

VITAL SIGNS



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VOLUME 18, ISSUE 4, APRIL 2013

Medical Marijuana: Legal, but Many Questions for Physicians Remain

BY ERICA NOONAN

Since Massachusetts voters approved the legalization of medical marijuana late last year, state health officials have been grappling with how to develop and implement regulations over how the drug will be grown, sold, and prescribed to patients.

The Department of Public Health (DPH) heard from advocates on all sides of the medical marijuana debate during a series of public sessions earlier this year. Official DPH hearings are expected later this spring.

At a February 14 public session in Boston, several dozen patients, many suffering from ALS, multiple sclerosis, cancer, nerve damage, post-military service PTSD, and other severe illnesses, cited their use of marijuana as key to alleviating symptoms and controlling pain.

Most urged the DPH not to restrict access to medical marijuana by dictating which medical conditions and patients — and in which amounts — it may be prescribed for.

Matt Allan, executive director of the Boston-based Massachusetts Patient Advocacy Alliance, said that any new regulations must respect the doctor-patient relationship. "It is a decision that should be made by patients and physicians together, not by a government list," he said.

The MMS remains opposed to the recreational use of marijuana. However, after the passage of the state referendum, the House of Delegates voted to adopt policies to help the DPH

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See President's Message on page 2 for more on medical marijuana.

The Patient is the 'Center of Gravity' Three Physicians Speak on Thriving in the Era of Accountable Care

BY DEBRA BEAULIEU

We're at a time of rapid change and enormous challenge in health care. It's commonplace to hear about practices struggling to stay afloat and overworked physicians leaving medicine entirely.

But examples of physicians and practices that are thriving on the dawn of the Affordable Care Act, and other major shifts in the way medicine is being practiced, exist. *Vital Signs* spoke to three Massachusetts physicians with insights from their own experiences to share.

Face the Future

While acknowledging that change is hard, Alain A. Chaoui, M.D., a Peabody-based family physician, insisted that embracing it is in the best interest of patients and physicians.

"The most important thing to do here is to change the way we look ahead at improving the flow in the practice, creating team-based care and improving the flow so we can implement patient-centered medical home models," Chaoui said.

Chaoui, who practices with two nurse practitioners and a nurse care manager, has overhauled his entire office environment. The changes included adopting the medical home model, utilizing Lean management techniques, and improving communication with patients using a secure patient portal.

"The idea is to improve patient satisfaction by helping them reduce the wait time, making the quality of the visit much better, and at the same time removing the things from my hands that someone else in my office can do

so I can have more time with the patient," he said. "This is the vision. The paper charts are gone. The wait times are gone. The patient really is the center of gravity here."

Chaoui's practice has also implemented a pilot program in which all patients who come to the office for a sick visit also receive a health-maintenance check. For example, if a patient comes in for treatment of a sinus infection, the practice's clinical-care team addresses whether the patient is up-to-date on tests such as a colonoscopy, mammogram, or cholesterol measurement.

"We talk about their health maintenance and the importance of doing certain things, and we go ahead and engage in that need and order the test," he said.

"The pilot project has significantly improved patient satisfaction and patient engagement," he said. "People feel like you

care. You are here for them and they enjoy the interaction. They don't feel like they're in a cookie factory on a conveyor belt."

Lower the Cost of Care

According to H. Eugene Lindsey, M.D., president and CEO of Atrius Health/Harvard Vanguard, making wise decisions as a health care leader today hinges on making realistic predictions about the future.

"I think it will be a long time before there's any relative increase in medical reimbursement compared to the rest of the economy," Lindsey said. "So the idea of asking the market for more [money] for the same things that we've been doing is unlikely, particularly after the passage of Chapter 224 [cost-containment legislation]. All organizations would probably be wise to shift from a business philosophy that's

