

VITAL SIGNS



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2011 Annual Meeting —
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Payment Reform Legislation Starts Its Long Journey

Defensive Medicine Reform is a Central Feature

BY FRANK FORTIN

The introduction of Governor Patrick's payment reform legislation last month reverberated throughout the Massachusetts health care community and triggered a debate that could consume the entire legislative session.

Speaking before a packed breakfast meeting of the Greater Boston Chamber of Commerce on February 17, Gov. Patrick outlined the problem and his solution. "Health care in Massachusetts is now universally accessible, but it is not yet universally affordable," he said. "If anyone is going to crack the code of cost containment, it will be we here in Massachusetts."

Legislative leaders said the debate has a long way to go. They supported the bill's intent, but in comments to the *Boston Globe*, House Speaker Robert DeLeo promised "a long, involved debate process, with extensive fact-finding."

Voluntary Participation and Liability Reforms

Two elements of the 52-page bill were welcomed by MMS leaders. The legislation states explicitly that physician participation in



MMS President
Alice Coombs, M.D.

"We must guarantee that physicians will be able to provide the best possible care to their patients."

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Lobby Day for Massachusetts Physicians at the State House

Be seen and be heard on payment reform and other pressing issues.
Follow www.massmed.org for more information.

accountable care organizations (ACOs) would be a voluntary act. There is no requirement for physicians to participate in an ACO, and no deadline for doing so.

The bill also tries to curb the costly practice of defensive medicine in Massachusetts. It mandates a 180-day cooling off period after an injured patient signals an intention to file litigation, with certain physician-patient communications required during that time period. The bill also makes expressions of apology, regret, sympathy, and other similar statements inadmissible as evidence in litigation.

MMS President Alice Coombs, M.D., welcomed these proposals. "We've long maintained that defensive medicine is a key factor in the rising curve of costs and is toxic to patient safety," she said. "We're encouraged by these provisions."

She also applauded the voluntary nature of physician participation, adding that new payment structures must not marginalize physicians who decide not to accept alternative payments. "If one doctor decides to retire because the rules are too complex, that leaves a community with one less primary care physician," she told the *Boston Globe*.

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As the Era of Meaningful Use Begins, Doctors Face Big EHR Decisions

BY LLOYD RESNICK

Federal subsidies for meaningful use of electronic health records (EHRs) are scheduled to start flowing in May. Physicians interested in applying this year only have until early October to get up and running with an EHR so they can attest to 90 days of meaningful use in 2011 and start receiving subsidies in 2012.

Consequently, many physicians are feeling the need to decide soon whether they will take advantage of the federal payouts, despite lingering concerns about the financial and technical aspects of EHR implementation.

At the same time, federal and state officials have been stepping up their campaign to increase physician EHR adoption. David Blumenthal, M.D., leader of the federal government's health IT initiative, said at an MMS symposium in January, "You can make the transition now, with help, or make it later, without help."

EHR champions cite several reasons to take the plunge — improved patient safety and quality of



Photo by Jonathan Kannair

David Blumenthal, M.D., leader of the government's health IT initiative, recently announced he was stepping down to return to Harvard. But he's still a stalwart booster of EHRs. "I became more capable for my patients," he said of his experience climbing the learning curve of health IT.

care, time-limited federal subsidies of up to \$63,750, and federal and state ultimatums for achieving meaningful use by 2015, to name only three. But ultimately, Dr. Blumenthal said, it's a matter of competency. "Information and its management is a core competency for physicians," he said. "The choice not to participate [in EHRs] is a choice not to know things about your patients."

Peer Pressure

At the same time, Dr. Blumenthal conceded that the transition is hard. A decade ago, while at Mass General, he was happy ordering tests on paper. "But my younger colleagues started using EHRs, and pretty soon I felt I couldn't hold my head up unless I learned to as well."

The learning curve was steep, but using an EHR made Dr. Blumenthal a better doctor. "I became more capable for my patients," he stated.

William Kassler, M.D., chief medical officer for the New England region of the Centers for Medicare and Medicaid Services, also spoke at the symposium. He stressed the advantages of EHR adoption even though individual systems may not yet be "talking" to one another, and a regional health information exchange is months or years away.

