

VITAL SIGNS



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VOLUME 21, ISSUE 1, DECEMBER 2015/JANUARY 2016



Doctor-Centered Technical Innovations on Tap for 2016, Experts Say

Better IT, Standardized Patient Data Could Create 'New Lingua Franca'

BY DEBRA BEAULIEU-VOLK
VITAL SIGNS STAFF WRITER

Vital Signs spoke with some of the leading experts in Massachusetts about their predictions for innovations that will affect how physicians care for patients over the next 12 months. Our panel said there is ample reason for physicians to be optimistic about 2016, and shared three key areas to watch:

1 More physician-focused IT

"I think there's going to be a lot more innovation that's directed toward the doctor," said Denny Brennan, executive director at the Massachusetts Health Data Consortium. Now that health care organizations have collected most of their Meaningful Use incentive dollars, which in many cases encouraged rushed electronic health record (EHR) implementations,

they have the opportunity to backtrack and consider what matters most in clinicians' EHR experience. As health care providers get more deliberate in the way they upgrade or switch EHRs, the market is likely to consolidate, according to Brennan, with the vendors that are most dedicated to enhanced user experience most likely to survive.

Mobile app developers may also start taking a more physician-centric approach, specifically in terms of providing clinicians with data that is exceptional about patients (rather than days' worth of regular blood-pressure reports, as many apps collect now) so as to prompt a decision on the doctor's part, Brennan said. "The doctor has been overlooked in

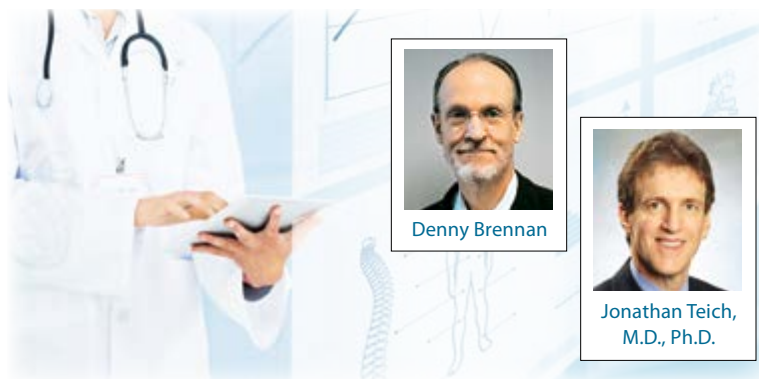
the rush to the consumer," he said. "The shift will begin in terms of investment in applications that support the clinician rather than the patient."

2 More comprehensive, standardized patient data

Challenges to interoperability remain, but physicians should soon be able to see more information about their patients electronically than they could a year ago, according to Brennan. The next year will be a big one for improvements in health information exchange, he added, as a result of work underway to identify common patients, standardize data sets, and offer clinicians a more comprehensive view of their patients, he said.

A key development that is making this progress possible is

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Denny Brennan

Jonathan Teich,
M.D., Ph.D.

Key Trends That Will Impact Your Practice in 2016

Telemedicine, Retail Clinics, Population Health Management Top the List

BY KERRY ANN HAYON
PPRC DIRECTOR

As we head into 2016, it is important to think about some of the things that will impact physician practice in the year ahead.

Patients are increasingly seeking health care delivery services that are both accessible and quickly responsive to their needs. In 2016, convenience will continue to be a key factor in where patients choose to receive care, and emerging technologies will enhance accessibility to care by bringing care delivery options to patients' fingertips.

» STORE-BASED LIMITED SERVICE CLINICS AND URGENT CARE CENTERS

Store-based limited service clinics have made an impact on routine care delivery over the past few years and will continue to cater to patients who are in need of prompt treatment for low-acuity illnesses and injuries; quick access to sports, camp, or other physicals; administration of vaccines; or any other walk-in type low-acuity illness. Urgent care centers continue to be a focus for patients who are in need of immediate care but don't warrant an emergency department

visit. In 2016, the continued pressure of high-deductible health plans will be one driver in patient decision to obtain care in these environments.

» **TELEMEDICINE** Integration of telemedicine into health plan payment policies will expand access to physicians for patients both in terms of convenience and enhanced monitoring of chronically ill patients. 2016 is expected to be the year when physicians and their practices strategize on how to incorporate

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MMS Expands Opioid Outreach

BY ROBYN ALIE
MMS PUBLIC HEALTH MANAGER

The MMS continued to expand its opioid abuse prevention physician education and public outreach campaign by asking all prescribers to carefully consider their approach to pain management.

