

VITAL SIGNS



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each patient counts.*



VOLUME 20, ISSUE 2, FEBRUARY 2015

Opioid Addiction Crisis Brings New Risks, Questions

Physicians Must Maintain a “Fine Balance”

BY DEBRA BEAULIEU-VOLK
VITAL SIGNS STAFF WRITER

Treating a patient for pain has become in many ways like a high-wire balancing act.

With opioid addiction and overdose at crisis levels in Massachusetts and many other states, physicians must consider many factors — and comply with new state regulations — almost every time they prescribe opioids.

In December, the state Department of Public Health officially promulgated long-awaited new regulations for the Massachusetts Prescription Monitoring Program, or PMP, requiring physicians enrolled in the program to access the database and research a patient’s history whenever they prescribe a Schedule II or III

medication or a benzodiazepine to a patient for the first time.

There are exemptions to this requirement, but the nature of prescribing for pain appears to have changed permanently for Massachusetts doctors, according to local physicians.

Heightened Concern

“There’s such a heightened concern about opioid abuse that often times we’re forced to think more about the fact that a patient may be abusing an opioid medication rather than [whether this is] a patient who actually needs their medication for legitimate pain control purposes,” said family physician and MMS President-Elect Dennis M. Dimitri, M.D.

“We don’t want to see physicians become so frightened

about the aspects of legitimate use in prescribing opioids that they’re no longer taking care of patients who need to be taken care of for chronic problems,” he said. “There’s a fine balance all physicians have to walk to be sure that they’re not contributing to the problems with abuse that we know are occurring, but are legitimately attending to their patients’ pain control needs.”

There are also concerns that physicians are not aware that they have now been automatically enrolled into the PMP, or that its use has become mandatory.

“It’s not at all clear to me that physicians who are enrolled in the PMP know they are enrolled and still have the IDs or passwords that were issued to them at the time,” said William J. Ryder,

Esq., regulatory and legislative counsel for the MMS.

But overall, Massachusetts prescribers agree that the PMP is a valuable tool in addressing the state’s opiate crisis. “It will give us better information to identify doctor-shopping in real time,” said Christopher Gilligan, M.D., M.B.A., a pain management specialist at Massachusetts General Hospital. “This is important clinically as part of keeping that patient safe and part of keeping society safe,” he said.

New York Mandate

Gilligan also noted that other states, such as New York, that have mandated PMP use have seen a dramatic reduction in patients looking for duplicate pain prescriptions.

continued on page 2

Health Care in Mass. Is a “System in Transition”

Vital Signs Speaks with Stanley C. Rosenberg

Vital Signs sat down recently with Stanley C. Rosenberg, the new president of the Massachusetts Senate, to talk about the upcoming legislative session, ongoing state health care reform, and what Massachusetts physicians can expect from Beacon Hill in the year to come.

BY ERICA NOONAN, VITAL SIGNS EDITOR,
AND RONNA WALLACE, MMS LEGISLATIVE
CONSULTANT

VS: Can you talk a bit about what Massachusetts doctors might expect in general from the Senate and you as Senate president?

Rosenberg: I like work environments where people are encouraged to have a seat at the table and participate very actively and robustly in the conversation. My hope is that we will build coalitions both inside and outside the Senate to develop a robust agenda and strong legislation to address the issues of the day.



Stanley C. Rosenberg

We have a Republican governor, that’s a new dynamic for most of the [Senate] members. We are going to have a divided government, a Republican Governor and a Democratic legislature. But I think we are going to be able to work extremely well because Mr. Baker has a lot of experience both inside and outside government, and he is a very collegial fellow himself. I had the chance to work with him when

I was Ways and Means chair and he was secretary of Administration and Finance and we did a lot of good stuff together. So I see no reason that we aren’t going to be able to continue.

[Physicians] should expect an open door from me. Listening and working with people on the front lines in the system, those are the people who know what is happening, and we want to hear from them.

continued on page 5

PRESIDENT'S MESSAGE



Physicians Respond to the Opioid Crisis

Physicians in Massachusetts are currently on the front lines of a public health crisis: the epidemic of opioid addiction and abuse.

