

VITAL SIGNS



- 3 YOUR PRACTICE** Coalition Addresses Administrative Hassles • Shared Medical Appointments • Law and Ethics: Defensive Medicine
- 4 THE PUBLIC'S HEALTH** H1N1 Resource Kits • Are Biomass Power Plants Healthy? • Soapy Visits Schoolkids • Foundation Grant Application Deadline: Jan. 15
- 5 GOVERNMENT AFFAIRS** Federal: Health Care Reform and the Cost Conundrum
- 6 PROFESSIONAL MATTERS** Marijuana Addiction • Women's Cardiac Health Conference • February 6: Career Day/Job Fair
- 7 INSIDE MMS** AMA Interim Meeting Roundup • Senior Volunteer Nominations Due Jan. 4 • Across the Commonwealth • In Memoriam
- 8 MMS EDUCATION PROGRAMS**

VOLUME 15, ISSUE 1, DECEMBER 2009/JANUARY 2010

PRESIDENT'S MESSAGE



Payment Reform: We Will Support All Our Members

Earlier this month, the MMS House of Delegates engaged in spirited debate about state payment reform. The policy arising out of those debates (see related article on this page) was important, but just as important were the conversations themselves. They embodied the democratic process and offered further proof that Massachusetts physicians take our Society's mission seriously: "to advance medicine for the health, benefit, and welfare of the citizens of the Commonwealth," both individual patients and the state as a whole.

The healthy debate at our Interim Meeting would have been impossible if we had not been at the table with the state Payment Reform Commission.

Were it not for my friend and colleague Alice Coombs' level-headed presence on that commission, the panel would probably have crafted an unworkable set of recommendations without any of the real-world safeguards that Dr. Coombs insisted upon, such as giving physicians for whom global payment makes sense the necessary time and support to make a smooth transition that preserves patient access and quality of care.

During the commission deliberations and since, our most oft-repeated message to state officials and lawmakers has been that "one size will not fit all."

continued on page 2

House of Delegates Opposes "Imposition" of Capitated Payments

BY TOM WALSH

After nearly three hours of strenuous debate, the MMS House of Delegates approved policy in December that calls upon the Society to oppose the imposition of capitation on physicians and groups by insisting that physicians retain the right not to participate in so-called global payments.

During the debate, MMS President Mario Motta, M.D., reminded delegates that the Society's current position is to oppose any form of payment being imposed on physicians who are not ready and willing to participate voluntarily. President-Elect Alice Coombs, M.D., who served on the state Payment Reform Commission, agreed that current MMS advocacy aligns with the adopted policy.

The message that the Society will support *all* its members amid any changes in payment methodology predated the Interim Meeting by several months. Since early fall, MMS leaders have crisscrossed Massachusetts, meeting with members at district, specialty-society, and hospital-staff gatherings to update them on state and national reform activities and to help them understand all facets of the issues.

Answering Members' Questions

Alan Semine, M.D., a Newton radiologist, had a lot on his mind in October when he arrived at one of those meetings.

Will my patients be protected? Will the physician voice be heard by lawmakers? Will physician payments be fair when all this is settled? Did the state Payment Reform Commission

disregard capitation history by recommending global payments?

Dr. Semine felt better after the presentation. "It's a challenge for doctors not involved in the political process to understand how treacherous it is to just reject what's being proposed," he said.

Dr. Motta, Dr. Coombs, and Alex. Calcagno, MMS director of federal relations, have conducted a series of health-care reform educational sessions for MMS members, with more scheduled for early 2010 (see box on page 5). They have sought to explain that, while the MMS embraces certain broad concepts of reform, the Society is working hard to ensure that lawmakers responsible for the devilish details understand what's right for Massachusetts doctors and their patients.

"Drs. Motta and Coombs said they understand the recommendations and their ramifications and that the MMS is not necessarily promoting all of them," Dr. Semine said. "They are being very explicit in what the limitations of certain ideas are."

Change Could Be Useful

"We're not trying to tell people which way to go," Dr. Motta explained. "We're trying to clear up confusion and misconceptions. As we speak with members, their first reaction is often 'They can't possibly be doing this to us.' But after we explain it, they begin to realize that some recommended changes could potentially be useful."

One major concern among members is the payment reform panel's embrace of accountable care organizations (ACOs) as the conduit through which physicians, hospitals, and other providers would receive global payments.

"We want our members to have the tools and knowledge and infrastructure to succeed in that kind of integrated system," Dr. Motta said. "For some, being in an ACO may be very worthwhile. For others, it may never be possible. It all depends on the local circumstances. We're urging members to keep open minds, but those whose circumstances are not conducive to an ACO should not be pushed into it."

John A. Patti, M.D., a Massachusetts General Hospital radiologist who attended one of the information sessions, offered advice to lawmakers and policymakers who'd like physicians to opt for ACOs. He emphasized that organizations such as Kaiser-Permanente and Geisinger that are praised for their high levels

continued on page 5



Photo by Becca McDade

A packed House of Delegates considered several resolutions related to health care reform during the MMS Interim Meeting on December 4 and 5.

