

# VITAL SIGNS



MASSACHUSETTS  
MEDICAL SOCIETY

*Every physician matters,  
each patient counts.*

VOLUME 13, ISSUE 7, AUGUST 2008



**2 PRESIDENT'S MESSAGE** Transparency Done Right

**3 YOUR PRACTICE** Reports on Health Business • Differing View of HIT  
• Prior Authorization Changes



**4 THE PUBLIC'S HEALTH** Poster Winners Honored • A Report From Gabon  
• Foundation Helps International Students



**5 GOVERNMENT AFFAIRS** Dr. Herman Begins BRM Term • Federal Update  
• Legislator of the Month

**6 PROFESSIONAL MATTERS** Donor Advised Funds • AMA's Dr. Davis (left) Leaves a Legacy  
• Challenges of Single Parenting

**7 INSIDE MMS** Voucher Expiration Dates Extended • Dr. Morse Receives Honorary Degree  
• Young Physicians Set Fall Event

**8 MMS EDUCATION PROGRAMS** What's on the Web?

## Three GIC Health Plans Not Tiering Their Commercial Products — Yet

BY TOM WALSH

Three of the health plans that offer insurance to state employees through the Group Insurance Commission's (GIC's) Clinical Performance Improvement (CPI) program say they are not ready to enter the commercial market with coverage that rates physicians and assigns them to tiers based on quality and efficiency measures.

Spokespersons for Tufts Health Plan and Fallon Community Health Plan said flatly that they have no plans to introduce physician tiering to their commercial products. Harvard Pilgrim Health Care (HPHC) plans to investigate the matter, a spokesperson said.

"There are no immediate plans to extend tiering in the commercial market," declared Tufts' Patti Embry-Tautenhan. An earlier published report suggested that Tufts was preparing to use physician tiering for commercial business similar to the tiering required by the GIC's program.

Embry-Tautenhan said that Tufts' "Navigator" commercial product currently rates only hospitals in this manner. She added that these ratings only apply to adult medical-surgical, obstetric, and pediatric services. "No individual physicians or physician groups are tiered," she said. She emphasized that Tufts currently does not have any plans to rate physicians in the commercial market. When asked whether or not the plan would go in this direction in the future, Embry-Tautenhan said she could not speculate about future events.

### HPHC "Continuing to Evaluate"

Sharon Torgerson, spokesperson for Harvard Pilgrim, said the plan is "continuing to evaluate" whether or not to offer a physician-tiered product commercially in the future. "We will be monitoring the level of customer demand," she said.

At Fallon, Director of Corporate Communications Christine Cassidy said, "Obviously we participate in the GIC and that is the extent of the tiering we are

*continued on page 2*

## Defendants Ask Court to Dismiss MMS Tiering Suit

BY FRANK FORTIN

No hearing date had been set as *Vital Signs* went to press to hear motions from the state Group Insurance Commission and two health plans to dismiss charges filed against them in May by the Massachusetts Medical Society and five practicing physicians.

The motions to dismiss, by lawyers for Unicare, Tufts Health Plan, and the state attorney general's office on behalf of the GIC, are customary in such litigation. Their arguments strongly mirror each other, and they assert broadly and specifically that the charges in the MMS lawsuit are without merit.

Paul W. Shaw, the lead attorney for the MMS in the case, said, "We believe the court will deny the motions and will allow the MMS to vigorously pursue the case to a successful conclusion."

Among other arguments, the defendants maintain:

- The lawsuit fails to meet the plaintiffs' burden of alleging harm "above the speculative level."
- The MMS has no legal standing as a plaintiff. The defendants say the MMS has not been directly harmed, and they deny that the Society meets the legal tests for acting on behalf of aggrieved physicians.

*continued on page 8*

## New York Agreement Enters Oversight Phase

BY TOM WALSH

More than eight months after major health insurers agreed with New York Attorney General Andrew Cuomo to abide by a set of highly regarded principles for physician tiering, the new system seems to be working.

"We were never happy with the idea of tiering," said Robert Goldberg, M.D., immediate past president of the Medical Society of the State of New York. "But we're satisfied with how the attorney general approached what was being done by the managed care companies."

Dr. Goldberg was president of the New York society when the issue came to a head last November. The New York principles were fashioned in cooperation with the AMA, the Medical Society of the State of New York, and consumer advocacy groups. The MMS adopted principles that closely mirror those of New York.

agreement has struck the right balance."

One important aspect of implementing the principles — development of an oversight program — has progressed in New York. Under the agreement, the attorney general was to appoint a nationally known "ratings examiner" to review proposed methods for using physician tiering in the health plans' insurance products.

The ratings examiner appointed by the attorney general turned out to be the National Committee for Quality Assurance (NCQA), a private, not-for-profit organization whose mission is to improve health care quality.

According to NCQA spokesperson Jeff Van Ness, the NCQA has nearly finished

*continued on page 8*

### Sen. Kennedy Leads Congress to Avert Medicare Payment Cuts



*Associated Press photo*

The surprise appearance of a convalescing Sen. Edward Kennedy on the Senate floor July 9 broke a legislative logjam and paved the way for a halt to the looming 10-percent cut in Medicare physician fees (see page 5 for more details). "Senator Kennedy's action was the key turning point," said MMS President Bruce S. Auerbach, M.D.

### Striking the Right Balance

Meanwhile, the New York program has moved forward slowly. "Not a huge amount has happened since the agreement was signed," said Chuck Bell, program director for the Consumers Union in New York. "We needed a path forward to make this work over time. The

MASSACHUSETTS  
MEDICAL SOCIETY  
860 Winter Street, Waltham, MA 02451-1411

*Address Service Requested*

NONPROFIT  
U.S. POSTAGE  
PAID  
BOSTON, MA  
PERMIT 59673

## PRESIDENT'S MESSAGE



### Transparency Done Right

The MMS has always supported true transparency in health care — where all stakeholders contribute to reliable measurements that help physicians effect positive change for their patients.

But having seen the consequences of transparency done wrong, let's look at some examples of doing it right.