Our duty to treat patients for pain must now be carefully balanced with new legal regulations governing the Prescription Monitoring Program and our concern for society as a whole.

In this month's *Vital Signs* cover story, we explore how physicians are treating patients for pain in this new era of addiction awareness. We also delve into the details of the new PMP rules and exceptions to it that became effective late last year.

On page 4 you can learn more about the MMS 2015 Public Health Leadership Forum, scheduled for Wednesday, April 8. It will focus on opioids and the role for clinicians and policymakers in addressing the abuse problem. The program will feature a keynote by Michael Botticelli, acting director of the White House Office of National Drug Control Policy.

Also this month, we are pleased to have an interview with new Massachusetts Senate President Stanley C. Rosenberg about the progress of health payment reform.

He told us that leaders need to hear from physicians — the people on the ground — about state health care policy. The MMS intends to keep open lines of communication with our state's new officials, and we will keep you posted on what Massachusetts physicians can expect from the incoming administration on Beacon Hill.

— Richard S. Pieters, M.D.

Opioid Addiction

continued from page 1

"It's a burden to practices, no doubt, but it has some significant benefits."

Hopes PMP Will Evolve, Improve Interoperability

Physicians versed in the new requirements say they are pleased the PMP allows prescribers to use delegates to assist with database research. This ability to delegate will be critical to physician practice workflow, said Dr. Gilligan.

"It's important to be able to say to your administrative staff that for all new patients who are coming in with a pain complaint, 'I'd like you to print out [PMP data] and have it with the patient's paperwork when I see the patient,'" he said. As a result, using the PMP will prevent a lot of physicians from doing all the lookups themselves, Dr. Gilligan added.

When it comes to potential improvements, the MMS would like to see nursing-home care added to the list of exemptions because the risk for abuse in that setting is low, said MMS President Richard Pieters, M.D.

"We also don't think the DPH should have included benzodiazepine at this time, certainly without formal hearings and review of the clinical evidence of the value of a PMP in benzodiazepine prescribing," Dr. Pieters said. "We're hoping the DPH will revisit

The most significant provisions of the PMP regulations, effective as of Dec. 5, 2014, are as follows:

- Physicians enrolled in the PMP are required to access the database and re-search a patient's history the first time they prescribe a Schedule II or III medication or a benzodiazepine to a patient for the first time.
- Exemptions to this requirement include care provided in emergency and inpatient hospital departments, treatment of hospice patients and children under eight, and situations in which a prescriber is unable to access the PMP.
- Prescribers are allowed to designate delegates to access on the database on their behalf.
- Physicians who obtained or renewed their state drug registration number after Jan. 1, 2013, have been automatically enrolled in the PMP.

For more details visit www.massmed.org/pmp.

this decision under a new commissioner. I would urge the revival of the clinical review board. This was created by the original DPH regulations the MMS helped craft, and it has not been an active and visible factor for many years. Its responsibility is to review data and advise public officials when there is problematic behavior among prescribers."

In addition, the state's PMP does not integrate with most electronic medical record systems, an issue Dr. Dimitri said he hopes will also be addressed soon.

"In order to use it, if you're seeing a patient and you're working in your EMR, you have to leave your EMR, go to the virtual gateway, log in, and open up a search for the patient. It's not an easy transition out of your EMR and through this process," he said.

The approximately two-week lag time from the time a patient fills a prescription to its appearance in the PMP database is another long-time problem cited by users. While this lag does leave room for "doctor-shopping" to take place within its time frame, having the information when it's available is better than not at all, noted Dr. Gilligan.

Dr. Pieters said doctors will need to continue to work in concert with state officials for the foreseeable future on how opioids are monitored statewide.

"We're going to work with the DPH to make the PMP a good, data-driven system to identify state problem areas and prescribers and not adversely impact good physicians who are treating patients appropriately," Dr. Pieters said.

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Send an email to vitalsigns@mms.org with your preferred email as well as the address currently listed on your VS mailing label. The MMS will begin emailing *Vital Signs* to you as a downloadable PDF.



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.