The Open Letter to Physicians, signed by MMS President Dennis M. Dimitri, M.D., recently accompanied a membership-wide mailing of the Society's Opioid Prescribing Guidelines, which were adopted verbatim earlier this year by the state Board of

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PRESIDENT'S MESSAGE



Rethinking Pain Medication

I have spoken personally with many of you over the past few months about the opioid addiction crisis in the Commonwealth. This epidemic has been a tremendous challenge not only to those of us who take care of patients, but also in terms of public policy, law enforcement, and community outreach.

I know that physicians in our Society will not abandon a patient who is in pain. Yet, we must also do everything in our power to address the opioid overdose crisis. We are our patients' best source of guidance on how to avoid addiction risks.

You have already received by mail a copy of the MMS Opioid Prescribing Guidelines — which the Board of Registration adopted verbatim earlier this year. (You can also review them at: www.massmed.org/opioid-guidelines.) Elsewhere in this issue of *VS* you will find an update on all of our other activities related to the opioid overdose crisis.

Please study the MMS guidelines carefully and recommend the minimum dosage of opioids necessary for the shortest period of time. Also consider alternatives to opioids when appropriate and screen and counsel patients who may be at risk for addiction.

The first step for any advance in clinical medicine is education. We hope sharing guidelines and evidence will lead to measurable change as we work together to end this public health epidemic.

Thank you for your unwavering support of the health and well-being of all residents of this state. I wish you a joyous holiday and New Year season.

— Dennis M. Dimitri, M.D.

Doctor-Centered Innovations

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increased prevalence of Fast Healthcare Interoperability Resources (FHIR) data standards, said Jonathan Teich, M.D., Ph.D., attending emergency physician at Brigham and Women's Hospital, chief medical informatics officer at Elsevier, and assistant professor of medicine at Harvard.

While current exchange standards such as HL7 have been difficult to use due to their complexity, FHIR offers a much simpler representation of data — standardized for specific items such as a particular drug allergies, medications, or a set of vital signs. "The idea is that it has been done crisply enough and concisely enough that everyone can understand it and use it consistently," Teich said. "It makes a lot of clinical sense, and it potentially could be a significant breakthrough in making it easier for information from one EHR to be used correctly by another."

Third-party applications could work with EHR data through a FHIR interface and provide all sorts of innovative new clinical functions. The same applications could run on top of any vendor's EHR, if it properly supports FHIR, Teich explained.

"Potentially this is the new *lingua franca*."

3 Smoother coordination of care

While primary care innovations such as the patient-centered medical home provide the foundation of population health, most complex patients also receive a great deal of specialty care. Several successful projects are underway that make primary care-specialist coordination more practical, convenient, and

cost-effective for physicians and patients alike, according to Sandhya K. Rao, M.D., a general internist at Massachusetts General Hospital, associate medical director for quality improvement at MGH's physicians' organization, and medical director for population health at Partners Healthcare.

PCP-to-specialist eConsults have helped improve the traditional "curbside consult" for physicians at hospitals throughout Massachusetts and beyond, by allowing PCPs to ask specialists brief questions on behalf of patients via an electronic platform. This approach not only saves patients the time and effort of having to physically go to a specialist office for a simple consult, but it also helps ease the access crunch plaguing specialty care in Massachusetts, said Rao. Moreover, specialists get reimbursed for answering PCPs' eConsult inquiries, versus informally providing advice for free. "It's an investment we're making. Now that we're at full financial risk for our population, it makes sense for us to invest in these things that will produce timely access to specialists," Rao said. "But it's much more cost-effective than having the patient wait and go see the specialist in the office."

Smart use of technology is also making specialist follow-up care more efficient, said Rao, whose work focuses on specialists' role in managing population health. Part of the access problem in specialty care, she explained, is driven by the fact that patients are surviving longer and frequently retaining their specialists for the duration of their lives. So a patient who had a thyroid problem in her 40s, for example, might continue to visit the endocrinologist every year for the rest of her

life. The consequence, however, is that specialists' panels get filled up with established patients needing mostly routine follow-up, making them unavailable to take new cases.

"We don't want to break up relationships with patients and doctors, but how can we think of interesting ways to space visits or use telehealth so the clinic remains the place for sick people to be seen?" Rao said.

Sending patients a simple questionnaire through email is one strategy showing promise, with about 7,000 of them used at MGH so far. The way the process works is by instead of having patients come to the office for routine follow-up, physicians send the a questionnaire to them, which allows them to report back on any illnesses they are enduring, any side effects they are experiencing, and vital signs they are taking at home. Specialists can then go through returned questionnaires quickly — much faster than having to see each patient in the office — outside of clinic hours and make recommendations. "It used to be protocol to tell these patients to come back to the office in a month," Rao said. "We believe we're going to take a lot of follow-up out of the clinics by using email-based questionnaires."

