MMS Adopts Policies on ACOs, e-Cigarettes, and Antibiotics

BY ERICA NOONAN
VITAL SIGNS EDITOR

With the rapid growth of accountable care organizations as a new model of health care delivery, the MMS House of Delegates adopted an extensive policy on ACO physician participation at the Society’s recent Interim Meeting.

The new policy includes considerations such as physician eligibility, use of health information technology, transparency of information, governance, management and administration, legal and contractual compliance, and standards for quality of care and clinical practice.

Hundreds of Massachusetts physicians from across the state convened in December for the two-day meeting to consider dozens of resolutions on public health policy, health care delivery, and organizational administration.

Delegates voted for a resolution stating that the MMS opposes the marketing, sales, and use of e-cigarettes and other nicotine delivery products among young people. They also recommended the MMS continue to work with state lawmakers and officials to develop strategies to prevent the

MMS Residents Advocate for Physician-Led Teams
Scope of Practice Expansion May Not Help Patients

BY RONNA WALLACE
MMS LEGISLATIVE CONSULTANT

One of the most challenging and controversial issues facing physicians on Beacon Hill this year is the scope of practice legislation.

There have been a number of proposed pieces of legislation seeking to grant independent practice to nurse anesthetists and nurse practitioners, including prescriptive authority and the ability to order and interpret tests.

Some of these proposals call for physician supervision to be completely eliminated.

Because physician-led teams are an essential element of high-quality medical care, MMS officials recently testified before the

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Massachusetts Medical Price Transparency Law Rolls Out
Physicians Must Help Patients Obtain Cost Estimates

BY VICKI RITTERBAND
VITAL SIGNS STAFF WRITER

Massachusetts physicians and hospitals are now required by law to provide cost information.)
**Quick Take: New Price Transparency Regulations**

- Became effective for physicians and hospitals on January 1, 2014.
- If asked, providers must disclose allowed amount or charge of an admission, procedure, or service within two working days. (The law defines “allowed amount” as the contractually agreed amount paid by a carrier to a health care provider.)
- Provider must give patients or insurers any information — such as CPT codes — that their insurer needs to calculate what their out-of-pocket costs will be.
- Providers who participate in insurance contracts must provide “sufficient” information about the proposed procedure or service to allow a patient to use the insurer’s toll-free telephone number/website established to disclose costs.
- New requirement is part of an ongoing rollout of Chapter 224, the sweeping payment reform legislation passed in August 2012.
- Goal is to allow patients to easily obtain medical cost information and comparison shop for their care.

**Transparency continued from page 1**

procedure, or service, including the amount for any faculty fees required, within two working days. The law defines “allowed amount” as the contractually agreed amount paid by a carrier to a health care provider.

The law also compels providers who participate in insurance contracts to provide “sufficient” information about the proposed procedure or service to allow a patient to use the insurer’s toll-free telephone number and website established to disclose costs.

According to guidelines to carriers issued in mid-December by the Division of Insurance, insurers are expected to communicate with providers, after securing patient permission, to obtain enough information to determine price information and cost data.

“It is anticipated that providers will cooperate with carrier requests to provide such information to consumers and carriers should endeavor to give providers a reasonable time within which to provide the information,” the memo said.

Although the new law has dramatic implications, many consumers seem unaware so far of their new rights to cost information.

**Few Requests So Far**

Blue Cross Blue Shield of Massachusetts has been averaging less than three cost requests per day, according to Bill Gerlach, director of member decision support. Physicians may experience a similar trickle of requests, but as the law becomes better known, among patients and more of them move to high deductible plans, that may change, some observers say.

Many physicians are also just learning about the new requirement and wonder how it will work on a day-to-day practice level.

Participants in Internal Medicine’s George Abraham, M.D., worries that patients will get so frustrated by the multiple phone calls they’ll have to make to gather the various cost components that they’ll just give up.

“On paper it looks great. We’ve increased transparency, but in reality it’s mired in red tape,” said Dr. Abraham. “It could take days for patients to get all the information they need. It’s not user-friendly.”

