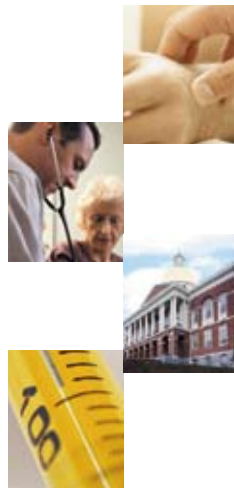




VITAL SIGNS



2 PRESIDENT'S MESSAGE

Serving Patients, Serving Members

3 YOUR PRACTICE

Implementing PQRI
New Formulary Guide
MassHealth's New Info System
NPI Deadline

4 THE PUBLIC'S HEALTH

Preparedness Push
Foundation Grants
Public Health Leadership Forum

5 GOVERNMENT AFFAIRS

State: Senate Bill Analyzed
Federal: Advocacy in D.C.

6 PROFESSIONAL MATTERS

Online License Renewals
PHS 30th Anniversary
Mentoring for Women Physicians

7 INSIDE MMS

Covering the Uninsured Week
Senior Volunteer Physician
Across the Commonwealth

8 MMS EDUCATION PROGRAMS

What's on the Web?

MMS Board of Trustees Authorizes Legal Action Regarding GIC Tiering

BY TOM WALSH

With a growing number of physicians across Massachusetts saying their latest individual ratings from insurers participating in the state Group Insurance Commission (GIC) are inaccurate or unfair, the MMS Board of Trustees has authorized the Society to take legal action with regard to the rating program.

"More and more physicians are telling us that they have been assigned procedures they did not perform, and assigned patients they did not treat," said B. Dale Magee, M.D., MMS president. "This, in turn, has placed physicians in the wrong tiers. This means that patients pay the ultimate price, in the form of higher and unfair copayments. This isn't cost-cutting; this is merely cost-shifting."

Freedom of Information

In March, prior to the authorization to pursue legal action, the MMS invoked the state public records law and formally requested of the GIC "all documents and communications" relating to the tiering program, "including conversations between and among the GIC, its consultants, and the health plans that participate in the GIC."

"We believe the program lacks the reliability, accuracy, and validity to give patients a true picture of physician measurement," said Dr. Magee. "We are convinced that the upcoming version of [the GIC program], set to take effect on July 1, is even more harmful than what we have seen during the past two years."

Dr. Magee said the MMS hopes to obtain these records to dig more deeply into how the GIC, which manages health benefits for 268,000 state and municipal employees, arrived at physician rankings.

The GIC's "Clinical Performance Improvement" (CPI) program, which the commission describes as necessary to contain health care costs and promote higher quality care, has had unintended consequences. "Costs can be unfairly shifted to patients, as those who see lower-rated physicians pay more, and doctor-patient relationships, as well as physician reputations, can be harmed by mistaken rankings," Dr. Magee said.

Percentage Distributions Upset Physicians

The third year of the GIC program requires a three-tiered ranking system. Further, according to the GIC's request for proposals from insurers, the agency explicitly stated that health plans should assign 20 percent of physicians to Tier 1, 65 percent to Tier 2, and 15 percent to Tier 3.

This practice of predetermining the percentage of doctors in each tier has rankled physicians. "Assigning percentages for each tier is not based on the quality of the physician," declared Jennifer R. Thulin, M.D., a Natick OB/GYN in a solo practice. "Massachusetts has some of the best physicians in the world, which means that under this system some of the best doctors will be in Tier 2 or Tier 3."

Dr. Thulin had previously been ranked as Tier 1 by one GIC plan, but this time came in at Tier 2. She suspects

that the GIC-suggested percentage distributions may have something to do with that, but as this issue of *Vital Signs* went to press, she was still awaiting an explanation.

"I think it's a travesty," Dr. Thulin said. "My quality of care has not dropped. I get board certified in my profession every year and score nearly 100 percent on the exam. I would think I would be one of the highest ranked physicians."

continued on page 2

Senate President's Bill Fuels Debate on Health Reform

BY STEPHEN SHESTAKOVSKY

Nearly two years after Massachusetts enacted its landmark health reform law, more than 340,000 previously uninsured Massachusetts patients — about 60 percent of those lacking coverage when the law was passed — are now insured. In addition, a Health Care Quality and Cost Council has been established to start setting quality improvement and cost containment goals and benchmarks.