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MMS Legislative Briefing

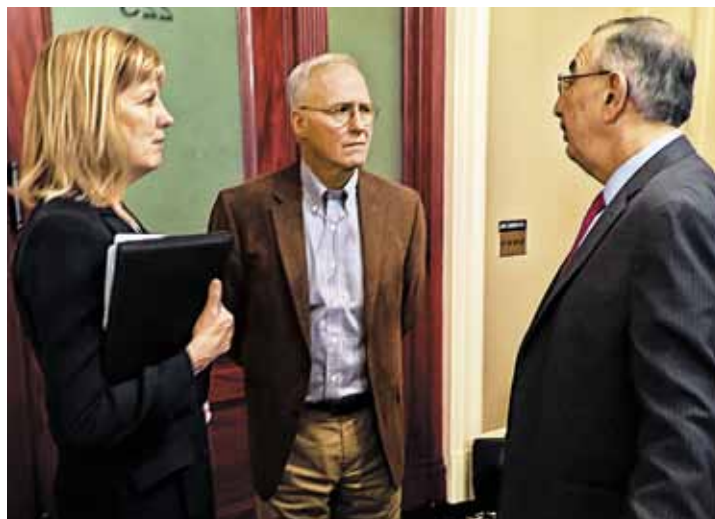


Photo by Erica Noonan

Sen. Joan Lovely (D-Salem) and Sen. Michael Barrett (D-Lexington) speak with MMS President Richard V. Aghababian, M.D., after the MMS Legislative Briefing at the Massachusetts State House last month. See full story on page 5.

PRESIDENT'S MESSAGE



Seeking Answers on Medical Marijuana

The state's new medical marijuana law has left us all with many questions.

We know the DPH is working hard to listen to all stakeholders and implement well-considered regulations that will protect patients from harm. We have urged them to make sure all physicians who prescribe marijuana are state board licensed and to subject prescriptions to the state's Prescription Monitoring Program.

We were pleased by the Board of Registration in Medicine's recent proposed legal definition for "bona fide physician-patient relationship," and hope the DPH adopts the language in its medical marijuana regulations.

The MMS feels the time has come to push for more research and clinical studies on how medical marijuana could help patients, as well as how it interacts with other medications.

We should apply the same rigorous criteria to medical marijuana as we would use for any proposed new medication. Without clinically proven dosage limits, physicians have no way to determine how much marijuana a patient should consume, and in what form it should be consumed.

In response to our inquiries, the DEA recently clarified that current Schedule I federal classification of marijuana need not prevent clinical trials or research to determine if it is safe and effective medicine.

While the process is cumbersome, the DEA does approve research involving marijuana if certain conditions are met. The issue about the rightful place of marijuana in medicine can only be determined when it is subjected to the same rigorous testing, research, and standard-setting as any other drug developed for patients.

Richard V. Aghababian

— Richard V. Aghababian, M.D.

Accountable Care

continued from page 1

thinking about generating more revenue to a realization that reduction of our cost structure, while improving the service to patients, is probably the best strategy."

Atrius has sought to lower costs by developing capabilities in Lean management as a core competency of the organization now and in the future, Lindsey said.

Large-scale movements, such as the Choosing Wisely campaign from the ABIM Foundation, are essential to changing the country's mindset about providing cost-effective, necessary care, Lindsey said. "The challenge to organizations like ours is to essentially learn a new way of walking. The way we're walking now is toward being very critical about the benefit to the patient of every dollar we're spending and to be sure we spend the patient's money wisely or advise the patient toward the things that will actually help them be healthier and away from those which have little or no likelihood of substantial benefit."

While programs to help physicians understand this shift are encouraging, more laws are necessary to assure physicians they won't be held liable if they use evidence-based reasoning to omit a test or procedure and the patient suffers a bad outcome, noted Mario E. Motta, M.D., a Salem-based cardiologist and past president of the MMS.

"Right now there are many physicians who practice defensive medicine. I'm not saying that's best practice, but it's current practice," Motta said. "If [an accountable care organization] is done right and you have a safe harbor, meaning that if... you

can show you followed the best practices as defined by the medical literature... you shouldn't be held liable. To make an ACO run efficiently, that's a big 'if,'" he said.

Join Forces

One of the central premises of accountable care organizations and other forms of health care organizations is that by teaming up, providers across the spectrum of care can provide patients with not only less costly care, but higher quality, better coordinated care.

Whether you are part of a small or large community, smart sharing of resources is essential to making this happen, Lindsey said.

"For instance, in our organization, there are many things [e.g., imaging equipment] that could either be located at every site or regionalized; and there's an infrastructure cost to each choice," he said. "It'd be wonderful to have everything everywhere, but sometimes driving a few miles might be a better choice than housing a big expensive piece of equipment and locating it in places where it's only used some of the time."

Another example of this premise is Atrius' relationship with the Dana-Farber Cancer Institute. As part of their agreement, Dana-Farber physicians bring their expertise to Harvard Vanguard sites to assist their oncologists. "The goal is to leverage their intellectual capabilities to assist us and a larger population by bringing them to us," he said.

Another critical element of thriving in the era of accountable care is committing your organization to continuous improvement in the quality of service and care you provide, Lindsey said.

To do so requires adapting to changes such as implementing electronic medical records, embracing team-based care, and exploring risk-based payment models. To describe what it's like for physicians to incorporate these changes into the way they practice medicine, however, Lindsey likened the process to being asked to drive a manual transmission car instead of an automatic. For some more adventuresome doctors, this may come as a welcome challenge, he said, while posing a significant challenge for others.

