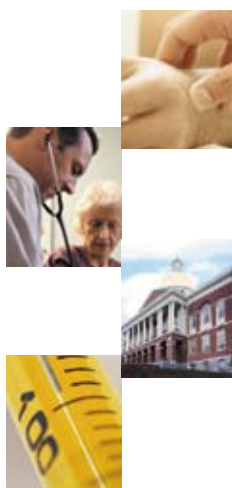




# VITAL SIGNS



## 2 PRESIDENT'S MESSAGE

Title TBD

## 3 YOUR PRACTICE

P4P in Massachusetts  
NPI Update  
Patient Communication

## 4 THE PUBLIC'S HEALTH

Colon Cancer Screening  
Pandemic Preparations  
HIV Conference

## 5 GOVERNMENT AFFAIRS

State: Historic Health Access Bill Signed  
Federal: MMS Leaders Go to Washington

## 6 PROFESSIONAL MATTERS

Managing On-Call Stress  
Men's Health Symposium  
Physician Volunteer Fair

## 7 INSIDE MMS

IMGs and Global Health  
Online CME  
Senior Volunteer of the Year  
Across the Commonwealth

## 8 MMS EDUCATION PROGRAMS

2006 Annual Meeting —  
See Brochure Inside for Preview

## Physician Practice Environment Index Slides Again

### Overhead Cited as Main Cost Driver in Massachusetts

BY TOM WALSH

Chelmsford gynecologist Purnima Sangal, M.D., stopped delivering babies more than a year ago. In so doing, she hoped to reduce the onslaught of overhead expenses that plagued her solo practice, which included excessive professional liability premiums. She also hoped to better manage the frenetic pace of her professional life.

Today, she and her five employees — one person to handle billing and coding, a medical assistant, a receptionist, a secretary, and a “general office helper” — are working harder than ever. “I work from 7:30 a.m. to 7:30 p.m.,” she said. At age 50, Dr. Sangal sees as many patients as is practical and leaves correspondence and paperwork for the evening.

“Even at that, it is hard to survive,” she said. “It’s frustrating from the financial point of view.” Dr. Sangal’s reimbursements for gynecological procedures are now, in some cases, three or four times

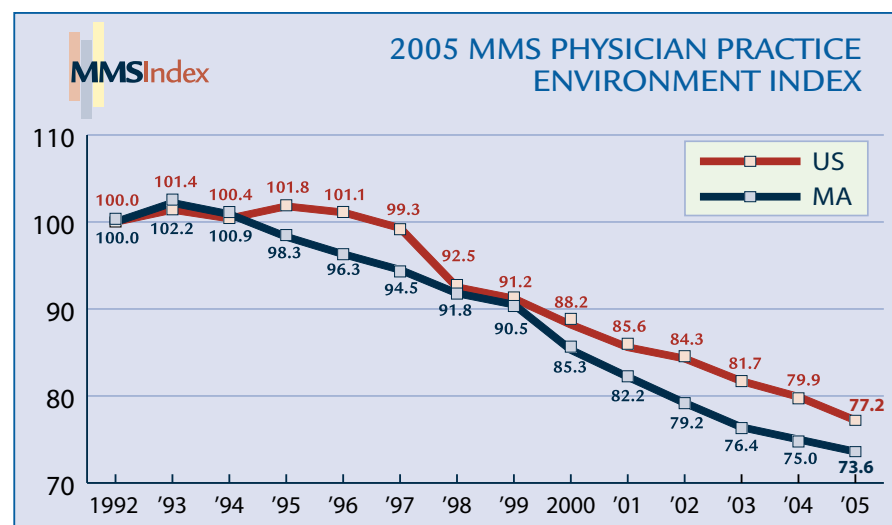
less than they were when she opened her practice in 1990. Meanwhile, overhead costs have risen steadily.

### Index Down for 12th Straight Year

The 2005 MMS Physician Practice Environment Index suggests that among Massachusetts physicians, Dr. Sangal is not alone in her fiscal frustration. For the 12th consecutive year, the index shows that the state’s physician practice environment has deteriorated (see graph). Although professional liability rates were stable last year, the combination of direct operating costs plus professional liability fees rose annually from 1994 to 2005 in Massachusetts at a rate 23 percent faster than those throughout the nation as a whole.

Overall, the Massachusetts index faltered by 1.8 percent relative to 2004. The index for the entire United States was off by 2.2 percent.

In recent years, rising professional liability premiums have been the chief fac-



tor in year-to-year slides in the practice environment. Those rates have typically risen so sharply and consistently that they caused dramatic slippage in both national and Bay State indexes. In 2005, however, “the overall slowing of the annual rates of change in both indexes may be explained almost entirely by the leveling of professional liability insurance rates,” the index report maintained. The overall U.S. increase in professional liability rates was 7.4 percent in 2005, while the Massachusetts rate did not change.

However, the index report cautioned that the apparent slowing of the index decline in 2005 may not be sustained in 2006, because professional liability premiums are expected to rise. “Over the five-year period ending in 2004, the average annual increase in professional liability rates in the U.S. amounted to 14.4

percent,” the report stated. “In Massachusetts, the average annual increase was only slightly less, at 13.3 percent.”

### Overhead Stings in 2005

While professional liability costs have been the biggest erosion factor for the state’s physician practices in recent years, rising costs of running a practice have also played a dominant role.

In 2005, the cost of maintaining a Massachusetts physician’s practice increased by 3.9 percent over 2004. From 1994 through 2005, the cost of maintaining a practice in Massachusetts rose by an average of 6.5 percent annually. For the U.S. overall, that figure was 3.8 percent for the same period.

The chief components of practice costs as measured by the index are wages, office rental rates, and medical supplies. The report found that wages paid for registered nurses, accounting special-

## Successful Health IT Pilot Propels MassPRO onto National Stage

BY TOM WALSH

After conducting a highly successful, 15-month pilot program that helped 500 small and medium-sized Massachusetts physician practices move toward adoption of electronic health record (EHR) technology, MassPRO, the Waltham-based health care quality improvement organization (QIO), is now poised to expand the boundaries of its role as EHR facilitator.

MassPRO was one of four state QIOs selected by the federal Centers for Medicare and Medicaid Services (CMS) to introduce the Doctors’ Office Quality-Information Technology (DOQ-IT) program to practices employing between one and nine doctors.