Yet, as has been widely reported, the initiative is costing the Commonwealth more than anticipated, largely because the number of lower-income patients signing up for subsidized coverage is far greater than anticipated. As a result, the emphasis has shifted from prioritizing enrollment to containing costs. Senate President Therese Murray (D-Plymouth) jump-started the debate on "Phase II" by filing comprehensive health care legislation that addresses cost containment, transparency, efficiency, and quality.

The Society strongly supports the intent of this legislation: improving access to primary care, expanding the use of new technology, and enhancing the transparency of health care costs. However, the MMS has concerns about specific language in certain areas of the bill and the unintended consequences that would follow if the legislation were enacted as drafted. Consequently, the Society has made recommendations that we believe would improve the measure.

Physician Workforce Incentives

The bill supports primary care physician workforce initiatives such as loan

continued on page 5

ANNUAL MEETING

LEAD BY EXAMPLE

Choices for a Better Health Care System



**Massachusetts Medical Society
2008 Annual Meeting**

The Seaport Hotel and World Trade Center

May 8–11

To register online,
visit www.massmed.org/annual2008.

*Can't make it? Check out the Annual
Meeting blog at http://massmed.typepad.com/each_patient_counts/.*

PRESIDENT'S MESSAGE



Serving Patients, Serving Members

As I pen my last note to you as president and prepare to continue with my practice, several parallels between caring for patients and caring for our members come to mind.

Focus

We are an organization of great diversity and substantial resources. There is much to be done in health care today. But, like trying to care for a patient with a list of 15 questions, we have to face up to our limits. We have to focus. We serve our members best when we get results, not just produce reports.

Focusing is hard. It does not simply mean declining to do things that are of little consequence or that do not fit with our strategic priorities. It means looking at noble, important causes and saying “no” or “not at this time.” Unless we get ourselves to address only a few issues, we cannot expect to get results that make a difference. Results are what make us relevant.

Conservation of Resources

Just as we are learning that we cannot practice “sky-is-the-limit” medicine, we also must see that the Society’s financial resources are limited. Our organization will be more secure if we look toward decreasing our dependence on the Publishing Division. It would be wise for us to ask, “What would happen if we did not spend this money?”, rather than

“Can we justify doing this?” Much can be done through the volunteerism that is at our roots.

Teamwork

None of us is in solo practice. Even those of us who practice alone in our offices come to realize that health care today is a team sport. Our patients all see a variety of physicians and other health care providers. We serve them best when we work together.

So, too, I know that one year is too brief a time to really make a difference. Over the past three years as an officer, I have appreciated the fact that my predecessors, Al Harvey and Ken Peelle, have included me in their planning and discussions. I have had the pleasure of working with exceptional officers in Bruce Auerbach and Mario Motta. We have approached the challenges this year knowing that focus without continuity is doomed.

The MMS staff has been a pleasure to work with, and their commitment to our ideals enables us to accomplish all that we do.

Finally, just as my patients honor me by entrusting me with their problems, so you have honored me this year.

I hope you feel that I have served you well. I will miss you.

— B. Dale Magee, M.D.

Tiering

continued from page 1

Unhelpful Responses

“It’s totally unfair to characterize people this way,” agreed Joseph F. Adolph, M.D., a Marlborough urologist, who likened the predetermined percentages to “the sliding scales used in college.”

Dr. Adolph believes his rating from one GIC health plan may have gone from Tier 1 to Tier 2 because of one patient whom the plan maintained was individually responsible for \$47,000 worth of office visits. When Dr. Adolph sought a specific explanation from the plan that ranked him in the second tier, “they sent me a 12-page printout that you’d have to be a biostatistician to understand,” he said. He theorizes that he landed in Tier 2 with this plan because of a patient who underwent considerable high-end diagnostic testing. “But they don’t tell you the name of the patient,” he said. “It’s conceivable that I recommended surgery for this patient, who could have then gone to another physician for a second opinion and got further tests.” He said he was told that the plan’s software could not account for these costs so they were all attributed to him. “But I don’t know for sure because they won’t tell me the name of the patient,” said a frustrated Dr. Adolph.