"As Important as the Hippocratic Oath"

To make these changes succeed, however, physicians and organizations have to believe in them. Lindsey does.

"I think the Triple Aim is as important to health care as the Hippocratic Oath, quite frankly," he said. "The concept of the responsibility to improve care for individuals is to make sure the quality of care throughout the entire community is improving and that the cost is economically sustaining without detracting value from other parts of everyone's life. It's a huge challenge, and it's really reassuring to see that there's early indicators that those thought processes are making a difference," Lindsey said. **VS**

Your Two Cents

Vital Signs welcomes letters to the editor. Letters should be 200 words or fewer, and all are subject to editing. Send to the MMS Department of Communications, 860 Winter Street, Waltham, MA 02451-1411; vitalsigns@mms.org; or fax to (781) 642-0976.

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Physician Leadership: Six Keys to Leading Successful Health Care Reform

The emergence of ACOs, global budgets, bundled payment, and other emerging payment reform initiatives has created one uniform point of consensus — the importance and need for physician leadership at all levels within an organization.

The administrative-clinical divide is a thing of the past, as evidenced by the increased need for collaboration clinically and administratively in integrated care delivery models such as ACOs.

In a recent Healthcare Executives article on physician leadership, Peter Angood, M.D., F.A.C.S., of the American College of Physician Executives, said: “Institutions that engage physicians in leadership tend to do better in terms of performance metrics, quality, and safety. And from a business vantage, they tend to outperform those that don’t have that engagement.”

A health care organization’s success rests on physician leadership skills. In order to be successful within this new paradigm, physician leaders must:

- **Have an understanding of your system.** Physicians must be able to identify opportunities for



improvement. They understand how clinical handoffs are supposed to happen, understand where in the care delivery process things go smoothly, and can easily identify opportunities for improvement.

- **Understand Strategic Planning.** Physicians must participate in and be prepared to lead strategic-planning and decision-making sessions. Physician insight into what steps an organization may undertake to accomplish organizational goals, based on improving clinical care delivery using the right resources, is key.
- **Navigate the Transition to Value-Based Care.** Physicians will play a significant role in championing the transition from current payment models to value-based care models and will need to understand the nuances of value-based care.
- **Understand Data and Data Analytics.** Physicians must understand data, data warehousing,

and data analytics. They must be able to use data in order to identify trends and improvement opportunities, make decisions, monitor improvements, and determine whether implemented interventions are having the desired effect.

- **Understand Finance.** Under accountable care and other emerging payment models where financial risk is assumed by the entity, an increased understanding of finance is important. Physician input into financial decisions and understanding the nuances of such decisions will be extremely important to leading organizations through the transition to value-based care.
- **Manage Conflict.** Physician-leaders must be able to identify and manage conflict. Understanding how to gracefully and effectively deal with conflict resolution is a necessary skill during times of change and transition. Many organizations, including MMS’s Physician Health Services, offer training in conflict management for physicians. **VS**

— Kerry Ann Hayon

LETTER TO THE EDITOR

Dear Editor:

I was greatly pleased to see the article on my colleague Steven Adelman, M.D., and his taking over Physician Health Services’ medical director role. I have known Dr. Adelman for many years, and in fact was one of the faculty members teaching in his fellowship program at the University of Massachusetts Medical Center. However, it was not quite so long ago that the term “addiction medicine” had yet to be coined.

That term was in wide usage by 1980, and in 1989 the American Medical Society on Alcoholism and Other Drug Dependencies (AMSAODD) decided to give up that infelicitous title and adopted the American Society of Addiction Medicine as its official name. Congratulations to Dr. Adelman and Physician Health Services.

Alan Wartenberg, M.D., F.A.C.P., F.A.S.A.M.
Attleboro, Massachusetts

Medical Marijuana

continued from page 1

create a regulatory framework that supports responsible implementation of the new law.

The MMS also proposed that the pool of prescribing doctors be limited to include only those physicians with an active license from the BRM, a Massachusetts DPH-Controlled Substances registration, and a federal Drug Enforcement Agency registration.

Medical marijuana patient certifications should become part of the state’s Prescription Monitoring Program, and any new medical marijuana regulations should take into account the implications of the medical use of marijuana on occupational health and safety, MMS leaders urged the DPH.

MMS leaders have also asked the DPH to clarify other issues, including treatment dosages, the amount of an “appropriate supply” of the drug, nonprofit criteria for dispensaries, and if licensed individuals may participate in the certification process without concern for their licenses. **VS**

LAW AND ETHICS

Physician Payments Sunshine Act Final Rules Published

Most Massachusetts physicians already know that Massachusetts law requires pharmaceutical companies and medical device manufacturers to report certain gifts to physicians.