After MassPRO introduced DOQ-IT to 1,500 physicians in Massachusetts, the CMS concluded that MassPRO’s results were better than the combined results of

continued on page 2

Romney Signs Historic  
Health Access Bill. See page 5.

continued on page 2

## PRESIDENT'S MESSAGE



### One-Line Title TBD

As we wrap up our year together, I think we can be very proud of the leadership we have shown and the sharp focus we maintained on key areas of importance to physicians.

First, I am very proud of our work on physician practice viability. The state Legislature recently approved higher Medicaid reimbursement rates, and our advocacy had a major impact on that outcome.

We've also positively influenced the dialogue about quality measurement and health care transparency. From the earliest days of our profession, quality improvement has been central to our values. Our advocacy on quality measurement, transparency, and pay-for-performance is based on the premise that physicians have *always* defined quality in health care, and always *must*. Our stand is very clear — the data used in these programs must be accurate, clinically relevant, and fairly implemented.

A year ago, we began to find our voice on this topic. Since then, our work with the Group Insurance Commission, the Massachusetts Health Quality Partners, the state, and the business community has borne fruit. We are also very busy speaking to physicians at hospitals throughout the state. We have many more appearances scheduled through the summer. This kind of face-to-face

communication is critical because we'll need to continue addressing quality measurement over the next few years.

I'm also proud of our leadership in information technology. Our IT Clinical Advisory Committee is building a foundation that will ensure that physicians win in this new, interoperable, health care environment.

This year has passed by very quickly, but we got a lot done in just 12 months. It's equally clear that our work is not yet complete. Physician practice viability will continue to be critically important. The passage of historic health access legislation only starts the journey on the road to true universal coverage. And there remain many issues to resolve on transparency, quality measurement, and preparedness. Our committees, task forces, sections, and our leadership teams must continue to evolve and constantly communicate.

I hope that my year in this office has made a difference in these efforts. And I have no doubt that the next 12 months — under the presidential leadership of Dr. Ken Peelle — will result in our best year yet.

Thank you for the privilege of serving as your president. I thank all members and staff for their support, counsel, and guidance. I look forward to working with you for many years to come.

*Alan M. Harvey MD, MBA*

— Alan M. Harvey, M.D., M.B.A.

### Practice Index

*continued from page 1*

ists, and secretaries in Massachusetts jumped an average of 5 percent per year since 1994. Office rental rates per square foot rose 4 percent, and medical supply costs increased 8.8 percent annually in Massachusetts for the same period. The increase in the first two components was far higher in Massachusetts than for the U.S. as a whole.

### Business 101

Jeffrey L. Kaufman, M.D., a Springfield vascular surgeon, said most physicians do not enter their profession prepared to deal with the reality that their practices are small businesses.

"Medicine as a business is not at the forefront of physicians' minds," said Dr. Kaufman, the self-described "numbers guy" for Vascular Services of Western New England, a five-surgeon, 20-employee practice in Springfield. "Many doctors are isolated from issues such as cost and return on investment."

Dr. Kaufman's practice is heavily weighted toward elderly patients covered by Medicare. "More than 80 percent of what we do is directly linked to the Medicare system," he said, emphasizing that reimbursement for Medicare services has



*Illustration by Chris Twichell*

not kept up with actual costs or inflation. For example, from 1998 to 2000, revenue per case dropped 17 percent.

There are ways to compensate, but they are not pleasant. "What it amounts to is burn-out for the doctor," Dr. Kaufman said. On the day he was interviewed for this story, Dr. Kaufman saw 39

patients. He said 32 patients in one day would ordinarily be pushing things.

Dr. Kaufman cited overhead costs and claims denials by insurance companies as two things that can kill a practice. "Physicians have shaved their practices everywhere, and they've deferred capital expenses," he explained. "It's just Business 101."

### Still Loves Her Work

For all of her frustrations with the business aspects of running a physician practice, Dr. Sangal said she is determined to stick with it.

Of her work she said, "I don't think I will ever let it go. I just love what I do. In my heart I believe I am really helping my patients. I'll stick with it for as long as I can." **VS**

### MassPRO

*continued from page 1*

the other pilot states — California, Arkansas, and Utah.

### Comprehensive Services

According to Kenneth A. LaBresh, M.D., a cardiologist and MassPRO's vice president for medical affairs and quality, "What we provide are comprehensive services." Those services include an analysis that customizes the EHR selection process. MassPRO, a wholly owned subsidiary of the Massachusetts Medical Society, also aids in negotiating with vendors, provides on-site counsel during software and hardware installation, and is available for follow-up assistance to help physicians use the EHR to improve the care of their patients. "Introducing this technology to a physician's office means people will be doing things differently in the practice," Dr. LaBresh said. "You have to redesign how the office works."

### From Peer Review to Quality

MassPRO has greatly expanded its offerings in recent years. "We have moved

from primarily peer review to a performance-improvement, quality-focused organization that serves nearly every stakeholder group in the health care continuum," said Jeffrey M. East, MassPRO president and CEO. "We are providing the DOQ-IT methodology, framework, tools, and education across the country and are training most of the nation's other QIOs."

### Return on Investment

One of MassPRO's key messages in the EHR effort is that embracing the technology may result in longer-term economic advantages. "Better record-keeping and time management, as well as more accurate billing, may result in an economic gain from using electronic health records," Dr. LaBresh said.

As an outgrowth of its successful spearheading of the DOQ-IT pilot, MassPRO has been selected to support a demonstration project with 250 Massachusetts physician practices that will focus on care management performance with Medicare patients. Participating practices will be offered financial incentives to employ EHR technology. **VS**

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## e-Health Collaborative Goes Live in Newburyport

Richard Traister, M.D., of Highland Primary Care in Newburyport takes a patient's history using an electronic tablet. Such devices, important elements of an electronic health record system, can be carried from exam room to exam room and are accessible from many remote locations. Most physicians participating in the Massachusetts e-Health Collaborative's pilots in Brockton, Newburyport, and North Adams will use devices like this.