The first is the Massachusetts Health Quality Partners (MHQP), a coalition of physicians, hospitals, health plans, purchasers, consumers, and government agencies working to improve the quality of health care in Massachusetts. This collaboration, to which the MMS contributes significantly, has generated two credible and useful reports — one on primary care clinical quality among 150 medical groups, and the other on patient experience among more than 400 Massachusetts practice sites (see *Vital Signs*, June/July 2008, page 3). The collaborative process used by the MHQP is sustainable and could be extended to future data collection, analysis, and reporting initiatives.

Another example is the Massachusetts Health Care Quality and Cost Council, on whose Advisory Council the MMS serves. The council's progress is slower than some had hoped, but I think it's doing an excellent job of balancing due diligence with "all deliberate speed." The upcoming consumer-friendly website for comparing cost and quality of health care procedures at different facilities is likely to be accurate and useful, because the council is developing it carefully and

collaboratively. The need to contain health care costs is urgent, but that doesn't necessitate imposing artificial deadlines on these important initiatives.

Similar to the council's work, but at a national level, is the Hospital Compare website — a cooperative effort among the federal Centers for Medicare and Medicaid Services and groups representing physicians, consumers, hospitals, employers, and accrediting agencies. This initiative provides consumers with information about how well hospitals provide recommended care to patients based on evidence-based best practices for specific conditions.

Finally, another nationwide collaboration — the National Quality Forum (NQF) — is developing and implementing a strategy for health care quality measurement and reporting. Its members represent stakeholders from all sectors of health care, including the AMA's Physician Consortium for Performance Improvement. So far, the NQF has done a great job vetting quality measures to ensure that they are evidence-based, relevant, and accurate.

These examples of transparency done right make the inadequacies in the GIC tiering program all the more obvious. Your Society will continue to pursue valid, credible initiatives around performance measurement and transparency, participate in those already in process, and expose those that do not adhere to sound principles.

— Bruce S. Auerbach, M.D.

### Three GIC Health Plans

*continued from page 1*

doing. We developed our tiered product exclusively for the GIC, and at this point we have no plans to market that product outside the GIC."

While not engaged in physician tiering for commercial purposes, Fallon does offer an HMO product that features a limited physician network for which it recruits doctors the plan rates favorably, Cassidy said. "We have selectively partnered with specific providers to be part of that network," Cassidy said. She added that the invitation-only physician network plan has afforded those members who choose it "significant savings."

### Tiering "Flawed", MMS Asserts

"We believe the tiering process is flawed," said Bruce S. Auerbach, M.D., MMS president. "And we have not been shown any evidence that it is going to improve quality. We have not been told by any of the plans that they are evaluating if it will control costs. And if it's not controlling costs and not improving quality, why are we doing it?"

### Blue Cross Takes Different Approach

Meanwhile, the state's largest health insurer, Blue Cross Blue Shield of Massachusetts, is not participating in the GIC insurance program, but the insurer does have commercial products that employ physician tiering.

HMO Blue Option and PPO Blue Option have been in the marketplace since last year, said Steven J. Fox, the health plan's vice president for provider network management.

Blue Cross chose not to participate in the GIC program because of concerns about the commission's approach to

physician tiering (see *Vital Signs*, December 2007/January 2008, page 1)

The Blue Cross tiering model only rates physician groups, not individual doctors. Fox said the plan understood that physicians believed if tiering were to occur, it should not be done individually. "We listened to them," Fox said.

Unlike the GIC, the Blue Cross program only tiers groups of primary care physicians.

Fox said a significant change to the Blue Cross program starting July 1 is a switch from two tiers to three, which is similar to the GIC program.

However, Fox said rather than simply numbering its tiers, Blue Cross named them. The Enhanced Benefit Tier is for primary care physicians and hospitals that meet the plan's quality and low-cost benchmarks; the Standard Benefit Tier is for those that meet quality benchmarks and "benchmarks for moderate costs"; and the Basic Benefit Tier is for those below either the quality or cost benchmarks, or both.

Groups without sufficient data to be rated automatically default to the Standard Benefit Tier, he said. That feature has irked some physicians. And despite not being tiered as individuals, some doctors are not pleased with the Blue Cross ratings.

"We know we're not perfect," Fox said. "We got plenty of reaction. Physicians did not jump up and down saying this is great." But, he said, "We'll continue to work at it," adding that employers are clamoring for premium relief. "We see a lot of interest in this because it affords an 8- to 10-percent savings in cost," Fox said. "It is clear that people are interested because it's a lower-cost option." **VS**

**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:** Keisa Bennett, M.D.; Joseph Grisanzio, M.D.; Bruce Karlin, M.D.; Dubravko Kufnec, M.D.; Liz Kwo; B. Dale Magee, M.D.; Stuart Mushlin, M.D.; Jack Ringler, M.D.

**PRODUCTION AND DESIGN:** Department of Premedia and Publishing Services; Department of Printing Services

**PRESIDENT:** Bruce S. Auerbach, 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).

*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. ©2008 The Massachusetts Medical Society. All Rights Reserved.

## MMS President-Elect Wins Seat in AMA Elections

MMS President-Elect Mario Motta, M.D., was elected to the American Medical Association's Council on Science and Public Health (CSPH) at the AMA's annual convention in Chicago.

The council provides information and recommendations on scientific, medical, and public health issues. Dr. Motta believes the CSPH can be a guiding force in health system reform. He has been a Massachusetts AMA delegate or alternate delegate since 2002.



Mario Motta, M.D.

Additionally, MMS Past President Joseph Heyman, M.D., began his term as chair of the AMA Board of Trustees. Manish Sethi, M.D., was elected chair of the



Joseph Heyman, M.D.

Resident and Fellow Section (RFS) Governing Council, and Jesse Ehrenfeld, M.D., was elected speaker of the RFS. Finally, Boston University School of Medicine student Christie Morgan was elected chair of Region 7 of the AMA's Medical Student Section, which serves medical students in New England and New York. **VS**



## Reminder: MassHealth's NewMMIS Launches September 29

The new Medicaid Management Information System (NewMMIS) will consolidate several systems into a single Online Service Center when it launches in September.

Under the NewMMIS program, MassHealth will begin accepting only standard UB-04 and CMS-1500 claim forms.

For a provider preparation checklist and to obtain information about trainings, visit [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis) or call MassHealth Customer Service at (800) 841-2900.

Physicians will receive a new, 10-character MassHealth user identifier to access the Online Service Center. Additionally, MassHealth members will receive a new, permanent 12-digit number.

