VITAL SIGNS

Massachusetts Medical Society

Every physician matters, each patient counts.

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Reforming Payment *and* Delivery Systems

BY LLOYD RESNICK

Payment and delivery-system reforms must complement one another. That was the main message from a payment reform conference cosponsored by the MMS and the Commonwealth Fund in October.

The first speaker, **Howard Grant, M.D.**, was former chief medical officer at Pennsylvania's Geisingner Health System. Geisinger's integrated and coordinated system is facilitated by homogeneous patient populations, a large percentage of Geisinger-employed physicians, and most importantly by a Geisinger-owned local health plan. When asked whether such high levels of integration and care coordination could be replicated in Massachusetts, Dr. Grant said, "Call me in about six months, and I'll let you know." Dr. Grant became CEO at Burlington-based Lahey Clinic in November.

Medical home results at Geisinger include a 25 percent reduction in hospital admissions and a 53 percent reduction in readmission after discharge. In Geisinger's "value reimbursement program," fee-for-service payments and innovation-investment stipends are supplemented by incentive payments based on quality and efficiency.

Michael van Duren, M.D., chief medical officer at Sacramento-based Sutter Physician Services, explained how small groups of physicians uncover and resolve variability in care. The process employs insurance claims data and an episode-based software tool that drills cost down to individual physicians. "When physicians explore variability without judgment in a safe, respectful environment, they make improvements to clinical practice," Dr. van Duren said.

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Medicare Reprieve Sought for 2011

In November, Congress passed a 31-day reprieve from the 23 percent Medicare physician payment cut that was scheduled to take effect on December 1. As this issue of *Vital Signs* went to press, bipartisan discussions were underway to identify funding offsets to pay for a full 12-month reprieve that would stabilize physician payments for all of 2011. That would theoretically buy time for Congress to devise a permanent solution to the Medicare payment dilemma, but congressional support for that very expensive "cure" is uncertain.

State Payment Reform on Front Burner after Election

BY TOM WALSH

Gov. Deval Patrick's reelection seems to ensure that payment reform efforts in Massachusetts will move forward in 2011.

JudyAnn Bigby, M.D., secretary of the state Executive Office of Health and Human Services, told *Vital Signs*, "We worked hard this past calendar year to see if we could work with the legislature on a piece of payment reform legislation. That did not happen, so once the formal session ended we did not want to lose the momentum we had achieved at the beginning of the year."

Dr. Bigby emphasized the importance of stakeholder input in the process. "Our goal is to enable as many people as possible to see where there is consensus on how to proceed and to make that obvious to the legislature," she said.

Agreeing that the election seemed to propel payment reform forward, Alice T. Coombs, M.D., MMS president, said, "We have to make sure this push for payment reform takes into consideration all stakeholders' concerns and allows us an opportunity to slow down and listen to what everyone has to say." The MMS has urged a deliberate pace toward payment reform because the state's physicians vary greatly in their readiness to change from the currently predominant fee-for-service system.

The Society has a seat on a state committee working to develop a blueprint for payment reform legislation. "The fact that they have given us an opportunity to contribute to this process is of paramount importance," Dr. Coombs said.

"Not Capitation Redux"

In a pre-election video campaign statement for the MMS website, Gov. Patrick was clear about his intentions. "I think the next frontier is cost control and containment," he said. He went on to address physician concerns about payment reform specifically: "I want to assure doctors that this is not capitation redux," he said. "It's [about] avoiding some of the hazards of capitation."

The governor's main election rival, Republican Charlie Baker, signaled his lack of enthusiasm for payment reform. "I've never thought that the whole thing was fundamentally about payment reform," Baker said using the same MMS web-video forum. "I don't know why we should turn payment… completely upside down for the entire system when there is no real evidence to me that the entire system is broken."

Shortly after Baker's loss on Election Day, Senate President Therese Murray told the *Boston Globe* that controlling health care costs and payment reform are top priorities for her. "It has to be done," she told the newspaper.

Committee Outlining Legislation

The job of developing payment reform legislation now rests with a panel known as the Committee on the Status of Payment Reform Legislation. The panel's job is to review a "draft outline" of possible legislation and to seek input from "interested stakeholders and experts," including the MMS. The committee must then make legislative recommendations to the Health Care Quality and Cost Council.

The committee began meeting on September 1 and its last formal session was scheduled for December 15. Dr. Bigby said she hoped to have draft legislation ready "shortly after that or near when the legislature reconvenes." On December 2, the committee held a public forum "to summarize what's come out of the meetings, so the public could see where we are," said Dr. Bigby.