Atrius Health said it hopes its providers — and patients — will have a fairly easy time getting health care cost information. It has implemented a software program that gives providers easy access to not only their own charges, but also information from the insurance company about patients’ out-of-pocket costs.

“It provides a one-page report for patients that tells them how much we typically get reimbursed by the plan and what the deductible and co-pay would be — and where they are in their deductible — based on the insurance product,” said Chief Medical Officer Richard Lopez, M.D.

**Some Cite Opportunity**

There are a few caveats, to the Atrius system, however. It is populated with insurance data from only the state’s largest insurers and, as with other practices, lacks cost information for providers outside the Atrius organization. He conceded that most physician practices do not have the resources to implement something similar.

Bruce Leslie, M.D., of Newton Wellesley Orthopedic Associates, said he supports the intent of the new price transparency law, and even sees a potential upside for community practices like his.

“We suspect our costs are less than [those] at the big academic centers so this could be a good marketing opportunity for us,” said Dr. Leslie.

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**Letters to the editor 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.
LAW AND ETHICS

Massachusetts SJC Limits Doctors’ Liability to Non-Patients
Recent Case Affirms M.D.s Generally Not Liable to Non-Patient Third Parties

BY WILLIAM FRANK, ESQ.
MMS ASSOCIATE COUNSEL

In 2007, the Massachusetts Supreme Judicial Court considered a case where a primary care physician had prescribed and coordinated a portion of a patient’s medications, including Oxycodone, Zanoxyl, Predinsone, Flomax, Potassium, Paxil, Oxazepam, and Furosemide.

The patient was driving, lost consciousness, and struck and killed a 9-year-old child. The court found that the physician failed to warn his patient that these drugs carried potential side effects, including drowsiness, fainting, and sedation, and that the patient should not drive a motor vehicle while taking these medications.

In a departure from previous Massachusetts law and in a deeply divided plurality opinion, the SJC held that a physician could be liable to a non-patient third party. The decision in Coombes v. Florio, therefore, expanded a physician’s liability to include third parties injured as a result of the physician’s negligent failure to warn a patient not to drive while on impairing medications.

In May 2013, the SJC again took up the issue of physician liability to non-patients in Medina v. Hochberg. In this case, a patient was being treated by a neurologist for an inoperable brain tumor. The tumor caused the patient to suffer seizures on several occasions, including a grand mal seizure which, under Massachusetts law, barred him from driving for six months. Following his physician’s instructions, the patient did not drive during this period. The patient resumed driving and, over a year after his previous grand mal seizure, suffered another grand mal seizure, causing him to lose control of his car and injure a man. In the suit against the physician, the injured man claimed that the physician was negligent in permitting his patient to drive given his numerous medical problems.

In contrast to the earlier decision in Coombes, the court ruled that the physician could not be liable to an injured non-patient for allegedly failing to warn a patient not to drive, or for otherwise failing to control the patient’s driving. The Court distinguished this case from Coombes, stating that the physician did nothing to create or increase the risk of harm to the general public.

Unlike the affirmative act of prescribing a medication with known side effects, simply treating a patient with an underlying medical condition cannot be a basis for imposing liability on the physician. The Court feared that to hold otherwise would place a duty on physicians to warn patients about the dangers associated with driving based on any number of pre-existing health conditions, none of which may stem from the physician’s affirmative treatment of the patient. Although, physicians may still be liable to non-patient/third parties for harm resulting from a failure to warn a patient about possible side effects of a prescribed medication, this most recent case suggests that the Court views this as a very narrow exception to the general rule that a physician owes no duty to third parties who might be injured by a patient.

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.

Five Tips to Help Your Practice Set the Stage for Quality Customer Service
Customer Service Isn’t Just for Bank Tellers Anymore

BY TALIA GOLDSMITH
PPRC SPECIALIST

Below are two recent excerpts from actual Yelp online reviews of doctors’ offices in Massachusetts:

Example #1: “Long waits for scheduled appointments.” “Most unhelpful people at the counter. I understand you’re busy and all, but so is CVS and I’ve never had these problems there.” “If you have the choice, go elsewhere.”

