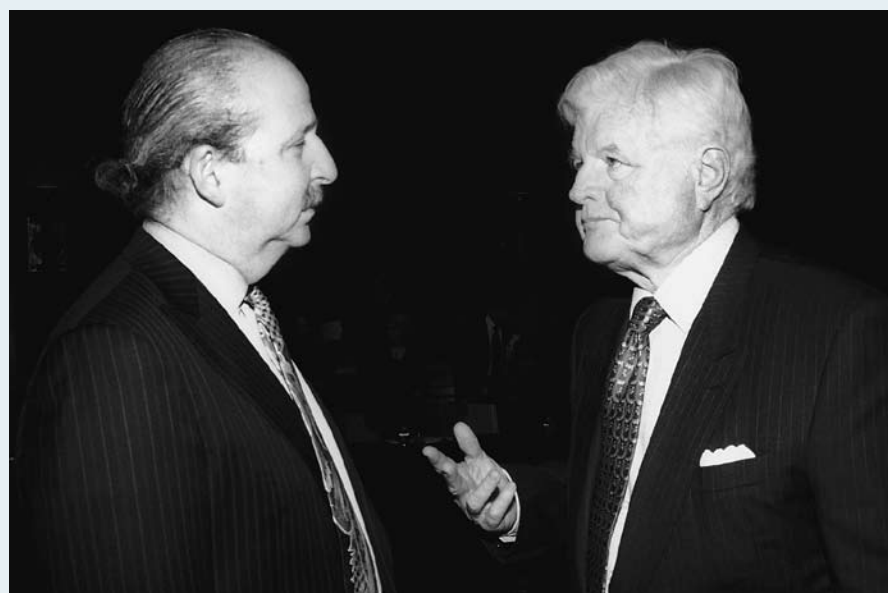


Photo by Day Walters

Sen. Edward Kennedy invited MMS President-Elect Bruce S. Auerbach, M.D., to testify on physician workforce issues before the Senate Health, Education, Labor, and Pensions Committee.

CMIC Launches New Malpractice Program

The Connecticut Medical Insurance Company (CMIC) is launching a special malpractice program for Massachusetts physician groups with superior claims experience. Called the Malpractice Quality Initiative (MQI), the program features premium reductions of up to 30 percent, combined with significantly increased risk management. MQI will feature a modified claims made form that eliminates the need to buy a tail. CMIC will also offer its traditional claims made policy and recently enhanced group malpractice products.

"We understand how difficult it is to maintain a superior claims record," said CMIC CEO Denise Funk. "Our goal with MQI is to provide both motivation and rewards to physician groups for such efforts by combining significantly reduced premiums with advanced risk management." MQI also adds an extra credit for

practices using a CCHIT-certified electronic health record system.

Eligibility for the MQI will be based on several factors, including practice size (minimum of three or more physicians), continued stellar claims experience, board certification, lack of disciplinary actions, and willingness to participate in the MQI risk management process.

Michael Morgan, CMIC's director of business development, cited another MQI feature: "If an MQI practice is hiring a physician covered under a claims made policy, CMIC may accept the new physician's 'retroactive' date, depending on the state from which he or she is coming," he said. "This prior acts coverage could help a great deal in the recruiting process."

For more information, contact PIAM at (800) 522-7426 or www.piam.com. **VS**

— Barbara Lawrence

Leading by Example Is Theme of Annual Education Program

On May 10, some of the most forward-thinking leaders in medicine and health policy will convene at the World Trade Center in Boston to share their experiences and ideas on how physicians can lead their patients on an affordable, high-quality path to good health. From various perspectives, the message will be focused on the fact that each physician can make a difference, even while broader health care system changes are occurring.

Among the expert presenters at the 2008 Annual Education Program will be Peter B. Budetti, M.D., J.D., who will address the tension physicians have experienced in recent decades due to the immense power of what he calls "market justice" in health care. Dr. Budetti, from the Department of Health Administration and Policy at the University of Okla-

homa Health Sciences Center, says market justice is characterized by individual and institutional self-interest, in contrast to "social justice," which holds communal well-being as the highest value.

Plan on attending the Annual Education Program to learn, among many other things, how physicians can better reconcile the gap between social justice and the powerful forces of market justice. Later that same day, join in a lively Socratic dialogue about universal coverage at the 2008 Shattuck Lecture, which will be moderated by New York University law professor Arthur R. Miller. **VS**

For more information or to register for these or any activities associated with the 2008 MMS Annual Meeting, visit www.massmed.org/annual2008.

