

VITAL SIGNS



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VOLUME 15, ISSUE 4, APRIL 2010

Among Cost Proposals, Roadmap Remains Most Complete

BY TOM WALSH

With state and municipal governments struggling to close substantial budget deficits, a host of reports, programs, and legislative proposals have emerged since the first of the year, all targeting the same question — how to curb the rising cost of health care.

In a move that he said would make health care more affordable for smaller companies and their employees, Gov. Deval Patrick recently submitted a bill to the Legislature that would strengthen his ability to review and reject rates charged by small-group insurers. The bill would also set up a hearing process to review any insurance carrier's premium increase if it is greater than 150 percent of the prior calendar year's base premium rate.

"Small businesses and working families need relief from skyrocketing health care costs, and they need it now," the governor said.

During State House testimony on the governor's bill in March, MMS Senior Medical Advisor Jack Evjy, M.D., acknowledged that affordable health care for small businesses, including physician practices, is a challenge. "However," Dr. Evjy said, "artificially containing the cost that payers may pay to practices gives us serious concern, not the least of which is the message that rate regulation makes Massachusetts an unattractive place to practice."

In a related development, Insurance Commissioner Joseph Murphy filed an emergency regulation requiring health insurers to file proposed changes in small-business premiums with the Division of Insurance before the rates take effect so they can be reviewed and rejected if they are deemed excessive or unreasonable.

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Cost-Containment Debate Finds Many Physicians Caught in the Middle

BY TOM WALSH

The patient sitting with internist Barbara Spivak, M.D., was suffering from multiple vascular problems, and Dr. Spivak believed the patient needed a carotid ultrasound. But because of a \$1,000 health insurance deductible, the patient balked.

"That means this patient will eventually need surgery," said Dr. Spivak, who is also president of the Mount Auburn Cambridge Independent Practice Association (MACIPA), with 495 physician members. She told her patient that they could work out a payment plan to address the high deductible. "We try to work those things out, even if patients pay \$5 a week," Dr. Spivak said. "If I can't substantiate that the value of a given test or intervention is worth it, then maybe the patient shouldn't have it."

In this instance, Dr. Spivak was recommending a less invasive and less costly approach than future surgery would be. Still, her patient opted not to spend the money. As patients find themselves with higher insurance deductibles and co-payments, "They are more and more concerned about the costs of tests," Dr. Spivak said.

High Patient Expectations

"That's part of the problem," concurred Mario E. Motta, M.D., MMS president. "Another part of the problem is that patients have high expectations because we have such high-quality medical centers in Massachusetts. When it comes to controlling costs, physicians often end up right in the middle."

National and local health care reform efforts have focused increasing attention on efforts to curb the cost of medical services. Practicing physicians now often find themselves on the front lines of cost-control challenges that are much more complex than they seem.

Whether or not doctors seeing patients consciously think about the cost, Dr. Spivak said they are

"more and more being driven by cost issues. Whether that is for the better or not, I don't know. There is a good side and a bad side."

Overuse, Misuse, Underuse

Physicians have long been advocates for health care cost control, as in the form of admonitions to patients to lose weight, avoid smoking, and exercise, for example. In the current ultra-complex health care system, however, cost control is a much more complicated issue.

Because of that, large physician groups seem to have the ability to do a better job when it comes to cost-conscious, high-quality care.

Atrius Health is a nonprofit alliance of nearly 800 physicians practicing in eastern Massachusetts, serving nearly 700,000 patients. Atrius physicians address cost control by focusing on overuse, misuse, and underuse of care, said Richard Lopez, M.D., the group's chief physician executive.

Dr. Lopez cited numerous examples, such as the weekend athlete who turns an ankle or the person who wakes up with a headache. Both may tell their doctors they want to have an MRI immediately, whether or not such a diagnostic test is called for.

Atrius doctors try to have patient services performed in the "least intensive" environment that is necessary to deliver quality care. "Many

patients can be managed just as well in an acute rehab hospital as in an acute care hospital," Dr. Lopez said. "Similarly, a skilled nursing facility is less expensive than acute rehab, and home visits are less expensive than skilled nursing. Using the most appropriate setting can cut cost. We have built our organization such that this is how we approach care."

What about solo or small-group physicians unaffiliated with an IPA? They do not generally enjoy the support mechanisms available in large IPAs, Dr. Lopez noted. "You can only manage the costs you



Top: Barbara Spivack, M.D., president of the Mount Auburn Cambridge IPA



Bottom: Richard Lopez, M.D., chief physician executive of Atrius Health

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PRESIDENT'S MESSAGE



Will Policy Transcend Politics?