Example #2: “It’s hard to find a good doctor’s office... but this place seems to fit the bill!” “The medical assistant was friendly and very competent, and the doctor was pleasant and a good listener.” “I feel like we are partners in my care, not just a doctor telling me what to do. The office staff is always very considerate and responsive.”

The first example clearly illustrates a failed customer service model in which the patient is upset about a number of things that surprisingly have nothing to do with the actual consultation with the physician. The second example demonstrates how a practice can and should engage with a patient in their care. Providing high-quality care is the ultimate goal for physicians. However, there may be a significant gap in the patient experience from when the patient arrives at the office to when he or she actually sees the physician, as illustrated in the examples.

As technology and patient-centered care become growing aspects of practice operations, such as the increasing use of EMR and practice management systems, practices should consider placing a strong emphasis on providing high-quality front-end customer service to retain existing patients and recruit new ones to the practice. The federal government has been a proponent of this movement as demonstrated by the Centers for Medicare and Medicaid Services Meaningful Use Program, which is designed to incentivize physicians to communicate and engage with their patients through the use of information technology tools, such as patient portals and online patient education tools.

Below are five tips to help improve customer service in your practice:

• Customer service isn’t just for bank tellers anymore. Establish routine customer service training for your staff. The interactions your staff members have with your patients prior to (and post) appointments are a crucial part of practice operations. For example, make sure that your practice has an established, standardized process for routing calls. Staff should really understand what the patient is asking for and determine the patient’s sense of urgency.
• Building routine customer service training for your practice staff will reinforce the concept of providing quality care to the patient. You may have the resources in your practice to be able to develop your own training, or you may need to hire a professional to develop a customized solution for you.
• Encourage your staff to participate in conversations around improving customer service and hold them accountable for following through on such

continued on page 4
**Tobacco Free Mass Targets State’s Colleges**

25% of All College Students Report Current Tobacco Use

Tobacco Free Mass, a statewide coalition of youth and health advocacy organizations, including the MMS, called for tripling the number of tobacco-free campuses in the state by 2015 at a recent symposium held at the University of Massachusetts Medical School.

The symposium convened health, academic, and student leaders who heard from a panel of national, state, and local experts. U.S. Assistant Secretary for Health Howard Koh, M.D., M.P.H., spoke about the importance of tobacco-free college campuses.

“Health starts where people live, labor, learn, work, and pray. Today we are here to focus on where people learn and... to reclaim tobacco-free environments of a century ago,” said Dr. Koh, who is a former Massachusetts DPH commissioner.

Only 10 percent of the state’s 115 colleges and universities have a smoke-free or tobacco-free policy, prohibiting students, faculty, administrative staff, police, and other campus professionals from using tobacco on campus.

Twenty-five percent of full-time college students 18-24 years of age report current tobacco use.

“Health starts where people live, labor, learn, work, and pray.”

— Howard Koh, M.D., M.P.H.
U.S. Assistant Secretary for Health

According to a 2012 report from the U.S. Surgeon General’s office, 99 percent of adult smokers in this country begin smoking before they are 26 years of age, indicating that colleges provide a unique opportunity for tobacco use prevention.

Physicians who work for or serve on the board of a college or university, or whose children attend an institution of higher education, can help implement a tobacco-free campus policy.

For more information, please visit www.tobaccofreemass.net/tfcampus.htm or email Tami.Gouveia@cancer.org.

— Tami Gouveia,
Tobacco Free Mass

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**State Moving to Online Death Certificates**

Beginning this spring, Massachusetts physicians will transition from the current paper-based death certificate to a web-based electronic death registration system.

Once the electronic system is implemented, the current paper death certificate will no longer be accepted. Physicians that are not online will use a fax-based method of certification.

All physicians who certify death certificates need to learn about their new options, attend training, and sign up for accounts if they will be online certifiers. Physicians will want to discuss any new processes that are being implemented with their affiliated facilities and practices.

The registry offers weekly hour-long webinars to discuss the coming choices. To view the schedule, and for enrollment forms and training materials, please visit the Registry’s Vital Information Partnership project web page at www.mass.gov/dph/vip or email vip@state.ma.us.