"The benefits of an EHR are available now," Dr. Kassler declared. "It's about improved workflow,

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The Value of the Physician Voice

During the last two years, I've spoken with hundreds of my fellow physicians. Among the common themes that have emerged are these:

- Physicians understand that health care costs are a critical problem, and we're willing to help craft a solution. But attacking costs primarily through draconian measures directed at physicians won't work. Cost is attributable to many factors not in our control, including insurance industry overhead, a lack of patient health literacy, and insufficient prevention programs.
- No matter how many times physicians hear that global payment is not capitation, many simply don't believe that. Global payment should ensure accountability of the payer to the provider, not just the reverse. Successful ACOs such as Geisinger prove that global payment and fee-for-service can work together.
- Liability reform must accompany payment and delivery reforms.
- Any timetables must include evaluations and midstream corrections to deal with unintended consequences.
- Many doctors need support to achieve meaningful use of EHRs. Help is out there, but it must be sustained and expanded so this prerequisite for reform becomes a "can do" for every physician.

Your feedback has informed, and will continue to inform, the Society's advocacy on these matters. I also thank Health and Human Services Secretary JudyAnn Bigby, M.D., who has insisted on physician involvement and values physician representation in all reform efforts.

—Alice T. Coombs, M.D.

Payment Reform *continued from page 1*

"The governor, Secretary Bigby, and many in the administration adopted an inclusive approach to developing this legislation, and we commend them for that," added Dr. Coombs. "But there's still a lot of work ahead. Certainly, health care must be affordable. But we must also guarantee that physicians will be able to provide the best possible care to their patients. We will not waver from that commitment."

Sweeping Legislation

Other elements of the governor's bill include the following:

- It defines the central characteristics of accountable care organizations. ACOs must provide service coordination in accordance with the principles of patient-centered medical homes, and provide embedded primary care coordination and referral services. ACOs are required to share financial risk and distribute savings, and are responsible for meeting quality measures. ACOs must also be competent in population health management, financial and contract management, quality measurements, and provider-patient communication. They must provide behavioral health services either internally or by contractual arrangement.
- Primary care physicians may belong to only one ACO; there is no such limit for specialists.
- The bill doesn't directly set provider or insurer rates. But the Division of Insurance has the right to reject insurance contracts on the basis of excessive premiums, if it finds insurer payments to providers were the cause of the high premiums.
- A new coordinating council, consisting of 10 state agency leaders, would oversee everything. It would consult regularly with an 18-member advisory committee that includes payers, hospitals, businesses, and 4 physician members. The bill gives the advisory committee a voice on payment reform policy decisions, but no direct vote.
- Quality measures for use in alternative payment methods would be standardized across all health plans and must be evidence-based.
- The bill directs the state to seek antitrust waivers from the federal government so ACO providers can share risk and make referrals more easily. It also expands state peer review protections to ACOs.
- In several areas, the bill targets the differential in payments among providers for similar services, explicitly setting a goal to narrow those differences.
- The bill does not require hospitals to be the only organizing body for ACOs. It allows IPAs and other integrated health organizations to form them

and contract externally with hospitals, if they meet the state's standards.

- The bill does not limit alternative payment methods to global payment systems and allows for pilot programs on other methodologies.
- It requires MassHealth, the Group Insurance Commission, the Commonwealth Connector, and all other state-funded insurance programs to implement ACOs and alternative payments by January 2014.

A Deliberate Process

This process began more than two years ago, when a special commission began discussing proposals to tame the rising cost of health care, while promoting quality and access to care. It ultimately recommended that the state move to a predominantly global payment system for compensating health care providers.

After the Legislature failed to pass a payment reform bill last year, Health and Human Services Secretary JudyAnn Bigby, M.D., convened a group of stakeholders to find consensus on the principles of payment reform legislation. MMS President-Elect Lynda Young, M.D., was the Society's representative.

That group agreed on several high-level objectives but could not agree on several other issues, especially the extent of rate regulation and whether physician participation in ACOs should be mandated.

Dr. Young said, "I do think good things came out of the process. A lot of issues were discussed. We had some people in our corner and some on the opposite corner on those two issues. This was heard loud and clear. What goes into the legislation will ultimately be up to the legislators. We still are not done. There is a lot of work to do."

During the months preceding the bill's filing, MMS leaders met frequently with Sec. Bigby, others in the Patrick administration, and legislative leaders to press for voluntary participation, a flexible approach, and a gradual transition to new payment systems.

"Physicians have a special voice in this process," emphasized Dr. Coombs. "No one brings the same expertise and experience in direct patient care that we can provide. We'll work tirelessly to ensure that the voice of the physician is enhanced every step of the way."

Dr. Coombs concluded by pledging that the Society will support all physicians in this process. She said, "If you're ready to move to global payments now, we will support you. If you're trying to decide if it's right for you, we will help you. And if you've decided against making this transition, we will protect you." **VS**

Tom Walsh contributed to this story.

To read the entire text of the bill and for ongoing analysis of it, go to www.massmed.org/paymentreform.

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New PPRC Resource: Opening a Practice

The MMS Physician Practice Resource Center (PPRC) has posted a new resource on its website that provides a step-by-step guide to opening a medical practice, from setting up utilities to ensuring contracts with health insurers are up to date.

