

VITAL SIGNS



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Aligning Yourself and Your Practice in a Post-Reform Landscape

By 2013: Fewer than One-Third of Physicians Will Be Independent of a Health System

BY DEBRA BEAULIEU

It seems like many physicians are looking for new alliances — joining a hospital, a system, or an accountable care organization (ACO).

Facing tighter reimbursements and higher demands, doctors are exploring hospital and health plan partnerships, large clinically integrated practice associations, or concierge practice models. And while passage of national health reform legislation in 2010 turned up the stress on physicians, many of the challenges physicians face today go back even further.

With these trends accelerating, fewer than one-third of American physicians are predicted to remain independent of a health system by 2013, down from 57 percent in 2000, according to Accenture, a New York consulting company.

"Fearful physicians will join the biggest organization in town if they feel that they can't survive," said Ronald W. Dunlap, M.D., a South Shore cardiologist and vice president of the MMS. "But many would like to have the option to still have some control over their future."

Vital Signs spoke with some professionals who have taken bold steps to reconcile these forces.

The Concierge Choice

Like a lot of primary care physicians (PCPs), Mark E. Costa, M.D., knows what it's like to be just beginning to take a patient's history in one exam room only to be beeped that another patient is already waiting for him in a room down the hall.

"Although at one time I had somewhere between 2,500 and 3,000 patients, I had to struggle really hard to take good care of them all," Dr. Costa said of his days working for Massachusetts General Hospital, during which he also received the Partners Clinical Excellence Award. "It was very successful, but at a very steep cost to my physical health."

By 2007, the physical exhaustion, combined with severe financial pressures to survive as a PCP, forced Dr. Costa to make a decision.

"As altruistic as you may be, as much as you want to save the world, and as much as I did save the world as much as I could — at Boston City Hospital, the Veteran's Hospital, working in prisons, working in psych hospitals

overnight as a resident moonlighting to increase my income so I could get out of an apartment, possibly buy a condo, and maybe start a family — at some point in your late 40s when you start to get pay cuts, you realize you've got a college tuition bill coming," he said. "I don't want a Mercedes, but I don't want to have to take the pay cuts."

Dr. Costa believed his only viable alternative to the speeding treadmill was to become a concierge physician. So he founded Enhanced Medical Care, LLC, in Newton. While Costa does take insurance for office visits, patients pay a membership fee to have access to 24/7 physician care. Like many others who've adopted the model, Costa has found satisfaction with having the time to thoroughly meet his patients' needs. "It's absolutely fantastic to have patients say, 'Wow, nobody ever explained that to me before,'" he said.

Dr. Costa is quick to note that going concierge may not be the best solution for everyone. In addition to making sure the model

is viable in one's region, physicians need to understand the enormous commitment required of a concierge doctor and his or her family. "Even if you do take a vacation, you have to be covered by another concierge doctor who gets it," he said. "And most of the time, even if I'm at a hotel on vacation, my patients can get me in two rings."

Pursuing Accountable Care

While concierge medicine represents a throwback to the days of *Marcus Welby, M.D.*, in some ways, many health care organizations see ACOs as the wave of the future.

Massachusetts is leading much of the country in adopting new models and payment mechanisms that emphasize population health and cost control. The state is home to 5 of the 32 practices recently deemed Pioneer ACOs by the Centers for Medicare and Medicaid Services. Because of their established experience with coordinating care, these groups will test population-based payment before much of

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Five Must-Have Skills for Physician-Leaders

BY ERICA NOONAN

The physician-leader of the future must be more than just an accomplished clinician, experts say.

More than 50 physicians gathered at the MMS headquarters last month for the inaugural session of the Society's new Physician Leadership Institute to strengthen their skills in a subject rarely taught in medical school or residency: leadership.

"The reinvention of health care is just beginning," MMS President Lynda Young, M.D., told the attendees of the four-part series. "We want to teach more physicians the art, science, and discipline of leadership."

The first session, "Changing Paradigms in Health Care: What Does the Future Hold?" included an overview of health care industry trends, as well as seminars on

change management, generational differences among physicians, emerging roles for physician-leaders, and coaching and mentoring skills.

It was conducted by the California-based Institute for Medical Leadership, with training conducted by its president and CEO, Susan Reynolds, M.D., and presentations from institute

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PRESIDENT'S MESSAGE



ICD-10: Some Needed Breathing Room

We heard some good news at the AMA's recent National Advocacy Conference — the Centers for Medicare and Medicaid Services (CMS) announced a plan to postpone the compliance deadline for the complex new insurance ICD-10 coding system.

The new system has some 68,000 codes, 5 times the amount under the current ICD-9 system.