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2015 Is the Year for ICD-10

Prepare Yourself by Focusing on Clinical Documentation

BY TALIA GOLDSMITH
PPRC ADVISOR

ICD-10 has not been center stage to many since the U.S. Department of Health and Human Services issued a delay until Oct. 1, 2015, as the new compliance date for health care providers, health plans, and health care clearinghouses to implement the new coding system.

Implementation delays are most likely over, and physicians should prepare in order to avoid any potential implementation and transition challenges.

Clinical documentation is one area that physicians can focus on today in order to get ready to meet the new requirements in an ICD-10 world. The transition to the expanded code set will require physicians to capture new information in clinical documentation that reflects the associations between conditions since

the ICD-10 code set contains increased specificity.

For example, ICD-10 code K50.814 indicates “*Crohn’s disease of both small and large intestine with abscess.*” The ICD-9 equivalent codes would be “555.2 — *Regional enteritis, small intestine with large intestine*” and “569.5 — *Abscess of intestine.*” Furthermore, physicians will need to document laterality. For example, ICD-10 code M05.271 denotes “*Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot.*” The ICD-9 equivalent code would be “714.27 — *Rheumatoid arthritis with visceral or systemic involvement, ankle and foot.*”

The following are examples of potential problem areas that physicians should be aware of as they require an added level of specificity in clinical documentation:

- **Diabetes Mellitus:** ICD-9 features 59 codes for diabetes,

while ICD-10 offers more than 200 codes.

- **Injuries:** ICD-10 features an expanded category for injuries.
- **Drug Underdosing:** Underdosing is a new code in ICD-10. It identifies situations in which a patient has taken less of a medication than prescribed by the physician.
- **Cerebral Infarctions:** Late effects of stroke are differentiated by type.
- **Acute Myocardial Infarction:** Age definition for AMI has changed to four weeks rather than eight weeks.
- **Pregnancy:** Documentation of trimester now required.

What can you do today to prepare for a world in ICD-10? There are a few actionable steps that you can take today to improve your clinical documentation.

Perform a clinical documentation assessment by choosing a few samples of medical records to determine whether your documentation supports the level of detail needed for ICD-10. If it does not, outline an improvement and designate someone in your practice to assist in clinical documentation education/training.

For additional information and resources on ICD-10, please visit the PPRC ICD-10 page at www.massmed.org/icd10.

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LAW AND ETHICS

Releasing Medical Records of Deceased Patients

2013 HIPAA Changes Create Confusion for Mass. Docs

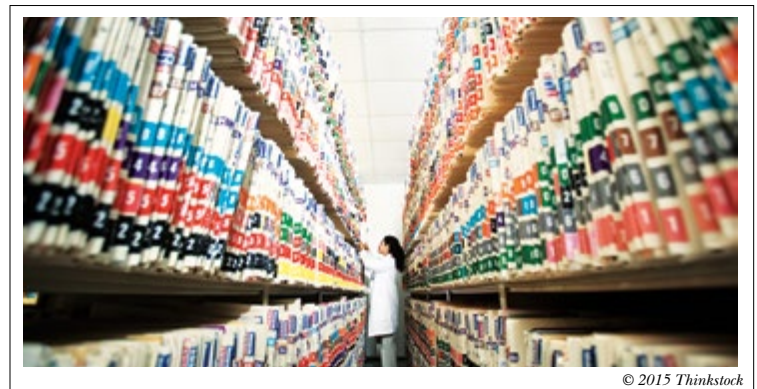
BY LIZ ROVER BAILEY, ESQ
MMS ASSOCIATE COUNSEL

Our Physician Practice Resource Center has received a number of questions recently regarding the release of medical records pertaining to a patient who has died. Until recently, the answer was simple: only the administrator or executor of the patient’s estate could access the records or could consent to their release. If the patient had a health care proxy or other authorization for release that was valid during the patient’s lifetime, it “died” with the patient, and only the administrator or executor could access or release the records.

In March of 2013, HIPAA rules changed to allow a family member or other person involved in the patient’s care prior to the patient’s death to access the patient’s health information relevant to that person’s involvement, unless the patient had directed

otherwise. This appears to provide a simple and clean-cut revised answer to the question. Complicating matters, however, is the fact that Massachusetts physicians are also bound not only by HIPAA but also by state laws and regulations. When comparing HIPAA rules and Massachusetts law, the physician must follow the one that provides the greatest protection to the patient’s records.