Despite the rancor and political self-interest that dominated Washington during the recent National Advocacy Conference, I remain hopeful that, as you read this, some form of federal health care reform will have been enacted.

From our Society's perspective, meaningful reform must do four main things: cover as many of the uninsured as feasible, put an end to insurer abuses, permanently fix the broken Medicare reimbursement formula, and curtail costs over the long term.

As an element of the shared responsibility that made reform in Massachusetts work, the so-called individual mandate is, in my opinion, also necessary for federal reform. In the U.S., patients presenting at any emergency department receive treatment. It's the law, and it's the right thing to do. But it's also the right thing for every individual to have some type of health coverage — and for the government to help subsidize such coverage for certain individuals and families.

I believe, as does the nonpartisan Congressional Budget Office, that near-universal coverage will save money in the long run by reducing our nation's disease burden through improved access to preventive care. The cost of doing nothing will be greater than the estimated \$1 trillion reform pricetag over the next 10 years.

Our Massachusetts Congressional delegation has been nearly unanimous and stalwart in its support of reform. If the rest of Congress sets aside political expedience in favor of rational health care policy, we'll get comprehensive and meaningful change. If not, we'll get reform piecemeal, or worse, none at all.

Mario Motta, MD
— Mario E. Motta, M.D.

Cost Containment

continued from page 1

can control," he said. "All you can manage is the care you are providing."

Keeping Patients Out of Boston

In Leominster, a city of about 40,000 in the north-central part of the state, Ray Fredette serves as the nonphysician CEO of CentMass Association of Physicians, an IPA of nearly 200 primary care physicians and specialists. "Our doctors do lots of things to control costs," Fredette said. "We do pharmacy management, use clinically equivalent generic drugs, and try to keep people out of Boston. We know that medical services at larger teaching hospitals can cost as much as 400 percent more than at local hospitals in our area."

Fredette added that some of the challenges physicians face in trying to control costs will never be resolved without professional liability insurance reform. "Physicians think, 'Should I try a certain test now or some other avenue? And if I do that, am I going to get sued.'"

Dr. Motta agreed. "With the risk of liability, it can be hard for a physician to say no," the MMS president said.

In Memoriam: Louis Alfano, M.D. (1921–2010)



Louis Alfano, M.D., MMS president from 1975 to 1976, passed away on February 14 at the age of 88.

A 1946 graduate of Tufts University School of Medicine, Dr. Alfano practiced obstetrics and gynecology for more than six decades, delivering more than 10,000 babies during that time.

In addition to serving the MMS as president and chair of the Committee on Legislation, Dr. Alfano was a long-time AMA member, president of the medical staff at Melrose-Wakefield Hospital, and board chair of Blue Shield of Massachusetts. He also helped found the American Society of Abdominal Surgeons and served as that organization's president.

Dr. Alfano is survived by his wife Ella, 6 children, 12 grandchildren, and a great-grandchild.

Cost, Quality Go Together

Everyone *Vital Signs* spoke with agreed that cost cannot be separated from quality.

"We don't do what we do to control cost alone," Dr. Spivak said. "We focus on improving the quality of what we're doing at an appropriate cost." The MACIPA has a dedicated quality improvement department that, among other things, aggressively seeks to help patients comply with needed screenings and drug regimens. The primary goal is healthier patients, with lower system costs being the fringe benefit.

And yet, there can still be conflicts. Referring back to her patient who needed the carotid ultrasound but couldn't afford it, Dr. Spivak said those circumstances can actually hurt a physician's performance ratings because quality guidelines may "demand" that the ultrasound be done.

Dr. Motta said some European countries have solved that problem by excluding noncompliant patients from a physician's performance calculations. "That's the right solution," Dr. Motta said. "Unless patient noncompliance is removed from performance calculations, doctors won't want to treat noncompliant patients." **VS**

Kanter Prize Nominations Due April 9

The MMS will accept nominations for the 2010 Joseph H. Kanter prize until April 9. The prize was established by the Health Legacy Partnership — a public-private partnership between the Agency for Healthcare Research and Quality and the Joseph H. Kanter Family Foundation — to recognize a U.S. physician who has enhanced the delivery of health care by minimizing health care disparities.

One community physician practicing in the U.S. will receive the \$100,000 prize. MMS member James O'Connell, M.D., was named the first Kanter Prize Laureate last year (see *Vital Signs*, November 2009, page 4). **VS**

Contact Sandra Manchester at smanchester@mms.org for a nomination package, or visit the Health Legacy Partnership website (www.healthlegacy.org) for additional information.