President's Message

continued from page 1

Another message is that the fee-for-service model, as imperfect as it may be, still has a positive role in a necessarily pluralistic system.

But the irrefutable point remains that physicians could do a better job of managing patients — especially those with multiple and complex health issues — if unintentional barriers to collaboration with one another were removed. That's why we should seriously look at any program — including new payment models — that might help us work better together.

The Society is vigilantly monitoring and staying engaged in all payment reform activity. We will continue to insist that the state implement new models on a small, experimental scale, and that early results be measured and analyzed for unintended negative outcomes.

We are all concerned about sustaining our ability to practice good medicine, bolstering the already-fragile financial condition of many of our practices, and removing any wedges between us and our patients.

For our colleagues interested in participating in global payments, we will fight to make sure you have everything you need to make a successful transition. With equal zeal, we will support those who are not ready to make the leap.

If payment reform were a baseball game, we'd only be in the second or third inning. Numerous questions remain to be asked and answered. To do what our patients expect and want us to do, we physicians must remain engaged in this process — to ask the questions and ensure satisfactory answers.

If we don't shape the future, parties with narrower, less patient-centered interests will shape it, and the result would be a system that's unhealthy for our patients and professionally untenable for us.

Mario Motta, MD

— Mario E. Motta, M.D.

MMS Helps Cover Physician Volunteers amid Surge in Demand for Free Care

Editor's Note: This is the second in a series of *Vital Signs* articles about physician volunteerism by physician-author Lisa Gruenberg, M.D.

Before the September meeting of the Massachusetts Medical Society's Committee on Senior Volunteer Physicians convened, members informally shared their struggles with providing free care amid a deep recession. The venues for such work include church basements, synagogue sanctuaries, and free-standing nonprofit clinics.

It had been a year since I retired from the committee, but the conversation remained essentially unchanged. Bob Giasi, M.D., a retired anesthesiologist who specialized in cardiac anesthesia and critical care, is a volunteer at St. Anne's Free Medical Program in Shrewsbury and with a microtia team that volunteers in Ecuador. He described the strains put on the St. Anne's program by the city of Worcester's withdrawal of public health funding for vaccinations and tuberculosis care. Stephanie Pritchard, a Tufts medical student who volunteers at the Sharewood Project in Malden, listened intently as everyone present expressed concerns about the difficulties of providing continuity of care to underserved patients.

Committee chair Burt Mandel, M.D., then brought the formal part of the meeting to order. Dr. Mandel is a retired internist who volunteers at St. Anne's and the Open Door Free Medical Program in Hudson. He was quoted in a November 1, 2009, *Boston Herald* article about the marked increase in people seeking care at free clinics due to the recession.

Dr. Mandel welcomed a young doctor sitting across from him. "Let's discuss today's candidate for malpractice insurance, Dr. Meghana Karande," he said.

"Volunteering blurs the boundaries of race, gender, and socioeconomic status."

— Meghana Karande, M.D.

Dr. Karande was leaving practice to pursue a business opportunity, but she wanted to continue clinical work by volunteering with Women of Means, a Boston nonprofit serving homeless women. In practice for five years, Dr. Karande is a board-certified physiatrist, specializing in musculoskeletal injuries and chronic pain, common problems among homeless women in shelters.

"After leaving clinical medicine, I felt an immense void but knew I could not return back to the same environment," Dr. Karande said. "Volunteering fills this void. It is what I always envisioned medicine should be, blurring boundaries of race, gender, and socioeconomic status."

After Dr. Karande presented her case, the committee quickly approved her petition for coverage. Always looking for new members, Dr. Mandel immediately offered her a position on the committee.

Subsidized Malpractice Coverage

The mission of the Committee on Senior Volunteer Physicians is to utilize the experience and

skills of senior and/or retired physicians to fulfill medical and health education needs throughout Massachusetts via free or nonprofit health center programs, mentorship, and educational outreach.

A big part of this mission involves helping eligible volunteer physicians obtain malpractice insurance. Funding of primary care malpractice is split evenly between the MMS and ProMutual Group. Currently, 34 doctors are insured in this manner, and over the years, another 42 have volunteered with subsidized malpractice coverage.

Most such volunteers are retired physicians, but a small percentage are doctors like myself and Dr. Karande, who anticipate a break in paid practice but want to provide medical care in settings where patients are unable to pay.

— Lisa Gruenberg, M.D.

For more information on the Committee on Senior Volunteer Physicians, contact Carolyn Maher at (781) 434-7311 or cmaher@mms.org.



Lisa Gruenberg, M.D.

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

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

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

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

PRESIDENT: Mario E. Motta, M.D.

EXECUTIVE VICE PRESIDENT: Corinne Broderick

DIRECTOR OF COMMUNICATIONS: Frank Fortin

Vital Signs is published monthly, with combined issues for June/July/August 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.

Vital Signs lists external websites for information only. The 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. The MMS expressly disclaims any representations as to the accuracy or suitability for any purpose of the websites' content.

©2009 Massachusetts Medical Society. All Rights Reserved.

