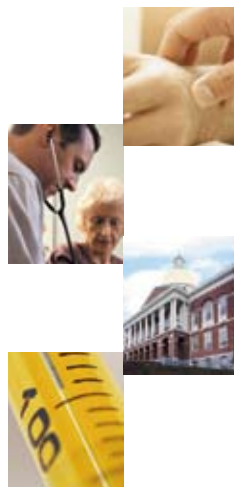




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Connector Head Calls for Widespread Physician Participation

BY TOM WALSH

For Massachusetts health care reform to succeed, the state's physicians must widely participate in the program — even if it means accepting lower reimbursement than they are typically paid for patients covered by commercial insurers. So said the executive director of the state agency charged with providing coverage for the state's estimated 372,000 uninsured residents.

In an interview with *Vital Signs*, Jon Kingsdale, head of the Commonwealth Health Insurance Connector Authority, said he could not say specifically what the reimbursement levels would be. "The health plans are all MassHealth plans, and they are under significant

budget pressure to rein in their costs," he said. "So they're probably offering what is typically less than a commercial health plan, but I wouldn't expect it to be less than MassHealth."

Kenneth R. Peelle, M.D., MMS president, said the Society enthusiastically supports the overall health care reform package, including the effort to cover the uninsured. "It will lead to more effective care for patients, with more care taking place at the primary care level and less in hospital emergency departments," Dr. Peelle said. "And, it will provide reimbursements for physicians where before, when caring for the uninsured, there were none."



Jon Kingsdale,
Commonwealth
Connector Executive
Director

"The willingness to participate is very important," emphasized Kingsdale. "Both the burden and the magic of this Massachusetts health reform involves a lot of sharing of burdens. Hospitals and physicians have been very involved in developing reform, and it's important for them to participate in delivering care for those newly insured patients."

Kingsdale, 57, a Boston native with a doctoral degree in economic history from the University of Michigan, held top-level executive positions at Tufts Health Plan before assuming the helm of the Connector in the summer of 2006. He said he understands

that Massachusetts doctors have been hit hard economically by factors such as less-than-adequate reimbursements, the high cost of operating practices, and hefty professional liability insurance premiums.

Noting that health care reform legislation included a Medicaid fee increase for physicians of \$81 million over three years, Kingsdale appealed to doctors and the MMS to fully embrace his agency's mission. "We have a contract, a social compact in this country and in this commonwealth, that we don't just let people collapse on the street," he said. "And this is part of the compact — to share the burden of paying for it. That's costly.

continued on page 5

AT DEADLINE

Congress Averts Medicare Cut — Again

For the fourth straight year, Congress has blocked a scheduled cut in Medicare's physician payment formula. The vote, which freezes payment rates at 2006 levels, concluded weeks of furious negotiations among the House, Senate, and health care advocates.

If Congress had not acted, Massachusetts would have lost \$73 million in health care funds in 2007, potentially affecting some 885,000 residents enrolled in Medicare.

"We congratulate Congress for its action in reversing these cuts," said Kenneth R. Peelle, M.D., president of the Massachusetts Medical Society. Though six House members from Massachusetts voted against the final bill (for reasons unrelated to the Medicare payment fix), the entire delegation supports the need

for a long-term correction to the payment formula.

Congress also nudged the Medicare program closer to transparency and pay for performance by offering a 1.5 percent bonus to physicians who report on certain quality measures, starting July 1, 2007. The bill also funds a three-year pilot project in eight states for "medical homes," a concept supported by several primary care specialty groups.

Congress did not address other scheduled Medicare cuts, such as those for imaging and anesthesia services.

The AMA says it will work with the new Congress to flesh out the quality reporting program and urges that its Physician Consortium for Performance Improvement "form the foundation" of the reporting system.

Independent Report Bolsters MMS Opposition to Current Tiering Practices

BY TOM WALSH

The state Group Insurance Commission (GIC) physician profiling and tiering system should only rate physicians by groups — and not individually — until the accuracy of data improves and the program's methodology has been validated, according to a review of the program by an independent group of national experts commissioned by the MMS.

In all, the study provided 34 recommendations in five categories: data accuracy, cost-efficiency measurement, quality measures, issues related to tier assignments, and ways to improve the process.

Physician tiering is a rapidly growing, GIC-embraced cost-containment/quality-improvement strategy that

provides health insurance to more than 267,000 Massachusetts state workers, retirees, and their dependents. Earlier this year, the GIC made public its two-tiered assessment of the state's physicians. Members who select top-tiered physicians usually have copayments that are \$10 less than those for physicians rated as tier two.

"Physicians need accurate, detailed patient information to improve medical care, and a profiling system needs meaningful physician input and continuing feedback in order to succeed," said Robert A. Greene, M.D., lead author of the study for Focused Medical Analytics. The Rochester, New York, consulting firm was hired by the MMS to conduct the study after the state's

continued on page 2

PRESIDENT'S MESSAGE



Commonwealth Care: Good for Patients, Good for Physicians

There's little doubt that the expanded health care access promised by the reform legislation

enacted last April is becoming a reality. The Commonwealth Connector Health Insurance Authority reported that by the end of November, more than 14,000 previously uninsured, low-income residents of our state had enrolled in one of the Commonwealth Care health plans. That averages out to 4,000 newly insured people every week, and if that trend continues, nearly 50,000 people who once relied on the Uncompensated Care Pool will have insurance coverage by the end of January. And because these new plans are portable, coverage will "stick," regardless of where or whether a beneficiary is working.