According to the resource, if you plan to rent or lease office

space, you need to notify your landlord about your business intentions. If you plan to own, the first step is to find a realtor who specializes in commercial real estate.

Also, if you contact a bank to discuss commercial loan programs, you will likely have to submit a business plan that includes

your start-up costs. In addition, you may want to contact the Small Business Administration (www.sba.gov), which offers a variety of financing options for small businesses.

To read the complete PPRC resource on opening a practice, go to www.massmed.org/openingapractice. **VS**

Meaningful Use

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embedded decision tools at the point of care, and being able to better manage your entire panel, not just the patient sitting in front of you."

Help for the Hardship

The deadline for enrolling in the state's Regional Extension Center (REC) was extended past the original January 31 deadline, but only until sometime this spring. The REC, under the auspices of the Massachusetts eHealth Institute, helps primary care providers transition into meaningful users of EHRs. The REC can help both providers who have already installed an EHR and are looking to achieve meaningful use, and those who have not yet delved into the hardware/software challenges.

A \$600 REC enrollment fee buys a practice \$2,500 to \$4,500 worth of direct support for the transition. According to Rick Shoup, Ph.D., director of the Massachusetts REC, more than 2,000 providers had been enrolled as of February 1. "That makes us number two or three in enrollment among the 62 RECs in the country," Shoup said. He predicted that with the expanded enrollment window, the REC will reach its goal of 2,500 enrollees this month.

Describing the REC as "a quality assurance organization," Shoup said, "We make sure the EHR vendors and the implementation optimization organizations [IOOs] are living up to their responsibilities."

IOOs are the on-the-ground advisors who work directly with the practices. "We help put all the pieces in place and make sure everything stays in place after we leave," said Micky Tripathi, CEO of the Massachusetts eHealth Collaborative, 1 of 18

organizations the REC has certified as a Massachusetts IOO.

Managing Relationships

The REC maintains direct contact with its enrolled practices via clinical relationship managers, "who help providers make informed decisions about vendors," said clinical relationship manager Bethany Gilboard. Both Shoup and Gilboard stress the REC's "agnosticism" in helping physicians select among the EHR vendors and IOOs it has certified.

The REC's clinical relationship managers also organize regional meetings where enrolled providers can share information and help one another solve problems. Gilboard and her colleagues have spent a lot of time organizing such meetings in rural areas of the state, where typically small primary care practices lack the resources and infrastructure that come from alignment with urban hospital systems or suburban independent physician associations.

Shoup added that an enrollees-only Web portal, expected to be live this summer, will give REC members expanded opportunity to share best practices. "Those online conversations will be informed by what we're learning from Massachusetts implementations and by lessons learned from RECs in other regions," he said.

Physician Engagement

To address what was initially perceived as a dearth of physician engagement, the REC recently formed a physician advisory group, chaired by Mark Jacobs, M.D., VP for primary care and network development at Steward Health Care (formerly Caritas Christi).

"A special chemistry occurs when motivated physicians get together and strategize about EHRs and quality improvement," Dr. Jacobs said. His prior experience with clinical IT in Rhode

Island demonstrated that when such discussions are properly facilitated, "physicians leave their organizational hats at the door, and other health care stakeholders — and politicians — take notice," he said.

Workflow Must Change

The advisory group recently spawned three subcommittees. One is exploring the nuts-and-bolts data entry requirements for transitioning to an EHR and how to extract data to generate useful reports. Another is focusing on tips for evaluating vendors, and the third is addressing an issue that should lie — but often doesn't — at the heart of all EHR implementations: workflow redesign.

Practices often implement an EHR but then run both paper and electronic processes. "That simply creates more work," Dr. Jacobs said.

The solution is workflow redesign. For physicians, changing workflow is often so hard that this subcommittee is offering direct doctor-to-doctor coaching for REC enrollees. "We have physicians who already use IT daily in the care of patients and who are willing to help those just getting started," said Lloyd Fisher, M.D., a member of the REC's physician advisory group and chair of the MMS Committee on Communications.

"The first three to six months of this transition is the hardest thing many doctors will do since leaving medical school," Dr. Jacobs concluded. "But no one I know who does it successfully would ever want to go back." **VS**

For help with EHR implementation, including links to state and federal resources, go to www.massmed.org/ehr. For more information about the REC's physician advisory group, go to www.maehi.org/REC/physicianadhoc/physicianhealthsupport.html.

