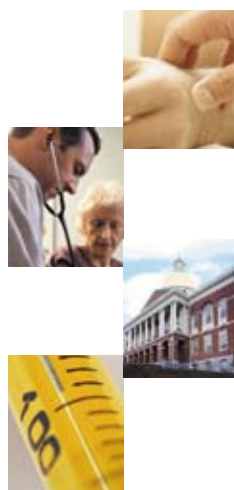




# VITAL SIGNS



## 2 PRESIDENT'S MESSAGE

Talk about Tiering

## 3 YOUR PRACTICE

Blue Cross Boosts Payments  
Streamlined Credentialing  
BCBS to Offer Tiered Products

## 4 THE PUBLIC'S HEALTH

Workers' Comp for Immigrants  
Pandemic Preparedness  
Flu Vaccination Recommendations

## 5 GOVERNMENT AFFAIRS

State: Know Your Candidates  
Federal: Senate Bill Promotes  
Tort Alternatives

## 6 PROFESSIONAL MATTERS

Part-Time Physicians  
Evaluating Fitness for Practice  
Career Day/Job Fair

## 7 INSIDE MMS

eClinicalWorks Discounts  
AMA Annual Meeting  
Men's Health Symposium  
Across the Commonwealth

## 8 MMS EDUCATION PROGRAMS

## Consternation over Tiering Continues as "Select and Save" Plans Take Effect

BY TOM WALSH

For Emlen H. Jones, M.D., an Amherst pediatrician, the news that he was a tier-2 doctor according to one Massachusetts "Select and Save" health insurance plan for state employees came early in May via a phone call — from the father of two of his patients.

"They'd been my patients for a decade," Dr. Jones said. "They were switching health plans to Unicare, and my name was not on the plan's website list. Only tier-1 physicians were listed." Dr. Jones commented he received no direct communication from Unicare about tiering. "It was just a fait accompli," he said.

Dr. Jones's lament was a familiar one among physicians interviewed for this *Vital Signs* story.

A subsidiary of Wellpoint, Inc., Unicare and its two Commonwealth Indemnity Plans are among eight Select and Save options offered to state workers by the

Group Insurance Commission (GIC). The program went into effect July 1.

"Select and Save" plans tier physicians based on claims data. Most of the 266,000 state workers, retirees, and their dependents are rewarded for selecting tier-1 doctors with copays that are \$10 lower than those of other physicians.

Unlike other plans in the program, which rated physicians in groups, Unicare's program involves individual physician ratings.

### Distressed and Puzzled

Dr. Jones, a veteran pediatrician and managing partner of Amherst Pediatrics, was puzzled and distressed to learn he was the only one of five physicians in the group practice not rated tier 1.

His calls to Unicare seeking an explanation were fruitless. "They seemed insulted that we were even calling," he said. Finally, after consulting a different plan in the GIC program, Dr. Jones found

what might be an explanation: two patients with whom he has a consulting relationship suffer from hemophilia, for which standard care requires expensive medication. "It should be clear from these claims that these were consults," Dr. Jones said. "If we are going to look at how efficiently doctors provide care, let's do it in a way that makes sense. This is clearly a retroactive punishment program, not a quality improvement program."

### Physicians Should See Data First

Kenneth R. Peelle, M.D., MMS president, said Dr. Jones's plight illustrates a problem with the GIC program that the Society continues to work on. "Data should be released to physicians in advance," he said. "They should have ample time to analyze the data and correct mistakes before it goes to the public. Physicians who don't agree with the data should call the plan and ask for an explanation." After hearing about Dr. Jones's experience contacting Unicare, Dr. Peelle noted that the MMS has received similar complaints involving that particular plan.

Dr. Peelle added that the tiered plans should not let consulting relationships such as the one Dr. Jones has with his hemophilia patients "count against you."

Robert Sorrenti, M.D., Unicare medical director, said tiering information was sent in mid-April to large physician groups including the Cooley-Dickenson Physician Health Organization, to which Dr. Jones belongs. "We labored under the presumption that [physicians in the organization] would talk to each other," Dr. Sorrenti said. "It was not as though

## Workforce Study Cites Shortage of Primary Care Physicians

BY TOM WALSH

In an alarming development, the 2006 MMS Physician Workforce Study revealed that primary care physicians could be in short supply in Massachusetts. Earlier this year, a report from the American College of Physicians (ACP) warned that primary care is "at grave risk of collapse" as more young doctors choose other specialties while the demand for generalists rises.

The MMS study found that 54 percent of the state's community hospitals are experiencing a shortage of family practitioners. This is more than double the 21 percent average response to the same question for the 2003 through 2005 survey years. "This shift . . . will likely become more obvious as the current aging physician workforce retires," the study reported.

"This is a big problem," said Kenneth R. Peelle, M.D., MMS president. "If you can't find a primary care doctor, it's much harder to get into the health care system." Dr. Peelle added that reimbursement for primary care physicians is "inadequate to support the workforce at this point."

As in the past, the 2006 MMS Workforce Study also found specialist shortages in areas such as radiology, anesthesiology, cardiology, orthopedics, neurosurgery, gastroenterology, and general surgery. The report concluded that "significant system reform and collaboration from stakeholders [will be needed] to avert a future health care crisis."

The news that primary care shortages have risen sharply within the state's community hospitals adds a new wrinkle to the workforce problem.

The ACP report in January warned that without "immediate and comprehensive

### Tiering FAQs for Physicians

#### Why is tiering taking place now?

- The predominant driver is cost containment. The GIC required all of its participating health plans to develop a methodology for tiering in an effort to provide incentives for patients to see lower-cost providers.
- The Massachusetts Medical Society agrees that cost is an important issue, but we are concerned that the tiering experiment could disrupt physician-patient relationships and harm patient care.

#### How are the health plans implementing tiering?

- The plans have implemented tiering products with no uniformity or standard formulas.