EACH Coalition Tackling Administrative Complexity and Variation

The Employers Action Committee on Healthcare (EACH) was established to examine administrative burdens in the Massachusetts health care system. This unique coalition of employers, insurers, physicians, hospitals, and other provider organizations is working to eliminate the widespread variation in payer paperwork and procedures that contributes to much of the administrative complexity.

The coalition has formed a working group of vested parties who meet regularly to address specific examples of administrative complexity. This focused work-group approach allows a detailed analysis of matters such as duplicate claims and eligibility transactions. All parties in the EACH work group explain

their processes in an open, cooperative environment and identify opportunities to eliminate excess steps or streamline existing procedures.

This work group creates common understanding among employers, providers, and payers — health care stakeholders with a history of mistrust toward one another. The work group has also shed light on the magnitude of the problem. The processes — and time — attached to resolving many administrative hassles are disproportionate to the volume of transactions. The result is that physicians and physician organizations may spend more time and money collecting payment for a service than the payment for the service warrants. **VS**

— Adam Shlager



Marlborough pediatrician Ricardo Lewitus, M.D., responds to an HMO audit. The EACH coalition is working to help eliminate the burdensome administrative hassles of today's health care system.

LAW AND ETHICS

The Ethics of Defensive Medicine

Many physicians order extra tests, prescribe medications of questionable efficacy, or perform additional procedures to exclude or confirm diagnoses. Some do so to protect themselves from possible future litigation, while others do so “just in case” the initial diagnosis was incorrect.

In 2008, the MMS undertook an analysis of the incidence and cost of so-called “defensive medicine” in Massachusetts. That survey (available at www.massmed.org/defensivemedicine) revealed that, in Massachusetts alone, the practice of defensive medicine costs well over \$1.4 billion per year. On the basis of cost alone, it would seem then that the ethical, socially responsible thing to do is *not* to practice defensive medicine.

On the other hand, several sections of the AMA Code of Medical Ethics put the interests of the individual patient above those of society at large. But elsewhere, the code states that “physicians should not provide, prescribe, or seek compensation for medical services that they know are unnecessary.”

How certain, then, must a physician be of his or her initial diagnosis for a particular act to be considered one of defensive medicine as distinguished from one of *good* medicine? The answer may depend, at least in part, on the cost of the act, its potentially negative side effects, the consequences of a diagnostic error, or the physician's primary motivation (self-protection versus patient interest).

Extra tests and treatments may prevent unforeseen harms, but they may also subject patients to added interventions and increase the societal cost of health care.

Every physician should therefore consult his or her own conscience — along with relevant clinical guidelines — before ordering a test, procedure, or other intervention that is likely to end up being unnecessary. **VS**

— Liz Rover Bailey, Esq.

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

SPOTLIGHT ON SUCCESS

HVMA Likes Shared Medical Appointments

Harvard Vanguard Medical Associates (HVMA) has implemented a new paradigm for physician-patient visits — shared medical appointments (SMAs). During an SMA, members of a health care team meet with a group of patients at the same time. SMAs usually last 90 minutes and consist of eight to 10 patients who are being seen for general or follow-up care.

“This allows us to triple the number of patients we can see in 90 minutes,” said Zeev Neuwirth, M.D., the chief of clinical effectiveness and innovation at HVMA, an affiliate of Atrius Health.

Advantages for All

With shared medical appointments, both patients and physicians benefit from more time together and a less frantic pace. Patients can share advice, guidance, and suggestions with each other as well.

HVMA has launched 22 SMAs in internal medicine, geriatrics, OB/GYN, cardiology, and pediatrics, with more than 5,000 patient

visits occurring under the SMA model to date.

Team-Based Medicine

A critical aspect of the shared medical appointment model is the involvement of multiple health care team members. “It’s not just a shared medical appointment; it’s a team approach to medicine,” Dr. Neuwirth explained. The team often includes a physician, a behaviorist, one or two nurses, and a “documentor.” The documentor takes notes for the physician, freeing the doctor to focus on direct patient care, Dr. Neuwirth said.

Prior to participating in an SMA, patients must sign a confidentiality agreement. During the visit, a nurse checks the patients’ vital signs and gives any scheduled immunizations. The physician then moves from patient to patient, reviewing each case individually and performing physical exams that do not require clothing removal. (Physical exams that do require disrobing are delayed until later and completed in a private room.)

Implementing a Program

Conducting a successful shared medical appointment program is quite complex, said Dr. Neuwirth.

HVMA has seen early success because it has a training program in place for physicians at their practice locations. This includes initial training on how to conduct shared medical appointments plus on-site support during rollout of the program.

Early Results

According to an in-house survey of 720 HVMA patients who participated in shared medical appointments during 2008, 77 percent said they would schedule another group appointment, and 73 percent said they felt their provider knew them better as a result of the shared appointment.

— Tracy Ledin

For more information on shared medical appointments at Harvard Vanguard, contact Debra Prescott at debra_prescott@vmed.org.

H1N1 Resource Kits Now Available



To help respond to the challenges presented by the H1N1 flu strain, the MMS and the Massachusetts Department of Public Health recently collaborated to provide physicians, physician assistants, and nurse practitioners with the *Flu Facts Response Kit*.

The kit, mailed in late October, includes official guidance on distribution of the H1N1 vaccine and the use of antivirals.