— Karin Barrett, Deputy State Registrar, Registry of Vital Records and Statistics

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**MMS Develops Health Information Sheets for Middle Schools**

**BY CANDACE SAVAGE**

**MMS PUBLIC HEALTH OUTREACH**

The MMS Committee on Student Health and Sports Medicine last month launched a series of information sheets for students in grades 5 through 8.

Topics cover issues such as the dangers of energy drinks; the importance of bicycle helmets; concussion awareness and education; spice, bath salts, synthetic marijuana, and other drugs, including prescription medications; under-age drinking; hydration during sports and exercise; nutrition and proper diet; the risks of tobacco and other nicotine products; and “heads up” spinal cord injury prevention information for football and hockey players.

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**Quality Customer Service**

*continued from page 3*

initiatives. Some practices hold daily huddles prior to the start of the day to review patient charts and communicate information that will be helpful in preparing for the upcoming day’s appointments. Include your staff in conversations around how service can be improved based on patient feedback and streamline processes to address any gaps. Many practices ask patients to fill out patient satisfaction surveys so that they can determine where those gaps lie.

• Create an inviting environment for your patients. This consists of maintaining the waiting area by ensuring that it is clean and comfortable. Make sure the TV volume is set at a reasonable level. Encourage your clinical and administrative staff to be warm and inviting by smiling. The front desk sets the stage for the patient experience, so envision what you would want to experience as a patient if you stepped into your own office. Sit in your own waiting area for a few minutes and see how many ideas for improvement come to mind.

• Be on time. Everyone is busy, including patients. Let’s face it; no one wants to be at the doctor’s office for longer than they have to. If you are late, explain your delay to the patient and if you and/or other staff is habitually late, adapt the patient scheduling to make up for it.

For more information on improving customer service in your practice contact the PPRC at pprc@mms.org or (781) 434-7702.

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**The Public’s Health**

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GOVERNMENT AFFAIRS

Beacon Hill, continued from page 1

Joint Committee on Public Health in strong opposition to a number of legislative proposals that would allow increased independent medical practice by a variety of non-physicians. Among the proposals were a set of bills that would allow lay midwives, nurse midwives, nurse practitioners, and certified registered nurse anesthetists to expand their scope of practice.

Several MMS physicians, including Maryanne C. Bombaugh, M.D., and Hugh Taylor, M.D., chair and vice chair, respectively, of the Society’s Committee on Legislation, testified on behalf of the organization. “The movement toward ACOs [accountable care organizations] and patient-centered medical homes requires integration and teamwork among providers to improve health care outcomes and reduce health costs. Physicians bring to the team the highest level of training and preparation, and thus are best suited to guide the other members of the team,” they said.

Some of the most compelling and effective testimony came from young physicians representing the MMS, who spoke about the importance of lengthy medical training and years of practical clinical experience.

Adeliza Olivero, M.D., chief psychiatric resident at Boston Medical Center, questioned the benefits to patients if an advanced practice nurse with just four to six years of total training has the same clinical privileges as a physician with eight years of postgraduate education.

Matthew Libby, D.O., a family medicine resident physician at Greater Lawrence Family Health Center, said it was a worthwhile challenge to make

FEDERAL UPDATE

With Payment “Bridge” in Place, Congress Debates Repeal of SGR

BY ALEX CALCAGNO
MMS DIRECTOR OF FEDERAL RELATIONS

Reform legislation that attempts to repeal the flawed Medicare physician payment formula known as the sustainable growth rate, or SGR, is currently making its way through Congress.

Late last year, Congress approved a budget agreement that would pay doctors at current Medicare rates for three months, plus a 0.5 percent increase. This “bridge” measure was intended to avoid the disruptions that would be caused if the 24 percent cut in the payment formula scheduled to take effect on January 1 was implemented.

That being said, the obstacles before us for final passage are formidable.

Two bills have passed the relevant committees in the U.S. House of Representatives — the House Ways and Means Committee and the House Energy and Commerce Committee.