Some health plans rate groups, while others rate individuals. Some base ratings on cost only, while others base them on cost and quality. Some plans tier only primary care physicians or specialists, while others tier both.

- Patient copays are lower for a tier-1 physician than for a tier-2 or -3 physician. The implication is that a tier-2 doctor is "more expensive" or "lower quality" than a tier-1 doctor. This "snapshot" rating does not tell the whole story.
- For a summary of tiering methods used by several major plans, go to [www.massmed.org/GICplans](http://www.massmed.org/GICplans).

*continued on page 3*

*continued on page 2*

*continued on page 2*

## PRESIDENT'S MESSAGE



### Good Communication Can Ward Off Tiering Problems

The new “tiered” health plans offered through the Group Insurance Commission’s “Select and Save” program are now in effect (see lead story on page 1).

If you or your practice has received a tier-2 rating, the MMS urges you to contact the health plan for a better understanding of tiering methods and to analyze the accuracy of the data. Physicians have every right to review this information and have it corrected if inaccuracies are found. Unfortunately, some physicians have received limited assistance when asking one particular Select and Save plan to discuss specifics. All health plans offering tiered products must communicate openly with physicians and respond promptly and professionally to our questions and concerns about accuracy and fairness.

Another way to address the confusion swirling around these plans is to talk openly about them with your patients, practice colleagues, and office staff. Make sure everyone knows where you stand on this.

Surveys suggest that fewer than 5 percent of people given a choice would switch doctors or their existing health plan based on tiering alone. This suggests that many patients are not only very satisfied with their care, but also are savvy enough to know that the bits of information used to tier physicians do not tell the whole story about the quality of

patient care. Still, although many patients see tiering’s limitations, if you maintain strong physician-patient relationships — both clinically and interpersonally — you’ll help prevent tiering-based controversy from arising.

If physicians in a group practice have been tiered differently from one another, they should develop a communications strategy so they speak to patients in a unified voice. Reading the FAQs published in this issue of *Vital Signs* would be a good first step. And don’t delay training your office staff in how to communicate with patients about this new reality.

In responding to these programs, physicians should take a long, hard look at their individual and group processes. Although most of the rating data we’ve seen provides little or no information to help doctors identify practice shortcomings, this new transparency paradigm should prompt some self-examination. If you see anything about the way you practice that is legitimately off-kilter, take appropriate steps now to improve it.

Physicians must understand that business and government will continue pressing for health care cost containment. In response, individual physicians should redouble their efforts to adhere to accepted clinical guidelines. And the Society will continue to advocate forcefully for measures and methodologies that are both fair and accurate.

*Kenneth R. Peelle*

— Kenneth R. Peelle, M.D.

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

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

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

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

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

**PRESIDENT:** Kenneth R. Peelle, M.D. **EXECUTIVE VICE PRESIDENT:** Corinne Broderick

**DIRECTOR OF COMMUNICATIONS:** Frank Fortin

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

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

©2006 The Massachusetts Medical Society. All Rights Reserved.

#### Tiering

*continued from page 1*

we were sitting on this information.” Still, he conceded that when communicating with physicians, “you can always do more, and our intent is to work on that.”

Dr. Sorrenti added that physicians who ask Unicare for their personal tier-related information will receive it, but he was quick to deflect any “expectation that [Unicare] will make wholesale changes in the tiering.”

#### Administrative Woes Foreseen

For Cindy Mayo, R.N., who manages Northampton Pediatrics, an eight-physician practice, tiering presents administrative headaches. “In pediatrics, there’s a lot of cross-coverage among doctors,” she said. “Children sometimes see someone other than their ‘regular’ physician.” Mayo’s practice has seven physicians rated tier-1 and one rated tier-2. That means a patient might see a tier-2 physician during one visit and a tier-1 doctor at the next. “This could get very confusing for our front-desk people,” she said.

Mayo added that the practice’s lone tier-2 doctor is a young physician who was not practicing during the entire time data was being gathered. Dr. Sorrenti confirmed that Unicare automatically put physicians without sufficient data into tier 2. From Mayo’s perspective, that constitutes “a case of guilty until proven innocent” because the public might interpret the ratings as an indication that the tier-2 physician is not as

good as the others. In reality, she said, “We’re a good practice, and all our physicians are good.”

#### Without Data, No Improvement

In Boston, Richard Parker, M.D., medical director of the 1,400-physician Beth Israel Deaconess physician organization, said good intentions may underlie tiering, but that without detailed data matched to specific physicians, there is no way for individual doctors to use data to improve.

“Right now, it’s data without information, and it’s impossible to interpret,” Dr. Parker said. Just prior to the July 1 start date, his physicians had heard no significant patient feedback about the program. However, he predicted that if copay differentials increased from \$10 to \$50, the health plans “better be ready for prime time.”

Barbara Spivak, M.D., president of the 450-plus-physician Mount Auburn-Cambridge IPA, said her doctors also have heard little from patients about the tiered plans, but the physicians are still distressed because they don’t understand how the ratings were derived. “We’d all like to improve the quality of care and control costs,” she said. “But we question whether this is the best way.”

The MMS continues to work with the GIC and individual health plans regarding tiering and related issues. We encourage physicians to contact specific health plans for more detailed information about individual or group ratings. **VS**

## 19th-Century MMS Focused on Public Health

*Second in a Series of Vignettes Celebrating the 225th Anniversary of the MMS*

By the first half of the 19th century, the Massachusetts Medical Society and its leaders had begun to position themselves as “the guardian of the public health.”

In 1839, the MMS began clamoring for a statewide registration of births, deaths, and marriages. The Massachusetts Legislature enacted such a law in 1842, and the Society’s pursuits expanded to include a registry of “the cause, history, and treatment of the diseases of this Commonwealth.”