James O'Connell, M.D., winner of the inaugural Kanter Prize

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Administrative Workflow: Optimize Front End to Avoid Back-End Hassles

Data suggests that claims denials due to administrative problems, such as erroneous eligibility transactions, amount to only 1 to 3 percent of the total claims submitted to payers. However, these same claims may amount to as much as one-quarter of the total administrative workload in a physician practice. This is a perfect example of why you should make every effort to minimize back-end corrections to patient demographic and billing information.

First, make sure that every patient's eligibility is verified as closely as possible prior to the visit. It's good to validate eligibility a few days in advance, but checking or rechecking the day before or day of the visit further reduces the risk of an error.

Checking patient benefits when possible can also reduce back-end work. Most plans in Massachusetts have websites to help staff accomplish these checks. There are also commercial solutions available, such as NEHENet. NEHENet is a consortium of the eight largest payers in Massachusetts that provides a single gateway to the plans' essential electronic transactions.

Making sure that patient information is verified and entered into a system accurately and that patient eligibility and benefits are verified is only part of the equation, though. Every practice should also examine its claims processes and results at least annually. This will help identify issues that need to be addressed, as

well as pinpoint the processes currently in place that work best, so you can develop a set of best practices.

These best practices should include how to effectively collect and process patient information. At a more granular level, analyzing claims denial codes will provide a window into a practice's ability to navigate payer rules, its efficiency in billing, and its consistency regarding billing policy.

Overall, analyzing the results of your practice's processes will reveal possible gaps, wherever they are, including payer performance metrics as they are applied to your particular practice and specialty. **VS**

—Adam Shlager

Meaningful Use and the Physician Office

It's no secret that the federal government is releasing millions of dollars locally (and billions nationally) for the purchase and use of electronic health records (EHRs) in hospitals and physician offices. These dollars are significant and arguably could offset a large portion of the upfront costs of the technology. Additionally, federally funded regional extension centers will assist practices with preparing and implementing EHRs.

The qualifier for these funds will be "meaningful use" of a certified product (see *Vital Signs*, February, page 3). The first stage of these standards has gone through a comment period that demonstrated the difficulties practices may face in meeting meaningful use standards and qualifying for the federal subsidies.

While there are a number of robust discussions about how completely federal funding will offset the true costs of purchasing, implementing, and maintaining an EHR, there's no question that practices should capitalize on what's being

offered. Practices in Massachusetts should also remain cognizant of language in state law (Chapter 305) that ties medical licensure to a still-undefined



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level of EHR proficiency by 2015. If funds and assistance are available to offset some of the costs, providers should take advantage of them.

Practices should be on the lookout for initial elements of meaningful use that may

prove problematic. Among concerns voiced recently are the following:

- Practices must bill electronically. If billing is outsourced, will the vendor have to attest that it is using a certified product? How will practices demonstrate this?
- Providers are supposed to provide copies of visit notes to patients in electronic form. What form will that take? Will access to notes through a portal suffice?
- How will providers demonstrate electronic eligibility verification?

Practices should evaluate the final report to assess its impact on their operations. Look for elements that may be difficult to demonstrate once the attestation stage of meaningful use has passed, beginning in 2012.

Practices should also keep an eye on stage 2 of the meaningful use rules. These rules are still in development and will likely represent some evolutionary development of the stage 1 standards. **VS**

—Adam Shlager

Revisiting Security and Privacy in Medical Practices

Most medical practices have adopted appropriate policies for their office procedures and staff that safeguard protected health information (PHI). In many cases, this was simply a codification of existing policies by thorough documentation. But since HIPAA was passed and implemented, a number of new requirements have been proposed or adopted, and these may create a need for practices to reevaluate their existing policies.

The two newest privacy considerations for practices are the so-called "red flag rules" (see *Vital Signs*, April 2009, page 3) and the privacy breach notification rule.

The Federal Trade Commission (FTC) has delayed enforcement of the red flag rules until June 1, 2010, and there are pending appeals to exempt some medical practices. Those appeals are based on the October 30, 2009, U.S. District Court ruling that the FTC may not apply the red flag rules to attorneys.

In the meantime, the FTC has published guidance for businesses (www.ftc.gov/redflagrule), including a template for the creation of an identity theft prevention program.

Privacy breach notification rules are currently implemented. They entail a stringent set of guidelines governing actions that must be taken in the event of a breach in a medical practice. Most practices should ensure that their HIPAA privacy officers are aware of these rules. Certain actions may be taken to ameliorate the risk and provide some relief to medical practices if they act proactively to secure PHI. The MMS will soon provide more extensive guidance about this topic on the Society's website at www.massmed.org.