Your Two Cents

Vital Signs welcomes letters to the editor. Letters should be 200 words or fewer, and all are subject to editing. Send to the MMS Department of Communications, 860 Winter Street, Waltham, MA 02451-1411; vitalsigns@mms.org; or fax to (781) 642-0976.

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

EDITOR: Erica Noonan

STAFF WRITERS: Deb Beaulieu-Volk, Vicki Ritterband

EDITORIAL STAFF: Charles Alagero, Office of General Counsel; Robyn Alie, Public Health; Lori DiChiara, Government Relations; Kerry Ann Hayon, Managed Care; Stephen Phelan, Membership; Cathy Salas, West Central Regional Office; Jessica Vautour, Physician Health Services

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

PRESIDENT: Dennis M. Dimitri, 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; email: vitalsigns@mms.org.

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Key Trends*continued from page 1*

telemedicine into their operational and care delivery processes for their patient population.

» **EMERGING TECHNOLOGY** Emerging technologies — such as the ability for physicians to connect with patients via a mobile phone application — will change the physician-patient relationship. Additionally, FDA-approved mobile phone applications, diagnostic wearable devices, and condition-specific monitoring devices will start to augment the largely consumer driven health self-monitoring market. It is expected that technology development in this area will grow vigorously in 2016.

Over the past few years, data has played a significant role in health care. This trend will continue with practices increasingly focusing on understanding the practice's patient population. New approaches will likely elevate the ability of the practice to

monitor the health of chronically ill patients, determine the currently healthy patients that may be at risk down the line, and identify potential gaps in care. In 2016, data flow between systems will increase, which will help create linkage points between health systems, physician offices, outpatient centers such as store-based limited service clinics, urgent care centers, and the patient.

Patients will likely play an increased role in creating actionable data, providing physicians with instant feedback as to their current condition and any other important data points relevant to their care. As systems improve and data capture outside of the traditional office visit becomes more reliable, patient population health management will be an area of focus, opportunity, and ongoing change in the years ahead.

Patient-centered care, of which a core component is patient experience, has been a focus for many practices over the past few years. The inclusion of patient

experience in CMS' ACO-model metrics, the meaningful use program, patient-centered medical home models, and commercial ACO models certainly escalated focus in this area. Increased efforts around transparency of patient experience scores, which many organizations started to explore in 2015, will start to influence where patients decide to receive care next year.

In 2016, an increased focus on collaboration and communication between patients and physicians will result in more emphasis on "relationship-centered" care to account for the back-and-forth communication and shared decision making that has been found to promote patient engagement and support enhanced patient outcomes.

What Does This All Mean for Physician Practices?

Similar to 2015, 2016 will be a year where we continue to focus on transitions and enhancements to systems, processes, and

continued innovation in terms of delivery and payment models. Practices will work to engage their patients in new ways and as a result will have an opportunity to innovate and try new things while maintaining the excellent care that they already provide. Implementation of a practical strategy, based on strategic assessment of the practice's patient clinical needs, as well as needs related to access, communication, and shared decision making is an important first step toward success in 2016.



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State Cost Trends: Predictions for 2016

BY JAMES C. DZIOBEK III
PPRC ANALYST

The MMS continues to monitor legislation and state policy around health care delivery systems with regard to overall costs of care and the impact on physicians. Here are some of the topics we expect will gain more attention in 2016.

State Action Regarding Spending Growth Targets

The recently released Massachusetts Center for Health Information and Analysis (CHIA) annual report on the performance of the Massachusetts health care system indicates that the Commonwealth exceeded the target benchmark on total health care spending expenditures (THCE) for 2014, which is the most recent year of data. The CHIA reports that a large driver of this was an increase in MassHealth spending, which accounted for an increase of \$2.4 billion from last year. A deeper look at this data reveals a more complex

picture: much of the rise in THCE was attributable to an increase in MassHealth enrollment (23 percent growth, largely due to Connector failures), and pharmaceutical increases (33 percent increase from last year). We believe these two factors actually reflect quite well upon physician services costs. Future outlooks from the CHIA and the Health Policy Commission (HPC) allude to an increase in participation of alternative payment methodology by health plans as a way to mitigate any spending overages.

Continued Rollout of Standard Prior Authorization Forms

On November 3, the Massachusetts Division of Insurance released the first set of standard prior authorization forms as required by MA Chapter 224. Within 90 days of the division's notice, all health plans in the state will accept the paper version, and within six months all payers and providers will be

required to use the electronic version of these standard prior authorization forms for their behavioral health patients. These behavioral health forms are the first in a series that are under development, and the MMS will continue to actively participate in the development of additional forms in 2016.