In 1857, the Society appointed a three-member disease registry committee. Later in the century, the state and the MMS worked to take things even further, pushing for a “sanitary survey” of the state.

On February 6, 1861, an MMS resolution urged the Legislature to establish “a State Board of Health for the purpose of looking after the sanitary interests of the

people.” Finally, in 1869, lawmakers heeded the Society’s repeated requests. The first chair of the State Board of Health was H. I. Bowditch, M.D., an early champion of public health concerns.

This was the first state board of health established in the United States, and it would become a model for the rest of the country. **VS**

— Tom Walsh

#### Workforce Study

*continued from page 1*

reforms . . . there will not be enough primary care physicians to take care of an aging population with increasing incidences of chronic diseases.”

While many studies show a decline in the number of young physicians participating in residency programs in primary care specialties, demand for general internists is expected to increase significantly between now and 2020. **VS**



## Blue Cross Announces Physician Payment Increase

Physicians contracting with Blue Cross Blue Shield of Massachusetts (BCBSMA) will see an aggregate 3 percent increase in their payments for services rendered, beginning September 1.

The new reimbursement rates, marking the seventh consecutive year of increased physician reimbursements, will be implemented across all types of Blue Cross coverage, including indemnity, HMO, point of service (POS), and preferred provider organization (PPO) plans.

Specialty-specific fee schedules will be mailed to individual physicians this summer, according to John Fallon, M.D., BCBSMA senior vice president and chief physician executive. Physicians are encouraged to review their specialty-specific information to determine the effect the

new fee schedule will have on their individual practice.

Blue Cross also expanded its performance-based quality programs, which now offer eligible physicians the opportunity to earn an additional 3 to 10 percent on top of fee-for-service payments. BCBSMA expects to pay more than \$21 million to primary care physicians for their 2005 participation in this incentive program. Blue Cross will work closely with the MMS and specialty societies to develop future incentives.

Physicians with questions or suggestions regarding payment should contact

their Blue Cross provider relations manager at (800) 316-2583. **VS**

— Dana Cooper

### BlueLinks Is Online

BlueLinks is a secure website for participating Blue Cross providers that was launched to help streamline interactions with the health plan. The site allows registered users to perform a variety of administrative functions:

- Check member eligibility, copayments, and other benefit information
- Conduct electronic transactions
- Submit referrals and authorizations and check their status
- View fee schedules and *Blue Books* and download forms

To find out more about BlueLinks, visit [www.bluecrossma.org/provider](http://www.bluecrossma.org/provider).

## “One-Stop” Health Plan Credential Verification Begins September 1

Beginning September 1, most providers licensed in Massachusetts and other New England states who are renewing their credentials or being credentialed for the first time with certain Massachusetts health plans will experience a new process administered by HealthCare Administrative Solutions, Inc. (HCAS).

HCAS is a collaborative formed by several Massachusetts health plans to simplify administrative processes for providers and health insurers. HCAS-participating health plans include Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, Network Health, and Tufts Health Plan.

HCAS and its participating health plans entered into an agreement with Ingenix, a national credentialing verification organization, to allow providers to apply for credential verification and submit common credentialing information only once for all HCAS-participating health plans. The MMS and mem-

bers of the hospital community have been meeting regularly with HCAS to provide input — including concerns — about the new process.

Expected roll-out dates to remember regarding this process are as follows:

- **September 1, 2006** — Start date for streamlined re-credentialing of Massachusetts physicians
- **October 1, 2006** — Start date for streamlined *initial* credentialing, and the re-credentialing process for all other providers including allied health professionals in Massachusetts and New England

Throughout August, HCAS will offer training and informational sessions on the new procedures. Individuals responsible for physician credentialing are encouraged to attend.

**August 9 and August 23 — Springfield**  
9:30–11:00 a.m. *Physician Credentialing*  
1:00–2:30 p.m. *Allied Health Providers*

**August 22 — Quincy**  
10:00–11:30 a.m. *Allied Health Providers*  
2:00–3:30 p.m. *Physician Credentialing*

**August 23 — Boston**  
9:30–11:00 a.m. *Physician Credentialing*  
12:00–1:30 p.m. *Allied Health Providers*

To RSVP for these sessions or for more information on the credentialing initiative, visit [www.hcasma.org](http://www.hcasma.org). **VS**

— Dana Cooper

### Tiering FAQs

*continued from page 1*

#### How is my rating derived and what does it mean?

- It's derived from assessments of either your utilization of resources, or a combination of resource utilization and quality data. Quality data often includes HEDIS measures, which are obtained predominantly from claims data.
- Many plans are using “grouper” methodologies (Episode Treatment Groups, or ETGs) that look at entire episodes of care rather than discrete encounters. A major challenge here is determining which physician is responsible for which cost in a group or multispecialty practice.
- The raw data is aggregated and indexed to a normative value (1 or 100), and physicians who score above the norm are assumed to be “more expensive and/or lower quality,” and vice versa for those scoring below the norm.
- The tiering formulas incorporate limited risk adjustment, but this is usually not sufficient to ensure accuracy. The formulas often fail to account for patient factors that may affect access or compliance, such as socioeconomic status.

#### How can I verify the information that went into my rating?

- You can — and should — contact the individual health plans that have rated you and ask

them to provide detailed data. Unfortunately, as we've said, there is no uniform methodology being used, so you have to investigate each program separately.

- The medical director for your IPA or contracting entity is also a good source of this information.

#### What recourse do I have if I find an error in the data or disagree with the rating?

- Again, recourse and resolution of disagreements are handled by contacting individual plans. There is no central clearinghouse for correcting errors or resolving disputes.
- We have found that certain plans are more responsive to physician concerns than others. Similarly, some plans appear amenable to fixing the data and changing the rating/tier, while others do not.