To what can we attribute the early success of Commonwealth Care? It's a plan that accounts for the needs of all stakeholders — and shares the burden among them. We're all taking responsibility and making some sacrifices, none really out of proportion with the other and certainly all for the greater good. Admittedly, some businesses are still concerned about the employer mandate, and some people have not yet accepted the individual requirement to subscribe to coverage by July 2007. Others have voiced concerns about affordability and coverage limits. The MMS Task Force on Universal Coverage strongly supported two principles that underlie those

aspects of the law: if insurance is available and made affordable, people should get it; and employers who hadn't previously helped cover their employees should start doing so.

Legislators listened when we expressed the need for an increase in Medicaid reimbursements. And although physician reimbursement rates for Commonwealth Care may not be top of the line, we will finally be paid for delivering care for which we previously received no payment.

Not surprisingly, other states are paying attention to our evolving success in Massachusetts. At the AMA Interim Meeting this past November, delegates from several state medical societies met with members of MMS senior management to find out more about how Massachusetts is making it happen. And Jack Evjy, M.D., an MMS past president and chair of the aforementioned task force, received an invitation to discuss Massachusetts health care reform with the Kentucky Medical Association.

Once fully implemented, we hope the plan will lower health care costs and improve quality everywhere in Massachusetts. Connector Executive Director Jon Kingsdale calls for physician support in this issue's lead story (see page 1). I join him in encouraging all physicians to participate. We had a say in designing the plan, and now it's time to do our part to ensure that it keeps working.

Kenneth R. Peelle

— Kenneth R. Peelle, M.D.

Society Embodies Commitment to Patients

Last in a Series of Vignettes Celebrating the 225th Anniversary of the MMS

As the 225th anniversary of the founding of the MMS dawned this year, the Society adopted a new tagline: "Every physician matters, each patient counts."

Writing in the 2006 *MMS Annual Report*, Executive Vice President Corinne Broderick said, "Together, these phrases emphasize the core physician-patient relationship in medicine — and our Society's promise to honor and foster that relationship."

The recent history of the Society embodies tangible concern for the good health of the people of the Commonwealth. Just this year, the MMS demonstrated its concern for patients with its strong support for state legislation

that will eventually result in most of the state's residents having health insurance coverage.

Similarly, in 2006, the MMS continued to put ample resources behind a major public health campaign, "Your Health First." The campaign uses television and radio spots, as well as public transit ads, to provide information about how people can avoid illness and injury. Prior to this year, the Society's patient-centered advocacy focused on managed care reform and physician profiling.

As Ms. Broderick wrote, "All physicians share a profound and authentic professional and personal commitment to patients. Our actions and attitudes will continue to embody this message." **VS**

— Tom Walsh

Tiering

continued from page 1

physicians raised significant concerns about the performance measures and tiering process used by the GIC.

Dr. Greene's comment echoes those of many physicians, including Kenneth R. Peelle, M.D., MMS president. "Transparency works when it's done right, but right now it's usually not done right," Dr. Peelle said at the recent MMS House of Delegates (HOD) Interim Meeting. He added that attempts to tier physicians are being implemented "too fast, too soon, with inaccurate information, and with untested tools."

In addition to tiering only at a group level, at least for now, the study recommended:

- Establishing a formal feedback and correction mechanism so errors can be used to improve the evaluation system
- Not tiering physicians whose practices are too new, too small to measure, or different from those of their peers
- Improving the use of outlier data and risk adjustment for case mix
- Offering physicians opportunities to provide meaningful input into the program
- Sharing results with physicians well in advance of publicly reporting them
- Providing physicians with specific behaviors or action items to help them improve their results

At the MMS Interim Meeting in November, the HOD approved a strongly worded resolution opposing physician tiering mechanisms as cost-containment

or quality-assurance programs "unless and until the underlying measurements and methodology are validated."

The HOD sent further language to the MMS Board of Trustees addressing issues such as physician involvement in crafting transparency programs and appropriate ways to appeal tiering decisions by health plans. The Board will consider these issues and report on them at the 2007 Annual Meeting in May.

The nearly two-hour House debate on these issues was often emotional. As one physician told her colleagues, "While I was at yesterday's session, my partner was back at our office seeing patients. Some of them refused to see her because she is tiered lower than I am, and they did not want to pay a higher copay. This issue is very divisive to the physician community."

Dr. Peelle stressed that physicians do not oppose using appropriate data to evaluate physician performance. "If the goal of these initiatives is to help doctors get better, then they must also provide us with the detailed, understandable, and timely information that we can use," said Dr. Peelle. "But for now, too many health plans can't do it, or won't do it."

Dr. Peelle implored health plans and government agencies to curb their zeal to impose transparency on the health care system, adding that rating doctors individually is premature and could hinder physician-patient relationships. "Transparency at the group level is not only fairer, it actually can make a far bigger difference than reporting at the individual level," he concluded. **VS**

The full 52-page report is available at www.massmed.org/GIC_review.

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Renamed Products for 2007 Create Medicare Advantage Maze

Physicians and patients beware: the naming of the newest Medicare Advantage products being offered to Massachusetts seniors in 2007 is bound to cause confusion.