LAW AND ETHICS

Allowable Fees for Medical Record Copying

Patients are entitled to receive a copy of their medical record upon request. Physicians can charge for the cost of copying and providing medical records, but Massachusetts law states that the rate must be reasonable. The state defines a reasonable rate as no more than the following:

- A base fee of \$15 per request
- Fifty cents (\$0.50) per page for the first 100 pages, and \$0.25 per page for every page after 100
- Actual cost for copying x-rays and other records not reproducible by photocopying, plus a clerical fee that may not exceed \$20 per hour
- Actual cost of postage, shipping, or delivery if the patient requests the copy be mailed to him or her
- Physicians can also opt to charge one flat fee for the entire medical record. That fee can be more than \$15 as long as it is not greater than the per-page cost.

Physicians are allowed to request payment of these fees before providing the copy of the medical record to the patient. However, physicians cannot withhold the record because of unpaid medical services.

Physicians may not charge a fee if the request for copies is being made by or on behalf of a beneficiary to support a claim under any provision of the Social Security Act or any federal or state needs-based benefit program.

Massachusetts law states that the reasonable rates listed above may be adjusted to reflect the consumer price index (CPI) for medical care services. Physicians who plan to adjust fees to reflect the CPI should consult with an attorney. **VS**

— William Frank, Esq.

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

April 27 Leadership Forum on Global Health

On April 27, the MMS and the Harvard School of Public Health will host the Seventh Annual Public Health Leadership Forum. Moderated by WBUR health reporter Martha Bebinger, the forum will focus on global health.

Speakers will address current global health care practices and what can be achieved through improved understanding of the relationship between global health policy, innovative technologies, cultural competence, communication systems, and shared best practices.

The program will examine the interface between global health and local public health by presenting strategies for communications, information technology, and policy that can improve the health of populations abroad and at home. "Global health matters to Massachusetts, and Massachusetts physicians can impact the health of populations around the world," said Lynn Black, M.D., chair of the MMS Committee on Public Health. "Health problems don't stop at a country's border, and neither should solutions."

The forum will also go beyond health care-specific efforts to help underserved populations around the world. "The efforts of the U.S. and other developed countries to reduce poverty, protect national security, and promote peace have a clear impact on health outcomes in developing and emerging nations," said Steve Ringer, M.D., chair of the MMS Committee on Global Health. **VS**

— Robyn Alie



BU Medical Students Promote Nutrition Medicine

Fewer than 10 percent of fourth-year medical students feel well prepared to address nutritional concerns with patients, according to a recent survey at Boston University School of Medicine (BUSM).

In response to this knowledge gap, BU medical students have created the Student Nutrition Awareness and Action Council (SNAAC) to enhance medical students' knowledge, attitudes, and counseling skills in nutrition medicine. Now in its second year, SNAAC has 56 student members with 3 mentors: a physician nutrition specialist, a registered dietitian, and a social worker.

In-School and Community-Based Activities

SNAAC members are working with BUSM's Nutrition Vertical Integration Group — a collaboration of physician faculty members, dietitians, and students — to create a virtual nutrition medicine course that will be integrated into all four years of the medical school curriculum.

SNAAC also works with Boston-area high school students to create nutrition programs for their neighborhoods and places its own students at Boston Medical Center's Nutrition and Fitness for Life

Clinic to conduct nutrition-centered interviews. SNAAC even works with the staff at Boston Medical Center to create healthier food options for the hospital cafeteria.

In addition, SNAAC has formed a partnership with Boston University's Sargent College whereby medical students acting as patients are paired with dietetic interns. This alliance helps medical students learn how to convey nutrition information to patients and when to refer patients to dietitians, while the dietetic interns build a referral network with future physicians.

SNAAC students have written a resolution to the AMA House of Delegates in support of postpartum insurance coverage for dietitian visits, and they participate actively on the MMS Committee on Nutrition and Physical Activity.

As SNAAC continues to grow and create new opportunities for medical students, it plans to expand existing programs to include students from the public and global health disciplines.

— Hannah Milch and Flint Wang
Boston University School of Medicine

Air-Pollution Monitoring Project Announced

Do you know how much exhaust you breathe in during your morning bike ride? Or how clean the air is at your local playground?

Hundreds of studies have linked elevated concentrations of fine particulates in the air to increased mortality and morbidity, which in turn negatively affect public health. Unfortunately, many people outside the sphere of public health are unaware of what air pollution is doing to their bodies and how detrimental it is to their health.

To help bring that scientific knowledge to the community, the MMS Committee on Environmental and Occupational Health is working with the Harvard School of Public Health to engage physicians and the community in an air-pollution monitoring project. The project will center on collecting data with a point-source air-quality monitor, a backpack-sized device that tracks the amount of air pollution to which it is exposed.