#### What would a fair tiering system look like?

- It would standardize measures and public reporting, properly attribute responsibility for measured care, and include adequate numbers of observations to ensure statistical significance.
- Data by which physicians are measured would be clinically important, accurate, timely, and risk-adjusted for clinical, cultural, and socioeconomic differences.
- Data and ratings would be shared with physicians in a collaborative fashion and in

a manner that would help practices improve, if appropriate.

- For the complete list of MMS guidelines for measuring and reporting physician performance, go to [www.massmed.org/p4p\\_guidelines](http://www.massmed.org/p4p_guidelines).

#### What does the future hold for physician tiering?

- Data transparency and increasing levels of consumer choice in health care seem to be the wave of the future.
- The experimental nature of tiering programs leads to concern about unintended consequences (e.g., misguided decisions by consumers leading to suboptimal outcomes and potentially higher costs).
- Some expect that the copay differentials between tier-1 and tier-2 providers will increase with time.
- We hope that, going forward, the plans will engage the physician community much more to ensure that tiering, if it continues, is fair and has a positive impact on the quality of patient care.

Note: These FAQs and FAQs for patients are also available at [www.massmed.org/gic\\_faq\\_mds](http://www.massmed.org/gic_faq_mds) and [www.massmed.org/gic\\_faq\\_patients](http://www.massmed.org/gic_faq_patients), respectively.

## Blue Cross Tiered Products to Debut in 2007

Blue Cross Blue Shield of Massachusetts (BCBSMA) announced it will introduce tiered health plan options within its existing Blue Care Elect and HMO Blue products on or after January 1, 2007, and April 1, 2007, respectively.

Details are still being worked out, but patients will incur two different levels of cost depending on the primary care physician and hospital they use.

BCBSMA has been meeting with physicians across the state, including MMS leadership, to explain the current tiering design and obtain physician input and suggestions. Physicians with questions or concerns are urged to contact their Blue Cross provider relations manager at (800) 316-2583.

## Workers' Compensation Benefits for Immigrant Workers

Over the past decade, the immigrant workforce in Massachusetts has become a significant part of the state's economy. Immigrant workers now represent 17 percent of the workers in Massachusetts, according to the Massachusetts Institute for a New Commonwealth and the Center for Labor Market Statistics.

Immigrants often work in high-risk occupations such as construction and landscaping, and are therefore disproportionately vulnerable to workplace injuries. A recent report found that 28 percent of the workers killed on the job in 2005 were immigrants.

"Immigrant workers are the most likely to be injured and the least likely to seek medical care," observed Robert Naparstek, M.D., vice chair of the MMS Committee on Environmental and Occupational Health.

Under Massachusetts case law (2004), documented and undocumented immigrant workers have a right to workers' compensation coverage. But a Massachusetts Department of Public Health study found that nearly 52 percent of community health center patients born in countries other than the United States or Puerto Rico had never heard of workers' compensation.

In addition, poor language and communication skills, lack of knowledge about their legal rights, and limited job options may prevent immigrant workers from pursuing workers' compensation claims. In some cases, employers may actively deter or prevent immigrant workers from filing a claim or seeking necessary treatment.

"Some unscrupulous employers take immigrants who are not savvy about the system and put them in the most danger-

ous jobs, or in jobs that are out of compliance with OSHA regulations," Dr. Naparstek explained.

At its Annual Meeting in May, the MMS House of Delegates adopted the following policies regarding workers' compensation:

- Encourage maximum workplace safety for all workers
- Support efforts to increase access to workers' compensation coverage for all workers, as provided for by law
- Promote awareness among Massachusetts health care providers of workers' compensation coverage for immigrant workers

Reporting a workplace injury helps avoid cost-shifting to Medicaid, and workers' compensation provides the worker with follow-up treatment and benefits for death, disfigurement, or amputation, noted Dr. Naparstek. And, he added, reporting an injury often prompts employers to fix the deficiency that caused the injury.

"The physician should strongly urge injured workers to file a workers' compensation claim," said Dr. Naparstek. If a company obstructs the filing of a claim, the employee should report it to the state Department of Industrial Accidents (DIA), he added.

Dr. Naparstek also recommends that immigrant workers learn English or get a trusted translator to help them advocate for themselves.

More information is available for physicians and patients through the DIA at (800) 323-3249 or [www.mass.gov/dia](http://www.mass.gov/dia). **VS**

— Christine Connare

### WEBSITE OF THE MONTH

#### Help Parents Prepare Healthy School Lunches

More than 15 percent of American children 6 to 19 years of age are overweight, according to the American Academy of Family Physicians. As another school year is about to begin, physicians can provide parents with resources about preparing healthy packed lunches and other meals.

The USDA nutritional guidelines specifically designed for children at <http://teamnutrition.usda.gov/kids-pyramid.html> can guide parents and kids toward healthier food options. The website offers advice on how to apply the food pyramid to a child's diet. It also includes a tip sheet for families on nutrition and exercise, an explanation of each component of the food pyramid, and an interactive nutrition computer game for children.

### MMS and Legislators Honor Anti-Tobacco Poster Winners



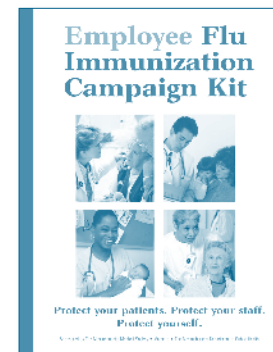
Photo by Fay Photo

MMS Alliance President Margaret Igne Bianchi and MMS President Kenneth R. Peelle, M.D., (back row, left) greet the winners of the Society's 2006 Anti-Tobacco Poster Contest. Front row, left to right: Monica Maziarz, Igor Queiroz, Alex Kelly, Estelle Penta, Shaylyn Murphy, and Kayla Walazek. Back row, left to right: Melissa Medina, Victoria Lewandowski, Samantha Phillips, and Rebecca Powers. Not pictured: Abigail Fargo and Jennifer Nee.