The Health Policy Commission Certification Programs

The HPC is finalizing its patient-centered medical home (PCMH) certifications. The elevated HPC "PRIME" PCMH certification will have additional requirements in the area of behavioral health services integration. The HPC has pledged support to practices seeking to obtain PRIME certification.

The commission is also engaging relevant stakeholders and taking public feedback as they finish drafting criteria and the operational plan for its accountable care organization (ACO)

certification program. MMS staff met with the HPC to advocate for physician concerns in the development of the certification and will plan to submit formal comment when details of the plan are announced in early 2016.

As we look towards 2016, the launch of these new PCMH and ACO models will provide more state relevant standards for these respective delivery models; also, look for the HPC to link many standards between the two certification programs.

Price Transparency

Proposed legislation in 2016 takes aim at drug price transparency, insurance plan transparency, and health care data transparency. The MMS continues to monitor progress of the proposed legislation. It is anticipated that price transparency will continue to be a theme in Massachusetts in 2016.

Opioid

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Registration in Medicine. A similar letter to physicians nationwide was also slated to appear in the *New England Journal of Medicine*.

“The epidemic of opioid overdoses in Massachusetts has made it imperative that physicians reexamine their practices for prescribing opioid medications,” wrote Dr. Dimitri. “A growing body of evidence suggests that opioids should be playing a more limited role in the treatment of chronic non-malignant pain, and that in fact, excessive dosing of opioids can cause hyperalgesia — aggravating pain instead of mitigating it.”

“I urge you to study these guidelines carefully: To recommend the smallest possible dose for the shortest period of time; to consider alternatives to opioids when appropriate; and to screen and counsel patients who may be at risk for addiction,” Dr. Dimitri wrote.

He added that all prescribers should review the latest continuing medical education resources on pain management and opioid prescribing, and consider accessing the MMS’s full slate of free online CME courses.

The prescriber outreach followed an active month of advocacy, including high-profile testimony before the Massachusetts Legislature’s Joint Committee on



Photo by Doug Bradshaw

New England Safety Devin McCourty met with several hundred student-athletes at Winthrop High School on Nov. 24 to discuss ways they and their friends can avoid opioid abuse. McCourty has been an active spokesman on behalf of the Massachusetts Medical Society’s Smart and Safe campaign launched this past May to educate physicians and patients about safe prescribing and the storage and disposal of prescription pain medications. The two-time All-Pro was joined at the event by Mass. House of Representatives Speaker Robert DeLeo and MMS President Dennis M. Dimitri, M.D.

Mental Health and Substance Abuse on opioid abuse deterrent legislation proposed by Mass. Gov. Charlie Baker.

Dr. Dimitri voiced the Society’s support of a seven-day opioid prescribing limit with exceptions for chronic and hospice patients, and a sunset provision. He also urged lawmakers to consider allowing “partial-fill” prescriptions and to reconsider a proposal calling for involuntary commitment on patients suffering from opioid addiction.

“We thank Gov. Baker and his administration for their leadership in attacking this crisis,” said Dr. Dimitri. “Massachusetts physicians consider the opioid crisis a

top priority. We are committed to doing everything in our power to end this crisis.

The MMS also published an open letter in *The Boston Globe* and sponsored a new radio ad during New England football games urging patients to ask their doctor about risks and possible alternatives to opioids.

“If you’re concerned, it’s OK to ask about the risks, as well as the benefits. It’s also OK to ask whether alternatives to opioids would be effective for you,” Dr. Dimitri said in the patient outreach letter.

“Ending this epidemic will not be easy. However, we can beat this if we all work together. One

important starting point is to prevent addiction before it starts. Your doctor stands ready to help you.”

The state’s four medical schools have also responded to the opioid addiction crisis by creating a first-in-the-nation list of 10 medical core competencies that will more fully incorporate prescription drug misuse prevention and treatment into their curriculum.

The competencies — developed by the schools, the MMS, DPH Commissioner Monica Bharel, M.D., and announced last month — will enhance existing curriculum in a number of clinical areas, including risk evaluation, pain management, and substance abuse as a chronic illness.

More than 3,000 students statewide will soon be taught a uniform set of additional skills designed to prevent painkillers from being misused by their patients.

“These educational standards represent an innovative and forward-thinking contribution to the state’s multifaceted strategy to curb the opioid epidemic,” said Mass. Gov. Charlie Baker, praising the plan.

Learn more about the MMS Opioid Prescribing Guidelines, free pain management CME course, and the opioid abuse prevention effort at the MMS’s Smart and Safe web page: www.massmed.org/opioids.

MMS to Address Gun Violence as a Public Health Issue

BY ROBYN ALIE
MMS PUBLIC HEALTH MANAGER

Steven Ringer, M.D., spoke to *Vital Signs* about what the year ahead will look like for the MMS Committee on Public Health, which he chairs.