Physician offices should assess their practice management and billing systems to determine if current software and/or vendors can support the NewMMIS changes. Everyone in the practice who is essential to this administrative function should have access to the Internet and register for a training session. **VS**

## Two Plans Announce New Prior Authorization Wrinkles

Two of the state's health insurers announced new prior authorization programs as well as other requirements that may add to administrative burdens for physician practices in the Commonwealth.

Tufts Health Plan unveiled a new prior authorization system for gastroenterology procedures earlier this year, which includes the following CPT codes: 43200, 43202, 43234, 43235, and 43239. To obtain prior authorization for these procedures, an InterQual® SmartSheet™ must be completed and faxed to the Tufts Health Plan Precertification Department at (617) 972-9409.

Also, as of July 1, Tufts physicians privileged for global billing in echocardiography services must be certified by the National Board of Echocardiography; ultrasound equipment must meet ICAEL standards; and staff sonographers must be licensed in ultrasound, or the physician must be in a practice accredited by the ICAEL. Physicians not privileged by Tufts by July 1 of this year will experience denials for billed echocardiography services.

Additionally, Blue Cross Blue Shield of Massachusetts introduced step therapy requirements for rheumatologists' treatment of osteoporosis. Approval of subsequent steps in the process is predicated on evidence of Blue Cross paid claims for the current step within the previous 180 days. If this requirement is met, approval will be made at the point of sale. Without this evidence, though, a formulary exception and a prior authorization are required from the insurer.

Blue Cross is also sending out a notification of the aggregate update to their fee schedule, which will go into effect September 1. A mailing will be sent to providers this summer. The information is also available on plan's website. For more information, call your provider relations manager at (800) 316-2583.

Finally, make sure your practice has provided your NPI to each of the health plans with which you work. **VS**

For more information, contact Adam Shlager at (781) 434-7702.

## Reports Offer Opinions on the Business of Health Care

Three new reports dealing with the business side of health care have been published to the Massachusetts Medical Society website.

Amy Lischko, assistant clinical professor at the Tufts University School of Medicine, has prepared two papers: "Physician Payment Reform: A Review and Update of the Models" and "Health Care Premium Expenditures in Massachusetts: Where Does Your Healthcare Dollar Go?"

"Physician Payment Reform" summarizes existing models of physician reimbursement by examining key features of the payment models and assessing their strengths and weaknesses. Information was gathered from both experts in the field and practicing physicians. New models are also explored, including investigation of their roots in the existing systems.

The report demonstrates the enormous complexity of the system, and the difficulty in discovering viable payment reforms.

Ms. Lischko's second report, "Health Care Premium Expenditures in Massachusetts," focuses on describing where health care premium dollars are spent, identifying factors in both health care costs and premium expenses. These factors are discussed at both the national and local level. Ms. Lischko discusses the difficulty of

compiling the report, primarily due to the inaccessibility of much of the data or at least the lack of central reporting on many of the variables that comprise the numbers making the analysis possible.

Recommendations are made to facilitate future aggregation of this data, and to encourage trend analysis initiatives and development, which will assist in moderating premium increases and analyzing cost drivers.

The third report, "Impact of Tertiary Hospital Growth and Expansion," prepared by MedPharma Partners LLC, studies the impact of hospital system expansion on community hospitals and physician practices, as well as the impact on cost and quality of health care in these communities.

Note is taken of the financial pressures this expansion puts on community hospitals, as well as the impact of offering other services associated with the expansion, such as free-standing ambulatory surgery and imaging centers.

MedPharma also explores the various aspects of the impact on these communities, including patient outcomes, clinical information technology, contracting with payers, administrative services, patient volume, physician autonomy, and opportunity.

For the website address of each report, see "What's on the Web" on page 8. **VS**

## RAND, CBO Offer Different Views of HIT Value

A recent Rand research report found evidence that health information technology (HIT) could save money and significantly improve health care quality. The report claims that savings of \$77 billion or more might be achieved and that savings may be enhanced through health and safety benefits, while reducing illness and prolonging life.

The study reported that those paying for HIT often do not see savings related to implementation, and it recommends that the government intervene with some type of assistance.

In response, the Congressional Budget Office (CBO) issued an analysis that stated HIT alone would not yield significant cost savings. However, the CBO analysis also stated that under certain circumstances — such as when HIT is combined with broader health care

reform measures — savings could be realized if the federal government mandated use of some form of technology. This could include e-prescribing or penalties for providers that do not participate, the CBO said.

The CBO defended its comments in a subsequent article, saying that the Rand conclusions were based on empirical studies of literature that found positive effects but they excluded studies of HIT that failed to find positive effects.

It seems the Rand study interprets the best possible outcome assuming widespread adoption and implementation, while the CBO looks at the results in terms of the current 12 percent physician rate of adoption and 11 percent hospital rate of adoption in the United States. **VS**

— Adam Shlager

### PRACTICE MANAGEMENT TIP OF THE MONTH

#### CAQH Update

The Council for Affordable Quality Healthcare (CAQH) will partner with a new vendor to support the Universal Credentialing Datasource and HealthCare Administrative Solutions (HCAS). The transition from Ingenix Inc. to ACS Commercial Solutions will be complete next month.

Phone and fax numbers for the call center will not change. However, URLs used by providers and practice administrators will change. All changes will be communicated to users this summer as additional information becomes available.

More information can be obtained on the "News and Information" page of the HCAS website, [www.hcasma.org](http://www.hcasma.org). In addition, information is available at the CAQH website at [www.caqh.org/ucdstatus](http://www.caqh.org/ucdstatus).

## MMS Honors Anti-Tobacco Poster Contest Winners at State House

The MMS and its Alliance congratulated the winners of the 13th annual MMS Anti-Tobacco Poster Contest at the State House on June 6. Sen. Richard Moore (D-Uxbridge) hosted the awards ceremony. MMS President-Elect Mario E. Motta, M.D., praised the children's creativity and anti-tobacco messages. Dr. Motta acknowledged the efforts of more than 4,000 children who submitted contest entries, and their parents, teachers, and physicians.