Switching to ICD-10 coding is expected to have dramatic effects on the nation's physicians — potentially costing medical practices anywhere between \$83,290 and \$2.7 million, as well as the time and anxiety that comes with implementing new systems.

This respite was absolutely necessary, as practices are concurrently trying to comply with new electronic health record system requirements.

The MMS, along with other physician advocacy groups, has urged the federal government to give physicians and practices a chance to take care of the other technological changes first.

Instead of demanding it be completed by October 2013, CMS will work with physician groups moving forward on how and when ICD-10 gets implemented.

Now, at least, we have some extra breathing room. The Society's **Physician Practice Resource Center** has services to help make the ICD-10 transition easier, including documentation gap analysis referrals and other at resources, available at www.massmed.org/icd10.

— Lynda M. Young, M.D.

Post Reform

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the health care system evolves down a similar path. But, it's no coincidence that all five — Atrius Health, Beth Israel Deaconess Physician Organization, Mount Auburn Cambridge Independent Practice Association, Partners Healthcare, and Steward Health-care System — are being run by the largest organizations around.

"The major problem is the degree of organizational consolidation required to have an ACO or to deliver accountable care requires a huge amount of capital," Dr. Dunlap said. "You have to be a clinically integrated system to even attempt to do this... what that typically requires is common IT infrastructure applied across a number of practices, measuring quality and performance and so forth."

Practices that don't have these resources will be tasked with seeking partnerships or finding creative ways to come together amongst themselves, Dr. Dunlap said. Both paths come with a unique set of challenges.

Making the Right Deal for a Large Practice

George Clairmont, M.D., physician president of Compass Physician Group, is no stranger to leading his practice through big decisions. In a highly publicized deal, the multispecialty group with eight locations throughout the South Shore announced in December that it would enter a new affiliation agreement with Steward Health Care System, ending a 16-year affiliation with Partners.

As part of the agreement, effective April 2012, Compass physicians will operate under Steward's global payment contracts with commercial insurers,

according to a press release. And like other recent additions to the Steward network, Compass will likely increase referrals to nearby Steward-owned community hospitals.

Clairmont said that enhanced care and value will result partly from the group becoming certified as a patient-centered medical home. Although Compass was already one of the first groups in Massachusetts to adopt an EMR system in the early 2000s and one of the few to attest to meaningful use last year, the hope is that the affiliation will help the practice reach the next level of medical management and team-based care.

Positioning for Opportunities within Health Systems

While many hospitals and health systems are rallying physicians to join their teams, it's also not uncommon for physicians to approach larger entities to explore potential partnerships. As with most of physicians' post-reform opportunities, those who've already begun using technology to shape their futures will have an advantage.

Fallon Community Health Plan executive vice president and chief medical officer, Elizabeth C. Malko, M.D., said her company is interested in collaborating with providers that already have some infrastructure in place that allows them to manage care and bear risk. "While none of it is carved in stone, we certainly look for things like EMR, medical management leadership, a history of quality performance, and a history of good utilization management," Dr. Malko said.

Recent partners that fit this bill include UMass Medical Center, St. Vincent's Medical Center, Reliant Medical Group, and

Steward Health Care. For the most part, smaller practices don't have the expertise or infrastructure ready to be able to assess the risk of managing a population or even effectively manage their own quality, Dr. Dunlap noted.

Bringing Independent Practices Together to Collaborate

Dr. Dunlap is working to encourage individual medical groups to innovate with strategies to help one another be successful while retaining most of their autonomy. One solution he implemented on the South Shore and proposed to the AMA as a national model is the idea of a regional IT consortium.

"It's a co-op, if you will," he said. "Without giving up your practice identity, members of the IT consortium could form a virtual ACO, which instead of us all paying an independent person to help manage our computers and such, we would get in a group. If there were 200 of us, you would pay one two-hundredth of the administrative costs for running a network at the level of a 200-physician group," he explained.

By joining such a platform, physicians maintain independence and benefit from the economies of scale enjoyed by larger groups and networks. "It doesn't mean that down the road you won't align with a bigger group," he said, "but if you do, you're in a much better position to do that because you've got all this infrastructure in place," said Dr. Dunlap.

The more proactive steps physicians take, he explained, the more autonomy they'll likely be able to secure. "I think physicians will be better off if they can see a bit more of the future, move together, cooperate, and then deal with the powers that be." **VS**

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What Can PPRC Consulting Services Do for You? One Practice's Story

Recently I had the opportunity to work with a pediatric practice interested in expansion. While they liked their current location, they were a bit cramped and lacked the space necessary to grow certain programs and create new health and wellness programs attractive to new and existing patients.