## Flu Vaccination Recommended for All Health Care Workers

In June, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) approved an infection-control standard that requires accredited organizations to offer influenza vaccinations to staff, volunteers, and licensed independent practitioners with close patient contact.

This follows the February release of a report by two advisory committees of the Centers for Disease Control and Prevention (CDC) recommending that all health care providers be vaccinated annually against influenza. The report noted that health care personnel who are clinically or subclinically infected can transmit influenza virus to other people. Influenza outbreaks in hospitals and long-term care facilities have been associated with low vaccination rates among health care personnel; and higher vaccination levels among staff have been associated with a lower incidence of nosocomial influenza cases.



Despite these compelling statistics, nationally, only 36 percent of health care workers receive a flu vaccination. Meanwhile, every year more than 200,000 people are hospitalized from flu complications, and nearly 36,000 people die from the flu, according to the CDC.

Education of health care workers is an important component of the CDC recommendations and was a primary focus of the 2006 AMA Influenza Summit, held in June. Education leads to well-informed nurses and direct-care providers who can better inform patients about the benefits of flu vaccination.

The MMS, in collaboration with the Massachusetts Department of Public Health and MassPRO, revised its annual Employee Flu Immunization Campaign Kit, which is distributed to hospitals and nursing homes to increase rates of health care worker immunization. The 2006 version of the kit will be available in September at [www.massmed.org/flu\\_kit](http://www.massmed.org/flu_kit). **VS**

### Strategies for Pandemic Preparedness

This 60-slide, downloadable educational tool for physicians and health care professionals developed by the MMS Committees on Public Health and Physician Preparedness contains information about pandemic preparedness, including annual influenza, avian influenza in birds and humans, and pandemic flu. To download the PowerPoint presentation, go to [www.massmed.org/pandemic](http://www.massmed.org/pandemic).



## STATE UPDATE

### Elections 2006: Advocacy Begins at the Ballot Box

It's only August, but it's not too early for physicians to start flexing their advocacy muscle for the forthcoming elections. This year's elections will provide physicians with an opportunity to affect health care policy on both state and national levels. The choices voters make this fall could have a significant effect on how you practice medicine and on the quality of care your patients receive for years to come.

While we can't predict the specific outcome, we know that a new governor will be elected to replace Mitt Romney. The new governor will make critical appointments to agencies such as the Board of Registration in Medicine, the Department of Public Health, and the Division of Insurance. These new appointees could significantly affect physician practices and the care given to patients. Of special concern will be the leadership provided by the next governor around the implementation of the new health access law — both in how

health insurance coverage is delivered to the uninsured, and in efforts to promote quality and cost effectiveness in the delivery of care.

In addition to electing a new governor, voters will choose a new lieutenant governor and attorney general for four-year terms. The entire state Legislature will also be elected — all 40 senators and 160 representatives. On the federal level, voters will decide on the U.S. Senate seat held by Sen. Kennedy and all 10 Massachusetts seats in the U.S. House of Representatives.

The MMS urges physicians to actively participate in the political process and lend their expertise and experience to the debate on health care issues. First, learn about the candidates and the issues. Most major candidates have a website that explains their stance on key areas such as health care. Also, try to meet the candidates in person and explore the depth of their interest in issues that affect you and your patients.

Share *your* expertise and let the candidates know where you stand on the issues. Finally, if you find a candidate you feel comfortable supporting, build a strong relationship with that candidate — this will afford you a much more open line of communication if and when your candidate takes office.

At the very least, make informed voting choices. The key dates to remember are as follows:

- September 19 — *Primary Election Day*  
Sometimes these preliminary races are more critical than those contests in the November election.
- November 7 — *Election Day*  
This is the final opportunity to vote for governor, the U.S. congressional delegation, and the state Legislature. There may also be statewide referenda on a variety of subjects. **VS**

— Steve Shestakofsky

## LEGISLATOR OF THE MONTH

### Representative Sean Curran (D)

**District:** Chicopee (part), Springfield (part)

**Committees:** Housing, Labor & Workforce Development, Veterans & Federal Affairs



**QUOTE:** Since my election in 2004 as the state representative from the 9th Hampden District, I have been closely involved in the health care issues of my community. My district is home to two major hospitals — Mercy Hospital and Baystate Medical Center. Additionally, several members of my family are in the health care field, including a brother who is a pediatrician in Boston.

Thus, on both a personal and a professional level, ensuring a positive environment that allows hospitals and physicians to deliver the best care possible is a top priority of mine. I participated closely in the development of the health care access bill and strongly supported the final law, which will expand health care coverage to those citizens most in need. I feel equally strongly that the Commonwealth should work together with health care providers to ensure full implementation and funding of the new law.

I also believe the Commonwealth has a responsibility to make sure physicians receive fair and equitable reimbursement rates without the imposition of overly burdensome state mandates, reporting requirements, and other administrative hassles.

I rely on the physicians of my district to inform me of their priorities, and I pledge my commitment to achieving our mutual goal of a high quality and cost-effective health care delivery system.

## FEDERAL UPDATE

### Senate Committee Holds Hearing on Alternatives to Tort-Based Liability Reform

The Senate Health, Education, Labor, and Pensions (HELP) Committee held a hearing on S. 1337, "The Fair and Reliable Medical Justice Act," a bill sponsored by Sens. Michael Enzi (R-WY) and Max Baucus (D-MT). The bill would authorize up to 10 state demonstration projects to test alternatives to the current tort-based medical liability system. Participating states would be required to develop an alternative to tort litigation and promote improved patient safety by allowing medical-error data to be collected and analyzed by organizations that engage in efforts to improve patient safety. The demonstration projects would focus on three specific alternatives: early disclosure and compensation, administrative determination of compensation, and health courts.