Tufts Health Plan has changed the name of its product from *Secure Horizons* to *Tufts Medicare Preferred*. Meanwhile, United Healthcare, with its acquisition of PacifiCare, has plans for 2008 to market a product in Massachusetts called — you guessed it — *Secure Horizons*. Practices will have to explain to patients which Medicare Advantage product(s) their physicians are contracted with to avoid disruptions in the physician-patient relationship as a result of confusion over the name changes.

Harvard Vanguard Medical Associates and Dedham Medical Associates have

announced that they will exclusively treat *Tufts Medicare Preferred* patients. This decision could impact your current referral patterns.

If all that is not confusing enough, Harvard Pilgrim Health Care replaced its *First Seniority* product with a new product called *First Seniority Freedom*. This new product is a fee-for-service plan that doesn't require physician contracts. Reimbursement will be at 100 percent of the Medicare allowable, minus the patient's applicable copayment/coinsurance. Physicians can choose whether or not to accept *First Seniority Freedom* on a patient-by-patient basis.

Still confused? More information is available at www.medicare.gov/spotlights.asp#medicare2007. **VS**

— Dana Cooper

NPI Now — Get Yours and Give It to Health Plans

The deadline to obtain a national provider identifier (NPI) is quickly approaching. Health providers must begin using the NPI on May 23, 2007.

Physicians can apply for an NPI online at <http://nppes.cms.hhs.gov>, or they can receive a paper application by calling (800) 465-3203. In addition, physicians can authorize the Massachusetts Board of Registration in Medicine or another electronic file interchange-approved organization to acquire NPIs for them.

Once you receive your NPI, you should share it with all health plans to which you submit claims. Each Massachusetts health plan currently has its own process for physicians to submit the NPI:

- **Beacon Health Strategies (BHS):** Fill out and return an NPI form or Excel file, available on the BHS website at www.beaconhealthstrategies.com/resources/hipaa.
- **Blue Cross Blue Shield of Massachusetts:** Access an online form at https://bcbsma.websurveyor.net/WSB.dll/13/NPI_Collection.htm, or call (888) 781-1309.
- **Fallon Community Health Plan:** Submit an NPI online at www.fchp.org/Extranet/Providers/Secure/submitNPI.aspx.
- **Harvard Pilgrim Health Care:** Send all information to ppc@harvardpilgrim.org; fax to (617) 509-2005; or mail to Provider Processing Center, 2nd Floor, 1600 Crown Colony Drive, Quincy, MA 02169.

- **Health New England:** Send all information to PErollment@HNE.com; fax to (413) 233-2665; or mail to Provider Enrollment, One Monarch Place, Springfield, MA 01144.
- **MassHealth:** Send name, address, tax ID number, social security number, MassHealth number, Medicare number, NPI, and taxonomy to npi@mahealth.net; fax to (617) 988-8974; or call (800) 841-2900.
- **Neighborhood Health Plan (NHP):** Submit via the NHP website, www.nhp.org/apps/pub/providers.nhp.
- **Tufts Health Plan:** Using your password, go to the online self-service tool located on the Tufts website (www.tuftshealthplan.com/providers/index_new.php). Providers can also submit NPIs by phone at (888) 884-2404.

Approximately 75 percent of Massachusetts doctors have already applied for NPIs. Compilation of NPI information for Massachusetts health plans was facilitated by the Massachusetts Health Data Consortium. **VS**

— Jennifer Lorrain

For more information on the NPI, visit the Centers for Medicare and Medicaid Services website at www.cms.hhs.gov/nationalproviderstand/01_overview.asp.

SPOTLIGHT ON SUCCESS

Acton Medical Associates: Incremental IT Adoption Works

In the early 1990s, Acton Medical Associates worked with its professional liability insurance carrier to conduct an overall systems review, identifying the need to develop a follow-up system for HEDIS to improve quality and reduce liability. Today, the group practice continually tops HEDIS performance lists and maintains a high patient satisfaction rate. "Looking at where we were and where we are, we're proud of what the organization has done," said Chief Operating Officer Joe Berman.

Acton Medical Associates has more than 180 full-time employees, including 23 physicians in both internal medicine and pediatrics, and four nurse practitioners. With locations in Acton, Harvard, and Littleton, the group has reaped tangible benefits from its efforts, including a reduction in liability risk and bonus and incentive payments from the health plans.

The Beginning

Assessing the practice needs and the experience they had on staff, the organization embarked on creating an Access database that interfaced in a batch process once a day with a file from the practice management system. Two full-time nurses in the utilization department used the database to identify, monitor, and follow up with individuals requiring screening tests. After early functionality stabilized, the database evolved into a mechanism to identify patients with abnormal results in high-exposure screenings such as mammography. Currently the group requests health plan HEDIS reports in an electronic format for matching to their own database.

Slow and Steady

Key members of the group point to one principle that ensures success: change is more willingly accepted, and even welcomed, when it occurs in incremental steps. After successfully implementing and stabilizing a measure, Acton Medical Associates adds another component to build a more robust database. This slow-and-steady principle has helped the practice embrace other technological advances leading to improved quality of care.

External incentives, bonuses, and grants received are deposited into a

central pool for the practice. Monies received go directly into the operations of the group, providing adequate funding for infrastructure.

Another realization that transcriptions could be stored on a PC allowed the practice to save medical records in a primitive electronic format. The foresight to

develop a specific naming system for files that might eventually be used as part of an electronic medical record (EMR) system proved to be valuable: moving more than five years of lab results and clinical notes into EMRs cost the practice a mere \$2,500.