I worked with the practice to outline key project requirements and generate potential options, such as expanding existing space, moving to a larger suite in the building, or looking elsewhere for space. I modeled the financial impact of each recommendation and showed how each potential solution might work in regard to meeting the key requirements of the project.

As part of the analysis phase, I performed a capacity analysis — reviewing volume compared to exam room utilization data — and was able to provide the practice with a sense of how “full” their current exam rooms were and what the suggested number of exam rooms would be for the new space. We were able to help the practice explore their options and

make an educated decision about which growth strategy was right for them.

The practice decided on a growth strategy and has since moved into a new, larger space within their building. They are actively running new programs that meet the needs of their patients. I continue to remain in touch with the practice and enjoy seeing them reach their goals. In a recent follow-up conversation with the office,

the team coordinator said the practice found my assistance “beneficial on many levels” and praised the PPRC for targeting their needs while helping them stay focused during the confusion of planning to move.

Engaging PPRC consulting services is easy — simply contact us at (781) 434-7702 for more information. MMS members receive preferred pricing on consulting services. **VS**

— Kerry Ann Hayon,
manager, Physician Practice Resource Center



PHYSICIAN PRACTICE RESOURCE CENTER

Five Skills

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faculty members C.E. Mickey Bilbrey, former president and CEO of the University of Tennessee Medical Center, and Richard Corlin, M.D., 2001–2002 president of the AMA.

Bilbrey said, aside from clinical accomplishment, the most vital skill categories for future physician-leaders are:

- Communication, listening, and collaboration skills
- Peer review and management abilities
- Long-term goal setting and strategic planning
- Understanding health care economics and data
- Ability to implement and manage patient quality and safety improvement processes

“You Can’t Sit on the Sidelines”

Clinical integration, cooperation between health systems and hospitals, cost management, and quality measurement techniques will be vital to the future of the industry, so physicians must be the ones to lead patients, peers,

administrators, payers, and elected officials in the right direction.

“We have to have great physician-leaders to lead this process,” Bilbrey said. “You can’t sit on the sidelines.”

Reynolds described the evolving roles for physicians to lead in the areas of quality, patient safety, and information technology, including many executive positions that did not exist only a few years ago.

Closing the Gaps

One of the biggest challenges for physician-leaders is abandoning the traditional, dictatorial model of management in favor of the team-building, collaborative approach demanded by 21st century health care systems. The ability to skillfully coach and mentor colleagues is quickly becoming an indispensable trait for physician-leaders, the faculty said.

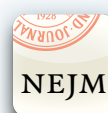
“With change comes opportunity. The most successful physician-leaders are going to be the ones who close the gaps,” said Dr. Reynolds. **VS**

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LAW AND ETHICS

Proposed Rule Confirms 60- Day Deadline to Return Medicare Overpayments

On February 14, 2012, the Centers for Medicare and Medicaid Services (CMS) confirmed in a proposed rule that Medicare providers (Parts A and B) report and return any Medicare overpayments within 60 days of identifying the overpayment.

The proposed rule contains some traps for the unwary:

- It applies to overpayments that go unnoticed for up to 10 years, so if a provider becomes aware of a past overpayment, he or she must still return the overpayment within 60 days of identifying it.
- It applies if the provider acted in “reckless disregard” or “deliberate ignorance” of the overpayment, and thereby takes aim at providers who may attempt to remain ignorant of overpayments. Because of this, providers should have documented procedures in place to identify overpayments.
- It requires that providers follow the overpayment refund process of their Medicare contractor, which means a simple letter to the Medicare carrier with a refund check will not comply with the “report and refund” requirement.

Failure to comply with the rule, once implemented, will amount to the filing of a false claim under the False Claims Act. Liability includes treble damages, penalties up to \$11,000 per false claim, and potential exclusion from federal health care programs.

Unfortunately, the proposed rule has more subtlety and complexity than can be captured in this space, and will not be finalized for quite some time. In the meantime, if you have questions about your obligations, you should consult an attorney whose practice includes Medicare disputes. **VS**

— Liz Rover Bailey, Esq.

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

The 17th Annual Adult Immunization Conference

**Together in Action:
Immunization for All Adults**

**Tuesday, May 22, 2012
DCU Center
Worcester, Massachusetts**

This dynamic day of learning will feature keynote speaker Anne Schuchat, M.D., assistant surgeon general, U.S. Public Health Service, and director of the National Center for Immunization and Respiratory Diseases.

CME credits are available.

For more information, contact Sharon Reidbord at (781) 419-2788 or sreidbord@masspro.org.