Stephen O. Chastain, M.D., is in family practice with the Methuen Medical Group. He said he’s been involved in discussions with the GIC on behalf of his practice. “We asked [the GIC] why they didn’t encourage patients to lose weight, quit smoking, and comply with preventive tests and screenings. They could save a lot of money for relatively little cost.”

Dr. Chastain said he was told by the GIC that this would be punitive policy.

“As a physician, I’m shocked by that,” he said. “They’re taking away a tool I

would have to stimulate better behavior in patients. Instead, they’re saying that until we’ve saved as much as we can by squeezing doctors, we don’t even want to look at working with patients.”

Collaborative Process Necessary

A. Kim Saal, M.D., is chief of cardiology at Mount Auburn Hospital in Cambridge and has worked with health plans in the past to create physician report cards. While calling himself “a strong advocate and proponent” of reporting on physician performance, Dr. Saal said the key to getting it right is working collaboratively. “It has to be an interactive process, with physicians getting to look at all of their data,” he said. “Doctors must be able to learn from this process and improve their care.” He said the GIC could have chosen to work with physicians over the past three years but did not. “So now we have to prove that what the GIC is doing is not correct,” Dr. Saal said.

“The MMS and its leaders are by nature collaborative,” said Dr. Magee, whose own physician ranking was based, in part, on procedures that appear to have been misclassified. “Over the past several years, we engaged the GIC and convened meetings with the medical directors of the plans and consultants to discuss these issues. But the information coming in from the state’s doctors suggests that the GIC ratings rest on flawed data.”

Dr. Magee said, “We want to do the right thing. We know that physicians need good information to help them provide high quality and cost-effective health care. We want to work with the health plans to make such information available to physicians to care for their patients. But sometimes doing the right thing means stopping something that’s wrong.” **VS**

MMS and Masspro Reach Agreement

The Massachusetts Medical Society and Masspro, one of the leading health care improvement organizations in the U.S., have reached an agreement for Masspro to purchase all of its shares from the MMS. As a result of the transaction, Masspro will become an independent not-for-profit organization.

This change occurred because of the federal ruling requiring that all federal quality improvement organizations like Masspro be independent of other health

care entities, including state medical societies, hospitals, and health plans. The MMS can still nominate physicians to the Masspro board, but officers of the Society may no longer sit on Masspro’s board.

You can expect Masspro to continue its great quality-improvement work on behalf of physicians and patients, which began with its inception more than 30 years ago. **VS**

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

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

EDITOR: Lloyd Resnick **STAFF WRITER:** Tom Walsh

EDITORIAL STAFF: Charles Alagero, Office of General Counsel; Robyn Alie, Public Health; Dana Cooper, Managed Care; Stephen Phelan, Membership; Cathy Salas, West Central Regional Office; Stephen Shestakofsky, Government Relations; Jessica Vautour, Physician Health Services

PHYSICIAN EDITORIAL ADVISORY BOARD: Keisa Bennett, M.D.; Joseph Grisanzio, M.D.; Bruce Karlin, M.D.; Dubravko Kuflinec, M.D.; Liz Kwo; B. Dale Magee, M.D.; Stuart Mushlin, M.D.; Jack Ringler, M.D.

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

PRESIDENT: B. Dale Magee, M.D. **EXECUTIVE VICE PRESIDENT:** Corinne Broderick

DIRECTOR OF COMMUNICATIONS: Frank Fortin

Vital Signs is published monthly, with combined issues for June/July and December/January, by the Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451-1411. Circulation: controlled to MMS members. Address changes to MMS Dept. of Membership Services. Editorial correspondence to MMS Dept. of Communications. Telephone: (781) 434-7110; Toll free outside Massachusetts: (800) 322-2303; Fax: (781) 642-0976. E-mail: vitalsigns@mms.org.