MMS Alliance President Mary Kay Albert joined in presenting the awards and gift certificates to the children. Four winners were selected in each of three grade categories:

- **Grades 1 & 2**

**Theme: Tobacco is bad for your body.**

Sarah Cowley, Lawrence  
Jonah Giaquinto, Reading

Michael Murphy, Reading  
Arabella Rice, Reading

- **Grades 3 & 4**

**Theme: Tobacco affects others.**

Hannah Campbell, Reading  
Tiffany Ha, Canton  
Imane Ridouh, Wilmington  
Gamah Toney, Rockland

- **Grades 5 & 6**

**Theme: Why I won't start smoking.**

James Cesario, Reading  
Daniel Davila, Chicopee  
Madison Dukas, Reading  
Nicholas Hall, Westfield

The 12 winning entries will be compiled into a 2009 calendar, which will be mailed to Massachusetts elementary schools, pediatricians, and family physicians. **VS**

—Becca McDade



Photo by Lee Hollenbeck/Fay Foto

MMS President-Elect Mario Motta, M.D., and MMS Alliance President Mary Kay Albert with the winners of the 2008 Anti-Tobacco Poster Contest. Front row, left to right: Gamah Toney, Arabella Rice, Sarah Cowley, Jonah Giaquinto, and Michael Murphy. Second row, left to right: Hannah Campbell, James Cesario, Madison Dukas, and Nick Hall. Third row, left to right: Daniel Davila, Tiffany Ha, and Imane Ridouh.

## MMS Foundation Supports International Work of Medical Students

The MMS and Alliance Charitable Foundation awarded \$5,000 to a 2008 Albert Schweitzer International Fellow from UMass Medical School.

In total, five 2008 fellowships were provided to medical and public health students from UMass Medical School, the University of Washington School of Public Health, the University of Pittsburgh School of Medicine, and Brody School of Medicine.

The Albert Schweitzer Fellowship was founded in the United States in 1940 to support Dr. Schweitzer's medical work in Africa during World War II. In 1978, the fellowship began sending senior medical students from the United States to work at the Schweitzer Hospital in Lambaréné, Gabon. The fellows and the hospital's international staff of Gabonese and expatriate professionals care for patients

from all parts of Gabon, serving some 35,000 outpatient visits and more than 6,000 hospitalizations. Most of the 160 staff members live in the hospital compound.

### Grant Deadline Is September 15

MMS medical student and resident physician members interested in applying for an MMS Foundation International Health Studies (IHS) grant must submit application materials by September 15, 2008. IHS grants of \$750 are awarded annually to defray the costs of international education that focuses on underserved populations of the world.

For more information about the Foundation or its grants, or to make a donation, visit [www.mmsfoundation.org](http://www.mmsfoundation.org) or call (781) 434-7044. **VS**

## Schweitzer Fellow Reports from Gabon

*The MMS and Alliance Charitable Foundation awarded \$5,000 to the Albert Schweitzer Fellowship's Lambaréné Program to support a Massachusetts medical student's participation in the program. UMass medical student John Stenglein and five other 2008 Schweitzer Fellows from around the U.S. are in Gabon addressing the medical and public health needs of patients there.*

I spent an interesting day accompanying Dr. Alban on a boating trip down river. The infectious disease research center was sending physicians to provinces in Gabon to gather epidemiologic data on the particular maladies afflicting citizens, with an emphasis on the recent outbreak of chikungunya. After what seemed like an eternity, we made it to the village. It was difficult to believe that we had traveled so far to see only 15 residents. We began the interviews, which were followed by surveillance blood tests for everyone.

I was slightly surprised by the questions and answers on the questionnaire, which included: How often do you eat bush meat? Do you prepare it yourself? Do you eat bats? Monkeys? Porcupines? Gazelles? Have you ever seen a worm crawling in your eyes? It shed even more light on the innumerable ways that health is put at risk in the developing world.

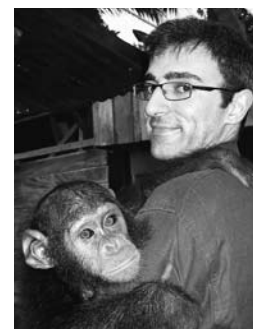
In the weeks working with Dr. Alban, I have been present when he delivered

news to patients of positive HIV tests and the discussions that followed. The diagnoses were met with varying responses. I often thought that people knew they didn't want HIV, but really didn't know why. In one instance, a young woman whose presenting symptom was oral Candida initially refused all further testing to quantify cell levels and to identify other

possible infections with similar transmission patterns. She wore a smile as she said that she would beat the infection, because she was simply stronger than the virus. For almost 30 minutes, Dr. Alban explained how she would continue to have other opportunistic infections and ultimately die if she did not seek further treatment. We elected not to treat her oral Candida at that time,

gave her an RV slip for the next day, told her it was normal to respond with denial or anger following the diagnosis of a serious disease, and told her to go home and think about it. Forty-eight hours later, she was back and committed to getting better.

In another encounter, Dr. Alban described the immune system to a patient. He used Gabon as a metaphor for the woman's body and stated that HIV was akin to eliminating the police, military, and customs officials. In no time, Gabon would be overrun from neighboring countries that would ultimately destroy the country. She seemed to understand.



John Stenglein in Gabon

### WEBSITE OF THE MONTH

#### Help Parents Find Resources for At-Risk Children

For many parents, August is a time for back-to-school checkups. For others, it represents a gap in needed services and support for their children whose schools often help them connect with resources. The website of the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) provides parents with links to resources on issues such as health insurance, justice system/legal advocacy, employment and job training, mental health, and emotional and behavioral issues. To access these resources, go to [www.mspcc.org](http://www.mspcc.org). Under the Programs and Services tab, select "Mental Health" from the drop-down menu, and click on "Resources for Parents."

Other sections of the Programs and Services area of the website provide links to resources on adoption and foster parenting as well as early intervention and prevention services.



## REGULATORY UPDATE

## John Herman, M.D., Begins Term as New Chair of Licensing Board

John Herman, M.D., the new chair of the state Board of Registration in Medicine (BRM), says it will be several months before the board addresses proposed regulation changes.

The proposed redrafting of BRM regulations is a major piece of unfinished business facing Dr. Herman. The proposed regulations were initially released in 2005 and have been through several drafts. There have been several rounds of public hearings, culminating in a session this past May that attracted strong criticism from the MMS, the medical community, and many attorneys who represent physicians at board proceedings.