Dr. Ringer: We’re looking at new and different approaches in public health. Public health doesn’t just have to be about Ebola or hepatitis C. There are greater societal issues with public health implications: gun violence, global health, immigration, poverty. We as the Committee on Public Health and the MMS need to keep

thinking about these issues. It’s exciting to think about topics like these.

Our Public Health Leadership Forum this coming year will be on firearm violence. We had a lot of support for this topic. The question was, “What is the role of MMS on this issue?” It’s how gun violence affects the public health. There was a real desire for practical information for physicians — what can they do in their practice to protect their patients from harming themselves or others?

VS: We’ve seen legislation proposed in a few states — and

adopted in Florida — limiting physicians’ ability to ask about guns in the home with their patients and parents of their pediatric patients, and legislation has been proposed in other states.

Dr. Ringer: The loss of the physician voice is really worrisome. Physicians speak to the science. That’s where we can have a voice. We can judge the quality and availability of the evidence. Advocate for action and interventions where there is evidence, and highlight the importance of the ability to do studies where there isn’t.

STATE UPDATE

MMS on Beacon Hill: A Look Ahead to 2016

BY RONNA WALLACE
MMS LEGISLATIVE CONSULTANT

With the state legislature's mid-session holiday break upon us, it's a good time to look back at some of the exciting new bills we are supporting and look ahead to expectations for 2016.

The MMS is proud to be working with the American Diabetes Association to advance legislation — **H.417, "An Act Improving Students' Access to Life Saving Treatments"** — that would allow students to possess and self-administer glucose testing strips and insulin. The bill, sponsored by Louis L. Kafka (D-Stoughton), would also address the need for others to help students with diabetes by administering glucagon in an emergency.

Parents would be required to give written permission that would allow their child to self-manage. Also, they — along with the clinician who regularly treats the child for diabetes — would also have to certify that the child is competent to test their blood glucose and to administer insulin. Finally, the child must also agree to take appropriate safeguards to prevent others from being exposed to sharps or blood.

An exciting public safety initiative the MMS has undertaken is the promotion of safe bicycling.

As rates of cyclists continue to rise, and as helmet usage for bicyclists involved in accidents requiring EMS remains below 50 percent, **S.1117, "An Act Relative to Bicycle Safety,"** would mandate helmet use for riders of all ages. The current bike helmet requirement only applies to riders 16 years of age or younger. The bill, sponsored by William N. Brownsberger (D-Belmont), also encourages riders to wear highly visible clothing.

Another important bill filed by the MMS deals with the issue of guardianship for incompetent patients lacking a health care proxy. **H.107/S.853, "An Act Improving Medical Decision Making,"** sponsored by Christopher Markey (D-Dartmouth), would expedite the medical decision making process for such patients in order to ensure access to necessary care in a timely manner.

All three of these bills are new and were filed by the MMS for the first time in 2015. Legislation refiled by the MMS in this session includes the following, all of which have been filed at the request of members through the resolutions adopted during annual and interim meetings:

- **H.1918, "An Act Relative to Medical Peer Review,"** sponsored by Mark J. Cusack (D-Braintree), would update

existing peer-review statutes and corresponding confidentiality protections to include ACOs and other entities with legitimate interests in reviewing the quality of care provided to the patients of the Commonwealth.

- **H.801, "An Act Relative to Communications between Health Insurers and Patients,"** sponsored by Michael D. Brady (D-Brockton), would prohibit health insurers and ACOs from initiating communication with patients and their families regarding treatment options and code statuses without a physician's knowledge or presence.
- **H.974, "An Act to Extend Patient Protections to Recipients of MassHealth,"** also sponsored by Cusack, would extend the protections of the Patient Protection Act to recipients of MassHealth, require Medicaid to meet the prompt payments provisions of that law, require timely notification of defective claims, limit recoupment, and prohibit retroactive denial of claims.
- **H.1309/S.516, "An Act Relative To Patient Care Access,"** sponsored by William C. Galvin (D-Canton), would increase reporting requirements for liability insurers, allow future

sources to be included as evidence of collateral sources, require expert witnesses in actions against physicians to be board-certified in the same specialty as the defendant physician, grant the Board of Registration in Medicine authority to review the testimony of expert witnesses from a clinical perspective as to the standard of medical care, allow for periodic payments of awards over \$50,000, and eliminate joint and several liability.

- **H.1307, "An Act Relative to Expert Witnesses in Actions for Medical Malpractice,"** also sponsored by Galvin, would require expert witnesses in actions against physicians to be board-certified in the same specialty as the defendant physician and grants the Board of Registration in Medicine authority to review the testimony of expert witnesses from a clinical perspective as to the standard of medical care.