Vital Signs lists external websites for information only. MMS is not responsible for their content and does not recommend, endorse, or sponsor any product, service, advice, or point of view that may be offered. MMS expressly disclaims any representations as to the accuracy or suitability for any purpose of the websites’ content. ©2008 The Massachusetts Medical Society. All Rights Reserved.

Expanded 11th Edition of *Massachusetts Outpatient Formulary Guide* Is in the Mail

Physicians and pharmacies in Massachusetts will receive the 11th edition of the *Massachusetts Outpatient Formulary Guide* this month. The guide is the collaborative effort of the MMS, in partnership with some of the leading Massachusetts health plans, including Aetna Health, Inc., Blue Cross Blue Shield of Massachusetts, Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Office of Medicaid/MassHealth, Neighborhood Health Plan, Network Health, and Tufts Health Plan.

In response to survey feedback from past years, three new medication categories are included in the 2008

guide: analgesics, dermatologic agents, and ophthalmic agents. The guide provides physicians with an index of the

most commonly prescribed formulary drugs and with each plan's preferred formulary drugs, medications requiring prior authorization/notification, step therapy, medications with dispensing limitations, and medications with covered alternatives.

The updated guide will also be available on the MMS website in PDF format with searchable text this month. To purchase additional hard copies of the *Formulary Guide*, contact the MMS Customer Service Department at (800) 843-6356. **VS**

—Liz Slade



SPOTLIGHT ON SUCCESS

Implementing PQRI in a Small Group Practice

Medicare's Physician Quality Reporting Initiative (PQRI) pays physicians a 1.5 percent bonus on top of their total allowed charges if they successfully report on 80 percent of at least three quality measures from a designated list of more than 130. How can PQRI work in a small-group setting?

Preparing for Implementation

David Grace, M.D., president of PMG Physicians and one of two adult medicine physicians in the group's Plymouth office, asked his medical biller to investigate participation in the PQRI. Mary Prendergast, CPC, started by asking the practice's IT manager to determine if their systems could support PQRI code reporting.

After confirming that the practice's IT systems (which include a GE Centricity EMR) posed no limitations, a local Center for Medicare and Medicaid Services (CMS) representative coached the practice about how best to implement the program. Dr. Grace and his partner selected seven measures based on services the practice already offers patients and on a structural measure (use of EMRs) the practice had already implemented. The clinical measures selected included diabetes checks, flu shots, pneumonia shots, mammograms, and colorectal screening.

Workflow Spares Physicians

Certain staff needed to accept workflow changes to support PQRI reporting and to prevent an increase in workload for the physicians. After a physician completes the fee ticket/encounter form, the biller gathers information from the

patient EMR to support the PQRI measure being reported. Dr. Grace's practice adapted CMS PQRI worksheets for each selected measure into a single worksheet that is used to identify the measure and the appropriate codes for billing. Once completed, the worksheet and fee ticket are sent to the billing staff. Spurred by the PQRI, Dr. Grace's office adopted a similar process for Blue Cross patients so the practice could capitalize on that health plan's contractual incentives.

Observations and Advice

According to Dr. Grace's staff, an EMR is not a PQRI prerequisite, but it is very helpful. While PQRI reporting takes added time, Mary Prendergast is already seeing fringe benefits: "PQRI reporting forces me to go into the hospital records to retrieve information," she said. "I add that information to our EMR, making our patient record more complete."

One unintended PQRI consequence the practice has experienced is an increase in patient calls to the office. Patients are confused when they receive a Medicare explanation of benefits (EOB) listing a procedure, such as a mammogram, on an incorrect date of service. Mary said typically patients are understanding after the practice clarifies that the EOB item in question is for tracking purposes, and that there is no charge or patient responsibility. The office staff at PMG Physicians feel that the CMS could preempt confusion by providing an explanation in the EOB or completely removing PQRI codes from EOBs. **VS**

—Dana Cooper

For more information about the PQRI, visit www.cms.hhs.gov/PQRI.