The EMR champion at Acton Medical is Jessica Rubinstein, M.D., the practice's medical director and CEO. With EMRs, the incremental approach again proved successful. Instead of insisting on an immediate move to EMRs, the practice simply placed computers on the physicians' desks. Over time, functions were added that the physicians could accept and begin using. "We waited until the physicians were ready to do EMRs," says Dr. Rubinstein. "Before that, the technical and acceptance level wasn't there, and the initiative could have failed." Dr. Rubinstein adds that the practice has doctors older than 60 who have embraced the technology.

The Future

After implementing its EMR system in June 2006, Acton Medical Associates is currently encouraging staff involvement and ownership of projects to determine additional ways in which the EMR can assist them in their jobs. The practice wants to fully maximize the EMR's value, which includes developing interfaces with local stakeholders.

Acton Medical Associates encourages other practices to recognize the value of adequately funding quality improvement projects and creating an appropriate information-technology infrastructure. Looking back, Berman concedes, "we could have done some things differently, but it's hard to argue with success." **VS**

— Dana Cooper

If your practice is interested in being featured in Spotlight on Success, contact Dana Cooper at (781) 434-7218 or dcooper@mms.org.

MassHealth Now Covers Tobacco Cessation Medications and Counseling

Beginning July 1, 2006, Medicaid (MassHealth) recipients in Massachusetts received coverage for FDA-approved smoking-cessation medications and counseling support. Evidence-based studies have shown that a combination of behavioral counseling and pharmacotherapy gives smokers the greatest chance of success in quitting.

The benefit covers two 90-day treatment regimens per year with FDA-approved medication, including nicotine-replacement therapies (patch, gum, and lozenge), bupropion (the generic form of Zyban), and the recently approved Chantix (varenicline).

The new Medicaid smoking-cessation benefit also includes up to 16 face-to-face counseling sessions per 12-month cycle. These 16 sessions can include any combination of two 45-minute intake/assessment sessions per year and either individual or group counseling. More counseling and other medications may be available for patients who receive prior authorization from MassHealth.

MassHealth providers may also enroll patients in the free telephone-based QuitWorks program, offered by the Massachusetts Department of Public Health (MDPH) and all major health plans. MassHealth providers can also refer patients to the Massachusetts Quitline — (800) Try to Stop for English, and (800) 8Dejalo for Spanish. To enroll, visit www.quitworks.org. This site has additional information about the benefit, including a frequently asked questions guide, a pharmacotherapy dosing guide, and a consumer handout.

Detailed information about the benefit and counseling reimbursement rates are available through MassHealth Provider Services at (800) 841-2900, and on the MassHealth website at www.mass.gov/masshealth. Further details regarding the pharmacotherapy benefit for tobacco cessation can be found at www.mass.gov/druglist.

— Donna Warner
MDPH Tobacco Control Program
and Ayesha Cammaerts
MassHealth Office of Clinical Affairs

Worcester District Alliance Steps Up to Fight Against Child Obesity

Approximately 15 percent of children ages 6 to 11 are overweight, according to published studies. This percentage increases as children age, and obese children are at increased risk of becoming obese adults.

Responding to these disturbing statistics, the Worcester District Medical Society Alliance (WDMSA) has undertaken a project to address childhood obesity at the local level. The WDMSA Pedometer Research Project targets low-income children at Elm Park Community School in Worcester who are at risk for developing childhood obesity. More than 100 fourth- and fifth-grade students will wear pedometers in school for eight weeks to monitor their steps, increase awareness of their physical activity levels, and motivate them to become more physically active.

Students will wear pedometers during the school day and record their steps on charts in journals that will be monitored by nursing students. Charts on display in classrooms will generate friendly competition between different classes. Nutrition information will be

distributed, and the curriculum will be enhanced to facilitate the promotion of healthy eating habits and exercise.

The Pedometer Research Project began last year with 46 fourth-grade students who were tasked with initiating creative ways to increase steps.

Teachers at the school planned project-related field trips and provided extra gym time to promote students' efforts. Medical and graduate nursing students from UMass measured the youngsters' body mass indexes and administered questionnaires about the children's knowledge and awareness of physical activity levels.

Forty-one percent of the children documented their activity in their journals, and children's attitudes toward the program were overwhelmingly positive.

The WDMSA provided funding, wrote questionnaires, assisted with journal prompts, and helped integrate pedometers into the curriculum. The AMA Alliance, through its Health Promotion Policy Grant in 2006, and the MMS Alliance also supported the project.

— Laura Newstein and Julianne Hirsh
Worcester District Medical Society Alliance



WEBSITE OF THE MONTH

Healthy Lifestyles for Older Americans

According to a recent U.S. Census Bureau report, today's older Americans live longer, have lower rates of disability, achieve higher levels of education, and less often live in poverty than their elderly counterparts of prior generations. By 2030, nearly one out of every five Americans — some 72 million people — will be 65 years of age or older.

The American Association of Retired Persons website has a health section, www.aarp.org/health, which provides information to promote health in older patients. Resources include a physical activity workbook, an online fitness course, tips for managing stress and maximizing brain function, and recommended health screening schedules.

Flu: Present and Future

As flu season approaches its expected peak in the coming weeks, refer patients to the MMS's Web-based information about flu at www.massmed.org/YourHealthFirst. The site helps patients differentiate between a cold and the flu and provides tips for preventing the spread of flu.