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PRESIDENT'S MESSAGE

The Need to Change

A few weeks ago, I joined about 30 other physician leaders from across the country for a meeting with Don Berwick, administrator of the Centers for Medicare and Medicaid Services. The ultimate outcome of health care reform will be determined largely by how well key players lead the process, and I'm confident Dr. Berwick can establish effective reforms within these government health programs.

Much of the talk during the meeting centered on accountable care organizations (ACOs). In Dr. Berwick's vision, an ACO:

- Puts patients first and engages them in decision-making
- Closes gaps in communication among provider teams
- Sees patients and allocates resources at the right place and the right time
- Ensures smooth and effective "handoffs" between health care environments

Dr. Berwick also stressed the need for flexibility and heterogeneity in ACO development. Like our state's Secretary of Health and Human Services JudyAnn Bigby, M.D., Dr. Berwick understands that ACOs formed in rural areas will look different than those based around a tertiary-care urban hospital. Both models — and many more in between — need a chance to work.

I mentioned, again, the need for robust support as physicians adopt information technology. I also noted that there are approaches other than global payment, such as episode-based models, that we should consider.

The most important thing about the meeting was this: not a single person in the room said, "We don't need to change."

– Alice T. Coombs, M.D.

Payment Reform Conference
continued from page 1

Sara Rosenbaum, J.D., chair of the Department of Health Policy at George Washington University's School of Public Health and Health Services, cited "a strong tension" between antitrust law and policies that encourage integration of health care delivery. She predicted that "the antitrust imperative will in time give way to the integration imperative."

James Hester, Ph.D., director of the Vermont Health Care Reform Commission, explained Vermont's legislated balance between insuring more citizens, deploying health IT, and transforming health care delivery. Vermont's system of aligned incentives gives providers sliding-scale "management fees" linked to their performance on 10 medical home criteria from the National Committee for Quality Assurance.

JudyAnn Bigby, M.D., secretary of the Massachusetts Executive Office of Health and Human Services, reiterated comments she made in the November 2010 *Vital Signs*: "You can't move providers from one form of payment to another overnight," she said. "Diversity and flexibility is the theme I keep promoting."

Dana Safran, Sc.D., senior VP at Blue Cross Blue Shield of Massachusetts, explained how the health plan's Alternative Quality Contract (AQC) incentives are based on process, outcome, and patient experience measures.

Describing Atrius Health as "an ACO without hospital ownership," **Gene Lindsey, M.D.**, president and CEO of the 800-physician multispecialty group, emphasized the importance of eliminating waste and duplication in health care delivery. Atrius is also a pioneer of innovations such as shared medical appointments.

Barbara Spivak, M.D., president of the Mt. Auburn Cambridge Independent Practice Association, said that although Mt. Auburn Hospital and the IPA are separate entities, "We partner with Mt. Auburn in everything — even our approach to contracting with health plans." VS

For more coverage of the payment reform conference, including downloadable slides and video clips, go to **www.massmed.org/paymentreformpresentations**.

Post-Election Push for Payment Reform
continued from page 1

MMS Message Does Not Waver

Lynda M. Young, M.D., MMS president-elect, represents the Society on the payment reform committee. "Our basic message has remained the same — one size does not fit all," Dr. Young said. "We listen carefully to determine where there is room for compromise, while on other things — such as the need to move at a deliberate pace and make physician participation voluntary — we are tenacious."

Among other things, the MMS has urged the committee to test the value of accountable care organizations (ACOs) with pilots, and to require that providers occupy two-thirds of the seats on any oversight panels created by legislation. "We want physicians who actually care for patients on those boards," Dr. Coombs said. "Otherwise, the boards will not know the challenges that patient-care doctors face."

Dr. Bigby concurred with the MMS on ACO pilots. "We agree that there should be pilot projects, and we're working with the federal government to allow such projects to happen in Massachusetts," she said.

Two-Pronged Advocacy

The Society's advocacy approach has been two-pronged: listening to physician concerns during meetings of hospital staffs and specialty and district societies, and ensuring that those concerns are articulated to Dr. Bigby's committee in both written and oral testimony.

For example, the Society has strongly encouraged the consideration of payment methodologies in addition to global payment, including episode-based approaches and the retention of fee-for-service in certain settings. "We also continue to emphasize the need for scientifically valid quality measures and risk adjusters," said Dr. Coombs, "along with meaningful liability reforms that reduce defensive-medicine practices and an easing of self-referral and antitrust rules and enforcement."