Massachusetts law did not change when the HIPAA regulations changed. In Massachusetts, a patient’s records can be provided to a patient or the patient’s “authorized representative.” When the patient dies, any authority he or she granted expires, and the executor or administrator of the estate steps into the shoes of the patient. Thus, the only “authorized representative” is the executor, administrator, or someone the executor or administrator



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authorizes. There may be some claim to be made, however, that the revised HIPAA regulations might create the authority for someone other than the executor or administrator to be the patient’s “authorized representative.”

If you encounter the situation in your practice where someone other than the executor or administrator requests copies of a deceased patient’s records, you

should first ask that person to obtain a release from the executor or administrator. If he or she is unwilling or unable to do so, you should engage counsel to advise you how best to proceed in this unsettled area.

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.

2015 MMS Public Health Leadership Forum to Focus on Opioids

White House Drug Policy Director Michael Botticelli is Keynote Speaker for April 8 Event

BY ROBYN ALIE
MMS PUBLIC HEALTH MANAGER

In 2012, there were 688 unintentional opioid-related deaths, or 10.1 per 100,000 residents, the highest ever recorded rate in Massachusetts. Preliminary data are showing even more deaths for 2013, according to a report released by the Massachusetts Health Council in November. And, more than 1300 babies in Massachusetts were born with narcotics in their systems that year — more than triple the national average.

The problem reaches all corners of the state. Communities such as Attleboro, Bourne, Holyoke, North Attleboro, Pembroke, Stoughton, Tewksbury, Quincy, Springfield, Weymouth, and Worcester have experienced significant increases in opioid-related deaths. But some communities, including Boston, Cambridge, Gloucester, Lynn, and Salem, saw decreases in opioid deaths.

Taunton has sharply reduced the number of overdoses in the city through concerted efforts by town officials and community groups and agencies. Ten deaths in the first quarter of 2014 prompted officials to engage residents, law enforcement, health and human service providers, public health, and schools to educate the public about the problem and available resources, in addition to increasing awareness and availability of naloxone.

Recognizing the important role physicians can play in addressing this critical problem, the MMS's annual public health leadership forum, from 1:00 to 5:00 p.m. on Wednesday, April 8, will focus on opioids, and the role for clinicians and policymakers in addressing the problem. The program will feature a keynote by Michael Botticelli, acting director of the White House Office of National Drug Control Policy. Expert panelists will discuss state and national policy, as well as clinical issues.



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Daniel P. Alford, M.D., director of Boston University School of Medicine's Safe and Competent Opioid Prescribing Education Program, Steve Adelman, M.D., director, Physician Health Services, and Michael Erdil, M.D., medical director of the Johnson Occupational Medicine Center, will present on clinical aspects

of opioid management and addiction treatment, including pain management, model opioid addiction treatment programs, and alternatives to opioids.

The forum will offer CME and take place at MMS headquarters in Waltham. For more information, contact (781) 434-7373 or dph@mms.org.

State Seeks Physicians for Public Employee Disability Medical Panels

The state's Public Employee Retirement Administration Commission is seeking physicians from various specialties to be part of its physician pool from which it fills its medical panels. The medical panels, which consist of three physicians skilled in the medical or surgical specialty involved in the case, examine the cases of public employees seeking disability retirement due to illness or on-the-job injury.

For more information about the disability process and responsibilities of physicians who agree to serve on the medical panels, please contact ralie@mms.org.

The Massachusetts Adult Immunization Coalition,
Massachusetts Department of Public Health, and JSI present

The 20th Annual Adult Immunization Conference

Featured Speakers

Date

April 14, 2015

Location

Best Western Royal Plaza
Hotel, Marlborough

Register

<http://maic.jsi.com/events>

Questions?

Contact Heather Lisinski
at (617) 482-9485



Laura Riley, MD

Medical Director of Labor
and Delivery at MGH



David Ropeik

Risk Communication
Consultant

Featuring a panel discussion, "Ebola Virus Disease: Lessons for Health Care and Public Health."