The kit also contains a reference guide outlining the patient groups that are prioritized for seasonal and H1N1 influenza vaccination based on vaccine supply, along with patient information and support materials.

Additional copies of the response kit can be obtained by e-mailing Liza Martin at lmartin@mms.org or calling (781) 434-7373.

— Kerin Milesky

Foundation Grant Letters Due January 15

Letters of Inquiry for grants from the MMS and Alliance Charitable Foundation are due by January 15, 2010.

For more information, call (781) 434-7044 or visit www.mmsfoundation.org.



MMS Opposes Biomass Power, Cites Health Concerns

On December 5, the MMS adopted policy opposing proposed biomass power plants on the grounds that they pose an “unacceptable health risk.” The move follows a decision by state Energy and Environmental Affairs Secretary Ian Bowles to order a six-month study of the environmental impact of biomass power plants.

Biomass combustion creates power by burning wood from harvested trees or from construction debris. State and federal “renewable energy” incentives have spurred the development of proposed biomass power plants in Russell, Greenfield, Springfield, and Pittsfield.

Society member James Wang, M.D., who lives in the Pioneer Valley, first heard about the Russell plant in 1997 and became increasingly concerned about the potential negative environmental and health effects. Meanwhile, the local American Lung Association chapter came out against biomass combustion energy because of its impact on health.

“About 40 percent of the population in Hampden County is considered at high risk for medical complications from increased pollution,” Dr. Wang noted.

This summer, other MMS members contacted the Society to raise concerns about the issue. “Hundreds of modern epidemiological studies have described an association between elevated particulate air pollution levels and mortality and other adverse health effects,” said MMS member Jefferson Dickey, M.D., who practices in Turners Falls. Those health effects include increased cardiopulmonary symptoms, asthma attacks, emergency room visits, and hospitalizations.

In addition to particulates, the nitrogen oxide emissions from biomass combustion form ozone,

which reacts in the pulmonary airways to cause symptoms such as chest pain, shortness of breath, coughing, and wheezing, Dr. Dickey said.

In October, Dr. Wang brought the issue before the executive board of the Hampden District Medical Society. Calling the plants “an unacceptable threat to the health of citizens in the Pioneer Valley,” the district board voted to oppose the plants, a move that garnered the attention of local papers and the *Boston Globe*.

Dr. Dickey brought the issue to the attention of the MMS Committee on Environmental and Occupational Health. After reviewing the data, the committee jointly sponsored the report recommending MMS opposition.

The committee is teaming with the MMS Committee on Public Health and the Harvard School of Public Health to sponsor the sixth Annual Public Health Leadership Forum, which will take place on April 28, 2010, and will focus on the health aspects of energy policy and practices.

Although biomass fuel is considered a renewable resource, “it is a big misnomer” to consider it clean, based on what’s coming out of the stacks, said Rick Donahue, M.D., a member of the Committee on Environmental and Occupational Health. Last year, the MMS adopted the committee’s recommendations for education about the health impacts of fossil fuels and advocacy to boost development of healthier and safer energy sources.

“This is not a political issue for us,” Dr. Wang concluded. “It’s a health issue.” **VS**

— Robyn Alie

Soapy Takes Handwashing Message on the Road



Photo by Suzanne Skibinski

Soapy, the MMS handwashing mascot, made appearances in several Hampden County schools recently. Designed for children in grades K through 3, the handwashing program teaches children about proper handwashing for flu prevention through an interactive presentation. Shown here at the St. Joan of Arc-St. George School in Chicopee are Soapy (played by seventh-grader Joe Robert) with (left to right) Margan Flynn, Aidan Berube, Nathan Roberts, and Emmalee Swales.

FEDERAL UPDATE

Health Care Reform and the Cost Conundrum

The U.S. Senate has been debating its health care reform proposal for several weeks. Differences between the House and Senate bills, which will likely be considerable, must then be resolved by a conference committee composed of members from each chamber. Conference committee negotiations could spill into early 2010.

The debate at this stage is dominated largely by concerns about the cost of the proposals, their impact on the deficit, and whether or not they will truly reduce the cost of health care. Stated more bluntly, much of the debate is about money — who loses it, who gains it, who pays, and how much.

Both the House and Senate leadership tinkered with their proposals to make sure they came in under the \$900 billion

benchmark set by President Obama — and they did.

But both bills took different approaches to financing reform and controlling costs. In the House bill, the major revenue raisers are an increased income tax on those making \$500,000 or more as individuals or \$1 million as a family, and nearly \$170 billion in reductions in payments to Medicare Advantage plans. The Senate bill would tax so-called “Cadillac” insurance plans — those that cost more than \$21,000 annually for family coverage.

The Senate bill also creates a new commission charged with finding \$23 billion in Medicare savings beginning in 2014 if spending is greater than targeted. The commission-recommended savings would come from physicians, Medicare Advantage

providers, and pharmaceutical companies. Hospitals and some other providers are not included in the proposed commission’s target reductions. Moreover, the commission approach is clearly designed to circumvent substantive congressional review and abrogates congressional responsibility to oversee Medicare.