Dr. Bigby said that physicians she has spoken with know the current system doesn't work well, and many are "eager to see some changes." But she was quick to add, "We want this to work for doctors and their patients, and we welcome their input."

Dr. Young concluded on a similar theme. "I am optimistic," she said, "but I know colleagues who are scared to death of this. We have to change, and nobody likes to do that. But in the end, our practices will be better because of things such as administrative simplification and the medical home model." VS

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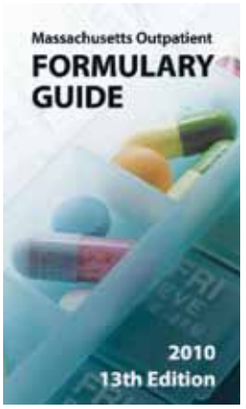
13th Edition of *Massachusetts Outpatient Formulary Guide* Available

Last August, physicians and pharmacies in Massachusetts received the 13th edition of the *Massachusetts Outpatient Formulary Guide*. The guide is the collaborative effort of the MMS and Aetna Health, Blue Cross Blue Shield of Massachusetts, Boston Medical Center's HealthNet Plan, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Medicaid/MassHealth, Neighborhood Health Plan, Network Health, and Tufts Health Plan.



The guide indexes the most commonly prescribed formulary drugs in a pocket-size format, with coverage information on 20 drug categories. Included are each plan's preferred formulary drugs, medications requiring prior authorization/notification, and medications that have dispensing limitations.

To purchase additional hard copies of the *Formulary Guide*, contact the MMS Customer Service Department at (800) 843-6356. VS

– Tracy Ledin

Meaningful Use: REC Enrollment Deadline Is Jan. 31

The Massachusetts eHealth Institute is 1 of 62 federally designated regional extension centers (RECs) offering programs and services to help clinical providers "meaningfully use" electronic health records (EHRs). The Massachusetts REC is set up to provide federally subsidized direct assistance support to up to 2,500 primary care providers. This subsidy will be offered only to providers who enroll in the REC by January 31, 2011.

Direct assistance support is intended to help priority primary care providers (PPCPs) underwrite the cost of an EHR system. A PPCP is defined as an M.D., D.O., nurse practitioner, or certified nurse midwife who practices in one of the following settings:

- Individual or small practice of 10 or fewer providers
- Public- and critical-access hospitals
- Federally qualified health centers, community health centers, and rural health clinics
- Other settings serving uninsured, underinsured, and medically underserved populations

By joining the REC, provider practices may be able to maximize EHR incentives, minimize expenses, achieve meaningful use, and improve the overall quality and efficiency of the practice.

Although not eligible for direct assistance support, non-primary care providers can take advantage of many REC services. Additionally, the Centers for Medicare and Medicaid Services (CMS) is making available incentive payments totaling up to $27 billion over 10 years to support the adoption and meaningful use of EHRs. Eligible professionals may not be hospital-based and must participate in the Medicaid or Medicare programs. VS

For more information about the Massachusetts REC and to download enrollment materials, go to **www.maehi.org/REC**.

Study Shows Fifth Straight Year of Primary Care Shortages

Now in its ninth iteration, this year's MMS Physician Workforce Study found that 10 of the 18 physician specialties studied met the criteria for critical or severe labor market conditions. In 2009, seven specialties were in short supply.

Family medicine and internal medicine continue to trend toward the critical stage, with five consecutive years of shortages. Meanwhile, eight other specialties were found to be experiencing severe shortages: dermatology, emergency medicine, general surgery, neurology, orthopedics, psychiatry, urology, and vascular surgery.

Other findings from the study include the following:

- Fifty-four (54) percent of family medicine physicians are not accepting new patients.
- The average wait time for a new-patient appointment with an internist is 53 days.
- All regional labor markets except Boston are experiencing shortages of physicians. Critical shortages exist in Pittsfield and Worcester.
- Community hospitals continue to be seriously affected by physician shortages.
- The fear of being sued remains a substantial negative influence on the practice of medicine.

The 2010 MMS Physician Workforce Study highlights that universal health insurance coverage can only be successful if there is a strong physician workforce to provide patient care. VS

– Therese Fitzgerald, Ph.D.

To read the complete workforce study or an executive summary, go to **www.massmed.org/workforce**.

Individual Claims Consultations a Success

Each year during August and September, MMS regional offices cohost free problem-solving sessions to help member physicians adjudicate troublesome claims directly with representatives from Massachusetts health plans. Physicians and/or their office staff can schedule one 30-minute appointment with each participating health plan. For optimum efficiency, practices often send several people to these well-attended events.