Additionally, the federal 2010 Patient Protection and Affordable Care Act included certain provisions that had previously been a part of a proposed Physician Payments Sunshine Act (PPSA).

On February 1, 2013, the Centers for Medicare and Medicaid Services (CMS) published the final rule under the PPSA. These regulations require that pharmaceutical and medical device companies track “transfers of value” to physicians and teaching hospitals starting August 1, 2013. On March 31, 2014, the companies must report those transfers that took place between August 1 and December 31, 2013, to CMS, which will release the reported data on a public website by June 30, 2014.

There are three particularly interesting aspects to the PPSA and the final rule:

- Physicians and hospitals will be able to review the payment data before it goes public (presumably between March 31 and June 30, 2014) and dispute any claims they think are wrong.
- Massachusetts has modified its physician gift ban and no longer requires that companies report to the Commonwealth any of the information that will be reported to CMS.
- These reporting rules do not apply to non-physician prescribers or employees of applicable manufacturers, although they do apply to physicians who do not see patients as long as the physician is licensed in any state. **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.

Multidisciplinary Approaches Effective for Maintained Weight Loss

At its Interim Meeting, the MMS House of Delegates adopted a policy to promote access to physician-led, multidisciplinary weight management teams by advocating for reimbursement for these services for obese patients.

In the United States, more than one-third of adults are obese, affecting adults at all income and education levels, according to the CDC. Last fall, the Trust for America's Health estimated that Massachusetts' obesity rate would more than double by the year 2030. Obesity is associated with a multitude of health problems, including type 2 diabetes, hypertension, obstructive sleep apnea, dyslipidemia, coronary artery disease, stroke, certain cancers, gallstone disease, and disability.

The U.S. Preventive Services Task Force (USPSTF) recommended last year that clinicians screen adults for obesity and

refer patients with a body mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent behavioral interventions. In its review of the evidence, the USPSTF found that patients who participated in high intensity, multidisciplinary weight loss programs demonstrated significant weight loss, and that these interventions improve risk factors for cardiovascular disease, including impaired glucose tolerance.

Such multicomponent interventions include services provided by registered dietitians (many of whom have special certification in adult weight loss), health psychologists, and physical activity specialists (typically clinical exercise physiologists). Most are overseen by a medical provider, usually a physician, who performs a detailed evaluation at the outset of the intervention to ensure that the patient is appropriate

for, and would safely benefit from, the intervention.

"The challenge is, these programs are not available to everyone," said Mitch Gitkind, M.D., member of MMS's Committee on Nutrition and Physical Activity and medical director of UMass Memorial's Weight Center. "Third-party reimbursement for programs like those USPSTF recommends is limited and inconsistent."

Like many weight centers, the one at UMass is based on the Diabetes Prevention Program (DPP), a research study led by the NIH, where participants meet regularly with coaches to improve nutrition and physical activity habits. Participants in the DPP study lost at least 5 to 7 percent of their body weight and updates on patients up to 10 years after intervention have shown lasting effects diabetes prevention.

"Some insurers cover a limited number of visits with a dietitian; others only cover certain medical diagnoses. Medically supervised physical activity guidance is not covered, and behavioral counseling typically falls under the mental health part of the plan."

Modest weight loss can have a significant impact on comorbidities. For example, DPP participants at high risk for diabetes reduced their risk by 58 percent. Obesity-related comorbidities are associated with higher use of health care services and costs among obese patients. According to the CDC, in 2008, the medical costs for obese patients were \$1,429 higher than for patients of normal weight, and nationally, medical costs associated with obesity were estimated at \$147 billion in that same year. **VS**

— Robyn Alie

Join the 2013 Health Walk Along Boston Harbor

Take a break during the Annual Meeting by joining your colleagues on a walk along beautiful Boston Harbor. The walk will leave from the Seaport Hotel and World Trade Center on Friday, May 10, at 2:30 p.m. Members of

the MMS Committee on Nutrition and Physical Activity will be on hand to answer your questions, whether it's how to counsel your patients, or how to start or optimize your own nutrition and physical activity program. All

MMS and Alliance members, their families, and colleagues are welcome. There is no charge to participate. **VS**

To register, please contact Robyn Alie at ralie@mms.org or (800) 322-2303, ext. 7371.



MMS members gathered before the 2012 Health Walk.