## Pay for Performance: From Policy to Practice

Physicians and other health care providers are continuously bombarded with information examining how pay for performance (P4P) programs will affect health care quality and costs. As more health plans and physician groups are entering into incentive programs, many physicians are wondering where or how to begin setting up internal processes to review and meet the targeted measures.

According to the 2005 National Pay for Performance Study conducted by Med-Vantage,<sup>®</sup> there are 107 active provider P4P sponsors nationwide, and those entities cover more than 50 million people.

### P4P in Massachusetts

The approach to P4P by Massachusetts health plans focuses on two major measurement components:

**1. Efficiency** — These measures target the key drivers of medical cost. Common

measurement parameters include inpatient days, high-cost radiology, lab capitalization, and pharmacy. The measures are then customized to address the organization's specific data and trends.

**2. Quality** — These measures target both clinical quality and patient safety at the hospital and physician service levels. Common physician ambulatory indicators include HEDIS measures and patient experience.

The accompanying table provides examples of the P4P measures currently utilized by Massachusetts health plans. Tufts, Health New England and national plans also have P4P programs. Physicians should contact their contracting entity for specific information on the measures and targets for their referral circle, independent practice association, or local care unit. **VS**

— Dana Cooper

Examples of Pay for Performance Measures\*

Measurement	BCBSMA	FCHP	HPHC
Pap	X	X	X
Mammography	X	X	X
Diabetes Management	X	X	X
Asthma Management	X	X	X
Adolescent Visits	X	X	
Infant Visits	X	X	
Depression Management			X
BMI	X		X
Percent Generic Prescriptions	X		X
IT	X		X
Cholesterol Screening for Patients with MI	X	X	
Colon Cancer Screening		X	X
ADHD Management			X

\*Measures can be incentive-based or reporting-only and will vary with individual contracts.

## Worldview and Communication Dynamics

Last in a three-part series

Among the factors to consider in communication between two people are age, gender, culture, and education level. More esoteric factors such as motivation, interest, self-perception, and aptitude should also be taken into account. This second set of factors is part of what constitutes an individual's worldview. A worldview is comprised of all those factors people carry with themselves based on their exposure to the world and their interactions with it.

A person's worldview helps establish the constitutive and regulative rules of communication. Constitutive rules set the context for the interaction and determine how meaning is assigned. Regulative rules regulate communication behavior and sequential acts. A game called "the Dozens" serves as an excellent example of how worldview can affect communication dynamics.

If one engages in "the Dozens" in a New York borough like the Bronx where it is well known, an insult to someone's

mother or family member with a "snap" constitutes the initiation of the game. A response to that insult with an insult in kind is acknowledgment that the game is continuing.

The worldview of the players helps support the mutual understanding that a game is being played. Outside of this geographic region, though, an insult to a family member may not be understood as the initiation of a game.

Physicians treat patients within the context of a medical examination, and patients respond to questions within that context. When physicians or patients stray from the constitutive rule of the medical interaction or the regulative rule maintaining that context, opportunities may be lost for maximizing patient satisfaction and patient safety. Understanding as much as possible about a patient will help the physician stay within a context allowed by the patient's worldview and hopefully lead to a more meaningful encounter. **VS**

— Adam Shlager

## NPI Deadlines Approaching

The National Provider Identifier (NPI) is a unique health provider identification number issued by the government as part of the administrative simplification section of the HIPAA legislation. Effective in May 2007, HIPAA-covered providers must have an NPI number when billing electronically. Additionally, some health plans might require paper-claim submitters to obtain and use an NPI.

Both individual providers and organizations will need to obtain NPIs. The Massachusetts Health Data Consortium (MHDC) is working on a number of initiatives to facilitate the process by which hospitals, physician groups, and other "complex" providers obtain NPIs and test them with health plans.

### BRM Can Help

Additionally, the Board of Registration in Medicine (BRM) is acting as an NPI clearinghouse for physicians in Massachusetts. The Board is providing an option to process NPI requests for physicians through completion of a license renewal

form. Consequently, a physician may choose to obtain his or her own NPI number, have a hospital or health plan secure the number, or authorize the BRM

to do so. There is no cost to obtain an NPI by any method.

The Board's NPI service began in December 2005, and as of February 2006, 60 percent of the 5,000 renewal applications authorized the BRM to apply for an NPI. Physicians' NPIs will be available on the

Board's secure website once the identifiers have been obtained.

### NPI Resources

Physicians can get more information about the NPI at [www.cms.hhs.gov/hipaa/hipaa2](http://www.cms.hhs.gov/hipaa/hipaa2) or from the National Plan and Provider Enumerator System at (800) 465-3203, <http://npes.cms.hhs.gov>, or by e-mail at [service@npienumerator.com](mailto:service@npienumerator.com). For more information about the BRM's NPI process, go to [www.massmedboard.org](http://www.massmedboard.org). **VS**

— Dana Cooper

## Physicians Play Important Role in Reducing Colorectal Cancer Deaths

Nearly 60,000 Americans will die from colorectal cancer this year, a number that could be cut in half if everyone 50 years of age and older was screened for the disease.

But nearly half of Americans 50 and older *don't* get screened for colorectal cancer — and often it's because they believe their doctor doesn't recommend it. When physicians do recommend it, patients are more likely to get screened, studies have shown. In fact, according to the *Journal of the National Cancer Institute*, physicians are the most important factor in patients getting tested for colorectal cancer.

Routine colorectal screening can prevent the disease from occurring by removing precancerous polyps. Even if the disease has already started to develop, when found in the earliest stages, the five-year survival rate for colorectal cancer is 90 percent. Unfortunately, only 39 percent of colorectal cancers are detected in the earliest and most treatable stages, and survival rates plummet to less

than 10 percent if the disease has already spread at the time of diagnosis.

"Many people 50 and older do not know that they are at risk and that they need to be screened," explained Gena Carter, M.D., board member of the New England Division of the American Cancer Society (ACS). "If we can increase awareness and compliance to the level we've achieved with the Pap test and the mammogram, we will have a tremendous opportunity to save thousands of lives."

The ACS offers a variety of resources to help physicians talk to their patients about the importance of routine colorectal cancer testing, support patients who have been diagnosed, and update their knowledge through easily accessible continuing medical education opportunities.

For more information about these materials, call (800) ACS-2345, or visit [www.cancer.org/colonmd](http://www.cancer.org/colonmd).