As more data transitions from paper to electronic format, practices will need to remain vigilant and take proactive steps to protect both their patients and themselves from intrusion and theft of protected information. **VS**

—Adam Shlager

May 14: MMS Health Walk at Annual Meeting

MMS members and their families are invited to join the Committee on Nutrition and Physical Activity for a health walk along Boston Harbor on Friday, May 14. The event will take place in conjunction with the MMS Annual Meeting.

Committee members will be on hand to provide tips on healthy weight, nutrition, and physical activity to help you personally and professionally — from how to talk to patients about weight to how to start an exercise routine for yourself.

"Weight can be a difficult subject to bring up with patients," said Denise Rollinson, M.D., chair of the Committee on Nutrition and Physical Activity. But physician counseling on the subject can have an important impact on patients' weight practices.

One recent study showed that physician advice on losing weight given to overweight and obese males made them 11 times more likely to attempt weight loss than those who did not receive such advice. Physician advice made females 3 times more likely to try to lose weight.

"As physicians with busy practices and schedules, we don't always have the best health and fitness habits ourselves," said Dr. Rollinson. "But practicing good nutrition and physical activity can make it easier to understand and counsel patients with their weight issues."

The walk will leave from the plaza level of the Seaport Hotel at 3:30 p.m. on Friday, May 14. There is no charge to participate, but advance registration is encouraged. Contact dph@mms.org or (781) 434-7371 to register. **VS**



Photo by Doug Bradshaw

MMS members walked near Boston Harbor as part of a previous Annual Meeting health walk.

May 11: Adult Immunization Conference

The 15th annual Adult Immunization Conference will take place on Tuesday, May 11, from 8:00 a.m. to 3:30 p.m. at the DCU Center in Worcester.

The featured conference speaker will be Carol Friedman, D.O., captain of the U.S. Public Health Service.

The conference will include updates from the state Department of Public Health, reviewing the 2009–2010 H1N1 and seasonal flu season and looking forward to the 2010–2011 season.

Afternoon workshops will discuss tips, best practices, and innovative methods for immunization in private practice settings, health care worker immunizations, and immunization in special populations. **VS**

For more information, contact Judi Saber at Masspro at (781) 419-2791 or jsaber@maqio.sdps.org.

MMS Focuses on Health Impacts of Energy Use, Pollution



Photo by Richard Gulla

Members of the MMS Committee on Environmental and Occupational Health (from left, Mary Rice, M.D.; Robert Naparstek, M.D.; and Rick Donahue, M.D.) appeared on the April installment of *Physician Focus* to discuss air pollution and health. The half-hour TV talk show highlighted the health impact of pollution related to energy sources — particularly fossil fuels — and discussed tips for reducing pollution and exposure to it.

On April 28, the MMS will host its sixth annual Public Health Leadership Forum, "Energy Practices and Health." Leaders in health care, public health, government, industry, and the community will meet to explore policy issues related to energy and health.

For more information, contact the MMS Department of Public Health and Education at dph@mms.org or (781) 434-7373.

Popular BPH Treatment May Complicate Cataract Surgery

One of the most commonly prescribed treatments for benign prostatic hypertrophy (BPH) today is the selective alpha-blocker tamsulosin (Flomax). Several years ago, tamsulosin use was linked to a newly described condition called intraoperative floppy iris syndrome (IFIS), which in turn is associated with increases in complications during cataract surgery.

The ophthalmic community urges anyone involved in prescribing BPH medication to be aware of the increased risks associated with these medicines. A 2009 JAMA article by Bell et al highlighted the concern ophthalmologists have regarding cataract surgery complications and selective alpha blockers used to treat BPH. Over the past few years,

several surgical techniques have been described for the management of IFIS, but there is still a significant surgery-related risk for patients with IFIS.

Before prescribing a medicine for BPH treatment, ask yourself the following questions:

- Does the patient really need a selective alpha-blocker?
- Does the patient have cataracts, or is he/she scheduled for cataract surgery?
- Are there other options for BPH treatment?

Patients who are currently taking alpha-blockers should mention this to their ophthalmologists, and any medication changes should first be discussed with both the ophthalmologist

and the physician treating the patient's BPH.

For more information on this topic, go to www.ascrs.org/press_releases/Patient-Advisory-on-Flomax-and-Cataract-Surgery.cfm.

SAVE THE DATE

Avoiding a Disaster During the Disaster: Improving Medical Volunteer Response

**Wednesday, May 19
4:00–8:30 p.m.**

MMS Headquarters, Waltham
Sponsored by the MMS
in collaboration with
the Massachusetts Department
of Public Health

For more information or to register,
contact vkenealy@mms.org.