And while you prepare your patients for this flu season, prepare your office for the next one by remembering to order vaccine early. Pre-booking for next year's vaccine may begin as early as January. For regular e-mail updates about flu and flu vaccine, sign up for MMS Flu Advisories at www.massmed.org/conv/listservweb/mainsub.asp.

Prevent colds and flu. Wash your hands.

One more way to put YourHealthFirst.

www.MassMed.org | Sponsored by Massachusetts Medical Society



April Public Health Leadership Forum Will Examine Health Care Reform Law

The MMS will hold its 3rd Annual Public Health Leadership Forum on Thursday, April 26, 2007. The forum, "Public Health and Health Care Reform," will examine the public health ramifications of the Massachusetts health care reform law.

The forum is sponsored by the MMS and its Committee on Public Health, in partnership with the Harvard School of Public Health. Faculty includes former state Public Health Commissioner Howard Koh, M.D., M.P.H., of the



Harvard School of Public Health; David Norton, M.D., chair of the MMS Committee on Public Health; Diane Rowland, Sc.D., of the Kaiser Family Foundation; Nancy Turnbull, M.B.A., of the Blue Cross Blue Shield of Massachusetts Foundation; and Charlotte S. Yeh, M.D., of the Centers for Medicare and Medicaid Services. VS

For more information about the forum, contact the MMS Department of Public Health and Education at dph@mms.org or (800) 322-2303, ext. 7372.

FEDERAL UPDATE

With Democrats in the Majority, Kennedy Will Chair Key Senate Committee

With the Democrats taking the majority in the U.S. House and Senate beginning in January, health care is expected to be a priority issue, especially because Massachusetts Sen. Edward Kennedy will become chair of the Senate Committee on Health, Education, Labor, and Pensions, which has programmatic jurisdiction over most health care programs. In announcing his agenda, Sen. Kennedy said that universal health care is his major goal. Toward that end, Kennedy said he will focus on a variety of incremental program expansions to extend the State Children's Health Insurance Program to more children and to reform Medicare.

Among Sen. Kennedy's specific agenda items for the committee are allowing Medicare to negotiate directly with drug companies for lower drug prices, expanding federal support for embryonic

stem-cell research, and passing health information technology legislation. Historically, Sen. Kennedy has expressed strong support for changing the Medicare physician-payment formula and making Part D a basic Medicare benefit.

Sen. John Kerry will continue his work on the influential Senate Finance Committee, which has jurisdiction over Medicare and Medicaid funding. In the past, Sen. Kerry has advocated for a variety of expansions to Medicare and Medicaid and for changing the Medicare physician-payment formula.

Initially, unfinished business left over from the 109th Congress may demand the time and attention of the 110th Congress when they convene in January. At the top of the list could be stopping the Medicare physician payment cut and finalizing health information technology legislation. Washington watchers

expect the new majority to bring innovative perspectives to issues that have been languishing for some time. For example, while current efforts regarding Medicare payment reform were linked to pay for performance and reporting, key Congressional Democrats have questioned the efficacy of such an approach, given the nature and status of current data systems.

It is also clear that Democrats will focus on preventing increases in seniors' Medicare premiums, a position the MMS shares in tandem with addressing physician payment formula cuts. With regard to the Part D drug program, Democrats have consistently been aligned with the MMS in advocating for its simplification and for the federal government's ability to negotiate for the prices of drugs. **VS**

— Alex. Calcagno

MMS Legislative Leadership Conference

January 24, 2006

8:00 a.m.–4:00 p.m.

MMS Headquarters, Waltham

This workshop-based conference teaches physicians specific skills and techniques required for effective legislative advocacy. Topics for beginners and veterans alike include:

- Legislative Interviews
- How to Testify
- Making Your Case to the Media and the Public
- What the Democratic Takeovers Mean to Massachusetts Medicine

Registration is free, but space is limited and reservations are required.

For more information, contact Lori DiChiara at (781) 434-7215 or ldichiara@mms.org.

Kingsdale Speaks

continued from page 1

We need everybody to chip in." Chipping in may also entail helping newly insured patients understand appointment scheduling, the appropriate use of the emergency department, and the nuances of the managed care process.

Important Deadlines Loom

The stated ideal of the Connector is to have every citizen in the state covered by health insurance by July 1, 2007. Admitting that he'd realistically settle for a "very high percentage of penetration" by then, Kingsdale cited several interim deadlines that will help move the program along.

First, in October 2006, the state began enrolling its poorest uninsured residents, those making less than the federal poverty level of just under \$10,000 for a single adult. They are eligible for the new Commonwealth Care Health Insurance Plan offered by the Connector through Fallon Community Health Plan, Neighborhood Health Plan, HealthNet, and Network Health. For this demographic, there will be no premiums or deductibles and minimal copayments. Kingsdale said it is important for doctors to participate in at least one of these plans if they are to serve newly insured patients under the reform program.

As of January 1, the same four plans will begin offering state-subsidized

Commonwealth Care coverage to those who annually earn up to 300 percent of the federal poverty level (about \$60,000 for a family of four). Advocates for the uninsured have questioned whether premiums set by the Connector for this demographic are affordable.