During the 2010 sessions, health plan representatives answered claims, payment policy, and general questions. The following health plans attended:

- Blue Cross Blue Shield
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Health New England
- MassHealth
- Medicare
- Neighborhood Health Plan
- Tufts Health Plan

The response from regional office personnel and physician-practice attendees was positive. Linda Howard of the Northeast Regional Office said, "We had physician offices that had participated in the past come again this year because they have found the program helpful in settling claims issues they had not been able to resolve any other way."

At the West Central Regional Office, Linda Rosen said that prior to the 2010 claims consult sessions, "one Hampshire District physician informed us that as a result of the 2009 claims consults she recouped $3,000 from one health plan that she had all but written off." Patricia Newton of the Southeast Regional Office in Lakeville said, "Most attendees said they would return next year because the event was helpful."

Annual claims consults are available to MMS member physicians and their staff. Look in future issues of *Vital Signs* and on the MMS website for upcoming 2011 claims consult dates. In the meantime, if you have claims questions, contact Tracy Ledin, MMS health systems analyst, at (781) 434-7218 or tledin@mms.org. VS

State Creates "MA Responds" for Health Volunteers

The state Department of Public Health (DPH) recently launched "MA Responds" to enhance the Commonwealth's ability to prepare for and respond to health-related emergencies and events. This new centralized volunteer management system integrates local, regional, and statewide volunteer programs, including the Massachusetts System for Advance Registration (MSAR) and participating Medical Reserve Corps (MRC) units.

"Volunteer physicians, nurses, and allied health professionals with clinical experience are absolutely essential during a response to a disaster of significant magnitude," said MMS Vice President Richard Aghababian, M.D., an emergency physician and experienced disaster responder. "Without a carefully constructed command and communication plan, training and credentialing in advance of response, and realistic exercises, the quality of care suffers."

"In a wide-scale emergency, public health staff would be stretched to the limit, and public health volunteers would be called on to assist," added Mary Clark, director of the DPH Emergency Preparedness Bureau.

The new system will pre-credential volunteers, enhance communication between agencies recruiting and assigning volunteers, and deploy and track volunteers from within and outside the disaster area. MA Responds will be administered by the DPH, but local MRC units will retain authority over the recruitment, activation, and deployment of their volunteers.

Volunteers are needed now. Active and retired physicians can register on the MA Responds site, **www.maresponds.org**. Volunteers are encouraged to affiliate with a local MRC unit, but can sign up for MA Responds as "unaffiliated."

– Vanessa Kenealy

For more information about MA Responds, contact Lindsay Tallon, DPH health volunteer program manager, at (617) 994-9836, or e-mail maresponds@state.ma.us.

Lessons Learned from Northern Ghana

2009 International Health Studies (IHS) grant recipient Andrea Mendelsohn, M.D., M.P.H., a family medicine resident, shares lessons from her experience. See related article below to learn about the 2010 IHS grant recipients.

I spent three weeks this summer working with a team of five other physicians at the Baptist Medical Center in Nalerigu, Northern Ghana. Our trip allowed the permanent physician staff to take their only vacation of the year and gave me clinical exposure to tropical medicine and infectious diseases that one could only see in a developing country.

I rounded on the pediatric, adult medicine, and obstetrical wards, seeing up to 60 children daily on quinine drips for cerebral malaria. I saw unresponsive babies who were carried on foot to the hospital after multiple seizures at home, but who after a few hours of quinine treatment, were smiling and breastfeeding. Other children were brought in with rigid bellies and bodies stiff with pain, only to be rushed into surgery due to typhoid perforation.

We treated wound infections, malaria, typhoid, pneumonia, meningitis, and dysentery. We operated on perforated bowels and ulcers, removed a ruptured uterus after an obstructed labor, and saved an eclamptic mother and her child with a timely cesarean section.

In the outpatient clinic, I saw up to 60 patients a day, triaging those who needed to stay from those that could go home with simple medication. I learned how to do dilation and curettage for miscarriage management, remove lipomas, debride large wounds, perform skin grafts, and tap distended bellies to give end-stage liver disease patients much-needed palliation.

Most importantly, I was not alone. I had the great fortune of working with Vince Waite, M.D., an attending from my residency program who has worked in Nalerigu for 15 years. Because of his wonderful guidance and support, I was able to learn how to practice medicine in a rural, third-world hospital, avoiding unnecessary lab tests and acting quickly when a patient had a life-threatening illness.

My experience in Ghana was an invaluable part of my clinical training. I hope to someday return to sub-Saharan Africa to improve the public health infrastructure of countries like Ghana.