FEDERAL UPDATE

MMS Meets with Legislators during 2010 National Advocacy Conference

Nearly 40 MMS members — including physicians, residents, and students — participated in this year's AMA National Advocacy Conference in Washington, D.C. The meeting took place during a critical juncture in the legislative process, giving attendees the opportunity to advocate on issues under current consideration — namely, the ongoing efforts to secure national health reform and the immediate effort to deal with a 21-percent cut in Medicare reimbursements to physicians that took effect, albeit briefly, on March 1.

The Society's delegation advocated with members and staff of the Massachusetts Congressional delegation, urging a permanent change to the SGR-based Medicare formula and for key components of health care reform, including model programs to reduce defensive medicine.

Historically, virtually every member of the Massachusetts Congressional delegation has voted in favor of a permanent

change to the Medicare formula, and the current delegation has expressed a commitment to resolve these issues this year. Delegation members and staff also expressed support for state-based demonstration grants to pilot alternatives to the current tort-based system of resolving professional liability issues.

The Society's delegation also met with newly elected Sen. Scott Brown, who expressed interest in working with us on the Medicare physician payment problem. "We were able to present our viewpoints on key issues," said MMS President Mario Motta, M.D. "He listened carefully and indicated he wanted to work with us."



During the AMA National Advocacy Conference in Washington, the MMS contingent met with Rep. Jim McGovern, who represents the Massachusetts Third Congressional District.

Photo by Day Walters

As this issue of *Vital Signs* went to press, President Obama was reiterating his call for passage of national health care reform legislation and reaffirmed the willingness of Democrats to use the reconciliation process to pass a bill, if necessary. The president's newly released proposal included increased funds for demonstration grants to explore alternative models to address medical malpractice, as well as provisions aimed at increasing Medicaid reimbursement to physicians.

The reconciliation process would allow the Senate to approve legislation by a simple majority vote rather than the 60 votes traditionally needed in that chamber to break a filibuster. Sen. Brown and his Republican colleagues oppose the use of reconciliation and have urged the president and the Democratic leadership on Capitol Hill to scrap the current legislation and start anew in efforts to craft a bill that would have bipartisan support. **VS**

— Alex. Calcagno

Cost Proposals

continued from page 1

Meanwhile, Attorney General Martha Coakley released a report on health care costs (www.mass.gov/Cargo/docs/healthcare/Investigation_HCCT&CD.pdf) that found the prices paid by health insurers to hospitals and physician groups "vary significantly within the same geographic area and among providers offering similar levels of service." Among the report's recommendations was "discouraging or prohibiting insurer/provider contract provisions that perpetuate market disparities and inhibit product innovation."

In legislative action, the MMS strongly opposed a measure submitted for the Massachusetts Association of Health Plans that claims it would establish an "affordable health plan." Among other things, the measure would require participation of physicians and other health care providers as a condition for being licensed. Mario E. Motta, M.D., MMS president, said, "There is

no correlation between contracting with insurers and being licensed to practice medicine."

For its part, during January and February, the Division of Health Care Policy and Finance issued a substantial three-part report on Massachusetts health care costs. Among the findings were the following:

- Providers who perform a higher number of individual procedures are paid more than those who are

best at coordinating care or delivering quality services in less expensive settings.

- Specialty physicians and academic medical centers dominate the system; both tend to provide costlier care.
- There is a higher concentration of physicians in academic medical settings than national averages.
- Near-universal health insurance and more generous

insurance benefits lead to higher spending levels.

- Driven by higher medical expenses, small-group health insurance premiums grew faster than midsize and large-group premiums.

Meanwhile, a study released in February by the Commonwealth Fund concluded that "many issues plaguing capitation payment programs in the 1980s and 1990s have largely been resolved" and that "physicians and industry leaders felt that cost reductions of 20 percent to 30 percent are achievable under well-constructed global payment models."

The global payment concept is one of 11 strategies put forth by the state's Health Care Quality and Cost Council in its *Roadmap to Cost Containment* (see *Vital Signs*, February, page 1). The MMS has urged state policymakers to move carefully on implementing global payment, at least for physicians, because it will not work for everyone. **VS**



Committee on Men's Health: Conference and Resources

The MMS Special Committee on Men's Health is best known for its annual symposium. This year's symposium on June 17 (see box) will be no exception, although the format has changed.

"Men's Health: Body and Mind" will be in two parts, with the morning session aimed at physical medicine and the afternoon focused on behavioral health issues. Physicians may register for either one or both sessions.

Presenters will cover diverse topics such as prostate cancer, coronary artery disease, concussion, post-traumatic stress disorder, addictions, and domestic and intimate-partner violence.