The data can be used to compare air quality in different locations or in the same location at different times of day. In turn, that information can be used to educate community members about local sources of pollution, their associated health effects, and what the community can do to reduce exposure.

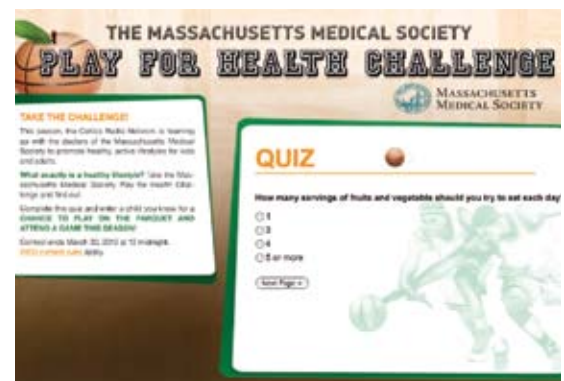
Physicians interested in using the device to monitor the air quality in their community or in working with their local schools on this project should contact Robyn Alie at (781) 434-7371 or ralie@mms.org.

— Rick Donahue, M.D.
MMS Committee on Environmental and Occupational Health

MMS and WEEI Launch "Play for Health" Campaign

The MMS is teaming up with the Boston Celtics radio network this basketball season to remind the public to be physically active and eat healthfully. Radio ads on WEEI stations in Massachusetts encourage listeners to be physically active any way they can.

The ads also refer listeners to an online quiz about how nutrition and physical activity affect health. After taking the quiz, they can enter a child for a chance to play on the parquet at the Garden and see a Celtics game at the end of the season. The contest runs through March 20. To enter, visit www.weei.com/health. **VS**



STATE UPDATE

The Importance of MMS District Legislative Breakfasts

A new legislative session has begun in Massachusetts. One of the best ways to stay informed and have an impact on what's happening in health care is to get involved with your local MMS district society and attend a legislative breakfast.

District society legislative breakfasts allow physicians and state lawmakers to meet in a casual environment outside the State House. State legislators benefit from local physicians telling them about the rewards and challenges of providing health care. Who better to tell legislators what's going on regarding health care in their community? Physicians also benefit from the candor and inside perspective that the lawmakers provide.

With health care cost containment a priority for the governor and Legislature, the MMS is

committed to clear, strong advocacy around any legislation related to payment or delivery reform. We have emphatically stated — and will continue to — that “one size will not fit all,” that change must happen slowly and voluntarily, that fee-for-service should be maintained for some services, and that liability reform must accompany any change. It's critical for legislators and physicians to communicate directly on these important points, and legislative breakfasts are the ideal forum.

Be Heard on the Budget

The 2012 state budget is another concern for the MMS and its members. Each year, we advocate for the appropriate funding of MassHealth and public health programs related to substance abuse, mental health, tobacco cessation, and violence prevention. It's

important for legislators to hear directly from physicians in their communities about the positive impact these programs have on patients.

In addition, the MMS filed nine bills for consideration in the 2011–2012 legislative session, addressing payment and liability reform, insurance contracting, administrative simplification, and public health. Attend your district's legislative breakfast to learn how you can help advance these important initiatives.

The grassroots exchange of information between physicians and legislators at the district society level is important to the individual physicians, their patients, the MMS, and the health care system as a whole.

Check the current calendar of legislative breakfasts shown here and plan now to attend one in

your area. For more information or to help schedule a breakfast in your district, contact your regional office at the MMS (see “Across the Commonwealth” on page 7 for contact information). **VS**

— Ronna Wallace

Spring 2011 Legislative Breakfast Calendar

March 11	Middlesex North, Plymouth
March 18	Essex South
March 25	Worcester
April 1	Hampden
April 8	Charles River
April 29	Middlesex
May 6	Middlesex West
June 3	Berkshire
June 10	Hampshire
June 24	Barnstable, Middlesex Central

FEDERAL UPDATE

ACA Dismantling, Liability Reform on the Legislative Table in Washington

On the first day of official business for the 112th U.S. Congress, lawmakers made a universal call for less rancor and more cooperation. The House then proceeded to debate H.R. 2, a bill that would repeal the Affordable Care Act (ACA). H.R. 2 easily passed the House, with all Republicans and three Democrats voting in favor.

While H.R. 2 failed to pass the Senate, those who dismiss House passage of H.R. 2 as merely symbolic should think twice, because this bill was just one in a series of efforts planned by House Republican leadership to dismantle and/or undermine the ACA.

The two most important tools to thwart the law would be measures to prohibit funds for its implementation and state-led efforts to prevent implementation. A federal judge in Florida recently upheld the legal claim by several states that the “individual mandate” of the ACA is unconstitutional, and this debate is likely to end up in the Supreme



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Court. States are also extremely concerned about the cost of implementation. For example, even though more than 90 percent of new costs for Medicaid expansion would be paid for by the federal government, the remaining dollars are formidable to many states currently in financial distress.