Start Planning Now for MassHealth's NewMMIS

MassHealth's implementation of a Web-based system designed to reduce administrative burdens on providers is scheduled for September 29. The new Medicaid Management Information System (NewMMIS) will consolidate several systems into a single Provider Online Service Center, where providers can obtain real-time information about member eligibility, claims status, prior authorizations, and provider metrics and reports. The new system will enable rapid electronic interactions for 90 percent of a provider's day-to-day business with MassHealth.

Because the new system will significantly change the way offices interact with MassHealth, physicians and office staff should attend trainings and begin preparations now. Information about trainings and a provider preparation checklist are available at www.mass.gov/masshealth/newmmis or by calling MassHealth Customer Service at (800) 841-2900.

New Numbers

Physicians will receive a new 10-character MassHealth user identifier to access the Online Service Center. Additionally, MassHealth members will receive a new, permanent 12-digit number.

As part of the NewMMIS implementation, MassHealth will begin accepting only standard UB-04 and CMS-1500 claim forms. MassHealth claims will be processed at the claim level instead of the individual claim line level, and the 12-digit transaction control numbers will be replaced with a 13-digit interchange control number.

Physician offices should begin assessing their practice management and billing systems to determine if current software and/or vendors can support these changes. Everyone in the practice who is essential to the functions mentioned above should have access to the Internet and register for a training session. **VS**

—Dana Cooper

PRACTICE MANAGEMENT TIP OF THE MONTH

New Practice Management Newsletter

Have you received your copy of the Physician Practice Resource Center's newest publication, *Practice Management Review*? If not, check it out online at the MMS website under Practice Management Resources. *Practice Management Review* enhances physicians' understanding of practice operations. To receive future issues, e-mail your name and postal address to ashlager@mms.org.

Ultimate NPI Deadline Fast Approaching

Effective May 23, claims submitted to Medicare and major Massachusetts health plans will require a National Provider Identifier (NPI) in both the primary (i.e., billing, rendering, and pay-to-provider) and secondary (i.e., referring, ordering, and supervising) provider fields.

Be sure that your office or billing company has tested and confirmed the ability to successfully send claims with the NPI in the appropriate fields in order to

have your claims processed correctly. For more details about health plan claim form requirements, go to www.massmed.org/NPIcontingency.

Physicians can obtain the NPI of another physician by contacting the physician's office, through health plan provider directories, or by accessing the NPI registry's search function at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>. **VS**

—Dana Cooper

MMS Continues Preparedness Push

In March, State Auditor Joe DeNucci released a report criticizing the state's bioterror preparedness efforts. The Massachusetts Department of Public Health (MDPH) responded by saying that the organizational shortcomings cited in the report have since been addressed, in part by hiring a full-time director of emergency preparedness.

Since 2001, the MMS has been working with the state and other agencies to help prepare physicians and communities for a bioterror attack, natural or manmade disaster, or other health emergency. "It is our role as a medical society to continue to ensure increasing engagement of the physician community [in preparedness efforts]," said MMS President-Elect Bruce Auerbach, M.D. Dr. Auerbach expressed disappointment that the Legislature has not passed a proposed \$36.4 million package that would help health care institutions increase surge capacity for a pandemic or disaster.

The MMS Committee on Preparedness is focusing on improving local response through its partnership with the MDPH's MSAR (Massachusetts System for Advance Registration of Volunteer Health Professionals) initiative. MSAR is a statewide secure database that pre-credentials health care professionals who are interested in volunteering during a public health emergency. "We continue to advocate for indemnification and liability protections for health care workers who volunteer in an emergency," Dr. Auerbach said. "We will also continue to educate providers about what to expect during a disaster."

The MMS has also developed preparedness-related educational programs, including live and online CME programs, downloadable PowerPoint presentations, and educational materials for the public. **VS**

— Robyn Alie

For more information about these efforts, visit www.massmed.org/preparedness.