Also, workshops on surveillance, the Massachusetts Immunization Information System, HPV vaccination, and more. CME and CEU available.

Stanley C. Rosenberg

continued from page 1

Health care is more than a third of the state budget. It's one of the five largest industries in Massachusetts, so we have to be really attentive and careful about what we do.

VS: Could you describe what you see as your main health care legislative priorities in the coming year?

Rosenberg: We need to fully implement the reform piece that was started a few years ago and from what I am hearing, it is going reasonably well and people are settling in. There is still a lot more to come out of the Health Policy Commission.

Priority one is to continue to implement those new statutes and new components and be open to new ideas that other people want to put on the table. We still have [a] couple more years ahead in terms of implementing, but it doesn't mean we can't start to think about what might need to be done two and three and four years down the road, and I would encourage people to come in and tell us not only how they see the implementation of Chapter 224, but also what else they think might need to be done. This is a system in transition, so we want to hear from people who are working in the system how it is going and what's next?

VS: What are some of the main challenges you'll face as you move forward on health care legislation?

Rosenberg: Finances. It's always the bottom line. One of the top two or three things in every meeting with business or trade associations or individual businesses is the cost of health care.

We are well above the national average, but our quality is also extremely high. We know what the cost drivers are... The most significant research and teaching capacity in the world is right here in Massachusetts. That adds cost, but is something a lot of people feel needs to be protected because it's bringing world-class quality and we are creating so much of what is spread [through]out the rest of the country and [the] rest of the world. People don't want to compromise that, but they are also concerned about our ability to sustain the costs associated with that.

VS: There have been many new state and administrative mandates for physicians in recent years, such as Electronic Health Record/Meaningful Use regulations, more mandatory CME requirements, expanded Prescription Monitoring Program mandates, and others. Do you think there have been too many of these?

Rosenberg: They will have to play themselves out and we'll have to see if they produce positive results. We don't sit around here dreaming up new rules and regulations; we are sitting around here trying to solve problems. We come up with a solution that we hope is fair and reasonable and we need to see it play out. There are times when a solution does not work and we have to be honest with ourselves at that moment and review and revise, but we can't get to that point until there has been a good faith effort to implement change.

Doctors need be patient and play some things out. My hope is that they were involved in the process and had a strong voice, even if it didn't come out exactly as they might have liked.

VS: There are many non-physician health care groups attempting to change the laws and practice without physician oversight in making diagnoses and providing services that stretch or exceed their training. The MMS is advancing legislation that favors physician-led health care teams as the best way to work collaboratively in expanding access to care. How will you approach scope-of-practice issues?

Rosenberg: My approach has always been in issues like this [to ask] what's the norm? What are other people doing? Has it worked? Sometimes as an innovation state, we are first. But if there are many other states doing things, if we are very different than how other state are doing things we have to ask why.

I love teams. I love collaboration. When you have teams there are times when you have to have someone in charge, and there are times when leadership can come from anywhere on the team. Well-managed teams provide the best results. We are an innovation state so we can be first, and we can be early [in whatever we do.] We just want to make sure that whatever we decide, we do well.

New EHR Proficiency Regulations Now Effective

BY ERICA NOONAN
VITAL SIGNS EDITOR

The Board of Registration in Medicine gave its final approval to new regulations, strongly supported by the MMS, that give physicians many options in how they demonstrate proficiency in the use of electronic medical records.

The new regulations went into effect January 2, but all physicians renewing their licenses before March 31, 2015, will receive a one-time waiver from the requirements. In addition, physicians with renewal dates up to 60 days after March 31 could submit a renewal application prior to March 31, and they will be within the window for an automatic waiver.

The regulations establish multiple ways in which physicians would be in compliance with the

requirement. There is also a broad set of exemptions for certain license categories, in which electronic health record use is intrinsic or not relevant. See www.massmed.org/ehr for complete

details of the state's new EHR proficiency requirement and exemptions.

The final regulations were the successful culmination of a two-year effort by the MMS to work

with the board to interpret the state legislature's 2012 law connecting federal Meaningful Use and a Massachusetts medical license in a way that did not disenfranchise thousands of physicians.