Office Visit Copays for Commonwealth Care	
Enrollee Status	Office Visit Copay
<100% Federal Poverty Level (FPL)	NONE
100 to 200% FPL	\$5 for PCP, \$10 for specialist
200 to 300% FPL	\$10 for PCP, \$20 for specialist

Finally, in the spring, the rest of the state's insurers will begin offering lower-cost private health insurance coverage to individuals and families earning more than three times the federal poverty level.

No Patient Avalanche Foreseen

What should physicians in private practice expect as this unfolds?

Kingsdale said doctors should not fear that their practices will be swamped by new patients. For one thing, he said, new statistics revealed that the state's uninsured population, estimated to be 465,000 in 2004, is actually substantially less now — 372,000. "This is only speculative," he said, "but we might be talking about a 1 or 2 percent increase for the typical physician's office that is outside of a community health center or hospi-

tal." He added that while the population of uninsured residents is spread around the state, any pockets of new patient concentrations would likely be in the state's urban areas.

Kingsdale also maintained that a "disproportionate" number of the uninsured are "young, healthy males who chose not to buy" health insurance previously. Under the new state law, if people in this or any other category remain uninsured after July 1, 2007, they will face financial penalties.

What's Affordable?

Affordability among those whose income falls between the poverty level and three times that level is an ongoing controversy. Under the plan adopted by the state, premiums and copayments for this group will increase as income increases (see chart). Kingsdale said it was important to craft enrollee contributions for this group to be roughly in line with what employees typically pay as their share of workplace-provided health insurance. He said that 80 percent of the people in the 100- to 300-percent category are employed. "The last thing we wanted is to have that 80 percent move over to [fully] tax-supported Common-

wealth Care," he said. "So it was important that the benefits and contribution levels expected of individuals for Commonwealth Care be roughly comparable to what employer-covered employees pay. Otherwise, both the employer and the employee would have an incentive to move people over."

Kingsdale characterized the Connector as a "learning organization." On the affordability issue, he added, "We started where we think is the right place. But we need to monitor, inquire, and change policy as we get feedback from the market and the reality of what happened." He said the out-of-pocket expenses incurred by people covered by Commonwealth Care could change as early as next summer, if need be.

A Unique Opportunity for Massachusetts

For now, the effort to insure all — or nearly all — of the state's residents remains a work in progress. But the Connector's executive director is optimistic that the program is sound and will succeed.

"This is a unique opportunity for Massachusetts to show the country that this is a problem that can actually be solved," Kingsdale concluded. "There are a lot of myths about insuring everybody. People somehow believe it's easy. It's not. This is a shared responsibility for getting good, continuous care to the population of the state." **VS**

Medicare Reimbursement and P4P Dominate Agenda at AMA Interim Meeting

Let's take back the profession!" This was the mantra issued by William Plested, M.D., AMA president, during his opening remarks at the AMA Interim Meeting of the House of Delegates (HOD), which took place from November 11 to 14. "We have been guilty of... focusing on minutia while the prerogatives of our profession are being systematically destroyed," Dr. Plested said. "I've had enough, you've had enough... enough is enough."

With that declaration, Dr. Plested set the activist tone of the Interim Meeting. Thus motivated, 807 HOD delegates generated a buzz on Capitol Hill early Monday morning by calling their members of Congress and urging immediate action to stop the five percent cut in Medicare physician payments slated for January 1. In addition, the AMA placed a full-page ad in *USA Today* on Wednesday,

November 15, imploring Congress to stop the cuts.

Pay for performance was another major issue debated at the AMA meeting. Michael O. Leavitt, secretary of the U.S. Department of Health and Human Services, acknowledged the tension and anxiety associated with measuring the performance of physicians. "I don't believe that physicians now, or in the future, will trust a quality measurement system that happens in Washington," he said.

The AMA HOD added that pay-for-performance formulas cannot and should not be based solely on economic reimbursement measures. **VS**

— Michele Boutin

To read more about the AMA Interim Meeting, go to www.ama-assn.org/ama/pub/category/16552.html.

2nd Annual Women's Cardiac Health Conference Scheduled for February 16

According to a 2003 survey by the American Heart Association, only 13 percent of American women are aware that heart disease and stroke are the greatest health threats to women. In fact, a woman's risk of dying from cardiovascular disease is more than 10 times the risk of death from breast cancer.

In February, the Committee on Women in Medicine will join the American Heart Association to host the 2nd Annual Women's Cardiac Health Conference, the theme of which is "Preventing the Preventable." Topics to be addressed at the conference include:

- Cultural competency in women's health, presented by JudyAnn Bigby, M.D.
- A mind-body approach to stress management, presented by Aggie Casey, M.S., R.N.
- Treatment recommendations for hypertension, presented by Aram V. Chobanian, M.D.

Keynote speakers will include Walter C. Willett, M.D., D.R.P.H., who will discuss diet and lifestyle factors related to heart health, and Paula Johnson, M.D., M.P.H., who will explore advances in the prevention, diagnosis, and treatment of heart disease in women. In addition, Miriam

Nelson, Ph.D., will offer advice on how women can fit fitness into a busy lifestyle.

Because cardiovascular disease is largely preventable yet often fatal, it is crucial for physicians to have the latest information about identifying and managing women patients who may be at risk. **VS**

— Erin Tally

2nd Annual Women's Cardiac Health Conference

Friday, February 16, 2007
7:30 a.m.–2:30 p.m.
MMS Headquarters, Waltham

The first 50 paid registrants will receive a free "Go Red for Women" cookbook from the American Heart Association.