Dr. Herman, in an interview with *Vital Signs*, said the board must digest several major changes before revisiting the proposed regulations. "We have so many moving parts," he said. Within a short time span, the board must complete its move to new headquarters in Wakefield, bring several new physician and public members up to speed on board operations, and most importantly, await and then accommodate the hiring of a new executive director. Nancy Achin Audesse, executive director for nearly 10 years, retired in July.

Dr. Herman said he values the stability that the board's senior staff brings to the transition process. "They are highly skilled, highly professional, and represent the command deck of the board," he said.

As for the proposed regulations, Dr. Herman said, "We'll study them. They're



John Herman, M.D.: "The board needs to be open to listening, inside its charge to ensure medical care in the Commonwealth."

very complicated if you're not a lawyer." He added that he wants to continue to hear public comments on the issue. "I would encourage everybody in the Commonwealth to read the document," he said, "so keep those cards and letters coming in."

After six years on the board, Dr. Herman, a psychiatrist at Massachusetts General Hospital, was elected chair this past spring. Most recently, he chaired the board's Patient Care Assessment Committee, which is responsible for institutional quality oversight throughout the state. He succeeds long-time chair Martin Crane, M.D.

Gov. Patrick also appointed two physician members and one public member. Myechia Minter-Jordan, M.D., is an inter-

nist at the Dimock Community Health Center in Boston, and Megan T. Sandel, M.D., is a pediatrician at Boston Medical Center and Children's Hospital. Herbert H. Hodos, Esq., a retired state District Court judge from Greenfield, fills one of two open public seats. The other open public seat is expected to be filled shortly.

On other issues, Dr. Herman predicted that the upcoming implementation of online license renewal will be a great convenience for physicians and will streamline board operations. "There are so many things that should and need to be automated for physicians in their busy lives," he said.

On patient care quality, Dr. Herman said he will encourage a culture of safety in the hospitals. "It's about the process in the institutions," he said. "The institutions discover the process, implement and improve the plan, and then monitor that plan downstream. It's about incidences being opportunities to discover systems, so that whatever did happen, or almost happened, won't happen again."

On how the board will operate, he envisions "a dialogue among the stakeholders," including physicians. Dr. Herman said, "The board needs to be open to listening, inside its charge to ensure medical care in the Commonwealth."

On his board service so far, Dr. Herman said, "Short of the number-one satisfaction, which is patient care, this has been enormously gratifying." **VS**

## LEGISLATOR OF THE MONTH

## Senator Karen E. Spilka (D)

**District:** Ashland, Framingham, Franklin (part), Holliston, Hopkinton, Medway, Natick (part)

**Committees:** Children, Families, and Persons with Disabilities (Chair); Senate Ethics and Rules (Vice Chair); Election Law (Vice Chair); Health Care Financing; Senate Ways and Means; Economic Development and Emerging Technologies; Education; Higher Education



**QUOTE:** This legislative session, I was privileged to collaborate on an effort with the Massachusetts Medical Society — along with the Massachusetts Hospital Association, the Massachusetts Association of Health Plans, and Blue Cross Blue Shield of Massachusetts — that provides a very straightforward approach to health care savings: the reduction of administrative costs due to mismatched code sets among providers and insurers.

Crafting a bill that would standardize coding and processing procedures required the investment of resources on the part of all involved parties, but the potential savings to the Commonwealth and to individual consumers was too great to ignore.

In addition to reducing administrative costs and saving the Commonwealth an estimated \$1 billion over ten years, Senate Bill 697 has an even more important benefit — the ability to collect accurate and consistent data regarding which diseases and chronic health problems are prevalent, where they may be concentrated, and when they occur.

This initiative is also a key component of Senate President Therese Murray's Health Care Reform II Act, which seeks to make health care affordable and accessible by containing costs. I am proud to be a part of this remarkable collaboration, which puts the well-being of our citizens first.

## FEDERAL UPDATE

## Medicare Cut Averted, Long-Term Solutions Still Needed

With the classic Capitol Hill showdown over Medicare physician fees now resolved, attention will soon turn to an even trickier problem — devising long-term solutions to the Medicare physician payment issue.

The Medicare legislation, easily approved in veto override votes last month, blocked a devastating 10.6 percent fee cut to physicians. It gives the federal government 18 months to develop a new payment system before another round of cuts is scheduled to take effect, but it is unlikely that any serious work will begin before the new administration and Congress take office in January.

The Centers for Medicare and Medicaid Services said physicians do not have to resubmit old claims at the new rates;

payments for the difference will be processed automatically.

The bill was a top legislative priority of the MMS and AMA this year. The AMA successfully coordinated a campaign involving scores of state and specialty medical societies nationwide. The Massachusetts congressional delegation has consistently supported physicians on this issue.

But when New Hampshire's two senators voted "no" in June, the MMS placed commentaries in Massachusetts newspapers on the New Hampshire border urging Sens. Gregg and Sununu to change their vote, and the Society issued a Call to Action to MMS members. While the New Hampshire senators ultimately voted against the bill, the MMS actions were acknowledged as an example of how or-

ganized medicine worked collaboratively for seniors and physicians.

Provisions of the law include:

- A 0.5 percent fee increase through the end of 2008, and an additional 1.1 percent increase for calendar year 2009
- Incentives for the implementation of electronic health records and penalties for failure to implement EHRs beginning in 2012
- Increased bonuses for and extension of the PQRI quality reporting program
- Funding for advanced medical home demonstration projects
- Mental health parity for Medicare beneficiaries

For updates, visit [www.massmed.org/medicare](http://www.massmed.org/medicare).

## Donor Advised Funds: The Flexible Charitable Giving Alternative

*Recently, PIAM made available the special banking and investment services of Boston Private Bank & Trust Company. One of its many services is Donor Advised Funds, an investment service that helps manage charitable giving for individuals.*

**S**o you want to make a meaningful, charitable donation but don't know where to start? Donor Advised Funds (DAFs) may be an option worthy of investigation.

In recent years, donors large and small have turned to DAFs because the financial service is easy to establish and very flexible. These charitable funds accept tax-deductible donations and invest the assets until the donor requests that grants be made to another IRS-qualified charity.