"The Massachusetts Medical Society believes that electronic health records have enormous potential for patient care, and the Society's extensive policy on EMRs declares support for them and a desire to work toward improving them," said MMS President Richard Pieters, M.D. "We are grateful that the Board of Registration in Medicine has taken a reasonable approach on this issue, exhibiting utmost concerns for patient safety and access to care."



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PHYSICIAN HEALTH MATTERS

Occupational Challenges and Professional Coaching: Help Available at PHS

Coaches Help Docs Prevent Burnout and Meet Goals

BY STEVE ADELMAN, M.D., PHS DIRECTOR, AND DEBBIE GROSSBAUM, ESQ., PHS GENERAL COUNSEL

Occupational stress and burnout are pervasive in today's health care environment. For practicing physicians feeling the pressure, PHS recommends professional coaching as a short-term, effective intervention that can help them meet their goals for feeling and functioning better.

Physicians are increasingly faced with increases in regulation, responsibility, and medical complexity, while also balancing decreases in reimbursement and time pressure. Some doctors are able to weather these challenges, but many find themselves displaying disruptive reactions and troublesome behaviors. Some physicians find themselves short-tempered, lashing out at other team members, while some become immobilized by stress, struggling with incomplete progress notes and patient charts.

Here in Massachusetts, coaches with experience helping physicians meet their professional and

personal goals have grown in popularity over the last several years. Just as elite athletes use coaches to maximize performance, so too should physicians seek professional guidance to help them optimize their well-being and performance at work. Professional physician coaches help distressed physicians identify goals for growth and change. Some physician coaches are physicians with leadership experience, some have a mental health background, others have been certified as executive coaches, and some have a combination of all three.

Professional coaches work with physicians to elicit specific and concrete strategies to address challenges and to meet performance goals. Coaching focuses on setting objectives and developing strategies to achieve specific outcomes, while providing guidance, support, and accountability. Many physician-coaches teach their clients to use mindfulness techniques to manage office stress. Some will focus on

developing concrete strategies for staying on schedule and going home on time.

Physicians don't need a crisis to hire a coach. In fact, coaching may work best before job-threatening difficulties have arisen. Often coaching is used to review and rebalance work/life commitments and to prevent burnout.

When physicians appear to be manifesting serious occupational problems, PHS may recommend a more structured approach that integrates coaching with workplace expectations over time.

This is done via a voluntary, year-long Occupational Health Monitoring Agreement that involves input from the workplace as well as support from a professional coach.

For assistance with occupational challenges that may benefit from professional coaching, or for more information about occupational health monitoring, please contact PHS at (781) 434-7404 or visit our website at www.physicianhealth.org.

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.

Sante M. Caldarola, M.D., 87; Springfield, MA; University of Genova, 1953; died October 14, 2014.

John F. Curran, M.D., 95; Dennis, MA; Tufts University School of Medicine, 1944; died October 17, 2014.

Francis J. Donovan, M.D., 89; Dover, NH; Tufts University School of Medicine, 1948; died September 7, 2012.

Henry S. Harvey, M.D., 98; Littleton, MA; Harvard Medical School, 1949; died June 15, 2014.

Abraham Kaye, M.D., 96; Boca Raton, FL; Boston University School of Medicine, 1942; died August 21, 2014.

David A. Margolius, M.D., 64; Concord, MA; Medical College of Virginia, 1977; died July 20, 2014.

John S. Strauss, M.D., 88; Iowa City, IA; Yale School of Medicine, 1950; died July 28, 2014.

Young Physicians Professional Development and Financial Planning Workshop

SATURDAY, MARCH 21, 2015
8:30 A.M. TO 2:00 P.M.
MMS HEADQUARTERS

Building on the success of past years, the MMS Committee on Young Physicians will host its annual Professional Development and Financial Planning Workshop on Saturday, March 21, 2015, at the Massachusetts Medical Society Headquarters in Waltham. Designed specifically for early career physicians, sessions will feature experts on topics such as building physician leadership skills, planning trusts and estates, managing stress, and evaluating employment contracts. MMS members and their spouses/partners are invited to attend the program.