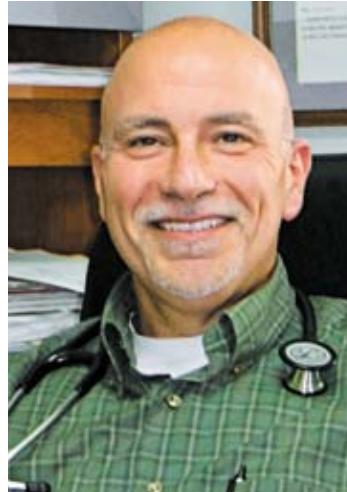


Dr. Philip Adamo to Receive MMS Public Health Award

Philip Adamo, M.D., M.P.H., will be awarded the MMS Henry Ingersoll Bowditch Award for Excellence in Public Health.

A private practice internist and occupational health practitioner in Berkshire County, Dr. Adamo is the current president of the New England College of Occupational and Environmental Medicine, a past president of the Berkshire District Medical Society, and a former member of the MMS Committee on Environmental and Occupational Health. Since 1998, Dr. Adamo has been the city physician for Pittsfield and has chaired the Pittsfield Board of Health since its inception in 2004. In this volunteer position, Dr. Adamo has dealt with a range of important issues, from PCB contamination and a mercury spill at Pittsfield schools to mosquito control, vaccination, and body art regulations.

"He has promoted stronger communication to communities about key environmental issues and has fostered improved collaboration among community groups to improve environmental health," said John Burress, M.D., vice chair of the MMS



Philip Adamo, M.D., M.P.H.

Committee on Environmental and Occupational Health.

Dr. Adamo also serves on the Department of Public Health's Sharps Injury Prevention Advisory Committee. He has served on a number of committees at Berkshire Medical Center and is the medical director at Griffin Hospital Occupational Health Center in Connecticut.

"I look upon Phil Adamo as a valuable public health colleague and ally, working as a busy private practitioner, serving his hospital and academic responsibilities,

but giving of himself to his community, city, and state — and he does this with deep commitment, energy, and modesty," said Al DeMaria, M.D., director of the DPH's Bureau of Communicable Disease Control.

The award is named after Henry Ingersoll Bowditch, a leading figure in public health and medicine in the 19th century and the first commissioner of the state board of health. Every year, the award recognizes a Massachusetts physician who has demonstrated outstanding initiative, creativity, and leadership in the field of public health outreach and advocacy.

Dr. Adamo will be presented with the award during the MMS Public Health Leadership Forum, scheduled for Wednesday, April 11, from 1:00 to 5:00 p.m. The forum, which will discuss public health mandates, will include esteemed faculty and a presentation on the historic, legal, ethical, and practical aspects of public health mandates. For more information or to register for the forum, visit www.massmed.org/leadershipforum or call (781) 434-7373. **VS**

Physician Identification of Foodborne Infections Helps Local Public Health Officials

The Centers for Disease Control estimates that each year roughly 1 in 6 Americans gets sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. More than 1,200 cases of salmonella are reported annually in Massachusetts alone.

Gastrointestinal symptoms are frequently related to foodborne infections. Asking just a few of the following questions of stricken patients goes a long way in identifying foodborne disease, as well as preventing its spread.

- Do you prepare or handle food including preparing trays of food, feeding other persons, administering oral medications,

or giving mouth or denture care?

- Do you attend or work in a day-care (child/adult) facility?
- Are any of your family members or close friends having the same symptoms?
- Do you eat any high-risk foods such as raw or undercooked meat, raw milk or raw milk products, or soft cheeses?
- Have you traveled out of the country recently?

A western Massachusetts public health preparedness group is currently piloting a tool for use in local emergency departments to

help capture information about where the patient might have contracted the illness and to whom else it might have spread.

Patients experiencing nausea, vomiting, or diarrhea are asked to complete an assessment form, which will then be faxed to the local public health office. One local public health nurse called the information on the form "invaluable in expediting a thorough public health investigation."

Medical providers interested in becoming part of the pilot can contact Alvin Crosby at (413) 586-7525, ext. 3145.

Complete and accurate disease reports from clinicians and

laboratories are critical to effective public health prevention and intervention. Health care providers are required to report confirmed or suspected cases of reportable communicable diseases, including foodborne illness, to their local board of health, or if unavailable, to the DPH at (617) 983-6800 or (888) 658-2850.

— Alvin Crosby, Western Mass. Public Health Advisory Group

STATE UPDATE

Boswell: “Advocate for larger issues critical to your own patients”

Editor's Note: Vital Signs recently sat down with Stephen Boswell, M.D., president and CEO, Fenway Health, who has emerged as a leading voice in a broad-based advocacy effort of physicians to modernize the state's laws on HIV testing and confidentiality.

VS: How did you get involved in the legislative process around state legislation addressing HIV issues?