5.5 AMA PRA Category 1 Credits™ (1.5 RM)

For more information, call (800) 843-6356 or visit www.massmed.org/cardiac_conf_2007.



PHYSICIAN HEALTH MATTERS

Making Career Choices and Transitions

Many physicians may decide to broaden their careers, shift medical specialties, or make a transition from the practice of clinical medicine at some point during their careers. Before addressing a possible career transition, it's helpful to understand your work style. John Holland's "RIASEC" model describes six different such styles:

Realistic ("Doers") — People who have athletic or mechanical ability and prefer to work with objects, machines, tools, plants or animals, or to be outdoors.

Investigative ("Problem-Solvers") — People who like to observe, learn, investigate, analyze, evaluate, or solve problems.

Artistic ("Creators") — People who have artistic or intuitional abilities and like to work in unstructured situations using their imagination and creativity.

Social ("Helpers") — People who like to work with people to enlighten, inform, help, train, or cure them.

Enterprising ("Persuaders") — People who like to work with people to influence, persuade, perform, or lead.

Conventional ("Organizers") — People who have clerical or numerical ability, carry out tasks in detail, or follow through on instructions.

By completing the Self-Directed Search assessment instrument (available at minimal cost at www.self-directed-search.com), you can determine which of the six styles are most like you. You can then consider jobs that could be a good fit. Here are some avenues to consider pursuing based on work style:

The Realistic Physician

- Health care-related jobs: bioengineering, medical equipment design/fabrication
- Nonmedical jobs: engineering, skilled trades, farming, forestry, physical education, police work
- Organizations: American Institute for Medical and Biological Engineering (www.aimbe.org), Association for the Advancement of Medical Instrumentation (www.aami.org), Medical Device Manufacturers Association (www.medicaldevices.org)

The Investigative Physician

- Health care-related jobs: pure and applied medical research, biotechnology, health technology R&D
- Nonmedical jobs: biologist, chemist, computer programmer, geologist, mathematician, physicist, systems analyst
- Organizations: American Physician Scientists Association (www.physicianscientists.org), Biotechnology Industry Organization (www.bio.org)

org), Biotechnology Industry Organization (www.bio.org)

The Artistic Physician

- Health care-related jobs: medical illustrator, technical writer, medical journalist
- Nonmedical jobs: actor, architect, author, chef, artist, interior designer, journalist, musician
- Organizations: American Medical Writers Association (www.amwa.org), Association of Medical Illustrators (www.medical-illustrators.org)

The Social Physician

- Health care-related jobs: medical/health education, public health professional, health care advocate
- Nonmedical jobs: consumer advocate, human resource professional, legal aid attorney, minister, psychotherapist, teacher, training/development specialist
- Organizations: American Public Health Association (www.apha.org), American Association for Health Education (www.aahperd.org/aahe/), Medical Advocacy Project (www.doctorsoftheworld.org)

The Enterprising Physician

- Health care-related jobs: physician executive, health-related sales, health care entrepreneur
- Nonmedical jobs: business executive, entrepreneur, attorney, sales professional, marketing/public relations, politician, realtor
- Organizations: American College of Physician Executives (www.acpe.org)

The Conventional Physician

- Health care-related jobs: health care process/quality improvement, electronic medical records/informatics, billing specialist, database manager
- Nonmedical jobs: accountant, financial planner, computer programmer, banker
- Organizations: Institute for Healthcare Improvement (www.ihl.org), American Medical Informatics Association (www.amia.org)

Clarifying your dominant work styles and then exploring a range of high-fit jobs/careers will lead to the successful pursuit of a new or additional professional endeavor.

— Baird Brightman, Ph.D.
Worklife Strategies, Waltham, MA

For an expanded version of this article, contact Physician Health Services (PHS) at (781) 434-7342. For more information about PHS, visit www.physicianhealth.org.

ACROSS THE COMMONWEALTH

District News and Events

Charles River – Scientific Meeting. Tues., Jan. 16, 6 p.m. Location: Westin Hotel, Waltham. Guest Speaker: Steven Zietels, M.D. For more information, contact the Northeast Regional Office.

Essex South – District Meeting. Wed., Jan. 17, 6 p.m. Location: Danversport Yacht Club, Danvers. Speaker: Kay Dickerson, Ph.D., Brown University Center for Clinical Trials and Evidence-Based Healthcare, will discuss “Flawed Evidence: A Challenge to Evidence-Based Healthcare.” For more information, contact the Northeast Regional Office.

Hampden – Winter District Meeting. “Primary Care Physicians: An Endangered Species?” Tues., Jan. 30, 6 p.m. Location: Best Western Sovereign Hotel and Conference Center, West Springfield. Keynote Speakers: Ronald M. Davis, M.D., AMA president-elect, and Kenneth R. Peelle, M.D., MMS president. CME program co-sponsored with Holyoke Medical Center. **CME Grand Rounds.** Wed., Jan. 31, 8 a.m. Location: Baystate Medical Center. Speaker: Ronald M. Davis, M.D., AMA president-elect. **Springfield College School of Health Sciences and Rehabilitation Studies.** Wed., Jan. 31, 10 to 10:45 a.m. Location: Fuller Auditorium, Springfield College, Springfield. **CME Luncheon.** Wed., Jan. 31, 11:45 a.m. Location: Holyoke Medical Center. **Kiwanis/Chamber of Commerce Luncheon.** Wed., Jan. 31, 12:45 p.m. Location: Hilton Garden Hotel, Springfield. Members are invited. For more information, contact Suzanne Skibinski at (413) 736-0661.