Progress with Liability Reform

On a more positive note, the 112th Congress has already

shown more interest in passing medical malpractice reform than any congress of the last decade. The House Judiciary Committee convened a hearing on malpractice reform within the first month, and numerous bills have already been introduced to address this issue, including traditional tort reforms, medical courts, and protection for physicians who follow accepted guidelines and protocols.

The MMS will review all of these proposals and work with our delegation to support federal legislation that can pass both the House and the Senate — and meet our goals.

The MMS continues to believe that a fundamental transformation of the medical liability system is essential. We need to encourage full disclosure of adverse events, root-cause analysis, early compensation for patient injuries, alternative dispute resolution, and mediation. We believe these elements are essential to achieving a new medical liability system that improves trust between patient and provider, reduces fear, and improves patient safety.

As the President stated in his State of the Union address, the proof of increased respect and statesmanship in Washington “is not whether we can sit together tonight but whether we can work together tomorrow.” **VS**

— Alex. Calcagno

Evening Legislative Workshop Scheduled for March 30

On Tuesday, March 30, the MMS Resident and Fellow Section and Medical Student Section will sponsor an evening legislative workshop from 7:00 to 9:00 p.m. in the O'Keefe Auditorium at Mass General Hospital in Boston.

This interactive program will provide attendees with an overview of the latest legislative developments in Washington and on Beacon Hill, as well as deliver training in effective lobbying and communication skills.

Dinner will be provided, and this event is free for any MMS member interested in getting involved in legislative advocacy initiatives.

For members interested in more in-depth legislative training, the MMS will also offer a full-day workshop in April at the Waltham headquarters. **VS**

To RSVP for the March 30 evening workshop or for information about becoming a member, please contact Colleen Hennessey at chenhessey@mms.org or (781) 434-7315 by March 28.



**SAVE THE DATE
WEDNESDAY, JUNE 15**

**Female Sexual
Problems: Causes and
Treatment Options**

**6:00 to 8:00 p.m.
MMS Headquarters, Waltham**

Speaker: Jan Shifren, M.D.,
Vincent Obstetrics and
Gynecology Service at MGH

Sponsored by the MMS
Committee on Women in Medicine

For more information,
contact Erin Tally at (781) 434-7413
or etally@mms.org.

Financial Planning and Professional Development Seminar for Young Physicians



Photo by Colleen Hennessey

On January 22, the MMS Committee on Young Physicians sponsored a half-day program on financial planning and professional development. More than 70 early-career physicians and guests attended sessions that focused on retirement planning, work/life balance, real estate, and professional liability issues.

PHYSICIAN HEALTH MATTERS

Reporting Impaired and Incompetent Colleagues

Health care providers in Massachusetts are required by the Board of Registration in Medicine to report physicians who they have a reasonable basis to believe are either impaired or not competent to practice medicine. In addition to that mandated obligation, there is a long-established ethical tradition of ensuring that physicians practice unimpaired and with competency to provide quality care to patients and to minimize errors.

In July 2010, *JAMA* published an article, coauthored by PHS board member John A. Fromson, M.D., regarding the failure of physicians to report colleagues with potential impairments to the appropriate regulatory bodies. The authors surveyed nearly 3,000 physicians and concluded that overall, physicians support the concept of reporting colleagues when there is impairment or incompetence. However, the survey found that, in practice, many do not follow through with a report. The principal reasons cited for physicians' failure to report included the belief that someone else was taking care of the problem, that nothing would happen as a result of making a report, and/or fear of retribution.

Focus Group Expands Upon Findings

During a recent informal discussion, a small group of MMS physi-

cians gave various reasons why they would be reluctant to report a colleague, including the following:

- Not wanting to get involved
- Not wanting a burdensome time commitment
- Not wanting to hurt a friend who they think needs help rather than potential disciplinary consequences
- "There but for the grace of God go I."
- Hope that the physician would straighten out on his or her own

Most acknowledged an awareness of the mandate to report, but many didn't know the details of how and where to report. One physician spoke of a doctor who was very impaired by alcohol, but whose colleagues covered for him. When the physician was finally confronted, his response was a surprising, "What took you so long?"

Defining Impairment

The concept of impairment is not well understood by the medical community and deserves review. Impairment should be thought of as the inability to safely practice medicine due to substance use or physical or mental illness, and it is usually state- or time-limited. For example, a physician bed-ridden with the flu is impaired and cannot safely practice medicine, but after a few days symptoms ease and the

physician is no longer impaired. A physician diagnosed with depression that is being well treated is often not impaired, although depression can become impairing.