PHYSICIAN HEALTH MATTERS

Preparing Yourself and Your Practice for Retirement: It's Never Too Early

Many physicians plan for a smooth transition from full-time work to retirement. But what happens when a doctor is suddenly and unexpectedly faced with a major personal or family illness or disability that requires leaving practice sooner than hoped?

At the most recent Caring for the Caregivers conference, attendees learned approaches to retirement and how to cope with sudden life changes that require physicians to alter or leave medical practice.

It is never too early to think about your optimal transition plan. That plan should include the following considerations:

- **Insurance** — enough to cover yourself and your family in the event of a sudden illness or disability
- **Savings and retirement funds** — enough to retire at a specific age, such as the mandatory retirement age at your health care facility

- **Succession** — a plan for your patients and for leadership transition in your practice
- **Records** — Make sure someone knows how to access your health care proxy, power of attorney forms, patient records, financial records, and tax documents.

Many physicians consider starting the retirement process with part-time hours and limited call until patients are adequately transitioned. It is also helpful to consider how you will find meaning in your life outside of medical practice. Many physicians identify themselves so fully as a doctor, first and foremost, that the removal of this role can be an unexpected challenge. Alternate activities that might be fulfilling include teaching classes, seeking hobbies and activities that you did not have time to pursue previously, and volunteering.

Sometimes, intervening factors — such as personal illness, family illness, a contract not being renewed, or professional dislocation — can interrupt even the best-laid plans. This can be especially distressing because the challenges of leaving the profession are compounded by loss of control.

Conference facilitators Jack Evjy, M.D., and Rusty Van Houten, M.D., noted that facing the inability to work takes time

and a considerable amount of emotional energy. Leaving medicine is a major life change that affects a physician and his or her loved ones deeply. "Do not try to do this alone," advised Dr. Van Houten. "Working with your spouse, family, and colleagues can help you and them prepare for change."

"Learning to grieve the losses that come with life and to embrace opportunities with the time and resources we have left is the very essence of creating a fulfilling life," concluded Dr. Evjy. **VS**

For more information on retirement issues, contact Physician Health Services at (781) 434-7404, or visit www.massmed.org/retirement.

Career Day/Job Fair Attracts More than 100



Photo by Linda Quain

The annual MMS Career Day/Job Fair for Massachusetts Physicians in February featured a workshop on job-hunting strategies presented by the *New England Journal of Medicine*. The event also included a forum for international medical graduates and individual CV critiques.

SAVE THE DATES

Managing Workplace Conflict: Improving Personal Effectiveness

May 15 and 16, 8 a.m.–4 p.m.
MMS Headquarters, Waltham

To register, call (800) 843-6356, or visit
www.massmed.org/cme.

ACROSS THE COMMONWEALTH

District News and Events

Barnstable — District Meeting. Thurs., April 10, 6 p.m. Location: Wayside Inn, Chatham. Guest Speaker: B. Dale Magee, M.D., MMS president. Fee: \$25 per person. For more information, contact the Southeast Regional Office.

Berkshire — Doctor for a Day Program. Wed., April 2, 7:30 a.m. to 4:30 p.m. Location: Berkshire Medical Center. **Annual Meeting.** Tues., April 15, 6 p.m. Location: Spice, Pittsfield. Speakers: Robert Hertzog, M.D., Charles Joffe-Halpern, and Peter Stanley. For more information, contact the West Central Regional Office.

Charles River — Annual Meeting. Wed., April 23, 6 p.m. Location: Marriott, Newton. Speaker: Lawrence Altman, M.D. **Delegates Meeting.** Tues., April 29, 6 p.m. Location: Commonwealth Room, MMS Headquarters, Waltham. For more information, contact the Northeast Regional Office.

Essex North/Essex South — Joint Delegates Meeting. Wed., April 30, 6 p.m. Location: Danversport Yacht Club, Danvers. For more information, contact the Northeast Regional Office.

Essex South — Annual Meeting. Wed., April 9, 6 p.m. Location: Danversport Yacht Club, Danvers. Speaker: Bruce S. Auerbach, M.D., MMS president-elect. For more information, contact the Northeast Regional Office.

Hampden — Annual Meeting. Tues., April 29, 6 p.m. Location: The Log Cabin Banquet and Meeting House, Holyoke. Topic: An Evening with John Elder Robison, local author of *Look Me in the Eye: My Life with Asperger's*. For more information, contact Suzanne Skibinski at (413) 736-0661.