The committee is also a good source for resources on issues related to men's health, such as a recent brochure aimed at encouraging men to take better care of their health.

The publication "Men's Health at Risk" can be downloaded for free from the committee's web page at www.massmed.org/menshealth.

You may also obtain hard copies for a nominal fee from the Society. **VS**

— Steve Shestakofsky

Eighth Annual Symposium on Men's Health: Body and Mind

Wednesday, June 17

8 a.m. to 12:15 p.m.
(Part I: Body)

and 1:00 to 4:30 p.m.
(Part II: Mind)

MMS Headquarters
Waltham

For more information
and to register,
call (800) 843-6356 or visit
www.massmed.org/cme/events.

PHYSICIAN HEALTH MATTERS

Physicians Supporting Physicians

For physicians, medical students, and residents seeking support from other physicians in recovery, Physician Health Services, Inc., (PHS) sponsors several weekly, confidential physician support group meetings throughout the state. Some groups are designed for those with substance use disorders, while others are more general, set up to respond to the expressed needs of those who are experiencing stress and/or having difficulty with the rigors of medicine.

All the support group meetings provide an opportunity to meet with colleagues and peers, to develop and strengthen coping skills, and to enhance the quality of professional and personal life. Here is how the support group meetings have helped one physician:

"I first started attending the peer support group at PHS about a year ago. I have been in practice for 5 years and was referred to the group as a requirement of my PHS monitoring. I entered a contract as a result of depression, which had worsened when I had a complaint filed against me for a boundary violation.

I was quite reluctant to attend at first but felt a great sense of relief after my first meeting. Diana Barnes Blood, the moderator of the group, and the other attendees were very welcoming. It felt like a weight was taken off my chest to tell my story to other physicians who could relate to me and what I was going through. I felt for the first time in the months since the complaint was filed that I was not judged.

I was given unconditional support, and the group actually cared about what truly occurred. Even

more important, they cared about me as a person and how the experience was affecting me as a physician and human being. Through listening to others' stories — some of which were much more intense and grave than mine — I was also able to help by sharing my experiences with them.

As the months have passed, I have attained a wealth of knowledge as my integration into the group has developed further. When we physicians go through medical school, residency, and then daily practice, we are driven to care for others. Sometimes this occurs at the expense of our own physical and mental well-being.

The peer support group is a way to confidentially obtain the support that is sometimes difficult to receive from those who are not in the profession of medicine. My only wish was that I started attending these sessions earlier in my career. I encourage everyone, including medical students, to come to a group and see the support that exists. It will help you become a better physician and person."

The support group facilitator, Diana Barnes Blood, M.S.W., L.I.C.S.W., has more than 30 years of experience with individuals and groups. "Calling themselves different people now, they [group members] often describe becoming wiser, more careful, each a more educated and better doctor with a much better perspective," said Ms. Blood. **VS**

For more information regarding the times and locations of peer support group meetings, contact PHS at (781) 434-7404 or www.physicianhealth.org.

Managing Workplace Conflict

April 29 and 30

MMS Headquarters, Waltham

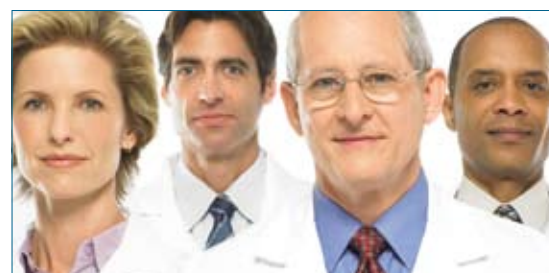
For more information and to register,
go to www.massmed.org/cme_events.

18th Annual Career Day/Job Fair



Photo by Colleen Hennessey

More than 90 attendees took advantage of the February 6 MMS Career Day/Job Fair.



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(800) 322-2303, ext. 7311.



**MASSACHUSETTS
MEDICAL SOCIETY**

Every physician matters, each patient counts.

ACROSS THE COMMONWEALTH

District News and Events

Barnstable — Spring Annual Meeting. Wed., Apr. 7, 6:00 p.m. Location: New Seabury Country Club, Mashpee. Joint Meeting with Cape Cod Healthcare. Speakers: Mario E. Motta, M.D., MMS president, and Alex. Calcagno, MMS director of federal relations. For more information, contact the Southeast Regional Office.

Berkshire — High School Doctor for a Day. Thurs., Apr. 8, 7:30 a.m.–4:30 p.m. Location: Berkshire Medical Center, Pittsfield. **Annual Meeting.** Tues., Apr. 20, 6:00 p.m. Location: Country Club of Pittsfield, Pittsfield. Speakers: Mario E. Motta, M.D., MMS president, and Andy Coates, M.D. Topic: Health Reform 2010: Will America Get What Is Needed? Two points of view. For more information, contact the West Central Regional Office.