Both bills are generally similar in terms of structure. Both would give physicians in a fee-for-service program a 0.5 percent update for several years. After that time, positive updates would depend on how physicians measure up against selected quality and efficiency measurements. Physicians in alternative payment models in both bills would be paid according to the models’ contracts and received higher updates.

The Senate Finance Committee bill does not include the 0.5 percent update but does propose a similar overall framework. Notably, the Senate Finance Committee bill and House Ways and Means bills incorporate a number of the concerns voiced by the MMS, AMA, and other organizations, including an expanded definition and provisions for small practices.

The two House bills will need to be reconciled into one package before they go to the House floor for a final vote. In addition, there are a number of other provisions, often referred to as the health care extenders, which were not included in the House bills that some members want to see added before the final vote.

Once the House and Senate bills are passed, differences will need to be resolved in a conference committee.

But the biggest challenge before Congress and physicians is how Congress plans to pay for the new SGR reform legislation. Funds from hospitals have been used in the past for payment for the short-term patches, much to the hospital industry’s dismay.

And, although the cost of the repeal this year is less than ever before, the hospitals, nursing homes, and home health care community have launched an active campaign to oppose any of the funds coming from their sectors.

The MMS will cover major developments in the SGR debate on Washington, D.C., on its website at www.massmed.org/medicine.

WWW.MASSMED.ORG

VITAL SIGNS  FEBRUARY 2014 - 5
Young Physicians Professional Development and Financial Planning Workshop on March 29

A half-day program designed specifically for early career physicians will be held on Saturday, March 29, from 8:30 a.m. to 2:00 p.m. at MMS headquarters. This program will offer sessions with an emphasis on professional development and financial planning. It will feature experienced presenters on topics such as retirement planning, physician contracts, alternative careers in medicine, and work-life balance.

Physicians and spouses/partners of physicians are invited to attend. For full program details, including an agenda, session descriptions, speaker information, and online registration, please visit www.massmed.org/careerworkshop or contact Colleen Hennessey at chennessey@mms.org or (781) 434-7315.

This workshop is sponsored by the Massachusetts Medical Society Committee on Young Physicians and the Resident and Fellow Section.

MMS Forms New Committee on Senior Physicians

The MMS has formed a new Committee on Senior Physicians, which will address issues that face physicians age 65 and older—a group whose interests and concerns are far-reaching.

Some senior physicians are working full-time and haven’t begun to think of giving up or cutting back on their clinical and practice work. Others are semi-retired, and may be looking for direction or advice regarding their practices or searching for new ways to define themselves.

The committee, established via a resolution at the MMS 2013 Annual Meeting, intends to be vibrant and active as it investigates topics that concern its colleagues and devises strategies to accommodate those matters.

If you wish to learn more about the committee or bring a matter to its attention, please contact Carolyn Maher at cmaher@mms.org or (781) 434-7311.

PHYSICIAN HEALTH MATTERS

Integrating Mindfulness Into Your Daily Routine

“Mindfulness During the Clinical Session Helps Patients Feel Heard”

BY DOUGLAS ZIEDONIS, M.D., M.P.H., CARL FUBWILER, M.D., PH.D., AND MAKENZIE TONELLI B.A.

Recent studies have reported on the effectiveness and impact of training physicians on integrating mindfulness approaches into their personal lives and clinical practice. Mindfulness can help improve health, reduce physician burnout, and improve patient satisfaction and outcomes. Surveys of physicians indicate that two-thirds experience burnout associated with making more errors, having less empathy, substance misuse, and leaving practice. Physicians’ daily routines are challenged by competing tasks, rapidly changing environments, and a flood of thoughts and feelings in the context of our decision-making and interpersonal relationships. Mindfulness — the state of focusing one’s awareness on the present moment and monitoring the unfolding of experience without judgment — can help us cultivate awareness, compassion, and acceptance.

Mindfulness practice can be both informal and formal. Formal practices occur in structured time periods, similar to physical exercise, devoted to engaging in meditation, yoga, or other similar practices. The informal application of mindfulness to daily experiences involves awareness of the present moment, whether pleasant, unpleasant, or neutral, with an attitude of curiosity and acceptance, allowing feelings or thoughts to arise and pass away again without judgment.