— Nancy E. Kane, M.S., R.N.  
Chief Medical Officer  
ACS, New England Division

## MMS to Cosponsor Shattuck Hospital HIV Conference

**P**rogress and Challenges: HIV 2006," the ninth Lemuel Shattuck Hospital HIV Conference, will be held at the John F. Kennedy Library and Museum on Friday, June 16.

The conference, which offers CME credit, will focus on three major areas:

- **Epidemiology and policy updates**, including the state of HIV disease in Massachusetts and nationwide and routine and new rapid testing for the disease
- **Meeting HIV challenges in the community and prison system**, including HIV and hepatitis C coinfection and prison-to-community treatment transitions

- **Disaster preparedness and lessons learned from Katrina**, including how to prepare patients and providers for such emergencies

Conference cosponsors include Lemuel Shattuck Hospital, the New England AIDS Education and Training Center, the Massachusetts Department of Public Health AIDS Bureau, the Boston Public Health Commission, and the MMS.

To register for the conference, contact the New England AIDS Education and Training Center at [www.neaetc.org](http://www.neaetc.org). For further information, call Lemuel Shattuck Hospital at (617) 971-3396.

— Stanley Slotnick  
Lemuel Shattuck Hospital

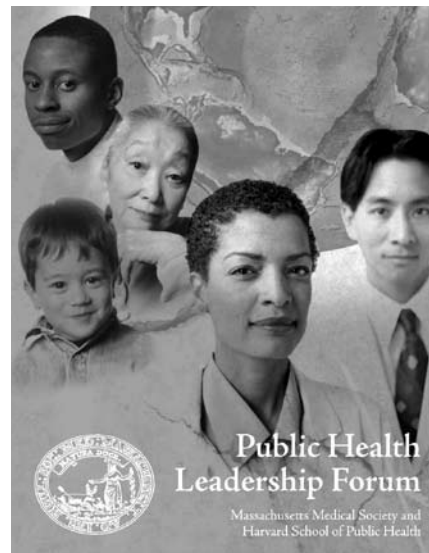
### WEBSITE OF THE MONTH

#### Help Protect Your Patients from Lyme Disease

The American College of Physicians (ACP) website has information about Lyme disease for physicians and patients ([www.acponline.org/lyme](http://www.acponline.org/lyme)). Patient information includes how to avoid and remove ticks, diagnosis and treatment, and myths about Lyme disease.

For physicians, the site has epidemiological information and an online probability calculator that computes the post-test probability of Lyme disease in a patient based on serologic test results and an accurate pretest probability. The site also offers links to other organizations, including the Massachusetts Department of Public Health, whose website includes Lyme disease statistics, a physicians' reference manual, and information about reporting.

## Health Disparities Examined at Public Health Leadership Forum



On March 23, the MMS and the Harvard School of Public Health sponsored the second annual Public Health Leadership Forum. Moderated by Howard Koh, M.D., M.P.H., MMS Committee on Public Health chair, the forum's internationally recognized faculty helped the MMS develop action steps to eliminate health disparities.

## MMS Program Provides Physicians Pandemic Preparedness Strategies

**A**s avian flu outbreaks continue to affect more countries, physicians are seeking practical information about how to protect themselves, their patients, and their families in the event of an outbreak here in the U.S. In March, the MMS hosted a CME program entitled "Avian Flu and Pandemic Preparedness: Practical Information and Strategies for Physicians."

Although a pandemic seems inevitable, "There is nothing we can do to predict the timing, severity, or virus strain of a pandemic," said Al DeMaria, M.D., M.P.H., director of the Massachusetts Department of Public Health Bureau of Communicable Disease Control. "All we can do is prepare."

### Calming Influence

Ben Kruskal, M.D., Ph.D., pediatrician and director of infection control for Harvard Vanguard Medical Group, said one key role physicians will play is allaying fears and providing credible information. Physicians will need to disseminate public health messages and interpret information for patients.

Reinforcing good health practices now — such as respiratory hygiene, regular flu vaccination, and pneumococcal vaccination for high-risk patients — will help protect patients during a pandemic. Patients can also gather several days'

worth of nonperishable food and other supplies, if they are able to.

Patients who use medications for chronic conditions would be wise to have a 30-day supply on hand during a pandemic, but Dr. DeMaria advised against patients stockpiling antivirals, because supplies are not plentiful and misuse could lead to resistance.

### Staffing Strategies

Practices should be prepared to deal with staffing shortages during a pandemic. Dr. Kruskal recommended cross-training all staff now, emphasizing infection-control practices. He also suggested that small practices develop partnerships with other practices to share resources as caseloads increase and the number of able-bodied staff fluctuates. Dr. Kruskal noted that staffing shortages will affect payers as well, potentially delaying claims processing.

Practices will need to increase capacity during a pandemic. Dr. Kruskal suggests assessing how many extra supplies the practice can afford to keep on hand, and whether office space can be reconfigured with separate areas for patients with respiratory illness.

More information on preparing your practice for a pandemic can be found at [www.massmed.org](http://www.massmed.org). **VS**

— Robyn Alie



## STATE UPDATE

## Historic Legislation Expands Access to Health Insurance

### Physician Medicaid Reimbursements Increased

After long-running and often contentious negotiations on “health access” legislation, on April 4 the Massachusetts House and Senate both overwhelmingly approved a compromise bill aimed at extending health insurance coverage to 90 to 95 percent of the state’s approximately 550,000 uninsured over the next three years. The measure would also provide substantial Medicaid reimbursement increases for physicians and hospitals during that period in an effort to make those payments more adequately reflect the cost of providing care.

The MMS, which has long advocated on Beacon Hill for both “universal access” and improved payments, applauded the victory. The Society had testified twice at the State House in support of the policy adopted by the House of Delegates, which endorsed the universal coverage principles of the Institute of Medicine. MMS President Alan M. Harvey, M.D., M.B.A., congratulated the Legislature for passing the bill and “for recognizing that physicians and other health care providers have been providing care to Medicaid beneficiaries for years, despite inadequate reimbursement rates.” Dr. Harvey pledged that the

Society would continue working “to ensure that the vision that inspired [this] legislation becomes a reality for all of our citizens.”