Norfolk South – District Holiday Event. Wed., Dec. 13, 6 p.m. Location: Atlantica Restaurant, Cohasset Harbor. The district will sponsor its third annual Toys for Tots Program. For more information, contact the Southeast Regional Office.

Plymouth – Executive Committee Meeting. Wed., Jan. 23, 6 p.m. Location: MMS Southeast Regional Office, Lakeville. For more information, contact the Southeast Regional Office.

Suffolk – Meeting. Thurs., Jan. 11, 6 p.m. Location: East Garden Room at Massachusetts General Hospital. For more information, contact Thelma Malafey at (617) 236-5864.

Worcester – 211th Annual Oration. Wed., Feb. 14, 5:30 p.m. Location: Beechwood Hotel, Worcester. Orator: Michele Pugnaire, M.D., vice dean, undergraduate medical education, and associate professor, Department of Family Medicine and Community Health, University of Massachusetts Medical School. For more information, contact Joyce Cariglia at (508) 753-1579.

In Memoriam – With respect and sympathy, we note member deaths on the MMS website at 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; Linda Howard, Southeast Regional Office, at (800) 322-3301 or lhoward@mms.org; Nancy Caron, West Central Regional Office, at (800) 522-3112 or ncaron@mms.org; or Cathy Salas, West Central Regional Office, at (800) 522-3112 or csalas@mms.org.

AMA Honors MMS Members



Left: Heather Smith, a fourth-year student at UMass Medical School, received an AMA Foundation Physicians of Tomorrow Scholarship. Also, April Inniss (not pictured), a second-year student at UMass Medical School, received a 2006 AMA Foundation Minority Scholars Award.

Right: Alice Coombs, M.D., Assistant Secretary-Treasurer, received the 2006 AMA Foundation Award for Health Education.

Member Discounts Available on e-MDs Products

As the practice of medicine becomes increasingly complex, the Massachusetts Medical Society recognizes the need to support its members with ongoing assessments of new and existing practice management solutions. Consequently, the Society researches vendors to help you provide quality patient care while maintaining a successful practice. As part of that continuing process, we are pleased to announce that the MMS has renewed its agreement with e-MDs.

To effectively address the day-to-day needs of real practices, e-MDs solutions are designed by both physicians and medical office personnel. These

comprehensive solutions offer integrated clinical and practice management information systems that help practices deliver optimum patient care. e-MDs solutions cover the entire spectrum of medical office management and provide the clinical tools your practice needs to enhance patient care while ensuring maximum reimbursement and income.

MMS members receive an 8 percent discount on e-MDs products, plus a discount on on-site training. To learn more about e-MDs, call Adam Shlager at (800) 322-2343, ext. 7702, e-mail pprc@massmed.org, or visit www.e-mds.com. **VS**

– George Dudley

e-MDs



Photo by George Dudley

On November 18, 2006, nearly 100 participants took part in a program on physician-hospital relationships. Elizabeth A. Snelson, Esq., (at podium) addressed medical staff bylaws and the peer-review process. She also moderated a panel that consisted of (left to right) Ellen Epstein Cohen, Esq.; Joseph Heyman, M.D.; Alan Woodward, M.D.; and James Butterick, M.D.

SAVE THE DATE

2007 MMS Annual Meeting

May 17–20, 2007

Seaport Hotel and World Trade Center – Boston

Thursday, May 17

House of Delegates
Annual Awards Luncheon
Ethics Forum
Physician Volunteer Fair

Friday, May 18

House of Delegates (continued)
President's Reception and Dinner

Saturday, May 19

Annual Educational Program
Shattuck Lecture Luncheon
International Medical Graduates Reception
Member Art Exhibit
Annual Banquet and Entertainment



Interim Meeting 2006

Right: Jack Evjy, M.D., confers with Subramanyan Jayasankar, M.D.

Below: Vice Speaker Richard Pieters, M.D., presides over the House of Delegates as Corey Collins, D.O., delivers a reference committee report.

Photos by Doug Bradshaw



MMS Education Programs

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

On-Site CME Programs

Beyond the Electronic Medical Record: The Value of the Clinical Information Team

Jan. 27, 8:00 a.m.–1:00 p.m.
MMS Headquarters. Jointly sponsored by the MMS and the Massachusetts Health Sciences Library Network. CME Credit: 4.25 AMA PRA Category 1 Credits™ (RM)

Preventing the Preventable: Women and Heart Disease

Feb. 16, 8:00 a.m.–2:30 p.m.
MMS Headquarters. Sponsored by the MMS and the American Heart Association. CME Credit: 5.5 AMA PRA Category 1 Credits™ (1.5 RM)

Online CME Programs

To access the following programs, go to www.massmed.org/cme.

Avian Flu and Pandemic Preparedness
CME Credit: 2.5 AMA PRA Category 1 Credits™ (RM)

2nd Annual Public Health Leadership Forum: Examining Health Disparities

CME Credit: 5 AMA PRA Category 1 Credits™ (RM)

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).

- **Nursing Home Malpractice Litigation: Physician-Focused Risks***
- **Terminating the Physician-Patient Relationship***
- **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**

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.

Save the Date
May 23, 2007

5th Annual Symposium on Men's Health
MMS Headquarters, Waltham