In the midst of a stressful clinical encounter, practical techniques can be used, such as taking a short (e.g., one-minute pause) between patients, in which one takes a few deep breaths and becomes aware of any tension in one’s body, without judgment or being critical of taking care of oneself for that moment. Mindfulness during the clinical session helps patients feel heard.

Through mindfulness practice, an enhanced appreciation of pleasant experiences and a greater acceptance of unpleasant experiences emerge. Focusing on the breath and other sensations arising in the body helps to anchor oneself in the present moment. As clinicians, when we are more present, we demonstrate patience, empathy, and an increased capacity to listen. We are also more self-compassionate, handle uncertainty better, and embrace all the moments of our life, including the catastrophic and challenging.

This practice allows for more meaningful interactions with our patients and for opportunities to engage in the patient’s sacred space. A mindful physician encountered by a nervous and concerned patient, is more aware of and empathetic toward the emotional state of the patient, and thus more likely to respond in a way that is most comforting for the patient, such as with eye contact, a calm demeanor, and with language that will resonate with the patient. Physicians are also well-positioned to help staff and patients integrate mindfulness into their lives. As mindful leaders, we can enhance our ability to focus, be less reactive and more responsive, promote teamwork, and model compassion based on insight.

Douglas Ziedonis, M.D., M.P.H., is professor and chair of the Department of Psychiatry at the University of Massachusetts Medical School and UMass Memorial Health Care.

Carl Fubwiler, M.D., Ph.D., is associate professor of psychiatry and director of the Centre for Mental Health Services Research at UMass Medical School.

Makenzie Tonelli, B.A., is a project coordinator in the Department of Psychiatry, at the University of Massachusetts Medical School.
MMS Committee Appointments 2014–2015
Deadline for Consideration: March 7, 2014

If you would like to become more involved in the MMS, consider participating on a committee or the Member Interest Network (MIN) Executive Council.

Committee appointments are for specific terms, usually three-year renewable commitments. We have put in place resources for distance participation (i.e., conference calls, online meetings, and video conferencing) at regional offices. Those with limited time who wish to participate can take advantage of these means.

The listing includes all MMS committees and the MIN Executive Council. For committee descriptions and an application form for committee consideration, contact Sandra Manchester from the MMS Executive Office at (800) 322-2303, ext. 7012, or email smanchester@mms.org. If you would like to join the MIN Executive Council, contact Cathy Salas from the West Central Regional Office at (800) 322-2305, ext. 7715, or email csalas@mms.org.

**Board of Trustees Committees Appointed by the Board**

(Limited openings in accordance with bylaws)

- Administration and Management
- Finance
- Member Services
- Recognition Awards
- Strategic Planning

**Standing Committees Appointed by the President-elect**

(Limited openings in accordance with bylaws)

- Bylaws
- Communications
- Ethics, Grievances, and Professional Standards
- Interspecialty
- Judicial
- Medical Education
- Membership
- Professional Liability
- Public Health
- Publications
- Quality of Medical Practice

**Special Committees Appointed by the President-elect**

- Accreditation Review
- Diversity in Medicine
- Environmental and Occupational Health
- Geriatric Medicine
- Global Health
- History
- Information Technology
- Lesbian, Gay, Bisexual, and Transgender Matters
- Maternal and Perinatal Welfare
- Men’s Health
- Nutrition and Physical Activity
- Oral Health
- Preparedness
- Senior Physicians
- Senior Volunteer Physicians
- Sponsored Programs
- Student Health and Sports Medicine
- Violence Intervention and Prevention
- Women in Medicine
- Young Physicians

**District Appointed Committees**

(Contact your district medical society for more information)

- Legislation
- Nominations

**Member Interest Network (MIN) Executive Council**

- Arts, History, Humanism, and Culture

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**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.

**West Central Region**

Franklin — High School Doctor for a Day Program. Tues., Feb. 11, 7:30 a.m. to 4:00 p.m. Location: Baystate Franklin Medical Center, Greenfield.