Dr. Boswell: The organization that I run has a significant interest in all things related to the care of people who are HIV positive. We founded, with several other organizations, Project ABLE (AIDS Budget Legislative Effort) about 20 years ago. I've always felt that a big part of being a clinician is to advocate for larger issues critical to your own patients, and certainly HIV is one of those cases where an individual illness has significant public health implications and the policy decisions we make can affect individuals in care.

VS: There has been a collective effort recently by physicians in responding to community advocates' legislative initiatives around HIV testing and treatment.

Dr. Boswell: If physicians aren't engaged in this process, who is

going to be able to articulate the potential impact on practices as it relates to patients? There is no one at that table who can articulate those issues. It's critically important that we be there.

I am of the school that medical practice and health care policy need to be based in science. But, I also recognize that policy developed without the engagement of communities can be a bit tyrannical.

The process seems to be that you get two opposing views in a room and you work out a solution, but that ignores the reality that there are some inarguable facts that are frequently unacknowledged. The process gets you a solution but it isn't the optimal one for advancing broad-based public health goals or improving the care of individual patients.

For example, middle-ground solutions, as proposed on confidentiality, may greatly inconvenience patients with HIV and potentially cause patients harm because they impede communication among treating providers. The proposed law would require clinicians to seek written permission from the patient each time clinical



Stephen Boswell, M.D.

information needs to be exchanged. The resulting delays in care would be dangerous and the patient would be significantly inconvenienced.

VS: What is the role of organized medicine in the debate?

Dr. Boswell: More than 100 physicians stepped in on the proposed HIV bill to say, “No take a closer look at this.” I've always been impressed with the long tradition of activism in Massachusetts, and a large part of that is the MMS.

I'm the last person to think we'll get everything we want. I'm not upset about losing on an issue.

I'm upset about losing because I didn't make a good enough argument. It is a political process, I can't change that, nor would I want to.

As physicians, I hope our testimony is guided by science and all sides clearly state their goals so we can understand our different views. On HIV, I don't think we've gotten to a place that allows all the concerned parties to understand each other. It feels like a political battle that doesn't get us to the best legislative end.

There is a meaningful issue regarding the protection of people's general medical information as we move toward electronic medical records and data exchanges. I just can't see carving out a piece of it for a single disease when issues of confidentiality and patients' control of their own information are equally important regardless of the disease. I'm involved because as a physician, I think I have an obligation to be involved — especially where I may have unique knowledge or practice experience. **VS**

— William Ryder

FEDERAL UPDATE

Massachusetts Congressional Delegation Stays Focused on SGR

Yet again, Congress has averted an impending cut to Medicare physician payments, this time until December 2012. While the prevention of an immediate 27 percent cut was needed, the MMS was disappointed that Congress ducked a real opportunity to stop this insidious cycle.

The impact of Congress's failure to enact a permanent solution is widespread. Medicare payments are crucial to physicians, patients, military families (who rely on Tricare), and the millions of health care jobs supported by Medicare.

Every time Congress stops the immediate rate cut without

repealing the underlying standard growth rate (SGR) formula, the impact of our national debt is exacerbated.

To put the financial implications of this cycle into context: in 2005 Congress could have repealed the formula for less than \$50 billion. Today the cost of repeal is estimated to be \$316 billion — *up \$26 billion from last year.*

What's so troubling is that a permanent solution was very much on the table during this last round of talks. Sen. John Kerry, during Super Committee negotiations, developed the concept of using unspent overseas contingency operations (OCO)

account funds to pay off the SGR debt. These are discretionary funds for the wars in Afghanistan and Iraq that wouldn't be spent otherwise, given the downsizing of our military operations.

Sen. Kerry, with support from Rep. Ed Markey, authored a Massachusetts congressional delegation letter to a group of House-Senate conferees negotiating this issue. Sens. Kerry and Scott Brown — as well as Reps. Markey, Frank, Keating, Lynch, McGovern, Neal, Olver, Tierney and Tsongas — then signed the letter.

Notably, Sen. Brown was just the second Republican in the Senate to publicly support using

the OCO funds to repeal the SGR.

Massachusetts physicians, Medicare patients, military families, and others in the Commonwealth for whom Medicare funds mean access to health care, employment, and economic survival are fortunate to have a congressional delegation willing to work together on their behalf.

The debate over Medicare rates will be renewed on Capitol Hill later this year, and the MMS will continue working with the Massachusetts delegation to find a permanent solution. **VS**

— Alex. Calcagno

MMS Partners with The Answer Page

The Massachusetts Medical Society has entered a joint sponsorship with The Answer Page, Inc.

TheAnswerPage.com employs the Socratic question-and-answer teaching method that characterizes much of the clinical educational experience. Content is prepared by clinical faculty members who are highly regarded for their teaching expertise. The questions and answers provided are all peer reviewed and referenced from current texts and recent literature.