The bill expanded Medicaid eligibility for children and restored key benefits (such as dental care, eyeglasses, and prosthetics) that had been cut. It also established a “Wellness Program” for MassHealth patients and a “Commonwealth Care Health Insurance Program” to provide subsidized private health insurance to other lower- and middle-income patients whose employers do not offer coverage or who cannot afford to purchase the coverage offered. In addition, a “Health Insurance Connector” has been created to make it easier and less costly for small businesses and individuals to purchase insurance with pre-tax dollars. The legislation also requires all Massachusetts residents to have some form of coverage by July 2007.

The Medicaid reimbursement increases are significant, with \$81 million in additional funding provided to physicians in escalating amounts over a three-year period. The legislation also established a MassHealth Payment Policy Advisory Board (which will include a representative of the MMS) to

“review and evaluate rates and payment systems.”

The bill also created a Health Care Quality and Cost Council within the Executive Office of Health and Human Services. The council will establish a consumer health information website with cost and quality data to assist patients in decision-making. However, the law provides that the data reported by the council “should be accurate and evidence-based, and not imply distinctions where comparisons are not statistically significant.” The MMS will be represented on an advisory body that will review the council’s work.

The legislation will be funded through a variety of sources, including a reallocation of money currently used to support the Uncompensated Care Pool. In addition, the Legislature agreed to a controversial “Fair Share Assessment” on employers with at least 11 employees that do not offer health coverage. Those employers will be assessed \$295 per uncovered employee per year. Employers will also be liable for a “Free Rider Surcharge” if their employees use the Uncompensated Care Pool beyond a certain level. **VS**

— Steve Shestakofsky

## LEGISLATOR OF THE MONTH

## Senator

## Stephen J. Buoniconti (D)

**District:** Agawam, Chicopee (part), Springfield (part), West Springfield

**Committees:** Senate Ethics and Rules (Chair), Community Development and Small Business (Vice Chair), Financial Services, Public Health, Public Safety and Homeland Security



**QUOTE:** My daughter Joanna, now five years old, was born with spinal muscular atrophy. As a result of her condition, she has been hospitalized frequently and has endured numerous surgeries. As she continues to battle with this condition, I have become acutely aware of the great strides doctors and hospitals are making in pediatric medicine and care.

Though confined to a wheelchair, today Joanna is able to attend school with her friends. Her courage is a tremendous inspiration to me, and my gratitude to the doctors, nurses, and pediatric caregivers who have worked with our family over the years is impossible to convey.

As a legislator I have also developed an understanding of and appreciation for the financial and regulatory challenges that must be overcome if we are to continue providing such high levels of care. As the House and Senate continue to work on health care reform, it is our responsibility to work closely with physicians and others who are on the front lines. Massachusetts is blessed with some of the finest health care providers in the world. If we wish to continue benefiting from this high level of care, we must make sure these professionals are adequately reimbursed for their services. With your help, I know we can craft a solution that gives every child like Joanna a chance.

## FEDERAL UPDATE

## MMS Leaders Go to Washington to Discuss Issues Impacting Physicians

About 50 MMS physicians, residents, and students joined 600 other health care professionals in Washington, D.C., in March for the American Medical Association’s National Advocacy Conference. This three-day event mobilizes physicians and government officials to address critical national health care issues.

Participants met with Sen. Edward Kennedy; Massachusetts Reps. Michael Capuano, Barney Frank, Edward Markey, James McGovern, and John Tierney; and Heather Mizeur, domestic policy director for Sen. John Kerry. All reaffirmed their support for fixing the Medicare physician payment formula, and Sen. Kennedy once again thanked the MMS for its advocacy on patient safety and health information technology legislation.

Rep. Nathan Deal (R-GA), chair of the House Energy and Commerce Committee’s Health Subcommittee, told participants not to expect any “major long-term

reform” during this election year. Mark McClellan, M.D., administrator of the Centers for Medicare and Medicaid Services (CMS), urged doctors to take part in the Physician Voluntary Reporting Program, a CMS pay-for-performance initiative based on a “starter set” of 16 measures. Sen. Hillary Clinton (D-NY) discussed legislation cosponsored with Senator Barak Obama (D-IL) that would foster state “apology” programs, in which doctors would receive liability protections for promptly disclosing medical errors, apologizing to the patients harmed, and entering into a system resulting in quick

compensation.

According to MMS President Alan M. Harvey, M.D., M.B.A., the conference proved that “our political leaders value our input to guide them as they make decisions that have a major impact on our health care system.” **VS**



Photo by Xxxxx Xxxxx

Sen. Edward Kennedy (right) discusses health policy with MMS President Alan M. Harvey, M.D., M.B.A., (center) and James F. X. Kenealy, M.D., (left) vice chair of the MMS Committee on Legislation.

## PHYSICIAN HEALTH MATTERS

### Managing On-Call Stress

Being on call is part of the culture of medical practice. However, the stresses related to being on call are rarely spoken about or reflected upon, probably because most physicians stoically accept this task to help ensure 24-hour, 7-day-a-week availability of competent physicians. The widening availability of hospitalists has lessened the on-call burdens for some physicians, especially those in general medicine specialties who practice in facilities that accept the hospitalist's role and hire enough of them. But a large percentage of physicians remain on call on a regular basis.

#### Variable Roles and Responsibilities

What it means to be on call varies depending on the particular hospital, practice, or specialty. Typically, residents and younger physicians shoulder much of the on-call burden. The frequency of on-call duties varies widely, and the hours are not standardized. Responsibilities also vary considerably and might include admitting new patients, rendering opinions about patients with whom the physician has no previous relationship, fielding phone calls from patients requesting refills on controlled substances, dealing with patients who demand more intensive care than the on-call physician is able to provide, and listening to the frustrations of nurses or emergency ward physicians regarding medical crises.

Most on-call physicians maintain availability by beeper or cell phone, and all are expected to respond quickly to the hospital or nurse in a respectful and helpful manner. However, an on-call physician might handle a 3 a.m. call differently than one coming in at 7 p.m.,

especially if the physician is awoken in the midst of a deep sleep or had been woken up previously.

Sleep deprivation has variable effects on different people, and here again, age is often a factor. A younger resident would be expected to respond better to

four to five phone calls during sleeping hours than a 55-year-old physician who requires eight to nine hours of uninterrupted sleep to function well the following day.