Hamphire — Executive Committee Meeting. Mon., Feb. 3, 6:00 p.m. Location: Zoe’s, Hadley.


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.

Statewide News and Events

Member Interest Network — AHH&E MIN Executive Committee Meeting. Wed., Feb. 12, 6:00 p.m. Location: Mechanics Hall, Worcester.

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

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**Northeast Region**

Norfolk District — Executive/Standing Committee. Tues., Feb. 11, 6:00 p.m. Location: MMS headquarters, Waltham.

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

**Southeast Region**

Bristol South — Executive Committee Meeting. Thurs., Feb. 27, 6:00 p.m. Location: Venus de Milo, Swansea.

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.

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**Across the Commonwealth**

**Norfolk South — Executive Committee Meeting.** Tues., Feb. 4, 6:30 p.m. Location: Abbey Park Restaurant, Milton.

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.

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**Marketing, sales, and use of those products to children under 18.**

Delegates also passed a resolution to educate the public about the antibiotic resistance that arises from excessive use of non-therapeutic doses of antibiotics in farm animals and to advocate for legislation and regulations that prohibit the use of non-therapeutic antibiotics in farm animals in the Commonwealth.

With the anniversary of the Boston Marathon approaching, delegates voted to engage physicians in preparedness efforts and to support the development of emergency preparedness and disaster response resources for physicians.

Physicians also voted for resolutions to begin developing guidelines and policies on health information technology mandates imposed by statutes and regulations and to advocate for a more open and affordable process to meeting those mandates.

To read more about resolutions passed at the 2013 Interim Meeting and see videos of featured speakers, visit www.massmed.org/interim2013.
MMS SPONSORED AND JOINTLY SPONSORED CME ACTIVITIES

LIVE CME ACTIVITIES
Go to www.massmed.org/calendar. Unless otherwise noted, event location is MMS headquarters, Waltham.

Managing Workplace Conflict
Thursday, March 13, 2014, 8:00 a.m. to 4:00 p.m. and Friday, March 14, 2014, 8:00 a.m. to 3:00 p.m.

12th Annual Symposium on Men's Health
Wednesday, June 11, 2014, 8:00 a.m. to 5:00 p.m.

ONLINE CME ACTIVITIES
Go to www.massmed.org/cme.

Risk Management CME

End-of-Life Care
- End-of-Life Care (3 modules)
  - Ethics and End-of-Life Care
  - Advance Care Planning
  - Communication and Conflict Resolution in End-of-Life Care
- The Importance of Discussing End-of-Life Care with Patients
- Legal Advisor: Advance Directives

Pain Management

Opioid Prescribing, Risk Management of Opioid Therapy and the Opioid Abuse Epidemic (6 modules)

Legal Advisor: Identifying Potential Drug Dependence and Preventing Abuse

Managing Risk When Prescribing Narcotic Painkillers for Patients

Other Risk Management CME
- Guide to Accountable Care Organizations: What Physicians Need to Know
- HIPAA 2.0: What's New in the New Rules?
- Cancer Screening Guidelines (2 modules)
  - Colorectal Cancer Screening Guidelines
  - Screening for Breast Cancer: Update on Guidelines and the Ongoing Controversy
- Cervical Cancer Screening
- Impact of Effective Communication on Patients, Colleagues, and Metrics (2 modules)
  - Engaging Patients in the New Era of Health Care
  - Collaboration and Conflict: Communicating Effectively with Colleagues

Effective Chart Review for Quality Improvement

Preventing Falls in Older Patients: A Provider Tool Kit

Other CME
- Contracting with an ACO
- Finance 101 for Physicians and Practice Administrators
- A Roadmap to Bring an End to HIV and STDs in Massachusetts (3 modules)
- Using Data Wisely
- 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

TO REGISTER FOR ANY OF THESE ACTIVITIES, CALL (800) 843-6356.

CME CREDIT: These activities have been approved for AMA PRA Category 1 Credit™. For additional information, contact the Department of Continuing Education and Certification at (800) 322-2303, ext. 7306, or go to www.massmed.org/cmecenter.

100% Relevant Content