For full program details — including an agenda, session descriptions, speaker information, and online registration — please go to www.massmed.org/careerworkshop, or contact Colleen Hennessey at hennessey@mms.org or (781) 434-7315.

Managing Workplace Conflict

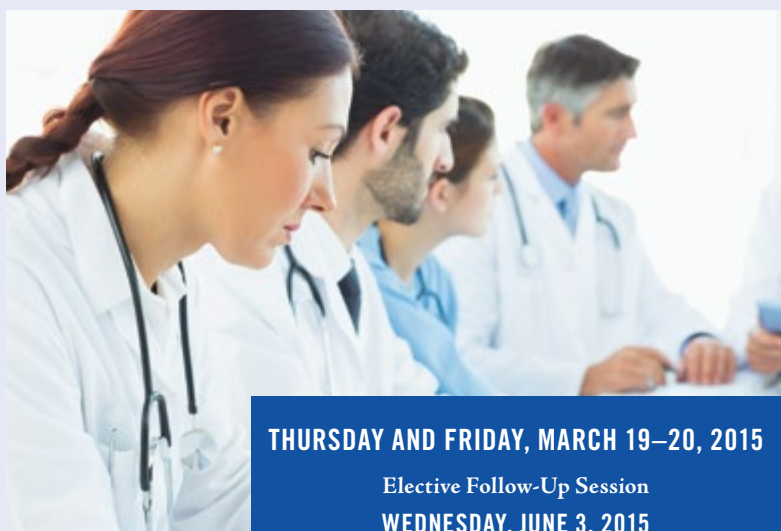
IMPROVING LEADERSHIP AND PERSONAL EFFECTIVENESS

This is an experiential course that uses real workplace conflicts as examples for exploration and change. The course aims to allow participants to develop techniques to improve relationships with physician-colleagues, coworkers, and patients, thereby improving the quality of the overall work environment.

Register at www.massmed.org/cme/events.

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Massachusetts Medical Society Headquarters at Waltham Woods, Waltham, Massachusetts



MMS Committee Appointments 2015–2016

Deadline for Consideration: March 6, 2015

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 below includes all MMS committees and the MIN Executive Council. For committee descriptions and an application form, contact Sandra Manchester at 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 at the West Central Regional Office at (800) 322-2303, 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

MMS Interim Meeting 2014



Photo by Doug Bradshaw

First-place winners of the Research Poster Symposium, part of the MMS 2014 Interim Meeting on December 5–6, 2014, were (pictured from left to right): Ramkumar Venkateswaran and Emily A. Gross (Health Policy/Medical Education); Camille Clarke, M.D. (Clinical Vignette); Krista J. Hachey, M.D. (Clinical Research); and Paulo Leonel Lizano, M.D., PhD (Basic Research).

To view news from the meeting, please visit www.massmed.org/interim2014.

- 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

ACROSS THE COMMONWEALTH

District News and Events

NORTHEAST REGION

Charles River — Executive Committee. Thurs., Feb. 5, 6:00 p.m. Location: MMS Headquarters.

Essex South — District Meeting. Wed., Feb. 25, 6:00 p.m. Location: Peabody Marriott, Peabody. Speaker: Professor Jonathan Gruber.

Middlesex North — District Meeting. Wed., Feb. 11, 6:00 p.m. Location: UMass Lowell Inn and Conference Center, Lowell. Speaker: Alan Woodward, M.D. Topic: Medical Liability Reform.

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

Plymouth — Executive Committee. Wed., Jan. 28, 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

Berkshire — Legislative Breakfast. Fri., Feb. 13, 7:30 a.m. Location: Berkshire Medical Center, Pittsfield.

Franklin — High School Doctor for a Day Program. Tues., Feb. 10, Orientation at 7:30 a.m. Debriefing at 4:00 p.m. Location: Baystate Franklin Medical Center, Conf. Room A, Greenfield.