Drinking alcohol while on call is also a concern and needs to be carefully considered. For a solo practitioner without coverage who is always on call, even one social drink could present risks or challenges.

Finally, being on call every night or regularly for a two- or three-week stretch can impact the work-life balance and adversely affect one's social and family relationships. Some physicians find themselves anxiously anticipating being on call during the "pre-call" day and then needing a "post-call" day to recuperate.

Physicians would benefit from reflecting on and discussing their on-call duties with colleagues, mentors, and medical staff, with the objective of clarifying expectations, availability, and patient-management practices. Prioritizing personal health through attention to diet, exercise, relaxation, and support from family and friends can be invaluable in managing the burden of being on call.

For more information about managing on-call stress, contact Physician Health Services at (781) 434-7404 or [www.physicianhealth.org](http://www.physicianhealth.org). **VS**

— Luis T. Sanchez, M.D.  
Director, Physician Health Services

#### Managing Workplace Conflict: Improving Personal Effectiveness

June 15 and 16, 8 a.m.–4 p.m.  
MMS Headquarters, Waltham

To register, call (800) 843-6356,  
or visit [www.massmed.org/cme](http://www.massmed.org/cme)

### MMS to Sponsor Fourth Conference on Men's Health

The American Heart Association reports that the death rate from heart disease for males is 50 percent higher than that for women. Similarly, the American Cancer Society notes that cancer rates are also significantly higher for men in a number of areas, including lung and esophageal cancer. In addition, more than 30,000 men die annually from prostate cancer.

On June 23, the MMS Committee on Men's Health will present the Fourth Annual Symposium on Men's Health (see box). Entitled "Working with Men in Your Daily Practice," the symposium will address a wide array of topics on physical and mental health, including

post traumatic stress disorder in men, the benefits of vitamin D biochemistry on osteoporosis and other diseases in men, and ADHD across the lifespan.

The conference will also feature updates on male sexual dysfunction — including the correlation between erectile dysfunction, cardiovascular disease, and metabolic syndrome — as well as the latest on prostate cancer and other urological disorders.

The luncheon speaker, Jean Bonhomme, M.D., M.P.H., founder of the National Black Men's

Health Network, will address "Men's Health: The Impact on Women, Children, and Society." **VS**

— Steve Shestakofsky

#### Fourth Annual Symposium on Men's Health: Working with Men in Your Daily Practice

Friday, June 23, 8 a.m.–4 p.m.  
MMS Headquarters, Waltham  
7.5 AMA PRA Category 1 Credits™  
(2.5 credits approved for risk management)  
For more information, call  
(800) 843-6356 or visit  
[www.massmed.org](http://www.massmed.org).

### 2006 Physician Volunteer Fair Happening May 11

Virginia Byrnes, M.D., knows the meaning of gratitude. It's apparent in the faces of the women and children she treats at a long-term domestic violence shelter in Boston through Women of Means, a nonprofit organization that mobilizes medical professionals to provide free medical care to homeless women and children.

Dr. Byrnes, a pediatrician and internist, first hooked up with Women of Means at the 2001 MMS Physician Volunteer Fair. During this annual event, physicians meet with representatives from a variety of volunteer organizations

and explore how to donate time, energy, and expertise in local communities and internationally. This year the fair will be held on May 11 from 7 to 9 p.m. at the Seaport Hotel in Boston, in conjunction with the Society's Annual Meeting.

"Women of Means gives me a structured and formal opportunity to do something good," said Dr. Byrnes. "I can decide what's important, which problems to pursue, and how to spend my time. It's important for volunteer physicians to spend time together, sharing ideas and exchanging opinions."

Exhibitors at this year's Physician Volunteer Fair include Boston Area Rape Crisis Center, Bridge Over Troubled Waters, Doctors of the World – USA, Duffy Health Center, Health Volunteers Overseas, Hospitality Homes, MA Medical Reserve Corps, Samaritans of Merrimack Valley, and the Volunteer Surveillance Corps. The event, sponsored by the MMS Committee on Young Physicians, is free of charge.

For more information, contact Emily H. Richardson, at (800) 322-2303, ext. 7315, or [erichardson@mms.org](mailto:erichardson@mms.org). **VS**

— Erin Tally

### EHR Conference Will Help Independent Physicians

The adoption of electronic health records (EHRs) in physician practices is accelerating, as patient safety and quality/pay-for-performance initiatives are fueling the conversion from paper to digital records. But it takes time to investigate and set up a system that works for your specific practice size and specialty.

The PACT (Physicians Adopting Computer Technology) Conference is a one-day CME event jointly sponsored by the

MMS and the Healthcare Information and Management Systems Society (HIMSS). The conference features a distinguished group of nationally recognized presenters who bring home the realities of EHR implementation. Topics include an overview of an EHR, vendor selection, contract negotiation and financing, implementation strategies, and finding the right resources. Attendees will also have the opportunity to participate in demonstrations in the EHR Ex-

hibit Area. The PACT Conference is designed for physicians in small (one to four physicians) and large (10-plus physicians) practices, as well as technology professionals, office managers, and administrators who are responsible for EHR decision-making.

The 2006 PACT Conference in Waltham will be held on June 24. To register, go to [www.himss.org/pact](http://www.himss.org/pact). **VS**

— Kathy Bellisle



## ACROSS THE COMMONWEALTH

### District News and Events

**Barnstable – Legislative Breakfast.** Fri., June 2, 7:30–9 a.m. Location: Cape Cod Hospital. Preregistration is required. Contact the Southeast Office.

**Berkshire – Legislative Breakfast.** Fri., May 19, 7:30–9 a.m. Location: Berkshire Medical Center. Contact the West Central Office.

**Essex North & South – Joint Delegates Meeting.** Wed., May 3, 6 p.m. Location: Danversport Yacht Club, Danvers. Contact the Northeast Office.

**Franklin – Legislative Breakfast.** Fri., June 9, 7:30–9 a.m. Location: Franklin Medical Center. Contact the West Central Office.