As you would expect, the MMS, AMA, and other physician groups are strongly united in their opposition to this new commission as currently described. Eliminating many other Medicare providers from the commission’s purview will place the cost-reduction burden disproportionately on the backs of physicians. Nevertheless, given the imperative to meet deficit targets, the commission idea has garnered support from many

economists and health policy analysts.

When President Lyndon Johnson fought to enact Medicare in the 1960s, he is reported to have urged lawmakers to ignore the “green eye shade” people. In hindsight, if Congress knew then what Medicare was going to cost in dollar terms, the legislation might not have passed.

Although not without flaws, Medicare is hugely important to our nation’s elderly. So, despite today’s very different political and legislative climate, President Johnson’s point may still be relevant. This is not to suggest that we can totally disregard cost issues, but we also cannot continue to rely on simplistic measurements of cost. **VS**

— Alex. Calcagno

Payment Reform

continued from page 1

of ACO-like integrated care were successful because their physicians *wanted* to practice medicine that way.

“None of these clinics had ACOs imposed on them,” Dr. Patti said. “The impetus came from within, and that is why they’ve been so successful.”

Maintaining Autonomy

Dr. Motta said member reaction to these educational presentations has ranged from “This sounds potentially interesting” to “I don’t believe this will work” to “Hell no, we won’t go.”

Dr. Coombs said she’s found that Society members who lived through previous attempts at capitation fear that state payment reform will become a rehash of that failed experiment. “The number one thing is physician autonomy, being able to practice the way we want to practice,” she said. “That’s why the Payment Reform Commission recommendations didn’t include a mandate for universal global payments.”

“There is the potential for things to be made better,” Dr. Coombs continued. “Some of the administrative burdens might

actually decrease, for example. But physicians cannot be forced into a payment model that would be doomed to failure.”

Who’s Going to Pay?

The patients of Patricia Sereno, M.D., who practices family medicine in Malden, have been asking for her opinion on health care reform. “Before I heard the MMS presentation, I had no idea what to think or how I would figure this out,” Dr. Sereno said. “The information was concise and quite helpful.”

Still, amid the uncertain outcome, Dr. Sereno is worried about the future of primary care and the patients it serves. “Everyone at the presentation I attended was saying that primary care has to be paid better,” Dr. Sereno said. “But I looked around the room and asked myself, ‘Where is this money coming from? Which one of these subspecialists is going to take a pay cut so I can get more money?’ Because I don’t think there is going to be more money injected into the system.”

Still, Dr. Sereno appreciates the Society’s support of primary care. “In primary care, we have not always felt that the MMS heard us,” she said. “But now the MMS is

really listening to the concerns of primary care physicians and advocating for something to be done.”

Open-Minded Unity

Jeffrey S. Brown, M.D., a Winchester otolaryngologist, found the MMS information on federal reform especially helpful. “I’m trying to keep an open mind about the process,” Dr. Brown said. “We need reform, but I’m concerned about who’s steering the bus [in Washington] and about how we’re going to pay for this.”

Carole E. Allen, M.D., a Somerville pediatrician, said she worries that ill-conceived cost containment tactics might do away with the favorable aspects of the current system. “My concern is that someone might change or redefine services willy-nilly without looking at their true value,” she said. “However, I also understand that there’s no way we can continue with the cost curve we have.”

Julia Edelman, M.D., a Middleboro gynecologist, summarized what she took away from the MMS presentation she attended: “The MMS, the AMA, and physicians in general have to stand together even if we don’t all see reform the same way,” she said. “We can’t afford to have lawmakers at state

and national levels see doctors just as a bunch of disparate people who don’t agree on anything.”

For MMS President Dr. Motta, the message is even more direct: “We have to remind all decision-makers that patient care is our highest priority, and cost control comes second,” he said. **VS**

Upcoming MMS Sessions on Health Care Reform:

- January 12**
Lawrence General Hospital
- January 26**
Lawrence Memorial Hospital, Medford
- January 29**
Tobey Hospital, Wareham
- February 3**
Lowell General Hospital
- February 5**
Caritas Good Samaritan Medical Center, Brockton
- February 17**
Merrimac Valley Hospital, Haverhill
- February 24**
Union Hospital, Lynn

For more information or to schedule a session, call (781) 434-7008 or e-mail president@massmed.org.

Women's Conference to Tackle Alcohol and Heart Disease

Cohort studies have consistently found that drinking even moderate amounts of alcohol may lead to a higher risk of breast cancer, a lower risk of coronary heart disease, and higher bone mineral density — all areas of particular interest for women. But because there has not been a long-term, randomized trial of alcohol's effects, judging the evidence supporting alcohol's risks and benefits can be difficult, leaving clinicians in a difficult bind.

Fifth Annual Women's Cardiac Health Conference Integrating the Latest Research into Your Practice

February 5, 8:00 a.m. to 12:30 p.m.
MMS Headquarters, Waltham

To register, call (800) 843-6356, or
visit www.massmed.org/WCH2010.