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Members can earn 1.5 AMA PRA Category 1 Credits™ by reading a week's worth of content (Monday through Friday) and completing either the Interactive Crossword Puzzle or Quiz with a passing grade of 70%.

Multiple credits can be earned by accessing more than one content area. During the month of April, MMS members using the promo code MMS412 will receive \$100 off the annual subscription fee of \$299.

The Answer Page was founded in 1998 to provide daily education to doctors and other health care professionals. It is currently read in over 40 countries and has more than 20,000 registered users.

The Answer Page has granted more than 100,000 hours of AMA PRA Category 1 CME Credits™. In addition to traditional CME quizzes, TheAnswerPage.com now offers a unique interactive crossword puzzles for a fun and effective learning experience.

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— Stephen Corn, M.D., co-founder, and John Stephenson, CEO, The Answer Page, Inc.



PHYSICIAN HEALTH MATTERS

Getting Confidential, Supportive Help for a Colleague

For almost 20 years, Physician Health Services, Inc. (PHS), has been supporting physicians and others in the health care community. We are frequently asked how it works, who it serves, how to get involved, and how to refer a colleague.

Who does PHS serve? Massachusetts physicians, residents, and medical students with health problems, including medical conditions, psychiatric illnesses, substance abuse, and/or personal problems such as family difficulties, stress, or career issues.

Why refer a physician to PHS? Common reasons for referral are substance use, mental health problems, behavioral concerns, physician illness, stress, career issues, malpractice suits, and boundary issues.

I'm worried about a colleague, but I don't want to harm him or her by making a report to PHS. It's common for colleagues and family members to fear that making a referral to PHS will have adverse social, economic, or legal consequences for the physician. However, delay only increases the likelihood of damage to the

physician's health, reputation, and livelihood. Early referral improves the chances for the physician to recover sooner and with less impact to their health and/or career.

Will PHS take anonymous referrals? Yes, PHS accepts anonymous calls, but lacks the ability to require anyone to participate in the program or comply with recommendations.

Why refer a physician to PHS if they are willing to pursue treatment or other similar resources on their own?

- There can be a reluctance to disclose the full scope of substance use, family, and/or workplace difficulties during a short-term treatment experience. PHS assessments provide a unique confidential setting where a physician can talk to another physician. Furthermore, PHS offers a variety of resources with professionals experienced with working with physicians.
- There is additional support to the client when a consent is signed authorizing involvement

of the physician's hospital or medical practice colleagues.

- PHS has a proven record — a 75 percent successful completion rate for 2-year behavioral health monitoring and for 3-year substance use disorder monitoring.

What is the cost? There are no charges for the PHS services themselves. Physicians and medical students are responsible for fees charged by independent evaluators and treatment providers or programs. Those being monitored by PHS for substance use disorders must also pay drug-testing and therapy fees.

Look to next month's issue of *Vital Signs* for more questions and answers related to PHS's relationship with the Board of Registration, mandated reporting, and more. **VS**

— Linda Bresnahan

For additional information, please contact Physician Health Services, Inc., at (781) 434-7404 or visit www.physicianhealth.org.

Great Barrington Anesthesiologist Named MMS Senior Volunteer Physician of the Year

The Committee on Senior Volunteer Physicians is pleased to announce that Matthew B. Mandel, M.D., has been selected as the MMS Senior Volunteer Physician of the Year for his volunteer efforts at Volunteers in Medicine (VIM) Berkshires in Great Barrington, Massachusetts.

Dr. Mandel has been an MMS member since 1985. Up until his retirement in 1996, he had an active practice in anesthesiology and served as chair of the department of anesthesia and of the intensive care unit of Providence Hospital in Holyoke, Massachusetts.

In 2003, Dr. Mandel became a founding trustee of VIM Berkshires and is currently co-medical director, as well as the vice chair of the organization's board of trustees.



Matthew B. Mandel, M.D.

His vision and efforts to recruit volunteer physicians and health care workers were instrumental in bringing free health care services to the underserved population of the area.

Equally as important as recruiting volunteer doctors and clinical providers have been his efforts to establish dental, mental health, optometry, nutrition, and acupuncture services at VIM. Dr. Mandel has also been instrumental in negotiating free laboratory and imaging services at local hospitals.

Dr. Mandel contributes to the clinic on a daily basis by sharing his medical expertise, facilitating care, and playing a vital role in VIM's fundraising efforts. According to Arthur Peisner, chair of the board of directors, "The vibrant and effective community of volunteers that is VIM Berkshires would not exist without Dr. Mandel's extensive, committed, and intelligent work." **VS**

Beyond the Clinic: Leadership, Power, and Change

The MMS Resident and Fellow Section (RFS) will hold its annual meeting on Wednesday, April 11, from 6:30 to 9:00 p.m. at Maggiano's Little Italy in Boston. The evening will include a networking reception and dinner, a brief annual business meeting with RFS Governing Council elections, and an educational session featuring Professor Marshall Ganz, senior lecturer in public policy at the Harvard Kennedy School.