**Hampden – 13th Annual Medico-Legal Forum.** Wed. May 31, 6 p.m. social; 7 p.m. dinner. Location: The Log Cabin Banquet & Meeting House, Holyoke. Speaker: Margaret Mitchell, Chief Justice, MA Supreme Court. Cosponsored with Hampden County Bar Association. Contact Suzanne Skibinski at (413) 736-0661.

**Hampshire – Legislative Breakfast.** Fri., June 16, 7:30–9 a.m. Location: Cooley Dickinson Hospital. Contact the West Central Office.

**Middlesex North – Annual Meeting.** Wed., May 3, 6 p.m. Location: Vesper Country Club, Tyngsboro. Speaker: Joseph Holtschlag. Topic: “Transforming Physician Practices with Electronic Medical Records.” Contact the Northeast Office.

**Middlesex West – Women Physicians Group.** Tues., June 13, 6:30 p.m. Barbeque. Location: South Natick. Family members are welcome. Contact Phyllis Kornguth, M.D., at (508) 652-0206 or Ceil Mikalac, M.D., at (508) 752-7529.

**Norfolk South – Legislative Breakfast.** Fri., May 5, 7:30–9 a.m. Location: Private Dining Room, South Shore Hospital. Preregistration is required. Contact the Southeast Office.

**Southeast Regional – Regional Caucus.** Tues., May 2, 6 p.m. Location: LeBaron Hills Country Club, Lakeville. Delegates from Barnstable, Bristol North, Bristol South, Norfolk South, and Plymouth District Medical Societies will review and discuss resolutions. Contact the Southeast Office.

**Suffolk – District Meeting.** Thurs., Jun 8, 6 p.m. Location: East Garden Room, White Basement, Mass. General Hospital. Contact Thelma Malafey at (617) 236-5864.

**Worcester – Meet the Author Series.** Tues., May 9, 5:30 p.m. Location: Lamar Soutter Library, UMASS Medical School. Book: *Testing the Boundaries: Women Physicians and Sex Education; the Case of Dr. Mary S. Calderone* by Ellen S. More, Ph.D. Contact Joyce Cariglia at (508) 753-1579.

If you have news for “Across the Commonwealth,” contact Florence Keefe, Northeast Regional Office, at (800) 944-5562 or fkeefe@mms.org; Linda Howard, Southeast Regional Office, at (800) 322-3301 or lhoward@mms.org; Nancy Caron, West Central Regional Office, at (800) 522-3112 or ncaron@mms.org; or Cathy Salas, West Central Regional Office, at (800) 522-3112 or csalas@mms.org.

## IMGs and International Medical Care

One out of every four physicians in the U.S. is an international medical graduate (IMG). IMGs comprise even higher percentages of physicians in the United Kingdom, Canada, and Australia. Many of these physicians come from developing nations that cannot afford to lose their trained medical professionals.

At the same time, IMGs make critical contributions to the U.S. physician workforce. Experts have estimated that physician shortages in the U.S. will approach 200,000 by the year 2020. This predicted

shortfall is based on a variety of factors including an aging population, advanced technologies, the resources required for chronic disease management, changing family structures, and consumer and provider preferences.

At the Society’s Annual Meeting in May, the MMS IMG Section will explore both sides

of this story further (see box). The program will highlight how IMGs impact physician shortages in the U.S. and in poorer countries, and the resulting consequences for global health care. **VS**

### Future of IMGs and U.S. Medical Care

Speaker: Lincoln C. Chen, M.D., M.P.H.

Saturday, May 13, 3:30–5:00 p.m.  
Seaport Hotel, Boston

To register, call (800) 843-6356.

## Distance Learning Meets Physician CME Needs

Identification of physician educational needs is a collaborative effort among MMS committees, departments, HOD resolutions, and market surveys. When the MMS first launched online CME in the early 2000s, physicians preferred to acquire ongoing knowledge through medical journals and live CME programs. Changes in practice and patient load and resulting documentation spurred physician interest in quality continuing education that could meet increasingly demanding schedules.

Fast-forward to 2006, and the MMS now offers more than 22 online activities, in addition to online CME from the *New England Journal of Medicine* and *Journal Watch*. Through collaboration with ProMutual Group, the Society offers a series of risk management online CME courses based on actual case files and risk analysis data. Topics include an attorney’s perspective on malpractice, electronic health records (EHRs), risk

management concerns for nurse practitioners and physician assistants, and patient satisfaction. The patient satisfaction course attracts the highest level of participation, with over 2,000 physicians taking part in our CME exams. In our EHR and patient safety activities, participants can view prerecorded presentation materials, hear synchronized audio, and see the speaker transcripts.

Future areas of CME development will include self-directed learning models, “webinars,” and performance improvement activities. Our goal is to solely or jointly sponsor distance CME activities that are relevant and essential to the current practice environment and that facilitate a variety of learning styles, technical platforms, and time constraints.

For a complete listing of our online CME activities, go to [www.massmed.org/cme](http://www.massmed.org/cme). **VS**

– Kathy Bellisle  
– Caroline Carregal

## Harvey G. Clermont, M.D., Named MMS Senior Volunteer Physician of the Year

Harvey G. Clermont, M.D., has received the 2006 MMS Senior Volunteer Physician of the Year Award for his exemplary dedication to volunteerism and his lifelong sharing of medical expertise.

Soon after graduating from Harvard Medical School, Dr. Clermont moved with his wife to Alaska for a two-year assignment with the Navy, during which he traveled to isolated islands to provide medical care for native populations.

Dr. Clermont returned to Massachusetts in 1973 and joined Fallon Clinic as a general and vascular surgeon. In 1980 he founded the Eastern Chapter of Heal the Children, a nonprofit organization dedicated to providing quality medical care to children from all over the world. During that time he opened his home to three Korean children, one of whom needed a ventricular septal defect (VSD) repair. Since then, Dr. Clermont and his wife adopted four more Korean children

and have fostered 31 children over the years.

With his growing passion and commitment to international health care, in 1986 Dr. Clermont founded Children’s Healthcare and Nutritional Goals

through Education (CHANGE). Since its inception, CHANGE has sent more than 900 physician volunteers to developing countries to perform a total of more than 10,000 patient examinations and 4,000 surgical procedures.

Closer to home, in the past decade, Dr. Clermont established free medical care programs in Shrewsbury, Hudson, and Millbury, where he and an all-volunteer medical staff average about 100 patient visits a week.