It's a wonderful feeling to save a child's life. However, it would be even better to prevent diseases such as malaria, because so many children die unnecessarily before they reach the hospital. My experience in Ghana will most certainly help me be a better physician and public health practitioner in the future.

MMS and Alliance Foundation Awards International Health Studies Grants

The board of the MMS and Alliance Charitable Foundation selected the following recipients of 2010 International Health Studies grants:

Oluwatoyin Ajayi, M.D., a second-year resident in Boston University's Department of Family Medicine, will support doctors and nurses at health centers in Freetown, Sierra Leone. Additionally, she will conduct surveys and focus groups among parents of young children to better understand health-seeking behavior and barriers to health care.

David Bayne, a fourth-year student at Harvard Medical School, will work at the Partners in Health surgical center in Cange, Haiti. He will help coordinate surgical treatment between the visiting and onsite surgical teams and do postoperative follow-ups with patients.

Catalina Hoyos, M.D., a third-year resident in the University of Massachusetts pediatric residency program, will provide assistance on the pediatric ward, the neonatal intensive care unit, and at the pediatric outpatient clinic at JFK Medical Center in Monrovia, Liberia. She will also help establish a chronic illness clinic for children.

Rose Leonard, a fourth-year medical student at Harvard Medical School, will pilot a "single-visit screen-and-treat" method for cervical cancer at the Community Health Clinic in Huehuetenango, Guatemala. She will also help teach local women's health care workers the technique for cervical cancer screening.

Each individual will receive a grant of $750 to offset travel and lodging expenses associated with these projects. Forty-five grants have been awarded through this program since its inception 10 years ago. VS

STATE UPDATE

MMS Ready for Legislative Session Focused on Health Care Costs

Reducing health care costs is expected to dominate the state legislature's agenda for 2011–2012. The MMS's advocacy efforts will be prioritized accordingly.

The stage was set with the passage of Chapter 288, the so-called small business health insurance relief bill, which tightened state control over health care costs for small businesses. Recently re-elected Gov. Deval Patrick and the Executive Office of Health and Human Services, headed by JudyAnn Bigby, M.D., seem determined to take the next step through the introduction of payment reform and accountable care organizations (ACOs).

The Committee on Payment Reform, under the aegis of the Health Care Quality and Cost Council (also led by Dr. Bigby), has been meeting regularly with all major stakeholders to create a framework for legislation in the next session. MMS President-Elect Lynda Young, M.D., has participated in that process to ensure a gradual introduction of new payment models that retain fee-for-service where appropriate, and include medical malpractice reform and administrative simplification among recommended cost-containment strategies.

For the next session, the MMS is expected to approve a legislative package that includes revisions to antitrust statutes and expansion of medical peer-review protections that would be necessary for successful ACO formation and function.

Chief among the MMS medical liability reform bills is "An Act Improving Patients' Access to Timely Compensation," which would make physician statements of regret or apology inadmissible as evidence in any subsequent legal proceeding. The bill would also require plaintiffs to provide approximately six months notice before filing a malpractice claim. In the last legislative session, this bill received a more favorable response from lawmakers than it had in previous years. Malpractice-reform language was also offered as an amendment to Chapter 288, but the amendment was not adopted and thus not included in the final law.

Two other MMS liability-reform initiatives also advanced as amendments to more comprehensive legislation. Language to protect health care providers working or volunteering in a disaster was included in the pandemic preparedness bill, which came close to being signed into law, but died in conference committee. And language to extend current peer-review protections to certain clinical skills-assessment programs was included in a Public Health Committee redraft of several bills.

New Faces at the State House

There will be some new faces at the State House in January. House Republicans increased their numbers to 30, pending several recounts as we go to press. Republicans now have enough sway to require roll call votes in the 160-member House. In the 40-member Massachusetts Senate, the number of Republicans fell from five to four. All new lawmakers will be on a steep learning curve, as the cost of health care is expected to dominate the coming session.

The MMS will continue to support legislation that we think contains costs responsibly, does not further threaten physician practice viability, and preserves the physician-patient relationship.

– Ronna Wallace

FEDERAL UPDATE

Will Washington Politics Get More — or Less — Fractious?

With the Republicans taking majority control of the U.S. House following midterm elections and Democrats retaining an even narrower majority in the Senate, what should we expect from the 112th session of Congress?

As this issue of *Vital Signs* went to press, President Obama met with congressional leaders from both parties at the White House in a renewed spirit of bipartisanship. But many think the 112th Congress will be even more fractious than the 111th — a dubious distinction.