Hospitals, medical practices, and physicians are encouraged to do the following to improve physician health and well-being and to ensure quality patient care:

- Provide ongoing education to physicians and other health care professionals regarding physician health and fitness to practice.
- Identify key staff and physicians who know the licensing board's mandated reporting statute, relevant exceptions, and relevant hospital bylaws.
- Reinforce the importance of physicians taking care of themselves.
- Establish a healthy collegial environment that supports physicians directly, confidentially, and respectfully discussing with colleagues concerns about their health, performance, and fitness to practice.

Physician Health Services (PHS) is available for consultation regarding these concerns and can provide education to hospitals and medical practices. PHS is also available for referral of physicians who can benefit from a confidential assessment of health issues and referral to treatment. **VS**

Dr. Paul Hart Named Senior Volunteer of the Year

Paul L. Hart, M.D., a retired family practitioner, will receive the 2011 MMS Senior Volunteer Physician of the Year Award for his exemplary dedication to volunteerism and his life-long sharing of medical expertise.

When Dr. Hart is not serving in Haiti, Peru, or any one of the numerous medically underserved areas around the globe, he is a tireless champion of equitable health care in Massachusetts. Locally, he founded volunteer-led free medical programs at Eppworth United Methodist Church in Worcester and the Worcester Free Eye Care Program in 1993 and at Congregation Beth El in Sudbury in 2004.

Dr. Hart's vision and energy, coupled with the dedication of

the volunteer physicians and staff, allow the centers to offer completely free care to underserved patients. Dr. Hart has an excellent rapport with both patients and volunteers. His patients feel cared for and secure, and his dedication inspires the volunteers to return week after week.



The MMS Committee on Senior Volunteer Physicians' Health Center Program enables physicians who are no longer engaged in clinical practice to serve patients at health centers and free care clinics across the state by providing professional liability insurance. **VS**

For more information, contact Carolyn Maher at (781) 434-7311 or cmaher@mms.org.



MMS Group Enrollment

Group Discounts Up to 30%

To enroll, contact info@massmed.org or (800) 322-2303, ext. 7311.

IN MEMORIAM

The following deaths of MMS members were reported to the Society in January and February 2011. We also note member deaths on the MMS website at www.massmed.org/memoriam.

Walter H. Abelman, M.D., 89; Cambridge, MA; University of Rochester School of Medicine, 1946; died January 6, 2011. **George S. Benjamin, M.D.**, 79; Milton, MA; Tufts University School of Medicine, 1956; died December 9, 2010. **George E. Deering Jr., M.D.**, 93; North Grafton, MA; Harvard Medical School, 1943; died December 6, 2010. **Robert W. Haley, M.D.**, age unknown; West Roxbury, MA; Tufts University School of Medicine, 1954; date of death unknown. **Robert S. Hormell, M.D.**, 92; Meredith, NH; Harvard Medical School, 1939; died October 26, 2006.

Kilwon D. Kang, M.D., 70; Andover, MA; Medical College of Seoul National University, 1965; died January 16, 2011. **Richard K. Kennedy, M.D.**, 81; Weston, MA; Tufts University School of Medicine, 1958; died January 22, 2011. **Americo Picariello, M.D.**, 96; Arlington, MA; Middlesex University School of Medicine, 1937; died December 11, 2010. **Lucille D. Pohley, M.D.**, 64; Valencia, CA; Georgetown University School of Medicine, 1974; died January 16, 2011. **John B. Sheehan, M.D.**, 58; Holyoke, MA; Mount Sinai School of Medicine, 1978; died January 13, 2011. **Donald H. Sprecker, M.D.**, 85; Florence, MA; University of New York at Buffalo School of Medicine, 1952; died December 23, 2009. **Frank L. Springer, M.D.**, age unknown; Dover, MA; Boston University School of Medicine, 1936; date of death unknown.

ACROSS THE COMMONWEALTH

District News and Events

Bristol South — Executive Committee. Thurs., March 3, 6:30 p.m. Location: Venus de Milo, Swansea. For more information, contact the Southeast Regional Office.

Charles River — Medical Education Committee. Wed., March 16, 6:00 p.m. Location: MMS headquarters, Waltham. **Delegates Meeting.** Wed., March 23, 6:00 p.m. Location: MMS headquarters, Waltham. For more information, contact the Northeast Regional Office.

Essex South — Legislative Breakfast. Fri., March 18, 7:30 a.m. Location: Beverly Hospital, Beverly. **Delegates Meeting.** Wed., March 30, 6:00 p.m. Location: Beverly Golf & Tennis Club. For more information, contact the Northeast Regional Office.