Middlesex — Annual Meeting. Sat., April 12, 6:30 p.m. Location: Museum of Science, Boston. Mugar Omni Theatre Presentation: "Hurricane on the Bayou." For more information, contact the Northeast Regional Office.

Middlesex Central — Annual Meeting. Tues., April 29, 11:45 a.m. Location: North Assembly Room, Emerson Hospital, Concord. Speakers: Charles Alagero, Esq., and Alex. Calcagno. Topic: State and Federal Legislative Update. For more information, contact Carol Marshall at (978) 287-3017.

Middlesex North — Annual Meeting. Wed., April 30, 6 p.m. Location: Vesper Country Club, Tyngsboro. Speaker: B. Dale Magee, M.D., MMS president. For more information, contact the Northeast Regional Office.

Middlesex West — Annual Meeting. Wed., April 16, 6 p.m. Location: Premium Cinema, Framingham. For more information, contact the Northeast Regional Office.

Norfolk — Annual Meeting. Wed., April 16, 6 p.m. Location: Sheraton Hotel, Needham. For more information, contact Dr. George Benjamin at (781) 434-7210.

Plymouth/Bristol North — Joint Spring Meeting. Wed., April 16, 6 p.m. Location: Tuscan House, Middleboro. Topic: MMS Update. Speaker: Mario E. Motta, M.D., MMS vice president. For more information, contact the Southeast Regional Office.

Suffolk — Legislative Breakfast. Fri., April 4, 7:30 a.m. Location: East Garden Room, White Building, MGH. For more information, contact the Northeast Regional Office.

Worcester — Annual Meeting. Wed., April 9, 5:30 p.m. Location: Beechwood Hotel, Worcester. Speaker: B. Dale Magee, M.D., MMS president. For more information, contact Joyce Cariglia at (508) 753-1579.

Southeast Regional Caucus — Wed., April 30, 6 p.m. Location: LeBaron Hills Country Club, Lakeville. Delegates from Barnstable, Bristol North, Bristol South, Norfolk South, and Plymouth will meet to discuss resolutions. For more information, contact the Southeast Regional Office.

Statewide News and Events

Arts, History, Humanism & Culture Member Interest Network — Executive Committee Meeting. Wed., April 16, 6 p.m. Location: MMS Headquarters, Waltham. For more information, contact the West Central Regional Office.

Time-Limited Participation Opportunities

In addition to formal committee work, the MMS has many opportunities for physicians to share their expertise or interest. The Society convenes special time-limited task forces, advisory groups, and expert panels to review specific issues, make recommendations, or oversee the implementation of projects. The Society also has opportunities for physicians to represent the MMS on commissions, special panels, and other appointed groups in the public and private sectors.

If you have a special interest or expertise in the areas listed in the box and

Participation Opportunities

Public Health • Physician Credentialing • Office Management • Electronic Health Records • Quality Improvement • Professional Liability • Continuing Education • Clinical Competencies

would like to be considered for any of these time-limited opportunities, please contact Sandra Manchester at (781) 434-7012 or smanchester@mms.org. **VS**

Third Annual Research Poster Symposium

Sponsored by the MMS and its Resident and Fellow and Medical Student Sections

April 26, 10:00 a.m. to 2:30 p.m.
MMS Headquarters, Waltham

This event is FREE and includes a networking lunch. Residents and fellows are invited to participate in section elections for the 2008–2009 Governing Council at 1:00 p.m.

RSVP by Friday, April 18, to Emily Richardson at erichardson@mms.org.

For more information, visit www.massmed.org/postersymposium.

April Brings Free Cancer Screenings

The Massachusetts Society of Otolaryngology — Head & Neck Surgery (MSO-HNS) will host its fourth oral, head, and neck cancer screening program from April 21 through April 25. This collaborative effort with the Yul Brynner Foundation provides community education and encourages preventive screenings for cancer of the mouth, pharynx and larynx.

More than 30 ear, nose, and throat physicians conducted free screenings in Massachusetts last April. If you would like more information on the cancer screening program or are interested in hosting a screening site, contact MSO-HNS Chapter Administrator Julie Kealey at (800) 322-2303, ext. 7317. **VS**

— Julie Kealey

ACROSS THE COMMONWEALTH, CONTINUED

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

In Memoriam

The following deaths of MMS members were reported to the Society in February and March 2008. We also note member deaths on the MMS website at www.massmed.org/memoriam.