The MMS sent a letter to Sen. Edward Kennedy, ranking minority member of the HELP Committee, articulating its support for this legislation. MMS President Kenneth Peelle, M.D., said, "The

Massachusetts Medical Society remains committed to improving patient safety and to changing the current medical tort system. We support health care courts and other alternatives that would help injured patients receive fair, adequate, and timely compensation. This leg-

*"The liability crisis is worsening every day and is affecting every aspect of our nation's ability to deliver health care services."*

— Michael T. Mennuti, M.D.

islation would provide necessary funds to encourage the implementation of such models." CongressionalQuarterly.com reported that Sen. Kennedy thinks patients should have a "genuine choice" between traditional court proceedings and alternative forms of resolution.

Michael T. Mennuti, M.D., president of the American College of Obstetricians and Gynecologists, testified in support of the bill, saying, "The liability crisis is worsening every day and is affecting every aspect of our nation's ability to deliver health care services. Reform measures to help curb this escalating crisis are desperately needed now."

The American Medical Association did not testify on the bill, but submitted a statement acknowledging interest in state-based programs: "While the AMA strongly favors a [national] \$250,000 limitation on non-economic damages as the optimal solution to the medical liability issue, we believe it's worth exploring state or local demonstration programs to collect information on the efficacy of alternative reforms that have the potential to improve the current litigation climate." **VS**

— Alex. Calcagno

## Enhance Your Job Prospects at MMS Career Day/Job Fair

The number of jobs provided by the health care industry continues to grow by leaps and bounds. According to the U.S. Department of Labor, jobs in health care will increase 26 percent by 2008, which will add 2.8 million new jobs to the pool of today's 11 million health care-related positions.

A great way for physicians to get a feel for the number and scope of health care job options is to attend the 15th Annual MMS Career Day/Job Fair on Saturday, September 16, from 9:00 a.m. to 1:00 p.m. at MMS Headquarters in Waltham.

The event will feature two workshops — “How to Find a Position and the Current Job Market,” presented by the *New England Journal of Medicine's* CareerCenter, and a workshop for international medical graduates that will address immigration, residency, and licensing. In addition, participants can meet with prospective employers, get curriculum vitae critiques, and enjoy a complimentary buffet luncheon.

Representatives from several Massachusetts hospitals, community health centers, HMOs, the military, and other health care organizations will be on hand. Past exhibitors include Cambridge Health Alliance, Caritas St. Elizabeth's Medical Center, Emerson Hospital, Harvard Vanguard Medical Associates, Lahey Clinic Medical Center, Lowell General Hospital, South Shore Medical Group, UMass Memorial Health Care, and the U.S. Army Health Care Recruiting Team.

The Career Day/Job Fair is sponsored by the MMS and its Committees on Young Physicians and Diversity in Medicine, and its International Medical Graduate and Resident and Fellow Sections. Pre-registration is required, and non-members who join the MMS when they register will be admitted to this event free of charge. For more information, contact Erin Tally at (800) 322-2303, ext. 7413, or [etally@mms.org](mailto:etally@mms.org). **VS**

— Jennifer Lorrain

## PHYSICIAN HEALTH MATTERS

### How to Handle Fitness-for-Practice Evaluations

Portions of this article were taken from the American Psychiatric Association's Guidelines for Psychiatric “Fitness for Duty” Evaluations of Physicians, supplied by Michael H. Gendel, M.D., medical director of the Colorado Physician Health Program.

A fitness-for-practice evaluation is the determination of a physician's ability or inability to practice medicine with reasonable skill and safety following the onset of an illness or injury. Any such determination needs to be carefully considered, recognizing that at times physicians require a break from practice for their own well-being and the safety of their patients.

Physicians often need encouragement to consider factors that might impair their ability to work or to refrain from work when they're facing a health or personal challenge. The demands of modern practice can result in a potentially harmful expectation to work when, in reality, the physician might be medically compromised. Physicians often make decisions about whether or not to work without seeking anyone else's advice or opinion.

#### Comprehensive Exams

If signs or symptoms of a mental health disorder, substance use disorder, physical disease, or disability exist, a trained evaluator or psychiatrist should initiate an evaluation. An evaluator will determine the presence of any illness and its relationship to the physician's fitness to practice medicine. The evaluation may also include treatment and/or monitoring options.

At the outset of the examination, the evaluator should make clear to the physician examinee that information from the assessment, including the ultimate opinion regarding whether the physician is fit to practice, will be provided to the individual who requested the evaluation. The evaluator should also explain that the primary purpose of the exam is to arrive at an opinion of fitness and not to directly treat the examinee as a patient. The evaluator should also discuss any potential conflicts of interest and clarify who is responsible for payment.

#### Collateral Documentation

After carefully reviewing the history of the presenting problem(s), a fitness-for-practice evaluator needs to obtain and review as much collateral documenta-

tion as possible. This may include discussions with the referring source, spouse or significant other, additional family members, and colleagues in the workplace.

The evaluation should also include a full psychiatric evaluation and examination of mental state, along with inquiries into the physician's peer-review issues, hospital actions that resulted in any privilege changes, professional liability history, and complaints made to or actions by the state medical licensing board. If necessary, the evaluator should arrange for additional testing such as a neuropsychological exam (see *Vital Signs*, June/July 2006, page 6).

#### Final Report

After careful review of all information and documentation, the evaluator should write a report that addresses the following:

- The presence of an illness or disorder
- The relation of the illness and any consequent impairments to the ability to practice safely
- The treatability of the illness and recommendations for treatment and/or monitoring
- A summary of workplace concerns focusing on fitness to practice

The amount of detailed information the evaluation includes in the final report will likely depend on who will receive the report. Information should be shared only on a need-to-know basis, with third parties receiving only the information necessary to make responsible decisions regarding the physician's fitness. For example, a report should always contain detailed recommendations, but it is not always necessary for a hospital, employer, or credentialing body to receive details about a physician's family history or health issues from the distant past. Regardless of who receives the report, sensitive personal information can often be omitted or summarized so that only those facts relating to the current fitness-for-practice question are addressed.