Some pundits predict legislative gridlock during the next session, as each party jockeys for political advantage in the 2012 presidential campaign. Others suggest that Republicans, now in a position where they could share blame if little improves, will be willing to work with the newly humbled Democratic party.

Remembering the aftermath of the 1998 midterm elections,

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the Republican leadership acknowledges that trying to overreach in this next session could backfire. There are also those who believe President Obama should be more forceful in fighting for his agenda, a la Franklin Roosevelt, although President Roosevelt enjoyed strong Democratic majorities in both chambers of Congress.

The status of health care in this situation is precarious. Many exit polls show that the biggest concern among voters was the economy and jobs; only 17 percent cited the health care law as their main concern. Other polls showed that one out of two voters want the law repealed, which continues to be an oft-stated high priority of Republicans.

Many expect a bill to repeal parts of the law to be introduced and passed in the House, but fail to pass in the Senate and certainly not get the President's signature.

A more viable threat to the law is the appropriations process, which begins in the House. Republicans could refuse to give additional funds to key agencies or prohibit funding for efforts to implement new regulations. Also, the increased number of Republican governors will have power at the state level to thwart implementation of the federal law if they so choose. As if anticipating such moves from Republicans, on the night of the election both President Obama and Senate Majority Leader Harry Reid said they would be open to "tweaking" the law.

For Medicare beneficiaries and the physicians who care for them, cuts to Medicare physician payments continue to be a major concern (see article on page 1). The MMS, AARP, AMA, and other groups have asked the lame-duck Congress for a 13-month extension at current rates of Medicare reimbursement to stabilize payments through 2011. As this issue of *Vital Signs* went to press, negotiations were underway in the House and Senate to achieve this goal. VS

– Alex. Calcagno

Professional Development and Financial Planning Workshop for Young Physicians

A two-track program designed specifically for early-career physicians will take place from 8:30 a.m. until 2:00 p.m. on Saturday, January 22, 2011, at MMS headquarters in Waltham.

One track will emphasize professional development, and the other will focus on financial planning. This program will feature experienced presenters on diverse topics including retirement planning, physician contracts, the current real-estate market, and work-life balance. The event will culminate with a lunchtime seminar on what new physicians need to know about professional liability allegations.

Registration for MMS members is $25, and spouses/partners of physicians are invited to attend the program free of charge. Subject to demand, onsite child care will be available at a reasonable cost. (Child care requires pre-registration by January 10.)

For full program details and online registration, go to **www.massmed.org/careerworkshop**. You may also contact Colleen Hennessey at chennessey@mms.org or (781) 434-7315 for more information.

This workshop is sponsored by the MMS Committee on Young Physicians and the Resident and Fellow Section. VS

– Colleen Hennessey

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PHYSICIAN HEALTH MATTERS

Processing Anger in Constructive Ways

Combine the stressors of medical practice — a heavy workload, the uncertainty of systemic reform, fatigue, and malpractice concerns — with unavoidable conflicts of daily living and internal mental and emotional influences such as worry and anxiety, and you've got a quick recipe for anger. While physicians may not be able to eliminate the stressors in their lives, they can find ways to cope with the anger that may arise from them.

Here are some methods to disperse or rechannel anger in constructive, nonthreatening ways:

- Do not react immediately. While responding right away to anger is almost instinctive, take some time to consider next steps and respond later, when you can communicate your concerns without anger.
- Take a deep breath to slow the momentum that anger can quickly gather. Count to ten, step out of the room for a moment, or focus on several long breaths. A more formal "time out" might include brief meditation to clear the mind and allow a more rational approach to the situation to take hold.
- Gain another person's perspective on the situation. Spouses, mentors, or trusted colleagues can help broaden your viewpoint and approach.
- Listen deeply, and make use of empathy. Angry people feel very confident about their convictions and adamantly entitled to some kind of restitution or corrective response. If you can bring yourself to appreciate alternate perspectives about the conflict, you can add a measure of balance to your own view.
- Identify your triggers so you can prevent an impulsive response. By knowing the topics, individuals, and situations that are likely to spark anger, you can develop strategies to curb potentially harmful reactions.
- Create a work environment that promotes positive and/or frequent interaction. If you feel unable to express yourself on a regular basis, stressors will fester, increasing the risk of angry outbursts.
- Focus on personal health and wellness. Exercise, sleep, and diet are critically important, as are seeing a physician regularly and taking vacations. Be sure to do all the self-care things you tell your patients to do.

Everyone gets overextended at times and can react to conflict with demonstrable anger. These coping strategies will help you channel anger in a way that does not make the situation worse.