Photo by Doug Bradshaw

Reality Medicine for Massachusetts

Talk with experienced physicians from diverse backgrounds who will share their observations about the opportunities and challenges encountered in medical schools, residency programs, and medical practice within the changing health care environment. This event is sponsored by the MMS and its Committee on Diversity in Medicine.

**Friday, April 5, 2013,
6:00 p.m.**

**Harvard Medical School
Tosteson Medical
Education Center (TMEC),
Room 227
260 Longwood Ave.,
Boston**

There is no charge to attend, but space is limited. To reserve your space, contact Robyn Alie at dph@mms.org or (781) 434-7371.

STATE UPDATE

MMS Leaders Brief Mass. Lawmakers on Medical Liability Reform, Peer Review Protections

Confidentiality Protections Needed in Health Reform Law

MMS leaders met with Massachusetts legislators last month to familiarize members of the House and Senate with MMS legislative priorities.

At the Legislative Briefing on March 6, MMS President Richard V. Aghababian, M.D., and President-elect Ronald Dunlap, M.D., spoke about several issues, including new legislation that would encourage Disclosure, Offer and Apology programs as an alternative to lawsuits, and exempt payments made under DA&O programs from inclusion in physicians' profiles with the Board of Registration in Medicine.

"Most of the time patients just want to know what happened, and they want to talk to their physician," Dr. Dunlap told the group of more than 30 legislators and staffers, including Rep. Steven M. Walsh, co-chair of the Joint Committee on Health Care Financing, Rep. Lenny Mirra

and Sen. Mike Barrett, both joint committee members, as well as Sen. Joan Lovely, co-chair of the Joint Committee on Mental Health and Substance Abuse.

"These are important for physicians and their patients moving forward in a world of accountable care organizations and other innovative health care delivery systems," said Dr. Dunlap.

Other MMS-backed bills in the current legislative session include measures to update peer review laws and confidentiality protections for physicians within the context of the health reform law passed last summer.

"The nation is watching us," said Dr. Aghababian. "Massachusetts is really a leader to all the other states. And to get health care reform to work, we have to get everyone engaged in their own care."

At the briefing, MMS officials and legislators also took questions

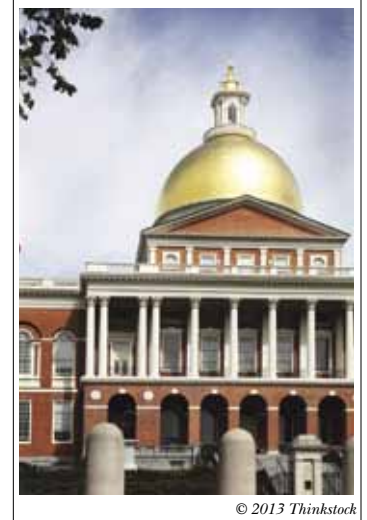
about the state's new medical marijuana law and discussed how the federal sequestration cuts could threaten funds for medical education.

"The nation is watching us. Massachusetts is really a leader to all the other states. And to get health care reform to work, we have to get everyone engaged in their own care."

— Richard V. Aghababian, M.D.

Massachusetts trains a large number of the nation's doctors, Dr. Dunlap said, many of whom are already coping with educational debts of between \$200,000 and \$300,000.

"Only one-third of the doctors trained here stay in Massachusetts. These cuts are coming at a



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time when we are facing a doctor shortage, this is a time when we need to be training more doctors," said Dr. Dunlap.

— Ronna Wallace

FEDERAL UPDATE

MMS Goes to Washington: 2013 National Advocacy Conference

Sequestration, Medicare Payment Formula Highlighted

Thirty-five physicians, residents, and medical students represented the Massachusetts Medical Society at this year's American Medical Association National Advocacy Conference (NAC) in Washington, D.C.

Disclosure, Apology and Offer Discussed

The MMS participants met with a number of members from the Massachusetts congressional delegation, including U.S. Senator Elizabeth Warren and U.S. Representatives William Keating, Joseph Kennedy III, Edward Markey, James McGovern, and John Tierney.

The Massachusetts contingent discussed a number of issues

with the congressional delegation, such as the potential impact of sequestration on medical practices and patient access to care, the urgent need for the new Medicare physician payment formula, and the emergent crisis of prescription drug abuse. They also reviewed key components of the new Massachusetts health costs containment law and areas of interest to the federal government, including the new Disclosure, Apology and Offer provisions.

Warren, Kennedy To Work with MMS

During the meetings, Sen. Warren, a recent appointee to the Senate Health, Education, Labor,

and Pensions Committee, expressed interest in working with the MMS on critical issues expected to come before her committee. Rep. Kennedy also expressed a strong interest in working on a number of the issues the physicians brought forward.