How does it work? A donor opens a "Donor Account" with a sponsoring public charity. (For example, Boston Private Bank & Trust Company — available to MMS members through PIAM — partners with Advisors Charitable Gift Fund.) The donor — let's call her Donor A — funds her donor account and names it the Donor A Family Fund. Donor A may receive a tax deduction, and Boston Private Bank's portfolio managers invest the funds. Later, Donor A can recommend grants to qualifying nonprofits that are distributed over a designated period of time.

DAFs remove time pressure and help make giving strategic instead of impulsive. If Donor A wants to give 10 percent of the proceeds from the sale of her medical practice to charity, but in the flurry of activity leading to the closing of the sale she does not have a chance to reflect on the gift, a DAF easily takes the pressure off. Under current law, Donor A gets an immediate tax deduction in the year of the sale, and also has time to plan her giving.

Although gifts to DAFs are irrevocable, DAFs typically allow the donor to recommend gifts from the fund be given to any IRS-approved public charity. As is the case with any investment product, contributions to a DAF are not bank-guaranteed or FDIC-insured against potential losses in market value.

DAFs are modern giving tools that today's more sophisticated donors have embraced in great numbers.

— Richard B. MacKinnon and  
Kenneth G. Y. Grant

Richard MacKinnon is senior vice president of investment management and trust services at Boston Private Bank & Trust Company. Kenneth G. Y. Grant is senior vice president at Advisors Charitable Gift Fund. For more information, call PIAM at (781) 434-7288.

## "Leave a Legacy," AMA Physicians Told

**T**he Massachusetts Medical Society's AMA Delegation spent June 12–18, 2008, in Chicago at the AMA Annual Meeting advocating for Massachusetts physicians.

During an emotional speech at Saturday's opening session, outgoing AMA President Ronald M. Davis, M.D., detailed his battle with pancreatic cancer and called on the nation's physicians to leave a legacy to the next generation. His message was one of hope, both for organized medicine and the future. Tearful at times, Dr. Davis shared his experiences as a patient and thanked his family, friends, and colleagues for their support.

In an inaugural address, incoming AMA President Nancy H. Nielsen, M.D., Ph.D., called on the nation's physicians to lead an effort to improve America's health care system. She urged doctors to take the

initiative and work with other stakeholders in health care to address the many issues affecting physicians and patients. Dr. Nielsen used an engineering metaphor to



Nancy H. Nielsen, M.D.

highlight the unique opportunity facing organized medicine.

"Why not start weaving wires into cables — join with patients, employers and maybe even insurers — to build a bridge to a better future, where the real enemies are not each other, but disease, despair and untimely death?" she said. "Each strand in that bundled cable has to

be strong, and each strand has to be accountable to the health of our patients."

Dr. Nielsen had a simple message for everyone, including presidential candidates John McCain and Barack Obama: Help physicians build a better health care system — today. "Now is the time," she said. "Not soon. Not someday. The time is now." **VS**

## PHYSICIAN HEALTH MATTERS

## Single Parenting Can Be Particularly Challenging for Medical Professionals

**P**arenting is a 24/7, lifelong, compelling, and challenging job for two people. Take away a partner and add in a busy medical career and things get much more complicated. Single parenting was the topic of a workshop at the Caring for the Caregivers Conference sponsored by the MMS and Physician Health Services last November.

Demographically, there are more single parents, both male and female, among physicians at all stages of training, practice, and retirement. Some physicians are single parents by choice, an option made increasingly available by reproductive technologies, while others have to parent alone because of life situations — death of or divorce/separation from the co-parent.

Workshop participants indicated that there are many different scenarios and circumstances that define single parenting, some not generally recognized, such as "parenting" an elderly, dependent parent or having a co-parent who is physically and/or mentally ill and requires greater attention than the children. The physician parent may be the one responsible for all the childcare — because of location, personality, or default — even when there is ostensibly another parent in the picture.

parent who may get some "time off" for her/himself. Loss of a spouse by death is quite different — talking with children about the death of the other parent and dealing with one's own and the child's grief is very difficult.

The workshop emphasized the importance of talking to others who are in the same situation in order to brainstorm solutions to problems, to come up with new strategies, and to share responsibilities. Online support and single parenting groups are useful, but may not be physician-schedule friendly. A buddy system can be valuable, in which a physician establishes a partnership with another trusted adult with whom to share parenting concerns and schedule time for ordinary recreational activities. Self care is essential (putting it into the context of an important air travel safety message: "put your own oxygen mask on before helping the child who is with you").

That said, children can and should share household responsibilities, but not to the extent that they become "parentified," ultimately becoming the caretaker of the parent. Starting to socialize again, dating, and remarrying raise new challenges for the single parent.

Several strategies for coping with single parenting were suggested at the workshop:

- Work with residency programs to allow a 60-month, rather than a 48-month, parental leave policy as part of a benefit package.
- Learn from private hospitals that work without residents to reconfigure coverage to give parenting residents more time for childcare.
- Prioritize and enjoy children when there is free time rather than spending time on household tasks and make meaningful rituals with children that they can anticipate and remember.
- Schedule time off for yourself to go to a movie, see an old friend, etc. — something that will nurture you.

It's important that physicians realize that they are not alone. There are many others who are or have been in similar situations; seek them out and achieve mutual benefit.

— Roberta Apfel, M.D., and Mary Kraft, M.D.

### Choices Are Not "Parent/Professional Friendly"

Residency programs do not offer schedules that are conducive to taking time off to parent, and, in spite of the legislative progress and family leave requirements, residents may not qualify for parental leave time. Re-entering the work force after an elective parental leave can be especially difficult. Many physicians' jobs are so time-consuming that the physicians are faced with the cruel choice of not working or not seeing their children.

When childcare time is restricted, the physician parent may overindulge the child because of separation guilt. Childcare demands vary with the ages and stages of the children, but can also be unpredictable, for instance in the case of illnesses or school events where parents want to be present. Single parents have great difficulty taking time off and usually divide their time between care of patients and children. Paradoxically, divorce can make life easier for the single



## ACROSS THE COMMONWEALTH

### District News and Events

**Bristol North — Family Event.** Sun., Sept. 21, 12 p.m. Location: Seaport Elite, Boston Harbor, Boston. District members and their children are invited to attend a two-hour boat tour of Boston Harbor. Lunch will be served. For more information, contact the Southeast Regional Office.