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If you feel stressed or angry often and these strategies alone do not work for you, consider seeking help through your organization's employee assistance program, or contact Physician Health Services (PHS) at (781) 434-7404. Visit **www.physicianhealth.org** to learn more about PHS programs and services. VS

PIAM Introduces *Women in Medicine Bulletin*

Physicians Insurance Agency of Massachusetts (PIAM) recently launched the *Women in Medicine Bulletin*, a quarterly electronic newsletter for women physicians.

In its role as the Society's insurance and financial resource, PIAM has been serving women physicians for years. According to PIAM Vice President Kathy Finnerty-Schroth, "As women play an even more critical role in American medicine, they face an array of challenges, both personally and professionally." The bulletin is designed to help women physicians balance the demands of caring for a growing number of patients while also taking care of a family. "We hope to remind women physicians that in addition to all they do, they must not forget to take care of themselves," said Finnerty-Schroth.

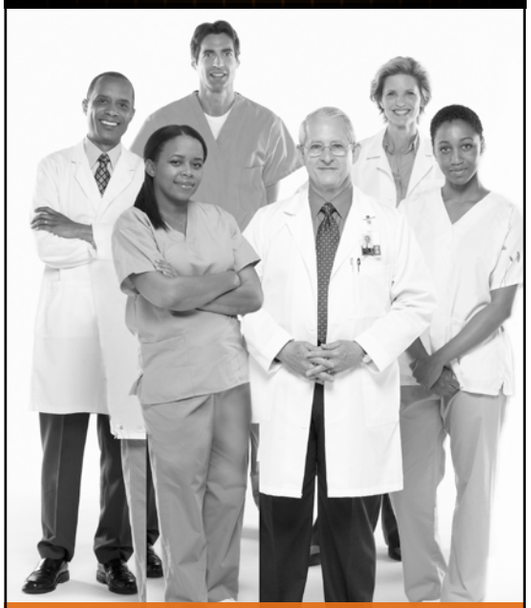
Najmosama Nikrui, M.D., chair of the MMS Committee on Women in Medicine and a member of the bulletin's editorial board, added, "We look forward to sharing timely and useful information to assist women physicians with the many demands they face in both medicine and in life."

In upcoming issues, PIAM's *Women in Medicine Bulletin* will look at a wide range of issues impacting women medical professionals, including recent malpractice case law, health care reform and meaningful use, retirement and financial information, and information on women's health care.

The first issue can be found at **www.piam.com/WIM_bulletin/index.html**. If you are interested in subscribing, e-mail piam@mms.org. VS

– Barbara Lawrence

It's Time to Renew



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AMA President: "Stand Tall, Resist Division"

Physicians, residents, and students from the Massachusetts AMA delegation joined their colleagues in San Diego in early November for the AMA's Interim Meeting of the House of Delegates.

During a speech at the opening session, AMA President Cecil B. Wilson, M.D., urged physicians to unite. "If we resist division, and if we… stand tall together, we can move medicine forward to a better place," Dr. Wilson said.

The major issue of discussion was the looming cuts in Medicare physician payments (see article on page 1). A staggering 94 percent of Americans are concerned about cuts in Medicare physician payments, according to a new poll released by the AMA during the Interim Meeting. VS

– Michele Jussaume

6th Annual Women's Cardiac Health Conference

Working with Your Patients to Optimize Cardiovascular Health: A Multifaceted Collaboration

February 4, 2011
8:00 a.m. to 12:15 p.m.
MMS Headquarters, Waltham

For more information, go to www.massmed.org/WCH2011.
To register, call (800) 943-6356.

Go Red for women

IN MEMORIAM

The following deaths of MMS members were reported to the Society in October and November 2010. We also note member deaths on the MMS website at www.massmed.org/memoriam.

Anthony Alba, M.D., 92; Winthrop, MA; Tufts University School of Medicine, 1943; died April 20, 2010.

Arthur D. Baldwin, M.D., 98; Durham, NH; Harvard Medical School, 1936; died January 1, 2009.

Lawrence Baker, M.D., 80; Brookline, MA; Harvard Medical School, 1956; died September 20, 2010.

John E. Belock, M.D., 90; Concord, NH; University of Vermont College of Medicine, 1944; died June 21, 2007.

Kenneth E. Blotner, M.D., 71; Jamaica Plain, MA; Tufts University School of Medicine, 1964; died October 1, 2010.

Thomas F. Boyd, M.D., 85; Reston, VA; Boston University School of Medicine, 1948; died October 26, 2010.