These bills are pending before joint committees awaiting further action. The MMS will continue to support these important bills for physicians and their patients in 2016.

The MMS Legal Advisory Plan is designed to provide our members with a resource for Board of Registration in Medicine investigations.

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AMA Presents Lifetime Achievement Award to Corinne Broderick

The AMA recently presented MMS Executive Vice President Corinne Broderick with its Medical Executive Lifetime Achievement Award, which honors a medical association executive who has contributed substantially to the goals and ideals of the medical profession. Broderick, who plans to retire this May, is



Corinne Broderick

the first non-physician EVP in MMS history. During her 30-year career with the MMS, Broderick helped the MMS grow its membership to more than 25,000 members, and helped ensure Massachusetts phy-

sicians and patients have an important voice in state and national health care debates.

PHYSICIAN HEALTH MATTERS

Caring for Myself Means Taking Better Care of Patients

This month's Physician Health Matters column is written by PHS Associate Director Kimberly Roberts-Schultheis, M.D. In addition to her work helping physician and medical student clients at PHS, Kim is the director of Addiction Services at Lynn Community Health Center, where she leads a multidisciplinary team that integrates primary care and behavioral health. Kim's column is a personal reflection on the recent Caring for the Caregivers Conference, cosponsored by MMS and PHS.

— Steve Adelman, M.D.

BY KIMBERLY ROBERTS-SCHULTHEIS, M.D.

On Friday, October 30, I attended the 10th biannual “Caring for the Caregiver” conference at Massachusetts Medical Society Headquarters. By the time the conference drew to a close at 4:00 PM, I felt rejuvenated. I concluded that the concept of caring for the caregiver should be universalized and brought into the mainstream of medicine.

Taking care of ourselves in order to enhance our ability to care for others is essential, both inside and outside medicine. It improves our ability to be there for our patients, our families, and others in the community.

As I reflect on my journey to become a physician, I realize that the need to care for ourselves was not reinforced in a meaningful way. This concept is often overlooked and minimized in the modern day practice of medicine. Historically, the focus in medicine has been one of altruism, with caregivers being regarded as unbreakable and wholly sustainable. Over and over again, speakers and workshop leaders at the conference emphasized that caregivers are unable to provide excellent care if they are in any way broken, fragmented, and not whole.

I have realized that the journey to medical school and beyond is like a process of progressive hazing. During residency we endure long rotations, an arduous call schedule, and a steep learning curve. Along the way, there were

seldom points on the journey when caring for oneself was even mentioned.

Reminders to look after ourselves need to become an integral part of our professional training and socialization as physicians. At the conference, what resonated the most for me were the seemingly simple things that one could do throughout the day to help oneself be more mindful and reflective. Some pearls I took with me were the importance of doing exercises in taking stock of situations and interactions that deplete, and taking care to engage in small daily activities that replenish one's sense of vitality.

These can help one recapture a sense of spiritual meaning that has become more elusive in today's environment. The

conference's workshops on resilience, positive psychology, mindfulness, empathy, and writing helped me and other conference participants remember all that is positive and health-affirming that comes from small daily activities

that replenish and recharge us. I am inspired to renew and sustain practices I had let fall by the wayside.

The importance of being mindful and taking pause to experience even simple actions, such as breathing and walking down the hall to greet a patient, resonated deeply with me.

The workshop on narrative writing reminded me of the importance of slowing down by writing and reflecting. It left me and other workshop participants with the expressed desire to continue writing at least a few moments each day, as a way to reflect and

integrate the work of the day in an effort to help process a past memory, feeling, or the impact of a patient experience that otherwise might have been lost or marginalized.

When does one have the time for all of this in the face of the ongoing challenge of maintaining a semblance of work-life balance? The answer is that one has to make the time, and the only way to do this is to make self-care a top priority. Who will provide care if the caregiver is unable to give?

I am inspired to renew and sustain practices I had let fall by the wayside.

For more information, please contact Physician Health Services, Inc. at (781) 434-7903, or visit our website at www.physicianhealth.org.

Save the Date! 2016 Annual Meeting
May 5–7, 2016 • Seaport Hotel and World Trade Center, Boston

Thursday, May 5

- House of Delegates Opening Session
- Reference Committee Hearings
- MMS Awards Luncheon
- Ethics Forum
- President's Reception and Nancy N. Caron Annual Art Exhibit and MMS and Alliance Charitable Foundation Auction
- International Medical Graduates Annual Reception

Friday, May 6


- Annual Education Program
- Shattuck Luncheon and Lecture
- Presidential Inauguration and Awards Reception and Dinner


Saturday, May 7

- House of Delegates Second Session
- Alliance Annual Meeting, Brunch, and Program
- Annual Meeting of the Society Luncheon

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ANNUAL MEETING

Online registration opens in mid-February

The MD behind the MMS Medical Exhibits

BY CATHY SALAS
MMS REGIONAL MANAGER

Since the opening of MMS Headquarters on Winter Street in 1999, there has been a continuous series of medical exhibits of materials owned by and artistically assembled by Adam Moore, M.D.