In addition to his outstanding community service endeavors, Dr. Clermont has published various surgical papers, stayed active in several medical associations, and maintained his own private practice in Worcester. **VS**

– Jennifer Lorrain



Harvey G. Clermont, M.D., Senior Volunteer Physician of the Year

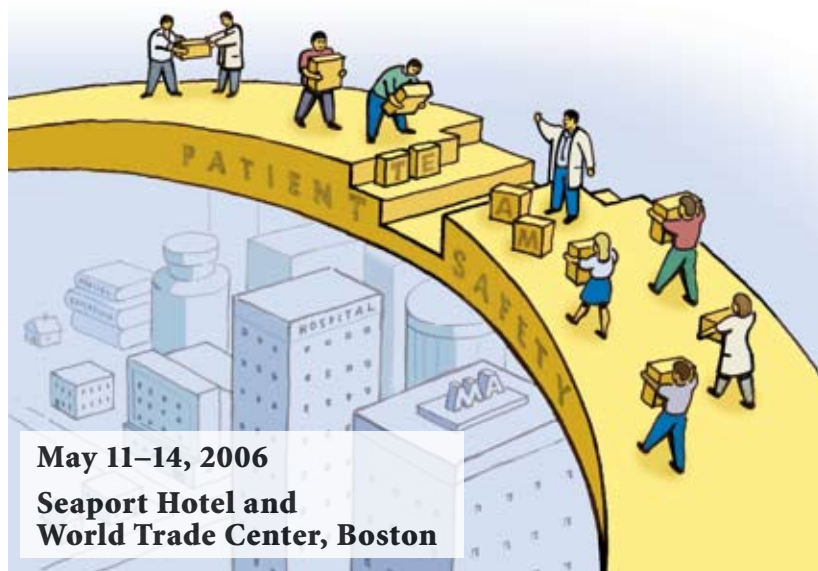


MMS Annual Meeting 2006

## Patient Safety is Teamwork

REGISTER  
TODAY!

*Bridging the Gap*



May 11–14, 2006

Seaport Hotel and  
World Trade Center, Boston

See inside for details and visit [www.massmed.org/annual2006](http://www.massmed.org/annual2006).

## MMS Education Programs

To register for any of these programs, call (800) 843-6356. For more information on these programs, contact the MMS Department of Continuing Education and Certification at (800) 322-2303, ext. 7306, or go to [www.massmed.org](http://www.massmed.org). NOTE: (RM) indicates that the program or a portion of the program meets the Massachusetts Board of Registration in Medicine criteria for risk management study.

### Onsite CME Programs

#### 2006 Literature and the Professions

##### Series — Healing Words: The Benefits of Apology

May 5, 9 a.m.–3:15 p.m.,  
Beechwood Hotel, Worcester

May 19, 9 a.m.–3:15 p.m.,  
MMS Headquarters

Sponsored by the MMS. CME Credit:  
6 AMA PRA Category 1 Credits™ (RM)

#### Breastfeeding: What Every Doctor Needs to Know

May 3, 8:30 a.m.–12 noon, Countway  
Library, Boston, OR May 24, 8:30 a.m.–  
12 noon, Mercy Hospital, Springfield.

Jointly sponsored by the MMS and the  
Massachusetts Breastfeeding Coalition,  
Inc. CME Credit: 3.5 AMA PRA Category  
1 Credits™ (RM)

#### Ethics Forum: Consequences and Ethics of DNR Orders

May 11, 3:30–5:30 p.m. Seaport Hotel &  
World Trade Center, Boston. Sponsored

by the MMS. CME Credit: 2 AMA PRA  
Category 1 Credits™

#### Patient Safety is Teamwork: Bridging the Gap

May 13, 8:30 a.m.–12:45 p.m.

Seaport Hotel & World Trade Center,  
Boston. Sponsored by the MMS. CME  
Credit: 4 AMA PRA Category 1  
Credits™ (RM)

#### Annual Shattuck Lecture and Luncheon

Speaker: Ferid Murad, M.D., Ph.D.  
May 13, 1–2:30 p.m.

Seaport Hotel & World Trade Center.  
Sponsored by the MMS and its Com-  
mittee on Publications. CME Credit:  
1 AMA PRA Category 1 Credit™

#### Managing Workplace Conflict: Improving Personal Effectiveness

June 15–16, 8 a.m.–4 p.m., MMS  
Headquarters. Sponsored by the MMS  
and Physician Health Services.

CME Credit: 11.5 AMA PRA Category  
1 Credits™ (RM)

#### Fourth Annual Symposium on Men's Health: Working with Men in Your Daily Practice

June 23, 8 a.m.–4 p.m. MMS Head-  
quarters. Sponsored by the MMS  
and its Committee on Men's Health.  
CME Credit: 7.5 AMA PRA Category  
1 Credits™ (2.5 RM)

#### Physicians Adopting Computer Technology (PACT)

June 24, 8 a.m.–6 p.m. MMS Head-  
quarters. Sponsored by the MMS,  
HIMSS, the Massachusetts eHealth  
Collaborative, and MassPRO. CME  
Credit: 7 AMA PRA Category 1 Credits™.  
To register, visit [www.himss.org/pact](http://www.himss.org/pact).

### Online CME Programs

To access the following programs,  
go to [www.massmed.org/cme](http://www.massmed.org/cme).

The following online CME programs are jointly  
sponsored by the MMS and ProMutual Group.  
Each program is awarded 1 AMA PRA Category  
1 Credit™ (RM).

- Hospitalists\*
- The Electronic Health Record  
in the Office Practice\*
- Medical Malpractice Litigation:  
The Attorney's Perspective\*
- Nonsurgical Cosmetic Procedures:  
Risk Issues in the Quest for Youth\*
- Difficult Patients
- Closing a Practice
- Terminating the Professional  
Relationship With a Patient
- Patient Satisfaction
- The Telephone as an  
Instrument of Risk
- Nurse Practitioners and Physician  
Assistants: Some Risk Management  
Concerns\*
- Cultural Diversity

\*Asterisked programs are also available in print. For a  
copy, please call the Department of Continuing Edu-  
cation and Certification at (800) 322-2303, ext. 7306.