For example, Curt Ellison, M.D., of Boston University School of Medicine, has written that "post-menopausal women with no contraindications... have, on average, net health benefits from the regular consumption of small-to-moderate amounts of alcohol." Meanwhile, Michael Lauer, M.D., of the National Heart, Lung, and Blood Institute has written that, for women under 75 years of age, "there is no clear evidence that alcohol has medical benefits."

At the fifth Annual Women's Cardiac Health Conference (see box above), I will review the evidence linking alcohol consumption, coronary heart disease, cardiovascular risk factors, and other chronic diseases.

Other important topics to be covered include the role of inflammation in heart disease among women, how heart disease differs among men and women, and progress toward the American Heart Association's 2020 Impact Goal.

— Kenneth J. Mukamal, M.D., M.P.H.

PHYSICIAN HEALTH MATTERS

A Physician's Recovery from Marijuana Addiction

The following is excerpted from a personal story appearing in the 2009 Annual Report of Physician Health Services.

Like so many of my colleagues, I am a hard-working and dedicated professional. I was a talented student and popular socially. I received academic honors at an internationally respected college and medical school. I trained at top-flight medical centers and was rewarded for my efforts with a prestigious academic job. But I also became an addicted physician, and because of my addiction, I nearly lost everything I worked so hard to achieve.

From early childhood, I harbored a smoldering sense of inferiority that I now know is common among many recovering addicts. These feelings resulted in a search for some external source of solace and serenity in a confusing and stressful world.

For me, the "answer" came during high school when I first tried marijuana. When I was high, I experienced a pervasive sense of calm and clarity. I felt outgoing and at ease in a way I had never known before.

For many years, I used marijuana sparingly — on vacation, with friends, or for special occasions. But as the stresses of my life and medical training built, I used more often — and alone. During residency and fellowship, I began to use nightly as a means of

rewarding myself for success or appeasing my failures. I increasingly isolated myself from family and friends. My drug use had changed from an enjoyable distraction to a focal point of my daily routine. Friends fell away, my marriage deteriorated, and my work suffered.

One summer night in 2005, I was driving home after work and smoking a joint. The car in front of me suddenly swerved into the barrier and spun around. I looked face-to-face at the woman behind the wheel of the spinning car. We both skidded to a stop, shaken but uninjured.

I then had a moment of clarity. I realized that unless I stopped, I would lose everything I cared about in my life. My heart was pounding, and tears rolled down my cheeks. Something seismic had shifted inside me. I resolved to quit using then and there.

*"My drug use had
changed from an
enjoyable distraction
to a focal point of
my daily routine."*

But it wasn't that simple. During the next few months, I would "quit" every morning, but every night, after some small success or disappointment, I would call my

dealer or scrape up what was left from the day before. I could not bear to use nor could I bear to live without using. I was unable to quit on my own. I struggled to keep my public, successful, professional persona separate from my private, desperate, addicted self.

Thankfully, I learned about PHS [Physician Health Services] from a friend. I told my story to [PHS Director] Dr. Sanchez, but the addict in me was still looking for a way out. Instead, he said, "You have a problem, and we can help." I signed an agreement to receive treatment and be monitored. So began my journey of recovery.

Recovery hasn't always been easy. I was consumed by shame and a sense of loss in the early days. But as time passed, I emerged from addiction into a new life. I attended PHS support meetings with my peers. I became involved with 12-step recovery programs in my community, where I learned to communicate with people from all walks of life with openness and honesty.

Today, I continue to participate in recovery and try to be of service to others. I'm a loving and involved father. I have a life and a career second to none. I have learned to be grateful, and I have found some measure of serenity. PHS helped make all this possible.

For more information or assistance, contact Physician Health Services at (781) 434-7404 or www.physicianhealth.org.

February 6 Career Day: More than Meeting Prospective Employers

How do I identify practice opportunities? What information should my CV contain? How do I prepare for a job interview? These are just some of the questions that will be answered at the "Tips for a Successful Job Hunt" presentation, part of the 18th Annual Career Day on February 6 (see box).

The Career Day/Job Fair is an event for residents, early-career physicians, and others in Massachusetts who are

interested in learning about new job opportunities. Attendees meet with representatives from hospitals, community health centers, HMOs, the military, and other health care organizations.

The fair will also feature individual CV critiques and a workshop for international medical graduates. The event is sponsored by the MMS and its Committee on Young Physicians, Committee on Diversity in Medicine, International Medical

Graduates Section, and Resident and Fellow Section. **VS**

18th Annual Career Day/Job Fair

Saturday, February 6, 2010
9:00 a.m. to 1:00 p.m.
MMS Headquarters, Waltham

For more details or to register, contact Colleen Hennessey at (800) 322-2303, ext. 7315, or chenessey@mms.org.



SAVE THE DATE!

2010 MMS Annual Meeting — May 13 to 16
Seaport Hotel and World Trade Center, Boston

Thursday, May 13

House of Delegates
Annual Awards Luncheon
Ethics Forum

Friday, May 14

House of Delegates
Art Exhibit and Silent
Auction
President's Reception
and Dinner

Saturday, May 15

Annual Education
Program
Shattuck Lecture and
Luncheon
Int'l Medical Graduate
Reception
Annual Banquet and
Entertainment

More information to come!