For additional information, contact Physician Health Services at (781) 434-7404 or visit [www.physicianhealth.org](http://www.physicianhealth.org). **VS**

— Luis T. Sanchez, M.D.  
— Jessica Vautour

## Finding Balance: Exploring Part-Time Practice

Physicians today are entering medicine dedicated to their professional lives as well as their personal lives. As physicians sense a need for more in their lives — more time with their children, more time with their spouse/significant other, more time for personal activities — part-time practice may provide the perfect balance between the personal and the professional. According to the AMA, main reasons for the transition to part-time practice include career satisfaction, better ability to balance career and family (both children and parents), and the flexibility to pursue other interests.

There are numerous advantages to working part time. It enables the physician to have a life outside of medicine, and patients are allowed more time with their physician since part-time doctors carry a smaller patient load. Physicians who work decreased hours are also less susceptible to physician burnout. For most physi-

cians in part-time practice, the benefits far outweigh the risks. Yet those considering such a move should be aware of potential challenges that may accompany the change to part time, including reduced salary, fewer benefits, and coverage issues.

If the transition from full-time to part-time practice is properly structured, everyone stands to benefit. The practice retains the experience and clinical contributions of the physician. Most patients will continue to have access to their physician, although on a less than full-time basis. The physician is able to maintain the professional and personal relationships developed while in practice, while simultaneously pursuing personal goals. **VS**

— Erin Tally

For further information about this topic, visit the Work Practice Options website, [www.ama-assn.org/go/wpc](http://www.ama-assn.org/go/wpc).

### Finding Balance: Exploring Part-Time Practice

Wednesday, September 13, 2006  
MMS Headquarters\*

6:30–8:00 p.m.

Speaker: Erin Tracy, M.D., M.P.H., Assistant Professor in Obstetrics, Gynecology, and Reproductive Biology at Harvard Medical School

Jointly sponsored by the MMS and its Committees on Women in Medicine and Young Physicians

Register online at [www.massmed.org](http://www.massmed.org) or by calling (800) 843-6356.

\*Videoconferencing available at Lakeville Regional Office and Berkshire Medical Center



## ACROSS THE COMMONWEALTH

### District News and Events

**Hampden – Women in Medicine Health and Wellness Spa Party.** Tues., Sept. 19, 6 p.m. Location: Heron Pond Health and Wellness Center, Longmeadow. Speaker: Claudia Koppelman, M.D., will read her personal story from the book *When You Don't Fit the Mold ... Make a New One*. For more information, contact Suzanne Skibinski at (413) 736-0661.

**Middlesex West – Talk/Slide Show on International Medicine and Medical Text Donation Project.** Wed., Sept. 20, 6:30 p.m. Location: South Natick. Speaker: Donna Staton, M.D., a pediatrician with ample experience working overseas. This program is free to all physicians, and a light dinner will be served. Text donation is for physicians and families in underserved areas. Please bring medical texts that are less than five years old or that contain information that has remained essentially unchanged, such as basic texts or atlases. CDs, audiotapes, and material for parents and other non-physicians are also acceptable. For more information, including directions, contact Cecilia Mikalac, M.D., at (508) 752-7529.

**Plymouth – Executive Committee Meeting.** Wed., Aug. 16, 6 p.m. Location: MMS Southeast Regional Office, Lakeville. **Family Event.** Sat., Sept. 9, 12 p.m. Duck tours followed by luncheon and tours at the Boston Museum of Science. For more information, contact the Southeast Regional Office.

**Worcester – 15th Annual Women in Medicine Breakfast.** Fri., Sept. 29. Location: Beechwood Hotel, Worcester. Speaker: Barbara Rockett, M.D. For more information, contact Joyce Cariglia at (508) 753-1579 or wdms@massmed.org.

### Statewide News and Events

**AHH&C MIN Event – Music, Art, and Garden Reception.** Sat., Oct. 14, 6 p.m. Location: Tower Hill Botanic Garden. For more information, contact the West Central Regional Office.

**In Memoriam –** With respect and sympathy, we note member deaths on the MMS website at [www.massmed.org/memoriam](http://www.massmed.org/memoriam).

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

### Fourth Annual Men's Health Symposium

Jean Bonhomme, M.D., M.P.H., founder of the National Black Men's Health Network, was the featured luncheon speaker at the Fourth Annual Symposium on Men's Health on June 23. Health among minority men and overcoming barriers to improved health and wellness among all men were two of many topics addressed during the day-long symposium.

Photo by Steve Shestakofsky



## MMS Makes its Mark at AMA Annual Meeting

The Massachusetts Medical Society's AMA Delegation spent June 9 through 14 in Chicago advocating for the physicians in Massachusetts at the AMA 2006 Annual Meeting.

### AMA House of Delegates

The AMA House re-elected Past MMS President Joseph M. Heyman, M.D., for another four-year term on the AMA Board of Trustees.

David Rosman, M.D., was re-elected as delegate for the Resident Physician Section; medical student Heather Smith was appointed to the Council on Medical Service; the Minority Affairs Consortium Governing Council elected Claudia Martorell, M.D., at-large member and Albert L. Hsu, M.D., representative of the Resident and Fellow Section (RFS); and the Women Physicians Congress Governing Council welcomed returning Chair Erin Tracy, M.D.

During the meeting, AMA members placed 339 calls and sent 445 e-mails to

Congress during the "Share Your Voice" campaign to stop Medicare physician payment cuts.

Also, in response to recent flu vaccine shortages, the MMS Delegation to the AMA submitted a flu vaccine resolution for discussion. The AMA adopted policy on several aspects of immunization, including one that all vaccines should be administered by a licensed physician or a qualified health care provider under a physician's supervision. The AMA also resolved to work with the Centers for Disease Control and Prevention to establish a distribution system that ensures adequate vaccine distribution to high-priority populations.