Mustafa K. Alkan, M.D., 82; Ottawa, Canada; Tip Fakultesi Istanbul University, 1951; died January 5, 2008. **David J. Borrelli, M.D.**, 59; Needham, MA; State University of New York Upstate Medical University, 1974; died February 9, 2008. **Edward F. Caruso, M.D.**, 90; Longmeadow, MA; Boston University School of Medicine, 1945; died February 21, 2008. **Walter F. Crosby, M.D.**, 94; Sterling, MA; Tufts University School of Medicine, 1939; died February 1, 2008. **Louis E. Griffey, M.D.**, 81; Norwood, MA; State University of New York Upstate Medical University, 1952; died February 19, 2008. **Benedict F. Massell, M.D.**, 101; Brookline, MA; Harvard Medical School, 1931; died January 28, 2008. **John E.D. McGuigan Jr., M.D.**, 82; Webster, MA; Thomas Jefferson Medical School, 1950; died February 19, 2008.



MASSACHUSETTS MEDICAL SOCIETY
EVERY PHYSICIAN MATTERS, EACH PATIENT COUNTS.

WHAT'S ON THE WEB?



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win the District Challenge!
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Doctor Finder

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online tool. Go to www.massmed.org/doctorfinder.

WWW.MASSMED.ORG

MMS Sponsored & Jointly Sponsored CME Activities

To register for any of these activities, call (800) 843-6356.

For additional information, contact the Department of Continuing Education and Certification at (800) 322-2303, ext. 7306, or go to www.massmed.org/cmecenter.

Live CME Activities

Go to www.massmed.org/cme/events.

Perinatal Aspects of HIV

April 16, 6:30–9:00 p.m.
MMS Headquarters, Waltham.
Sponsored by the MMS and its
Committee on Maternal and Perinatal
Welfare. 2.5 Credits (RM)

Know the Response: Disaster
Management and Communication
for the Health Care Provider

April 30, 5:30–9:00 p.m.
MMS Headquarters, Waltham.
Sponsored by the MMS in
collaboration with the Massachusetts
DPH. 2.5 Credits (RM)

2008 Ethics Forum:
Nanotechnology: Medical
Prospects & Ethical Challenges
May 8, 3:30–5:30 p.m.
Seaport/World Trade Center, Boston.
2.0 Credits (RM)

Lead by Example: Choices for a Better
Health Care System

May 10, 8:30–10:30 a.m.
Seaport/World Trade Center, Boston.
2.5 Credits (RM)

2008 Shattuck Lecture: Health of the
Nation — Coverage for All Americans

May 10, 11:00 a.m.–1:00 p.m.
Seaport/World Trade Center, Boston.
2.0 Credits (RM)

Online CME Activities

Go to www.massmed.org/cme.

NEW Unmasking Depression
in Primary Care Practice
4.5 Credits (RM)

*The following audio and PowerPoint
activities are available online:*

NEW How to Improve Medication
Safety and Reduce Drug Costs
through e-Prescribing
2.5 Credits (RM)

Physician-Hospital Relationships:
Where Do You Stand?

3.0 Credits (RM)

Balancing Your Practice: Protecting
the Public’s Health and Preserving
Your Patients’ Privacy

2.5 Credits (RM)

Avian Flu and Pandemic Preparedness
2.5 Credits (RM)

A National Perspective on Disparities
in Health Care Quality
1.0 Credit (RM)

Health Disparities: Public Health
Preparedness
1.0 Credit (RM)

*The following online activities are co-
developed with Adler, Cohen, Harvey,
Wakeman & Guekguezian, LLP. Each
activity is designated as 1 Credit (RM):*

Legal Advisor: Mandated Reporting

**Legal Advisor: Hearing-Impaired
Patients and the Americans with
Disabilities Act**

**Legal Advisor: New Guidance —
Patients with Limited English
Proficiency**

Save the Date

June 4
6th Annual Men’s Health Symposium
MMS Headquarters, Waltham
Sponsored by the MMS and its
Committee on Men’s Health

CME CREDIT: Unless otherwise noted, each activity is des-
ignated for AMA PRA Category 1 Credits™. RM indicates that
the activity or a portion thereof meets the Massachusetts
Board of Registration in Medicine criteria for risk manage-
ment study. CME ACCREDITATION: The Massachusetts
Medical Society is accredited by the Accreditation Council
for Continuing Medical Education to provide continuing
medical education for physicians.