The materials on display consist of medical texts and monograms, surgical and diagnostic instruments, and other artifacts. The themes are chosen to address a current interest in a historical topic in a contemporary context.

Dr. Moore is a retired family physician who practiced nearly his entire professional life in Squantum, a neighborhood of Quincy. He designed and created medical exhibits

for the Boston City Hospital Library for many years.

Dr. Moore's educational and aesthetically pleasing exhibits are far more than instructional. They set a tone and confer an identity to the MMS corporate headquarters with a unique sense of place — a place where work is done to carry out the MMS mission to serve the needs of physicians and the citizens of the Commonwealth and beyond.

— George Santos, M.D.

VS: Tell us about your passion for creating displays. How did it start?

Dr. Moore: I had some interest in educational exhibits dating back to junior high school. The school had glass display cases in a main

corridor which, I later learned, had once held vellum-bound library books!

Old dogs stick to their old tricks. It seemed natural some years later, when I'd been made responsible for the busy library in a Boston hospital, to use a vacant space for a display case that was available, and feature exhibits based on hot topics or events of general interest there.

VS: What piece was the most challenging to curate and why was it difficult?

Dr. Moore: The only challenge, if you'd call it that, is to be topical — basis on some current event or topic of general interest.

VS: What inspires you when creating these different showcases?

Dr. Moore: Well, the routine has been to think what topic might be of general interest. It's not only physicians who use the Waltham headquarters building. I try to be sure that the material should be of some interest, if not actually appealing as a curiosity. Also, the exhibits are aimed at being at least mildly educational and not unpleasant for newbies. I do try to keep away from anything that might appear morbid or offensive, of course. What's going on currently also comes into the mix.

IN MEMORIAM

The following deaths of MMS members were recently reported to the Society. We also note member deaths on the MMS website, at www.massmed.org/memoriam.

Barbara L. Aeschliman, M.D., 86; Hyannis, MA; Temple University School of Medicine, 1955; died August 7, 2015.

William S. Augerson, M.D., 87; Millbrook, NY; Cornell University Medical College, 1955; died January 18, 2015.

Peter James Barrett, M.D., 72; Scituate, MA; Tufts University School of Medicine, 1968; died May 1, 2015.

Stuart H. Bartle, M.D., 90; Pittsfield, MA; New York University School of Medicine, 1954; died March 26, 2015.

Warren J. Courville, M.D., 84; Estero, FL; Tufts University School of Medicine, 1961; died July 14, 2015.

Murray Feingold, M.D., 84; Bourne, MA; Thomas Jefferson University Medical College, 1959; died July 17, 2015.

Willard Dalrymple, M.D., 94; Lauderdale-by-the-Sea, FL; Harvard Medical School, 1946; died October 5, 2015.

Carolyn G. Dedrick, M.D., 67; Newport, RI; Harvard Medical School, 1973; died May 9, 2015.

David W. Dougherty, M.D., 67; Plymouth, MA; Boston University School of Medicine, 1975; died July 6, 2015.

Lawrence M. McCartin, M.D., 87; Lowell, MA; Tufts University School of Medicine, 1953; died August 5, 2015.

Richard A. McGovern, M.D., 99; Lawrence, MA; Middlesex University School of Medicine, 1942; died July 21, 2015.

Samuel C. Pickens, M.D., 88; Barre, MA; Wayne State University School of Medicine, 1954; died August 1, 2015.

Martin J. Poppo, M.D., 79; Longmeadow, MA; McGill University Faculty of Medicine, 1961; died September 3, 2015.

Robert N. Reynolds, M.D., 93; East Pepperell, MA; Albany Medical College of Union University, 1946; died May 11, 2015.

David L. Singer, M.D., 85; Lexington, MA; University of Chicago School of Medicine, 1955; died August 13, 2015.

Herman J. Sugarman, M.D., 93; Canton, MA; Tufts University School of Medicine, 1949; died November 13, 2014.

John B. Stanbury, M.D., 100; Westwood, MA; Harvard Medical School, 1939; died July 6, 2015.

Waclaw Hojnoski, Jr., M.D., 86; Springfield, MA; Boston University School of Medicine, 1955; died October 3, 2015.