Bristol North/Plymouth — Joint Spring Annual Meeting. Thurs., Apr. 15, 6:00 p.m. Location: Fireside Grille, Middleboro. Speaker: Mario E. Motta, M.D., MMS president. For more information, contact the Southeast Regional Office.

Bristol South — Spring Annual Meeting. Wed., Apr. 28, 6:00 p.m. Location: Venus de Milo, Swansea. Speaker: Alex. Calcagno, MMS director of federal relations. For more information, contact the Southeast Regional Office.

Charles River — Annual Meeting. Tues., Apr. 13, 6:00 p.m. Location: Stonehurst, Robert Treat Paine Estate, Waltham. Entertainment: Bo Winiker Trio. For more information, contact the Northeast Regional Office.

Essex North — Annual Meeting. Wed., Apr. 21, 6:00 p.m. Location: Haverhill Country Club. Speaker: Joseph M. Heyman, M.D. For more information, contact the Northeast Regional Office.

Essex South — Annual Meeting. Wed., Apr. 14, 6:00 p.m. Location: Marriott, Peabody. Speaker: Alice Coombs, M.D., MMS president-elect. For more information, contact the Northeast Regional Office.

Franklin — High School Doctor for a Day. Tues., Apr. 6, 7:30 a.m.–4:30 p.m. Location: Franklin Baystate Medical Center, Greenfield. For more information, contact the West Central Regional Office.

Hampshire/Franklin — Annual Meeting. Thurs., Apr. 29, 6:00 p.m. Location: Hotel Northampton, Northampton. Speakers/Panel: Bliss Garrison, M.D., Roberta Greenspan, and John Levinson, M.D., Ph.D. Topic: Alternative Models for Health Care Delivery: What Options Do Physicians Have in Today's Economy? For more information, contact the West Central Regional Office.

Hampden — High School Doctor for a Day. Thurs., Apr. 8. Location: Baystate Conference Center, 361 Whitney Ave, Holyoke. Orientation breakfast: 7:30–8:30 a.m. Debriefing ceremony: 5:00 p.m. **Delegate Caucus Meeting.** Thurs., Apr. 29, 6:30 p.m. Location: Hampden District Office, 111 Elm St., West Springfield.

Hampden, continued — Annual Meeting. Tues., May 4, 5:30 p.m. Location: Baystate Conference Center, Whitney Ave, Holyoke. Presentation: 2010 Community Clinician of the Year Award. To mentor a student for the Doctor for a Day Program or for any other information, contact Suzanne Skibinski at (413) 736-0661 or hdms@massmed.org.

Middlesex Central — Annual Meeting. Tues., Mar. 30, 11:45 a.m. Location: Emerson Hospital. Speakers: Alex. Calcagno, MMS director of federal relations, and Charles Alagero, Esq., MMS vice president. For more information, contact the Northeast Regional Office.

Middlesex North — Annual Meeting. Wed., Apr. 28, 6:00 p.m. Location: Vesper Country Club, Tyngsboro. Speaker: Alice Coombs, M.D., MMS president-elect. For more information, contact the Northeast Regional Office.

Norfolk — Annual Meeting. Wed., Apr. 21, 6:00 p.m. Location: Sheraton Needham Hotel, Needham. Speaker: Walter C. Willett, M.D., professor of nutrition, Harvard School of Public Health. For more information, contact the Northeast Regional Office.

Worcester — Annual Meeting. Wed., Apr. 14, 5:30 p.m. Location: Beechwood Hotel, Worcester. Presentation of the 2010 Community Clinician of the Year Award to Jay Broadhurst, M.D. Presentation of the 2010–2011 slate of officers and elected positions. **Meet the Author Series.** Wed., May 19, 5:30 p.m. Location: Faculty Conference Room, University of Massachusetts Medical School, Worcester. Speaker: Tracy Kidder, author of *Strength in What Remains*. For more information, contact Joyce Cariglia at (508) 753-1579.

Worcester North — Annual Meeting. Wed., Mar. 31, 6:00 p.m. Location: Chocksett Inn, Sterling. Speaker: Mario Motta, M.D., MMS president. Topic: Health Reform 2010: The Great American Debate and the Massachusetts Experiment. For more information, contact the West Central Regional Office.