Essex South/Essex North — Membership Meeting. Wed., Apr. 6, 5:45 p.m. Location: Peabody Marriott. Speaker: Barbara Spivak, M.D. Topic: ACOs. For more information, contact the Northeast Regional Office.

Hampden — Legislative Breakfast. Fri., April 1, 7:30–9:00 a.m. Location: Monte Carlo Restaurant, West Springfield. **High School Doctor for a Day.** Thurs., April 14, Breakfast: 7:30 a.m. Program: 9:00 a.m.–5:00 p.m. **Annual Meeting.** Tues., May 3, 5:30 p.m. Location: Springfield Country Club, W. Springfield. Speaker: Bethany Gilboard, Massachusetts eHealth Institute. Topic: What Exactly "Competent" Will Mean for EMRs — Helping Providers Implement Electronic Health Records and Achieve Meaningful Use. For more information, contact Suzanne Skibinski at (413) 736-0661 or hdms@massmed.org.

Hampshire — Executive Committee Meeting. Mon., March 7, 6:00 p.m. Location: Zoe's, Hadley. For more information, contact the West Central Regional Office.

Middlesex — Executive Committee Meeting. Wed., March 9, 7:45 a.m. Location: MMS headquarters, Waltham. For more information, contact the Northeast Regional Office.

Middlesex West — Annual Meeting. Wed., March 30, 6:00 p.m. Location: Samba Steak and Sushi House, Framingham. For more information, contact the Northeast Regional Office.

Norfolk South — Annual Meeting. Wed., March 9, 6:00 p.m. Location: Neighborhood Club of Quincy. Speaker: Alice Coombs, M.D., MMS president. For more information, contact the Southeast Regional Office.

Plymouth — Legislative Breakfast. Fri., March 11, 7:30 a.m. Location: J. Joseph Moakley Conference Center, Good Samaritan Hospital, Brockton. For more information, contact the Southeast Regional Office.

Suffolk — Annual Meeting. Thurs., March 10, 6:00 p.m. Location: Harvard Faculty Club, Cambridge. For more information, contact the Northeast Regional Office.

Worcester — 5th Annual Louis A. Cottle Medical Education Conference. Wed., March 9, 5:30 p.m. Location: Beechwood Hotel, Worcester. Speaker: Luis T. Sanchez, M.D., Director, Physician Health Services. **Women in Medicine Leadership Forum.** Tues., March 15, 6:00 p.m. Location: Beechwood Hotel, Worcester. Speaker: Luanne E. Thorn-dyke, M.D., UMass Medical School. Topic: Graceful Self Promotion. For more information, contact Joyce Cariglia at (508) 753-1579.

Worcester North — Annual Meeting. Wed., March 2, 6:00 p.m. Location: Chocksett Inn, Sterling. Speaker: Alice Coombs, M.D., MMS president. For more information, contact the West Central Regional Office.

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

MMS Attends National Advocacy Conference in D.C.



Photo by Jim Kenealy, M.D.

Rep. Jim McGovern (right) of the Massachusetts congressional delegation speaks with Society members during the AMA's National Advocacy Conference in March. Left to right are Spiro Spanakis, M.D., Carole Allen, M.D., MMS Vice President Richard Aghababian, M.D., and MMS President-Elect Lynda Young, M.D.

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MASSACHUSETTS
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VITALSIGNS

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Live CME Activities

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

WEBINAR Meaningful Use in the Practice

Wed., March 20, 5:30–6:30 p.m. 1.0 Credit (RM)

Managing Workplace Conflict

Thurs. and Fri., April 7 and 8, 8:00 a.m.–4:00 p.m. each day. MMS headquarters, Waltham. 12.5 Credits (RM)

MMS Annual Meeting Live CME Activities

All events are at MMS headquarters, Waltham. Go to www.massmed.org/annual2011.

2011 Ethics Forum — Physicians and Torture

Thurs., May 19, 3:30–5:30 p.m. 2.0 Credits (RM)

2011 Annual Education Program — Patients First: Social Accountability

Fri., May 20, 8:00 a.m.–12:30 p.m. 4.25 Credits (RM)

2011 Shattuck Lecture — A Successful and Sustainable Health System

Fri., May 20, 1:00–2:00 p.m. 1.0 Credit (RM)

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

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CME CREDIT: Unless otherwise noted, each activity is designated for *AMA PRA Category 1 Credit™*. RM indicates that the activity or a portion thereof meets the Massachusetts Board of Registration in Medicine criteria for risk management study. CME ACCREDITATION: The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Save the Date

Thursday, June 2

Ninth Annual Men's Health Symposium

MMS Headquarters,
Waltham