ACROSS THE COMMONWEALTH

District News and Events

NORTHEAST REGION

Charles River — Winter/Scientific. Thurs., Jan. 21, 6:00 p.m. Location: Wellesley Country Club, Wellesley Hills. Guest Speaker: Nahid Bhadelia, M.A., M.D., director, Infection Control National Emerging Infectious Diseases Laboratory.

For more information on these events, or if you have Northeast District news to contribute, please contact Michele Jus-saume or Linda Howard, Northeast Regional Office at (800) 944-5562 or mjussaume@mms.org or lhoward@mms.org.

SOUTHEAST REGION

Plymouth — Executive Committee. Wed., Jan. 27, 6:00 p.m. Location: MMS Southeast Regional Office, Lakeville.

For more information, or if you have Southeast District news to contribute, please contact Sheila Kozlowski, Southeast Regional Office at (800) 322-3301 or skozlowski@mms.org.

WEST CENTRAL REGION

Hampden — Winter District Meeting. Tues., Jan. 26, 6:00 p.m. Location: Springfield Marriott. Topic: Opioid Abuse Epidemic. Guest Speaker: Ruth Potee, M.D.

Worcester — A Night at the Movies. Thurs., Dec. 17, 5:30 p.m. Location: Washburn Hall, Mechanics Hall. Title: *Sicko*. Academy Award-winning filmmaker Michael Moore produced this comedy/documentary in 2007 that presents a scathing analysis of the failures in America's health system. Group discussion and holiday celebration will follow. **220th Annual Oration.** Wed., Feb. 10, 5:30 p.m. Location: Beechwood Hotel, Worcester. "Symphony of the Brain." Orator: Joel Popkin, M.D.

For more information, or if you have West Central news to contribute, please contact Cathy Salas, West Central Regional Office at (800) 522-3112 or csalas@mms.org.

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The MMS will begin emailing *Vital Signs* to you as a downloadable PDF.

2016

The Year Ahead for Physicians



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VOLUME 21, ISSUE 1, DEC. 2015/JAN. 2016

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MMS AND JOINTLY PROVIDED CME ACTIVITIES

LIVE CME ACTIVITIES

Unless otherwise noted, event location is MMS Headquarters, Waltham.

New Opioid Prescribing Guidelines in Practice — Live Webinar
Thurs., January 21, 2016

SAVE THE DATE

Cutting-Edge Advances in Women's Cardiovascular Care
Sat., March 19, 2016

Annual Education Program
Fri., May 6, 2016

Shattuck Lecture
Fri., May 6, 2016

ONLINE CME ACTIVITIES

Go to www.massmed.org/cme
Risk Management CME

Electronic Health Records Education (3 modules)

- Module 1 — EHR Best Practices, Checklists and Pitfalls
- Module 2 — Making Meaningful Use Meaningful: Stage 1
- Module 3 — Making Meaningful Use Meaningful: Stage 2

End-of-Life Care

- End-of-Life Care (3 modules)
- The Importance of Discussing End-of-Life Care with Patients
- Advance Directives (Legal Advisor)
- Principles of Palliative Care and Persistent Pain Management (3 modules)

Pain Management and Opioid Prescribing

- Managing Pain Without Overusing Opioids
- The Opioid Epidemic (6 Modules) — MMS 11th Annual Public Health Leadership Forum
- Principles of Palliative Care and Persistent Pain Management (2 modules)
- Opioid Prescribing Series (6 modules)
- Identifying Potential Drug Dependence and Preventing Abuse (*Legal Advisor*)
- Managing Risk When Prescribing Narcotic Painkillers for Patients (*Legal Advisor*)

Medical Marijuana (4 modules)

- Module 1 — Medical Marijuana: An Evidence-Based Assessment of Efficacy and Harms

- Module 2 — Medical Marijuana in the Commonwealth: What a Physician Needs to Know
- Module 3 — Medical Marijuana in Oncology
- Module 4 — Dazed and Confused: Medical Marijuana and the Developing Adolescent Brain

Additional Risk Management CME Courses

- Intimate Partner Violence
- Understanding Clinical Documentation Requirements for ICD-10
- ICD-10: Beyond Implementation
- Prostate Cancer and Primary Care
- Cancer Screening Guidelines (3 modules)

Additional CME Courses

- Carbon Monoxide Poisoning
- Genetically Modified Foods: Benefits and Risks
- Just a Spoonful of Medicine Helps the Sugar Go Down: Improve Management of Type 2 Diabetes
- Weighing the Evidence on Obesity
- Aggregating the Evidence on Antiplatelet Drugs: A Review of Recent Clinical Trials
- Acid Suppression Therapy: Neutralizing the Hype



CME CREDIT: These activities have been approved for *AMA PRA Category 1 Credit™*.

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