In addition to their congressional visits, MMS President Dr. Richard Aghababian, President-elect Dr. Ronald Dunlap, along with MMS officers Dr. Richard Pieters, Dr. Maryanne Bombaugh, and Dr. Dennis Dimitri, also met with Chris Dawe, director of delivery system reform at the Department of Health and Human Services and Tim Gronniger, senior advisor for Health Care

Policy, White House Domestic Policy Council.

Members of the California Medical Society joined the MMS in those discussions, which highlighted key issues such as the implementation of our new state cost containment law, primary care shortages in underserved areas, and Medicaid policy and implementation of the Affordable Care Act.

More information on the NAC and selected slide presentations are available on the AMA's website at ama-assn.org. **VS**

— Alex. Calcagno

New MMS Website to Focus on Education, Search, and Mobile Access

Relaunch of www.massmed.org in April

In early April, the MMS will relaunch its website on a modern technology platform that will provide many new tools for members and provide easier access for users of smartphones, tablets, and other mobile devices.

Using an innovative software development approach called “response design,” the site will automatically recognize the kind of device that a site visitor is using and render a page that fits the dimensions of the device. Mobile phone users, for example, will see a home page that features links to the latest news, education content, and calendar of events without having to pinch or zoom the screen.

The site will also feature new, advanced search technology that will enable users to find content more easily. It’s based on the same technology that drives

Microsoft’s acclaimed search engine, Bing.

Other new features include:

- Modernized online CME section
- Streamlined join/renew process
- Updated PHS and Foundation sites
- Improved site speed
- Updated graphic design

The new online CME section will offer courses with video, audio, and other multimedia content. Some courses will incorporate pre-course and mid-course



questions, as well as post-course exams, to optimize the online learning experience.

The site will also feature a comprehensive MyCME portal, from which MMS CME customers can track CME credits earned at MMS, easily download certificates they have earned, and bookmark their place in course content. MMS members

will also be able to self-report and track CME credits that they have earned at non-MMS venues.

CME customers will be asked pay for their CME exams before viewing the content, rather than afterwards, as has been customary on the MMS site. This change was implemented to align the site with standard online education practices and enable the MMS to expand its offerings by forging partnerships more easily with external medical education partners. As always, MMS members will continue to receive substantial discounts over standard CME fees.

“This is the most significant major technology upgrade on the MMS website in nearly a decade,” said Corinne Broderick, MMS executive vice president. “It creates a foundation for future growth and strengthens the Society’s position as the leading voice and resource for physicians in Massachusetts.” **VS**

PHYSICIAN HEALTH MATTERS

PHS Partners with the Federation of State Physician Health Programs

MMS’s Physician Health Services, Inc. (PHS), has entered into a new partnership with the Federation of State Physician Health Programs (FSPHP), a nonprofit corporation whose purpose is to provide a forum for education and exchange of information among state physician health programs.

The FSPHP develops common objectives, goals, and guidelines for state programs and serves to enhance awareness of issues related to physician health and impairment.

This partnership provides PHS an opportunity to remain abreast of state physician health program initiatives nationwide, to further develop relationships with peers in the profession, and to be involved at a national level with developments in the field.

PHS will be providing administrative assistance to the FSPHP, including membership services, conference planning, and other outreach services and programs. The reimbursement provided by FSPHP has the potential to diversify revenue for PHS as well.

PHS Director Luis Sanchez, M.D., said: “As a former president of the FSPHP, I know the importance of a well-functioning administrative team to support its important mission and goals involving state physician health programs.”

Each year, the FSPHP holds an annual education conference and business meeting attended by over 200 state physician health program administrators, care providers, and allied health professionals.

This year’s FSPHP annual meeting education conference, “The Development of Physician Health Programs: A Model of Social Innovation with Direct Benefits to Patients and the Public,” will be held this spring at the Hyatt Regency in Cambridge, Massachusetts, from April 19 to 21.

Visit FSPHP.org for information about the Federation and the annual education conference. **VS**

— Jessica Vautour

2013 Senior Volunteer Physician of the Year: Daniel E. Clapp, M.D.

The Committee on Senior Volunteer Physicians is pleased to announce that Daniel E. Clapp, M.D., of Amherst, Massachusetts, has been chosen as the recipient of the 2013 Senior Volunteer Physician of the Year Award for his exemplary dedication to volunteerism and lifelong sharing of medical expertise.

Although he retired as head of medical services at the University of Massachusetts in Amherst in 2002, Dr. Clapp continues to draw upon his medical knowledge and expertise to the benefit of many in the Pioneer Valley. He gives of his time (an average of over 58 hours a month) to the Pine Brook Camp in Shutesbury, the College Church Health Care Project in Northampton, the Leverett Health Care Project, the Amherst Senior Center, the Amherst Survival Free Clinic, as well as the U.S. Armed Services.