**Northeast Region — Individual Claims Consultations.** Thurs., Aug. 14, 9 a.m. to 4 p.m. Location: MMS Headquarters, Waltham. For more information, contact the Northeast Regional Office.

**Norfolk South — Family Event.** Sat., Sept. 6, 1 p.m. Location: J. Eric Jonsson Center, Woods Hole. **Executive Committee Meeting.** Tues., Sept. 16, 6:30 p.m. Location: Hearth and Kettle Restaurant, Weymouth. For more information, contact the Southeast Regional Office.

**Plymouth — Executive Committee Meeting.** Wed., Aug. 6, 6 p.m. Location: Southeast Regional Office, Lakeville. For more information, contact the Southeast Regional Office.

**Southeast Region — Individual Claims Consultations.** Thurs., Aug. 21, 9 a.m. to 4 p.m. Location: Southeast Regional Office, Lakeville. For more information, contact the Southeast Regional Office.

**Western Region — Individual Claims Consultations.** Thurs., Aug. 28, 9 a.m. to 4 p.m. Location: Holyoke Community College, Holyoke. For more information, contact the West Central Regional Office.

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

### In Memoriam

The following deaths of MMS members were reported to the Society in June and July 2008. We also note member deaths on the MMS website at [www.massmed.org/memoriam](http://www.massmed.org/memoriam).

**Harry D. Ainsworth, M.D.**, 76; New Bedford, MA; Tufts University School of Medicine, 1958; died June 7, 2008.

**B. Bruce Alicandri, M.D.**, 93; Agawam, MA; New York Medical College, 1941; died June 2, 2008.

**Ceferino F. Bague, M.D.**, 65; Milton, MA; Saint Thomas Medical School, Philippines, 1966; died December 14, 2007.

**Saul K. Dopkeen, M.D.**, 94; Canton, MA; Boston University School of Medicine, 1939; died June 3, 2008.

**Prakash R. Patel, M.D.**, 56; Framingham, MA; Medical College of Baroda University, India, 1975; died November 18, 2007.

**Howard J. Potter, M.D.**, 86; North Andover, MA; Boston University School of Medicine, 1945; died June 11, 2008.

**Nicholas Santacross Jr., M.D.**, 94; Wollaston, MA; Harvard Medical School, 1940; died April 5, 2008.

**Daniel R. Silver, M.D.**, 56; Holden, MA; University of Guadalajara, Mexico, 1982; died February 15, 2008.

**James M. Young, M.D.**, 78; Lee, NH; Duke University School of Medicine, 1955; died June 4, 2008.

## New Expiration Date Set for Volunteer Voucher Program

At Annual Meeting 2008, the Massachusetts Medical Society House of Delegates (HOD) approved a resolution to amend the “waiver of program fees” policy originally instituted in 1997.

Responding to the requests of members unable to redeem all earned vouchers within one year, the HOD voted to allow vouchers to roll over into a second fiscal year, therefore extending voucher expiration dates from one to two years.

As a way of recognizing their volunteer efforts, vouchers are awarded to MMS members active on committees, sections, task forces, the Board of Trustees, and/or the HOD. These vouchers are non-transferable and are redeemable to offset program fees.

To earn vouchers, volunteers must attend 75 percent (or a minimum of six)

of their volunteer group meetings throughout the fiscal year (June 1 to May 31). District presidents are awarded vouchers for performance of customary duties as president. With approval of the recent amendment, members now have two years to redeem vouchers for any MMS-sponsored or co-sponsored event, including live and online educational programs and social events. Letters detailing the amount and voucher number were mailed this summer.

To be considered for an MMS committee, contact Sandra Manchester in the Executive Office at (800) 322-2303, ext. 7012, or smanchester@mms.org. If you have any questions about the voucher process or voucher redemption, please contact Carolyn Maher at (800) 322-2303, ext. 7311, or cmaher@mms.org. **VS**

## Fall Event Offers All-Around Fun

The MMS Committee on Young Physicians is sponsoring an afternoon of apple picking and fall fun at Honey-Pot Hill Orchards in Stow on Saturday, September 20, from 12 to 4 p.m. The event is open to all MMS members and their families.

The 200-plus acre orchard offers 12 varieties of apples including Macintosh, Cortland, Royal Gala, Golden Delicious, and Empire. A boxed lunch will be served and caramel apples, cider donuts, and Honey-Pot Hill Orchards’ home-made apple cider will be available to those in attendance. Also included is admission to the hedge maze, a replica of the famous Hampden Court Maze in England; hay wagon rides; and a barnyard animal petting zoo.

Pre-registration is required and space is limited. To register with a credit card, call Erin Tally at (800) 322-2303, ext. 7413.

Members bringing nonmember guests who join the MMS will receive two free passes to the event. Nonmembers who join the MMS will attend the event free of charge and receive 15 months of MMS membership at the introductory rate of \$100. (Local district dues apply.) Offer expires September 20, 2008, and is good for first-time members only.

### Admission Details

MMS members: \$10; MMS member guest (one): \$10; nonmembers: \$20; children ages 4 through 12: \$5; children under age 4: Free. **VS**

### Dr. Morse Receives Honorary Degree



Past MMS President and Worcester Public Health Commissioner Leonard Morse, M.D., (center) received an honorary degree from the University of Massachusetts Medical School on June 1. He is flanked by Jack Wilson (left), president of the University of Massachusetts, and Michael F. Collins, M.D., chancellor of UMass Medical School.

Photo courtesy of University of Massachusetts Medical School

### Save the Dates — MMS Interim Meeting

Dates: November 14 and 15

Locations: MMS Headquarters and Westin Hotel, Waltham



MASSACHUSETTS  
MEDICAL SOCIETY



## MASSACHUSETTS MEDICAL SOCIETY

EVERY PHYSICIAN MATTERS. EACH PATIENT COUNTS.