Nominations for Senior Volunteer Physician of the Year Due January 4

This spring the MMS Committee on Senior Volunteer Physicians will again honor a senior volunteer physician of the year.

Nominees must be MMS members who are 60 years of age or older and have demonstrated a commitment to volunteerism and a dedication to sharing their experience and medical expertise.

The chosen recipient will be honored at the MMS Awards Luncheon on May 13, 2010.

To nominate a senior volunteer physician for this award, contact Carolyn Maher at (800) 322-2303, ext. 7311, or cmaher@mms.org. The deadline for nominations is January 4, 2010. **VS**

AMA Stays the Course on Reform

At the November AMA Interim Meeting in Houston, delegates and alternates from Massachusetts participated in debates on health system reform and other subjects.

In reaffirming the AMA's overall commitment to health system reform, the AMA House of Delegates outlined elements for the AMA to actively and publicly support and oppose as the reform debate continues. For details on the AMA position, go to www.ama-assn.org/ama/pub/meeting/resources.shtml.



In addition, the AMA accepted an amendment offered by the New England delegation urging opposition to any measurements for redistribution of Medicare funds that are not scientifically valid, verifiable, and accurate. The House also soundly rejected proposals calling on the AMA to rescind its support for the recently passed U.S. House bill (HR 3962), to oppose any "public option," and other efforts to change the decision-making authority of the AMA board with respect to health care reform. **VS**

— Michele Jussaume

ACROSS THE COMMONWEALTH

District News and Events

Charles River — Scientific Meeting. Wed., Jan. 20, 6:00 p.m. Location: Marriott Hotel, Newton. Speaker: Shahram Khoshlan, M.D. Topic: Epilepsy of van Gogh. For more information, contact the Northeast Regional Office.

Franklin — Annual Social Dinner. Thurs., Jan. 28, 6:00 p.m. Location: Hope & Olive Restaurant, Greenfield. For more information, contact the West Central Regional Office.

Hampshire/Franklin — Falcons Game. Sat., Jan. 30, 7:00 p.m. meal and 7:30 p.m. game. Location: MassMutual Center, Springfield. For more information, contact the West Central Regional Office.

Plymouth — Executive Committee Meeting. Wed., Jan. 27, 6:00 p.m. Location: MMS Southeast Regional Office, Lakeville. For more information, contact the Southeast Regional Office.

Worcester North — Social/Winter Meeting. Wed., Jan. 13, 6:00 p.m. Location: Bangkok Hill Restaurant, Lunenburg. Guest: Alex. Calcagno, MMS director of federal relations. Open Forum. For more information, contact the West Central Regional Office.

Worcester — 214th Annual Oration. Wed., Feb. 3, 5:30 p.m. Location: Beechwood Hotel, Worcester. "You Have Saved Our Lives: The Making of a Doctor." Orator: Guenter L. Spanknebel, M.D. For more information, contact Joyce Cariglia at (508) 753-1579.

Statewide News and Events

Arts, History, Humanism, and Culture Member Interest Network — The Nancy N. Caron Annual Art Exhibit. Fri., May 14, 6:30 p.m. Location: Lighthouse Room, Seaport Hotel, Boston. Art Exhibit will open earlier for a preview at 3:00 p.m. Due to publishing deadlines, please plan to register no later than Mon., Feb. 8, 2010. To register or 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; Sheila Kozlowski, Southeast Regional Office, at (800) 322-3301 or skozlowski@mms.org; or Cathy Salas, West Central Regional Office, at (800) 522-3112 or csalas@mms.org.

IN MEMORIAM

The following deaths of MMS members were reported to the Society in November and December 2009. We also note member deaths on the MMS website at www.massmed.org/memoriam.