Daniel E. Clapp, M.D.

In 2008 the Amherst Survival Center asked Dr. Clapp to volunteer as a founding physician at their new Free Clinic. He has since become the clinic’s volunteer medical director, as well as a volunteer provider. Under Dr. Clapp’s leadership health services have expanded and the clinic has had a major impact on the area’s homeless, the most vulnerable segment of the population in the Pioneer Valley.

According to Cheryl Zoll, the executive director of the Amherst Survival Center, “The success of the clinic is due almost entirely to Dr. Clapp’s conviction that everyone is deserving of excellent health care and to his unstoppable energy devoted to making that happen.”

Dr. Clapp also serves as a Hampshire Medical Society District Officer. **VS**

— Carolyn Maher

ACROSS THE COMMONWEALTH

District News and Events

Barnstable — Spring Annual Meeting. Wed., Apr. 17, 6:00 p.m. Location: Coonamesett Inn, Falmouth. Presentation: Ronald Dunlap, M.D., MMS president-elect. For more information, contact Southeast Regional Office.

Berkshire — High School Doctor for a Day Program. Wed., Apr. 10, 7:30 a.m. to 4:30 p.m. Location: Berkshire Medical Center, Pittsfield. **Annual Meeting.** Tues., Apr. 23, 6:00 p.m. Location: Spice Dragon, Pittsfield. For more information, contact West Central Regional Office.

Bristol North/Plymouth — Joint Annual Meeting. Thurs., Apr. 11, 6:00 p.m. Location: Stoneforge Tavern, Raynham. Presentation: Richard Aghabian, M.D., MMS president. For more information, contact Southeast Regional Office.

Bristol South — Spring Annual Meeting. Wed., Apr. 3, 6:00 p.m. Location: Venus de Milo, Swansea. Presentation: David Gallo, Ph.D., director of special projects, Woods Hole Oceanographic Institute. For more information, contact Southeast Regional Office.

Charles River — Annual Meeting. Thurs., Apr. 11, 6:00 p.m. Location: Lyman Estate, Waltham. **Delegates Meeting.** Tues., Apr. 30, 6:00 p.m. Location: MMS headquarters. For more information, contact Northeast Regional Office.

Essex North/Middlesex North — Annual Meeting. Wed., Apr. 24, 6:00 p.m. Location: Salvatore's Function Facility, Lawrence. Topic: The Future of Medicine in the Merrimack Valley. Guest Speakers: Delia O'Connor, CEO, Anna Jacques Hospital; Normand Deschene, CEO, Lowell General Hospital; Dianne Anderson, CEO, Lawrence General Hospital; and Lester Schindel, CEO, Holy Family Hospital and Merrimack Valley Hospital.

Essex North/Essex South — Delegates meeting. Wed., May 1, 6:00 p.m. Location: Beverly Depot, Beverly. For more information, contact Northeast Regional Office.

Franklin — High School Doctor for a Day Program. Tues., Apr. 9, 7:30 a.m. to 4:30 p.m. Location: Baystate Franklin Medical Center, Greenfield. For more information, contact West Central Regional Office.

Hampden — High School Doctor for a Day Program. Thurs., Apr. 11, Breakfast 7:30 to 8:30 a.m., Debriefing dinner 5:00 to 6:30 p.m. Location: Baystate Health Education Center, Holyoke. **Annual Meeting.** Tues., Apr. 30, 6:00 p.m. Location: Delaney House, Holyoke. For more information, contact Coni Fedora at (413) 736-0661 or hdms@massmed.org.

Middlesex District — Annual Meeting. Sat., Apr. 20, 6:00 p.m. Location: Museum of Science, Boston. **Legislative Breakfast.** Fri., Apr. 26, 7:30 a.m. Location: Lynch Board Room, Mount Auburn Hospital, Cambridge. For more information, contact Northeast Regional Office.

Middlesex West — Annual Meeting. Wed., Apr. 10, 6:00 p.m. Location: Samba Steak and Sushi House, Framingham. **Legislative Breakfast.** Fri., Apr. 12, 7:30 a.m. Location: MacPherson Hall, Framingham. **Delegates Meeting.** Thurs., Apr. 25, 6:00 p.m. Location: MacPherson Hall, Framingham Union Hospital, Framingham. For more information, contact Northeast Regional Office.