### WHAT'S ON THE WEB?

#### ► All You Need to Know About Tiering

- ✓ Copies of court documents
  - ✓ "What Physicians Can Do"
  - ✓ "What Patients Need to Know"
- [www.massmed.org/tiering](http://www.massmed.org/tiering)

#### ► Three New MMS Research Reports

- ✓ "Physician Payment Reform"  
[www.massmed.org/physician\\_payment](http://www.massmed.org/physician_payment)
- ✓ "Health Care Premium Expenditures in Massachusetts"  
[www.massmed.org/premium](http://www.massmed.org/premium)
- ✓ "Impact of Tertiary Hospital Growth and Expansion"  
[www.massmed.org/tertiary](http://www.massmed.org/tertiary)

#### ► MMS Model Medical Staff Bylaws

[www.massmed.org/model-bylaws](http://www.massmed.org/model-bylaws)

**WWW.MASSMED.ORG**

### New York Tiering Agreement

*continued from page 1*

a review of a physician tiering program proposed by CIGNA. In addition, the NCQA has also been asked to review plans by Aetna and United HealthCare. Under the agreement, the plans must pay the cost of these oversight reviews.

### Website Will Aid Transparency

Bell, the Consumers Union official, said he was impressed by the NCQA's development of a website that he said will provide a "side-by-side breakout" of how each tiering program works. "The rules followed by the Aetna program might be different from CIGNA," Bell said. "So the NCQA created a way to get more transparency on the methodologies followed by each insurer. It's a helpful service to have a neutral party in the mix who is keeping everybody above board and honest."

Allison Klein, NCQA director of information products, said the website is scheduled to launch this month.

"This may be a case of slow and steady wins the race," Bell said. "We had said when the agreements came about that we recognized that this field of physician performance measurement is in its infancy. A lot of things still need to be fleshed out. Our concern was that consumers were stumbling around in the dark with very

little information. In the end, at least, we ended up with a more transparent process than we might otherwise have had."

NCQA's Van Ness was asked about tiering programs relying strictly on claims data to determine physician ratings. He said that "in a perfect world" tiering programs would use a combination of administrative claims data and clinical data. "But you can't let the perfect be the enemy of the good," he said. **VS**

### MMS Suit Against GIC

*continued from page 1*

- The tiering designations cannot be considered defamatory. Defendants claim that the tiering assignments are constitutionally protected opinions, and "not defamatory statements of fact."
- Physicians cannot claim their due process rights were violated because a medical practice is not a constitutionally protected property or liberty right. According to the attorney general's motion, "The mere desire not to lose patients is not a constitutionally protected property interest." Even if a physician practice loses patients by virtue of the GIC's tiering program, the motions claim, "The practice is not rendered worthless."

- The motions seek to dismiss allegations of illegal interference with a business relationship, because the actions do not meet the legal test that the tiering was accomplished by "improper motives or means."
- The GIC also argues that "it is the health plans, not the GIC, that determine which physicians are placed in which tier." (Elsewhere, Tufts claims it is protected against defamation claims because "the GIC requires publication of the tier designations.")

The GIC requires insurers who provide health coverage for 268,000 state and municipal employees to use a tiered physician rating system. Starting July 1, the program required these insurers to use three individual physician tiers. Specialists are included in this program. The MMS and numerous individual physicians maintain that GIC physician ratings are inaccurate or unfair.

On May 21, the MMS filed a complaint in Suffolk Superior Court contending that the data used to support the GIC physician ratings are substandard, and as a result, the public is being "defrauded" and physicians are being "defamed." **VS**

The MMS welcomes comments and updates from physicians on the GIC's tiering program. Please e-mail [mdfeedback@mms.org](mailto:mdfeedback@mms.org).

## MMS Sponsored & Jointly Sponsored CME Activities

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

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

### Live CME Activities

Go to [www.massmed.org/cme/events](http://www.massmed.org/cme/events).

#### Compassionate and Effective Communication at End of Life: Overcoming the Barriers

September 25, 5:30–7:00 p.m.  
The Inn at Longwood Medical, Boston. In Collaboration with CRICO/RMF, the Kenneth B. Schwartz Center, and Beacon Hospice. 1.5 Credits (RM)

#### Federal Funding Opportunities

October 16, 3:00–7:00 p.m.  
Harvard Medical School, Boston. Jointly sponsored with the Biomedical Science Careers Program. 2.75 Credits (RM)

#### Breast Health Forum

October 31, 8:00 a.m.–12:15 p.m.  
MMS Headquarters, Waltham. Sponsored by the MMS and its Committee on Women in Medicine. 4.0 Credits (RM)

#### Management of Anticoagulant Therapy

November 4, 8:00 a.m.–1:00 p.m.  
MMS Headquarters, Waltham. Jointly sponsored with the Mass. Coalition for the Prevention of Medical Errors. 4.75 Credits (RM)

#### Managing Workplace Conflicts

November 6, 8:00 a.m.–4:00 p.m.  
November 7, 8:00 a.m.–3:00 p.m.  
MMS Headquarters, Waltham. Jointly sponsored with Physician Health Services. 12.5 Credits (RM)

### Online CME Activities

Go to [www.massmed.org/cme](http://www.massmed.org/cme).

#### NEW Massachusetts Medical Law Report Quarterly Risk Management CME Series

Dealing with Difficult Patients  
1.0 Credit (RM)

#### A New Kind of Bedside Manner: The Rise of Apology Policies

1.0 Credit (RM)

The following audio and PowerPoint activities are available online:

#### Electronic Prescribing Education: How to Improve Medication Safety and Reduce Drug Costs through e-Prescribing

2.5 Credits (RM)

#### Physician-Hospital Relationships: Where Do You Stand?

3.0 Credits (RM)

#### Balancing Your Practice: Protecting the Public Health and Preserving Your Patients' Privacy

2.5 Credits (RM)

#### Avian Flu and Pandemic Preparedness

2.5 Credits (RM)

#### A National Perspective on Disparities in Health Care Quality

1.0 Credit (RM)

#### Health Disparities: Public Health Preparedness

1.0 Credit (RM)

### Save the Dates

**October 23**

**Annual State of the State of Health Care**  
MMS Headquarters, Waltham

**October 24**

**Literature and the Professions**  
MMS Headquarters, Waltham

**November 18**

**Computerized Prescription Order Entry**  
MMS Headquarters, Waltham

**November 21**

**Literature and the Professions**  
Lakeville, MA

**December 5**

**Literature and the Professions**  
Worcester, MA

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