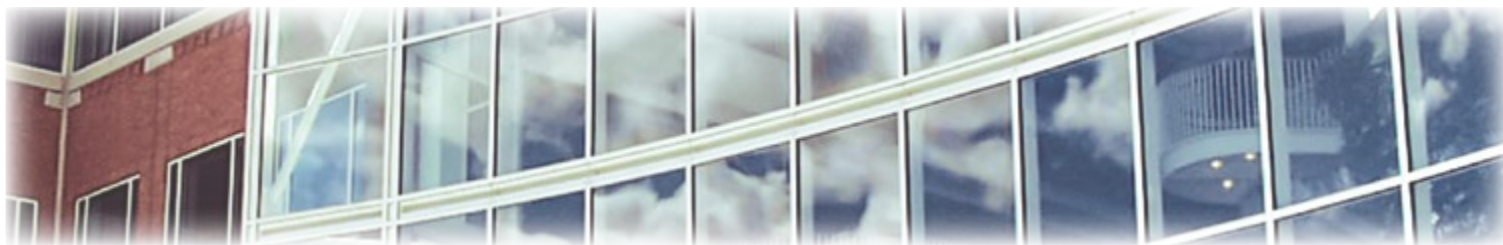
Worcester — 219th Annual Oration. Wed., Feb. 11, 5:30 p.m. Location: Beechwood Hotel, Worcester. Orator: Paul Steen, M.D. Paul Steen was in the private practice of internal medicine in Southbridge and currently is a docent at Worcester Art Museum with an interest in art as applied to medical training.

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

Arts, History, Humanism, and Culture Member Interest Network — Winter Eagles Program. Sun., March 1, 10:00 a.m. to 1:00 p.m. Location: Joppa Flats, Newburyport.

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.



IN THIS ISSUE

- 1 > Opioid Addiction Crisis Brings New Questions
 - > Q & A with Senate President Stanley C. Rosenberg
- 2 > President's Message: Physicians Respond to the Opioid Crisis
- 3 > 2015 Is the Year for ICD-10
 - > Law and Ethics: Medical Records of Deceased Patients
- 4 > MMS Public Health Leadership Forum Scheduled for April 8
 - > State Seeks Physicians for Disability Panels
- 5 > New EHR Regulations Now Effective
- 6 > Professional Coaching to Prevent Burnout
 - > Financial Planning for Young Physicians
- 7 > MMS Committee Appointments Available
 - > Across the Commonwealth



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MMS AND JOINTLY PROVIDED CME ACTIVITIES

LIVE CME ACTIVITIES

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

Managing Workplace Conflict
Thurs. and Fri., March 19–20, 2015

Public Health Leadership Forum
Wed., April 8, 2015

MMS and Rhode Island Medical Society Directors of Medical Education Conference
Thurs., May 14, 2015

13th Annual Symposium on Men's Health
Thurs., June 18, 2015

ONLINE CME ACTIVITIES

Go to www.massmed.org/cme

Risk Management CME

NEW! Electronic Health Records Education (3 modules)

- Module 1 — Guide to Health Information Technology

- Module 2 — Making Meaningful Use Meaningful
- Module 3 — Meaningful Use Stage 2
- NEW! Medical Marijuana (4 modules)**
 - Module 1 — Medical Marijuana: An Evidence-Based Assessment of Efficacy and Harms
 - Module 2 — Medical Marijuana in the Commonwealth: What Physicians Need to Know
 - Module 3 — Medical Marijuana in Oncology
 - Module 4 — Dazed and Confused: Medical Marijuana and the Developing Adolescent Brain

End-of-Life Care

- End-of-Life Care (3 modules)
- The Importance of Discussing End-of-Life Care with Patients
- *Legal Advisor*: Advance Directives

Pain Management

- Principles of Palliative Care and Persistent Pain Management (5 modules)
- 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

- Preventing Falls in Older Patients: A Provider Toolkit
- Guide to Accountable Care Organizations: What Physicians Need to Know
- HIPAA 2.0: What's New in the New Rules?
- Cancer Screening Guidelines (3 modules)
- Impact of Effective Communication on Patients, Colleagues, and Metrics (2 modules)
- Effective Chart Review for Quality Improvement

Other CME

- Genetically Modified Foods: Benefits and Risks
- Physician Employment Options in the Health Care Environment
- 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
- Preventing Overuse of Antipsychotic Drugs in Nursing Home Care



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

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