Statewide News and Events

Arts, History, Humanism, and Culture Member Interest Network — The Nancy N. Caron Annual Art Exhibit. Fri., May 14, 6:30 p.m. Location: Lighthouse Ballroom, Seaport Hotel, Boston. The art exhibit will open earlier for a preview at 3:00 p.m. To register or for more information, contact the West Central Regional Office.

If you have news for Across the Commonwealth, contact Michele Jussaume, Northeast Regional Office, at (800) 944-5562 or mjussaume@mms.org; Sheila Kozlowski, Southeast Regional Office, at (800) 322-3301 or skozlowski@mms.org; or Cathy Salas, West Central Regional Office, at (800) 522-3112 or csalas@mms.org.

RFS Annual Meeting to Focus on Career Preparation

The MMS Resident and Fellow Section (RFS) Annual Meeting ("Preparing for Your Career — What a Resident Needs to Know") and elections will take place on Saturday, April 24, at MMS headquarters in Waltham.

The event will include a presentation by Lloyd Fisher, M.D., on how to choose a practice model that's right for you and a tutorial on financial planning by Richard Sentnor of PIAM Financial Services. There will also be a session sponsored by the MMS Alliance on moving and adapting to a new geographical location.

A luncheon, RFS business meeting, and elections will follow. All resident and fellow members are invited to take part in the business meeting. This event is free to all RFS members and their spouses or partners. **VS**

To RSVP or obtain an RFS Governing Council nomination form, e-mail chennessy@mms.org by April 20.

IN MEMORIAM

The following deaths of MMS members were reported to the Society in February and March 2010. We also note member deaths on the MMS website at www.massmed.org/memoriam.

Louis F. Alfano, M.D., 88; Melrose, MA; Tufts University School of Medicine, 1946; died February 14, 2010.

Franco R. Dinale, M.D., 81; Niantic, CT; University of Rome School of Medicine, 1954; died January 19, 2010.

Lloyd D. Flint, M.D., 93; Pinehurst, NC; Yale University School of Medicine, 1941; died February 2, 2010.

William T. Haley Jr., M.D., 93; Marblehead, MA; Tufts University School of Medicine, 1941; died September 19, 2009.

Calvin W. Hartshorn, M.D., 86; Deerfield, MA; Tufts University School of Medicine, 1947; died February 4, 2010.

Michael G. Kinsella, M.D., 72; Orchard, FL; New York Medical College, 1962; died October 13, 2009.

Forrest N. Maddix Jr., M.D., 88; Needham, MA; Boston University School of Medicine, 1945; died May 10, 2009.

Stanley T. Spevack, M.D., 63; Fall River, MA; McGill University Faculty of Medicine, 1970; died January 1, 2010.

MMS Talks Policy with Sen. Brown



Photo by Day Walters

On March 2, a group of MMS leaders met with U.S. Sen. Scott Brown (seated at far left) in Washington. Those taking part in the discussions included (standing, left to right) Jesse Ehrenfeld, M.D., Valerie Pronio-Stelluto, M.D., Maya Babu, Ted Calianos, M.D., (seated, left to right) MMS President Mario Motta, M.D., MMS Vice President Lynda Young, M.D., Barbara Rockett, M.D., Thomas Johnson, M.D., Jack Evjy, M.D., and (seated in foreground) MMS President-Elect Alice Coombs, M.D.

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MASSACHUSETTS
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VITALSIGNS

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Live CME Activities

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

CME Accreditation Orientation

April 7, 8:30–11:45 a.m.
MMS headquarters, Waltham.
3.0 Credits

Controversies and Advancement of HPV Treatment

April 12, 8:00 a.m.–12:00 p.m.
MMS headquarters, Waltham.
Sponsored by the MMS and its Committee on Women in Medicine. 3.75 Credits (RM)

Managing Workplace Conflict

April 29 and 30, 8:00 a.m.–4:00 p.m. (April 29) and 8:00 a.m.–3:00 p.m. (April 30).
MMS headquarters, Waltham.
Jointly sponsored by the MMS and Physician Health Services.
12.5 Credits (RM)

MMS Annual Meeting Live CME Activities

All at Seaport Hotel, Boston.
Go to www.massmed.org/annual2010.

2010 Ethics Forum — Industry's Influence on the Practice of Medicine: Examining Conflicts of Interest

May 13, 3:30–5:30 p.m.
2.0 Credits (RM)

2010 Annual Education Program: Discovery

May 15, 8:00 a.m.–12:15 p.m.
4.0 Credits

Shattuck Luncheon & Lecture

May 15, 12:30–2:00 p.m.
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Save the Date

June 17
Men's Health Symposium: Body and Mind

CME CREDIT: Unless otherwise noted, each activity is designated 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 management study. CME ACCREDITATION: The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.