The AMA also voted to urge vaccine manufacturers and distributors to provide an ordering system that gives priority to small- and medium-sized medical practices. **VS**

– Michele Boutin



Joseph M. Heyman, M.D.

## eClinicalWorks Offers Discount to MMS Members

In line with the Society's commitment to support physician practices in delivering quality patient care, we are pleased to introduce the newest MMS member benefit, eClinicalWorks,™ a leading provider of electronic medical record (EMR) and practice management (PM) systems. Effective immediately, MMS members will enjoy a 10 percent incentive discount on eClinicalWorks products.

"The Massachusetts Medical Society is committed to offering our members access to the best tools to help them care for their patients," said Kenneth R. Peelle, M.D., MMS president. "Through eClinicalWorks, our members can obtain an integrated EMR and practice management solution, whether they care for patients in a large or small practice."

eClinicalWorks allows physician practices to manage patient flow, immediately access patient records in-house or remotely, and electronically communicate secure consult notes and clinical data. Users can easily access and review complete patient histories, past visits, current medications, allergies, and lab results. An accompanying Patient Portal allows

patients and physicians to communicate easily, safely, and securely over the Internet. Participating members can choose between application service provider (ASP) and client/server models of the products.

Recognized consistently as one of the best EMR and PM solutions, eClinicalWorks has won dozens of awards over the past four years, including a Frost & Sullivan award.

"eClinicalWorks realizes the importance of meeting the needs of each physician's practice," said Girish Kumar Navani, president of eClinicalWorks. "We look forward to equipping the Society's members with technology that will advance the quality of care delivered to patients."

For more information about eClinicalWorks discounts, and to schedule a Webex online demonstration, e-mail [sales@eclinicalworks.com](mailto:sales@eclinicalworks.com) or call (866) 888-6929. If you have general questions about MMS member benefits, e-mail [info@massmed.org](mailto:info@massmed.org) or call our Member Information Center at (800) 322-2303, ext. 7311. **VS**

– George Dudley



### East Meets West: Chinese Medical Association Visits the MMS

A 10-person delegation from the Chinese Medical Association visited the MMS in late June. Here, Jeffrey Drazen, M.D., editor-in-chief of the *New England Journal of Medicine*, confers with Mr. Bo Feng, project manager of the CMA's International Department; Dr. Suning You, chief editor and deputy director of the CMA's publishing house, the largest medical publishing group in China; and Dr. Mingjiang Wu, CMA vice president and secretary general. In addition to exchanging friendship, the American and Chinese counterparts shared ideas and knowledge about membership, medical publishing, and continuing medical education.

## MMS Education Programs

For more information on these activities, contact the MMS Department of Continuing Education and Certification at (800) 322-2303, ext. 7306, or go to [www.massmed.org](http://www.massmed.org).

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

### Online CME Programs

To access the following programs, go to [www.massmed.org/cme](http://www.massmed.org/cme).

*The following online CME programs are jointly sponsored by the MMS and ProMutual Group. Each program is awarded 1 AMA PRA Category 1 Credit™ (RM).*

- **Hospitalists\***
- **The Electronic Health Record in the Office Practice\***
- **Medical Malpractice Litigation: The Attorney's Perspective\***
- **Nonsurgical Cosmetic Procedures: Risk Issues in the Quest for Youth\***
- **Difficult Patients**
- **Closing a Practice**
- **Terminating the Professional Relationship With a Patient**
- **Patient Satisfaction**
- **The Telephone as an Instrument of Risk**

- **Nurse Practitioners and Physician Assistants: Some Risk Management Concerns\***
- **Cultural Diversity**

*\*Asterisked programs are also available in print. For a copy, please call the Department of Continuing Education and Certification at (800) 322-2303, ext. 7306.*

*The following online programs are sponsored by the MMS. Each program is awarded 2 AMA PRA Category 1 Credits™ (RM).*

- **Medical Errors and Perspectives on Patient Safety**
- **Patient Safety: Conducting a Root Cause Analysis of Adverse Events**
- **Medication Safety, Systems and Communication**
- **Building a Better Delivery System: A New Engineering/Health Care Partnership**
- **CME Accreditation: A Review for CME Providers and Surveyors**

*The following online programs are sponsored by the MMS. Each program is awarded 1 AMA PRA Category 1 Credit™ (RM).*

**Communication: Meeting the Challenge**  
James P. Bagian, M.D., P.E.

**AHRQ Initiatives to Improve the Quality and Safety of Health Care**  
Carolyn M. Clancy, M.D.

**Patient Safety and Communication: An IOM Perspective**  
Harvey Fineberg, M.D., Ph.D.

**The New England Journal of Medicine Weekly Online CME Program**  
CME Credit: 1 AMA PRA Category 1 Credit™ per exam. New exams every week.

**Journal Watch Online CME Program**  
CME Credit: 1 AMA PRA Category 1 Credit™ per exam. New exams every two weeks.

**Save the Date**  
**September 9 – Technology Day**  
*Beyond the EMR: The Value of the Clinical Information Team*

CME ACCREDITATION: The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

### MMS Interim Meeting Slated for November 3–4

The 2006 Interim Meeting of the MMS House of Delegates will be held on Friday and Saturday, November 3 and 4, 2006. Day one will be held at MMS Headquarters in Waltham, and day two will take place at the Westin Hotel in Waltham.

The deadline for resolutions for the Interim Meeting is Tuesday, September 19. You can submit a resolution online at [www.massmed.org/resolutions](http://www.massmed.org/resolutions). This online template includes guidelines on how to write a resolution. Members can also send resolutions directly to [resolutions@mms.org](mailto:resolutions@mms.org).

The *Delegates Handbook* will mail on October 13. Delegates need to pre-register for all Interim Meeting events by filling out the fax-back registration form that is included with the *Delegates Handbook*.