Registration for the 3-course dinner and program is \$10 for MMS resident/fellow members. For more information or to register, please go to www.massmed.org/rfsannualmeeting.

Additionally, nominations for the 2012–2013 RFS Governing Council are due April 6. Governing Council positions are open to any MMS resident or fellow member who is interested in becoming more engaged in the medical community, learning more about governance of the medical profession, and developing leadership skills. No prior experience is necessary and self-nomination is permitted. **VS**

For questions regarding the program or the RFS election process, contact Colleen Hennessey at chenhessey@mms.org or (781) 434-7315.

ACROSS THE COMMONWEALTH

District News and Events

Barnstable — Joint Annual Meeting with Cape Cod Health Care. Wed., Mar. 28, 5:30 p.m. Location: New Seabury Country Club, Mashpee. Speaker: Lynda Young, M.D., MMS president. Topic: Charting the Course. Contact the Southeast Regional Office.

Berkshire — High School Doctor for a Day Program. Mon., Apr. 2, 7:30 a.m. to 4:30 p.m. Location: Berkshire Medical Center, Pittsfield. Contact the West Central Regional Office.

Bristol North — Legislative Breakfast. Fri., Mar. 30, 7:30 to 9:00 a.m. Location: Margaret Stone Conference Room, Morton Hospital, Taunton. **Annual District Meeting.** Thurs., Apr. 26, 6:00 p.m. Location: Luciano's Restaurant, Wrentham. Speaker: Lynda Young, M.D., MMS president. Topic: Charting the Course. Contact the Southeast Regional Office.

Bristol South — Legislative Breakfast. Fri., Apr. 13, 7:30 to 9:30 a.m. Location: Jackson Conference Room, Charlton Memorial Hospital, Fall River. Contact the Southeast Regional Office.

Essex South/Essex North — Joint Annual Meeting. Wed., Apr. 11, 6:00 p.m. Location: Tupper Manor, Beverly. Guest speaker: Richard Aghababian, M.D., president-elect, MMS. Contact the Northeast Regional Office.

Franklin — High School Doctor for a Day Program. Tues., Apr. 10, 7:30 a.m. to 4:30 p.m. Location: Baystate Franklin Medical Center, Greenfield. Contact the West Central Regional Office.

Hampden — Annual District Meeting. Tues., May 8, 5:30 p.m. Speaker: Dr. Jeremy Lazarus, president-elect, AMA. Location: Chez Josef, Agawam. **Grand Rounds with Dr. Lazarus.** Wed., May 9, 8:00 to 9:00 a.m. Location: Baystate Medical Center, Springfield. Contact the Hampden District Office at (413) 736-0661 or hdms@massmed.org.

Hampshire — High School Doctor for a Day Program. Fri., Apr. 13, 7:30 a.m. to 4:30 p.m.

Location: Cooley Dickinson Hospital, Northampton. Contact the West Central Regional Office.

Hampshire/Franklin — Annual District Meeting. Thurs., Apr. 5, 6:00 p.m. Location: Blue Heron, Sunderland. Speaker: Glenn Alli, M.D. Topic: Medical Homes. Contact the West Central Regional Office.

Middlesex — Annual District Meeting. Sat., Apr. 14, 6:00 p.m. Location: Mugar Omni Theater, Museum of Science, Boston. Topic: Lewis and Clark: Great Journey West. Contact the Northeast Regional Office.

Middlesex Central — Executive Committee Meeting. Thurs., Apr. 19, 7:45 a.m. Location: Emerson Hospital, Concord. Contact the Northeast Regional Office.

Middlesex West — Annual District Meeting. Tues., Apr. 24, 6:00 p.m. Location: AMC Framingham 16, Framingham. **Legislative Breakfast.** Fri., Apr. 27, 7:30 a.m. Location: MacPherson Hall, Framingham Union Hospital, Framingham. Contact the Northeast Regional Office.

Norfolk — Annual District Meeting. Wed., Apr. 11, 6:00 p.m. Location: Sheraton Needham, Needham. Guest Speaker: Jeffrey Drazen, M.D., editor-in-chief, NEJM. Contact the Northeast Regional Office.

Worcester — Annual District Meeting. Wed., Apr. 11, 5:30 p.m. Location: Beechwood Hotel. Speaker: Darshak Sanghavi, M.D. Topic: The Phantom Menace of Sleep-Deprived Doctors, and presentation of 2011 Community Clinician of the Year Award. Contact Joyce Cariglia at (508) 753-1579 or wdms@massmed.org.