Robert R. Bousquet, M.D., 61; South Kingston, RI; St. Louis University School of Medicine, 1970; died June 15, 2006. **John P. DiCicco Jr., M.D.**, 64; Worcester, MA; University of Rome, 1967; died October 6, 2009. **Herbert J. Dietrich Jr., M.D.**, age unknown; Saint Simons Island, GA; Hahnemann Medical College, 1945; date of death unknown. **Matthew C. Finn Jr., M.D.**, 84; Wareham, MA; Tufts University School of Medicine, 1953; died October 20, 2009. **Sumner G. Fredd, M.D.**, 88; Laguna Hills, CA; Middlesex University School of Medicine, 1945; died January 1, 2009. **Kenneth R. Greenleaf, M.D.**, 86; Marlborough, MA; Harvard Medical School, 1948; died July 22, 2009. **Halim G. Habib, M.D.**, 87; Norfolk, MA; Tufts University School of Medicine, 1946; died November 10, 2009. **Sidney H. Harmon, M.D.**, age unknown; Framingham, MA; Boston College of Physicians and Surgeons, 1943; date of death unknown. **Earl E. Hellerstein, M.D.**, 88; Norwood, MA; Case Western Reserve University School of Medicine, 1950; died September 7, 2009. **Carl S. Hoar Jr., M.D.**, 88; West Falmouth, MA; Harvard Medical School, 1945; died June 9, 2009. **Irving Hoff, M.D.**, 88; Holyoke, MA; New York University School of Medicine, 1945; died November 14, 2009. **Saul C. Holtzman, M.D.**, 91; Atlanta, GA; Boston University School of Medicine, 1943; died September 1, 2009. **Richard S. Luftman, M.D.**, 61; Springfield, MA; New York University School of Medicine, 1974; died September 17, 2009. **Adam D. Raisner, M.D.**, 43; Medfield, MA; Tel Aviv University, 1996; died September 16, 2009. **Robert W. Reifenstein, M.D.**, age unknown; Chittenango, NY; SUNY-Syracuse, 1945; date of death unknown. **George L. Robb, M.D.**, 74; East Orleans, MA; Harvard Medical School, 1961; died October 19, 2009. **Philip I. Salib, M.D.**, 91; Chestnut Hill, MA; Cairo University Faculty of Medicine, 1940; died July 2, 2009. **Henry S.M. Uhl, M.D.**, 88; Winston Salem, NC; Harvard Medical School, 1947; died August 28, 2009. **Stanley VanDenNoort, M.D.**, 79; Tustin, CA; Harvard Medical School, 1954; died September 16, 2009. **John J. Whalen Jr., M.D.**, 78; Orlando, FL; Boston University School of Medicine, 1960; died December 11, 2008. **Edward L. Zarsky, M.D.**, 85; Auburndale, MA; Tufts University School of Medicine, 1949; died December 1, 2008. **Sidney M. Zeff, M.D.**, 98; Stratham, NH; Tufts University School of Medicine, 1935; died January 1, 2008.

MMS and DPH Team Up for Flu TV Show



Photo by Richard Gulla

"The Flu: What You Should Know" is a *Physician Focus* TV special produced with the Massachusetts Department of Public Health (DPH) and Hopkinton Community Television. Distributed in November to public access television stations across the state and available online at www.massmed.org/physicianfocus, the show discusses both H1N1 and seasonal flu, how to protect against them, vaccine safety and supply, and what to do if you get sick. It also includes two public service spots on flu in pregnant women and flu-related use of emergency rooms. Shown on the *Physician Focus* set are (left to right) Lauren Smith, M.D., DPH medical director; show host Bruce Karlin, M.D.; Erin Tracy, M.D., vice chair of the Massachusetts chapter of the American Congress of Obstetricians and Gynecologists; and Massachusetts Public Health Commissioner John Auerbach. Not pictured is MMS Immediate Past President Bruce Auerbach, M.D., who recorded the public service spot on when patients should visit an emergency department during flu season.



- ▶ MMS Opposes "Imposition" of Capitated Payments **Page 1**
- ▶ Harvard Vanguard Succeeding with Shared Appointments **Page 3**
- ▶ Biomass Power Plants **Page 4**



MASSACHUSETTS
MEDICAL SOCIETY

VITALSIGNS

VOLUME 15, ISSUE 1, DEC. 2009/JAN. 2010

860 Winter Street,
Waltham, MA 02451-1411

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

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.

Live CME Activities

Go to www.massmed.org/cme/events.

WEBINAR Early Recognition of Dementia

January 26, 12:00–1:30 p.m. Jointly sponsored with the Massachusetts/New Hampshire Chapter of the Alzheimer's Association. 1.5 Credits (RM)

5th Annual Women's Cardiac Health Conference — Conquering Cardiovascular Disease: Integrating the Latest Research into Your Practice

February 5, 8:00 a.m.–12:30 p.m. MMS headquarters, Waltham. Sponsored by the MMS in collaboration with the American Heart Association. 4.0 Credits

Online CME Activities

Go to www.massmed.org/cme.

Improving the Patient Experience and Clinical Outcomes in the Office Practice Setting

Four modules. 1.5 Credits (RM) per module

Massachusetts Medical Law Report Quarterly Risk Management CME Series. Each module is 1.0 Credit (RM).

NEW Social Networking 101 for Physicians*

NEW Doctors Worry about New Liability Concerns for Prescriptions

Electronic Health Records Surge Despite Barriers

Reducing Errors and Liability in Patient Handoffs

Dealing with Difficult Patients

Office Compliance 101*

How to E-mail Patients without Worrying about Liability*

**Also available in print. Call (800) 322-2303, ext. 7306.*

Communication Courses

NEW Defining What to Include in a Minor Patient's Chart

1.0 Credit (RM)

Reporting Patients to the RMV

1.0 Credit (RM)

Patients with Limited English Proficiency

1.0 Credit (RM)

Public Health Courses

NEW Massachusetts Responds: A Vaccinator Training

Three modules. 1.0 Credit (RM) per module

Violence — Implications for Health

3.0 Credits (RM)

UPDATED Pandemic Flu: Practical Strategies for Preparedness

2.0 Credits (RM)

Save the Dates

March 12
Pain Management Forum

April 30
Compassionate Care/End-of-Life Conference

May 13
Annual Meeting Ethics Forum

May 15
Annual Education Program and Shattuck Lecture

June 17
Men's Health Symposium

Call (800) 322-2303, ext. 7306, for more information.

CME CREDIT: Unless otherwise noted, each activity is designated for AMA PRA Category 1 Credit™. 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.