Norfolk — Annual Meeting. Wed., Apr. 24, 6:00 p.m. Location: Sheraton Needham, Needham. Guest Speaker: Michael Gaziano, M.D. For more information, contact Northeast Regional Office.

Southeast Regional — Caucus. Tues., Apr. 30, 6:00 p.m. Location: Lebaron Hills Country Club, Lakeville. Delegates from the Barnstable, Bristol North, Bristol South, Norfolk South, and Plymouth medical societies will meet to review and discuss the resolutions prior to the Annual HOD meeting. For more information, contact Southeast Regional Office.

Worcester — Louis E. Cottle Medical Education Conference. Mon., Apr. 1, 5:30 p.m. Location: Beechwood Hotel, Worcester. Topic: Gun Violence. Speaker: David Hemenway, Ph.D., professor of health policy at Harvard School of Public Health and director of the Harvard Injury Control Research Center. **Annual Meeting.** Wed., Apr. 10, 5:30 p.m. Location: Beechwood Hotel, Worcester. Meeting includes presentation of the Community Clinician of the Year Award. For more information, contact Joyce Cariglia (508) 753-1579.

Statewide News and Events

Art, History, Humanism, and Culture Member Interest Network — Introduction to Bird Watching. Thurs., May 30, lecture 6:00 to 8:00 p.m. Location: MMS headquarters. Sat., June 1, field trip 9:00 a.m. to noon. Location: Joppa Flats, Newburyport. For more information, contact 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.

IN MEMORIAM

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

Col. Peter J. Gomatos, M.D., 83; Fort Lauderdale, FL; Johns Hopkins University School of Medicine, 1954; died June 23, 2012.

Neuman S. Mittel, M.D., 82; Brookline, MA; University of Pennsylvania School of Medicine, 1956; died December 27, 2012.

Joseph E. Murray, M.D., 93; Wellesley Hills, MA; Harvard Medical School, 1943; died November 26, 2012.

John S. Mutterperl, M.D., 82; Wenham, MA; New York University School of Medicine, 1956; died November 30, 2012.

MMS Volunteer Physicians Help Patients Needing Free Care

It is 6:00 p.m. on a Tuesday, and already the hallway outside the sanctuary of Temple Beth El in Sudbury is crowded with patients and their families. Conversations are taking place in English, Spanish, Portuguese, Creole, along with several other languages. The temple has miraculously been converted into a clinic — with tables and chairs separated by screens, and examination tables in an adjoining room. Patients are being seen by internists, nurse practitioners, and a wide variety of specialists, and are being assisted by pharmacists, nurses, translators, and various volunteers. Unbelievably, yet unfailingly, by 9:00 p.m. all the patients who needed help have been seen, and helpers swoop in to begin the process of converting the clinic space back to a synagogue.

This scene is being duplicated in one way or another all over Massachusetts. It was hoped that legislation, which ensured wider distribution of health insurance, would solve the problem of the uninsured and obviate the need for free care — but this certainly has not been the case.

There are still wide gaps in our coverage system, and often practitioners are not available to those who are nominally insured.

Through its insurance subsidiary, Physicians Insurance Agency of Massachusetts, the Massachusetts Medical Society provides free malpractice coverage to providers who function solely as volunteers, most of whom have retired and could not have served without the support. The MMS Committee on Senior Volunteer Physicians reviews and approves requests for insurance coverage and helps to serve as a liaison and support for volunteer activities.

Many of the free care programs have a need for volunteers. Most programs have a need for physicians who are willing to take referrals. If you are interested in learning more about how you can become involved, please contact Carolyn Maher at (781) 434-7311 or cmaher@mms.org.

— David Singer, M.D.
Committee on Senior Volunteer Physicians



MMS will relaunch its website with new tools for members and easier access for smartphones and tablets. See full story on page 6.

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

MMS Ethics Forum — Conflicts of Interest in Medical Publishing

Thurs., May 9, 3:30 to 5:30 p.m.
Seaport Hotel and World Trade Center, Boston

Annual Education Program — Navigating the Currents of Change: Integrating Innovative Technologies into Your Clinical Practice

Fri., May 10, 8:00 a.m. to 12:15 p.m.
Seaport Hotel and World Trade Center, Boston

Shattuck Lecture — Chronic Infectious Disease and the Future of Health Care Delivery

Fri., May 10, 12:30 to 2:00 p.m.
Seaport Hotel and World Trade Center, Boston

Assessing Medicine, Mental Health, and Cultural Needs during Sheltering

Tues., June 11, 5:15 to 8:00 p.m.
Live program held in Waltham and via streaming webinar.

11th Annual Symposium on Men's Health

Wed., June 12, 8:00 a.m. to 5:00 p.m.
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