Worcester North — Annual District Meeting. Wed., Apr. 4, 6:00 p.m. Location: Chocksett Inn, Sterling. Guest speaker: Lynda Young, M.D., MMS president. Topic: Charting the Course. 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.

Medical Students Organizing Health Fair for Chinatown Residents

The MMS Medical Student Section (MMS-MSS) will be hosting a health fair on Saturday, April 28, from 9:00 a.m. to 1:00 p.m. at the Wang YMCA of Chinatown, 8 Oak Street West, Boston.

The health fair will take place during the YMCA's annual Healthy Kids Day celebration.

MMS medical student volunteers will offer free blood pressure checks, glucose screenings, and vision tests, along with nutrition counseling and free health-related giveaways.

The MMS-MSS is seeking licensed physician volunteers to supervise medical students administering health screenings during the health fair. If interested, please contact MMS-MSS Community Service Chair Ryan Seibert at rseibert@bu.edu.

IN MEMORIAM

The following deaths of MMS members were reported to the Society in February 2012. We also note member deaths on the MMS website at www.massmed.org/memoriam.

Swati R. Chokalingam, M.D., 66; Waltham, MA; University of Bombay, India, 1972; died January 30, 2012.

Grant M. Dixey, M.D., 97; Kearsarge, NH; Boston University School of Medicine, 1938; died January 29, 2011.

Joseph S. Forte, M.D., 85; Gardner, MA; Boston University School of Medicine, 1953; died January 24, 2012.

Richard E. McCarthy, M.D., 76; Salem, NH; New York Medical College, 1959; died September 9, 2010.

Peter J. Morganelli, M.D., 84; Milford, MA; University of Bologna, Italy, 1957; died November 26, 2011.

Dennis D. O'Keefe, M.D., 73; Santa Fe, NM; Cornell University Medical College, 1962; died November 16, 2010.

Joseph R. Petranek, M.D., 86; Peabody, MA; Northwestern University Medical School, 1953; died January 21, 2012.

William H. Timberlake, M.D., 94; Madison, NH; Tufts University School of Medicine, 1943; died October 20, 2011.

Kenneth K. Tucker, M.D., 64; Winchester, MA; University of Pennsylvania School of Medicine, 1973; died January 2, 2012.

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LIVE CME ACTIVITIES

Go to www.massmed.org/cme/events. Unless otherwise noted, event location is MMS headquarters, Waltham.

CME Accreditation Orientation

Wed., April 4, 8:30 to 11:45 a.m.

Incorporating Meaningful Use in Specialty Practice Webinar

Tues., April 10, 12:00 to 1:00 p.m.

Public Health Leadership Program: Mandating Public Health

Wed., April 11, 1:00 to 5:00 p.m.

Ethics Forum — Drug Shortages: Examining the Causes, Potential Solutions, and Effects on Patient Care

Thurs., May 17, 3:30 to 5:30 p.m.

2012 Education Program — The Secret Sauce: Population Health as a Recipe for Transforming Health Care

Fri., May 18, 8:00 a.m. to 12:15 p.m.

2012 Shattuck Lecture and Luncheon — Molecular Insights into the Gateway Sequence of Drug Abuse

Fri., May 18, 12:30 to 2:00 p.m.

Providing Medical Care in an Emergency Shelter Setting

Tues., June 5, 6:00 to 9:00 p.m.

Addiction Medicine Review Course

Thurs., June 21, 4:00 to 8:30 p.m., and Fri., June 22, 8:00 a.m. to 3:30 p.m.

SAVE THE DATE

10th Annual Symposium on Men's Health

Mon., June 11

ONLINE CME ACTIVITIES

Risk Management CME

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End of Life Care

- The Importance of Discussing End-of-Life Care with Patients*
- The Unintended Consequences of DNR Orders
- Legal Advisor: Advance Directives

Pain Management

- Managing Risk when Prescribing Narcotic Painkillers for Patients*

Public Health

- MA Responds Orientation Course
- Violence — Implications for Health

The Legal Advisor

- Reporting Patients to the RMV

Other Risk Management CME

- A Path to ACOs
- The Changing Nature of Informed Consent: Informing Patients and Avoiding Litigation
- Avoiding Failure to Diagnose Suits
- Getting It on Record and Getting It Right
- Physician Practices Scramble to Comply with New Privacy Reg
- Health Care Providers Brace for Medicare Audits*
- Social Networking 101 for Physicians
- Terminating the Doctor-Patient Relationship
- Boundary Issues in the Physician-Patient Relationship

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