John A. Danis, M.D., 79; Stoneham, MA; University of Ireland Faculty of Medicine, 1962; died August 22, 2010.

Nathan E. Hellman, M.D., 36; Indianapolis, IN; Washington University School of Medicine, 2003; died February 13, 2010.

David H. Gersh, M.D., age unknown; Arlington, MA; Tufts University School of Medcine, 1937; date of death unknown.

Mildred F. Jefferson, M.D., 83; Boston, MA; Harvard Medical School, 1951; died October 15, 2010.

Najeeb Klam, M.D., 92; Monroe, LA; Boston University School of Medicine, 1940; died February 15, 2008.

William E. Johnson, M.D., 89; Salem, MA; Harvard Medical School, 1945; died August 30, 2010.

Kuo-Kuang Lin, M.D., 66; Brookline, MA; University of Maryland School of Medicine, 1976; died September 26, 2009.

Emanuel Mirel, M.D., 81; Brookline, MA; Albany Medical College, 1957; died March 10, 2010.

Barry L. Stern, M.D., 64; Brookline, MA; University of Guadalajara, 1976; died July 29, 2010.

Arthur E. Sullivan, M.D., 87; Hingham, MA; Boston University School of Medicine, 1948; died August 16, 2010.

ACROSS THE COMMONWEALTH

District News and Events

Charles River — **Winter/Scientific Meeting.** Wed., Jan. 12, 6:00 p.m. Location: Wellesley Country Club, Wellesley. Topic: Medicinal Plants in Literature, Art, History, and Geopolitics. Guest Speaker: George P. Santos, M.D. For more information, contact the Northeast Regional Office.

Essex North/Essex South — **Winter Meeting.** Wed., Jan. 12, 6:00 p.m. Location: Peabody Marriott, Peabody. Speaker: Barbara Spivak, M.D. Topic: ACOs. For more information, contact the Northeast Regional Office.

Franklin — **Social Event.** Thurs., Jan. 27, 6:00 p.m. Location: Hope and Olive Restaurant, Greenfield. For more information, contact the West Central Regional Office.

Hampden — **Winter Meeting.** Tues., Jan. 25, 5:30 p.m. Location: The Munich House, Chicopee. Topic: Getting the Most of our Health Care Dollars: Strategies to Address Rising Health Care Costs. Speaker: Joseph Heyman, M.D. Members: no fee; non-members: $35. CME Credit: 1.0 *AMA PRA Category 1 Credit*™ (RM). **Annual Meeting.** Tues., May 3, 5:30 p.m. Location: Springfield Country Club, W. Springfield. Topic: What Exactly "Competent" Will Mean for EMRs. Speaker: Bethany Gilboard, Massachusetts eHealth Institute. For more information, contact Suzanne Skibinski at (413) 736-0661 or hdms@massmed.org

Hampshire/Franklin — **Social Event.** Sun., Jan. 30, 4:00 p.m. Location: UMass, Amherst. UMass Men's Basketball Game vs Rhode Island. For more information, contact the West Central Regional Office.

Worcester North — **Executive Committee Meeting.** Thurs., Jan. 13, 6:00 p.m. Location: Bull Room Restaurant, Sterling. For more information, contact the West Central Regional Office.

If you have news for Across the Commonwealth, contact Michele Jussaume, Northeast Regional Office, at (800) 944-5562 or mjussaume@mms.org; Sheila Kozlowski, Southeast Regional Office, at (800) 322-3301 or skozlowski@mms.org; or Cathy Salas, West Central Regional Office, at (800) 522-3112 or csalas@mms.org.

White Coats and White Sneakers

MMS President Alice T. Coombs, M.D., (below) joined U.S. Surgeon General Regina Benjamin, M.D., (inset) for a fitness walk in Boston in November.

Photo by Damian Folch, M.D.

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Massachusetts Medical Society

VITAL SIGNS

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Live CME Activities — Go to www.massmed.org/cme/events.

Health Reform — Information Technology and Infrastructure
January 14, 8:30 a.m.–12:15 p.m. MMS headquarters, Waltham. 3.75 Credits (RM)

Getting the Most for Our Health Care Dollars: Strategies to Address Rising Health Care Costs
January 25, 7:30–8:30 p.m. The Munich House, Chicopee. 1.0 Credit (RM)

Sixth Annual Women's Cardiac Health Conference — Working with Your Patients to Optimize Cardiovascular Health: A Multifaceted Collaboration
February 4, 8:00 a.m.–12:15 p.m. MMS headquarters, Waltham. 3.75 Credits

Online CME Activities — Go to www.massmed.org/cme.

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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.