Foundation Awards Grants Totaling \$207,500

In March, the MMS and Alliance Charitable Foundation awarded \$207,500 in grants to the following 10 nonprofits providing health care and mental health services to the underserved in Massachusetts:

Cape Cod Free Clinic and Community Health Center — \$25,000 to support the Diabetes Initiative for the Uninsured to identify uninsured adults with untreated diabetes and to improve health outcomes of diagnosed individuals

Eldercare Alliance — \$15,000 to support the establishment of a hospital-based training program to help providers at Boston Medical Center recognize, report, and respond to elder abuse

Families for Depression Awareness — \$10,000 to support the Teen Depression and Suicide Prevention Program in Chelsea, Revere, Lynn, Medford, and Arlington

Leominster Multi-Service Center — \$10,000 for the Preventive Health Program, which provides health screening, education, and referrals to medically underserved residents

REACH — \$5,000 to support the Waltham-based organization's Teen Voices project, which provides education and outreach regarding dating violence

Sharewood Project — \$12,500 to expand urgent and primary health care services offered by volunteer medical students at the Malden clinic

Transition House — \$5,000 to provide clinical counseling through the Dating Violence Intervention Program in Cambridge and Somerville

VIM Berkshire — \$20,000 to help the health center expand services for the medically uninsured in Berkshire County

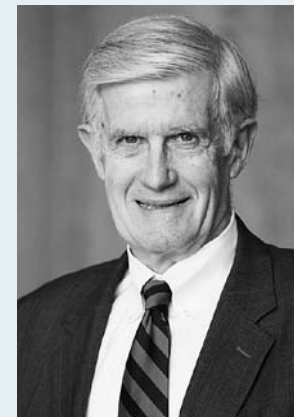
Wayside Multi-Service Center — \$10,000 for the Student Assistance Program at the Watertown Middle and High Schools to address crisis intervention and healthy decision making

Women of Means — \$10,000 to increase nurse and physician staffing in family shelters and to expand clinical and educational programs for Boston area homeless women and their children

Massachusetts Medical Benevolent Society — \$85,000 for financial assistance for physicians who are being treated for substance-related disorders and other mental health issues. **VS**

For more information about the Foundation, or to donate, visit www.mmsfoundation.org or call Jennifer Day at (781) 434-7044.

John M. Crowe, M.D., Retires as Foundation Chair



John M. Crowe, M.D., chairman of the board of the MMS and Alliance Charitable Foundation since its inception in May 2000, will step down from the position in May to serve as an advisor to the Foundation.

"It's been a wonderful experience," Dr. Crowe said. "Our board is made up of devoted, compassionate people. And [Foundation manager] Jennifer Day and the staff are outstanding."

During Dr. Crowe's tenure, the Foundation has given more than \$1.5 million to 55 organizations. "A lot of organizations have been affected by our MMS culture of empathy, compassion, and benevolence. And they, in turn, have touched us," he said.

This month, Vanessa Kenealy, Esq., vice chair of the Foundation and past president of the MMS Alliance, will take over as chair.

"It has been my pleasure to serve with Dr. Crowe," Ms. Kenealy said. "While consistently raising awareness of the Foundation's work and fostering our development efforts, he has been unfailingly positive, meeting each challenge with a calm, professional, and effective response. I am delighted that we will be able to continue relying on him as he moves into his new role as Foundation advisor."

Of his successor, Dr. Crowe said, "I have overwhelming confidence in Vanessa. She is a very smart, effective, and understanding leader."

Public Health Leadership Forum

Harvard Pilgrim Health Care Medical Director Roberta Herman, M.D., Cornell Economist John Cawley, Ph.D., and *Journal of General Internal Medicine* Deputy Editor Christina Wee, M.D., engaged participants at the 4th Annual Public Health Leadership Forum in March. Sponsored by the MMS and the Harvard School of Public Health, the forum brought together nearly 200 leaders in industry, health care, academia, and government to consider new ideas for addressing the problem of obesity. The forum identified action steps necessary to develop new, cost-effective strategies to prevent and treat obesity in Massachusetts.



Photo by Doug Bradshaw

WEBSITE OF THE MONTH

Resources for Young Patients and Families Grappling with Mental Health Issues

Mental health problems affect one in five young people, according to the federal Center for Mental Health Services. An American Psychiatric Association website, www.healthyminds.org, includes a section on children's issues that contains information on medication, developmental disorders, and links to respected national advocacy and support groups for young patients and their families.

Murray Bill

continued from page 1

forgiveness, “learning contract” agreements, and affordable housing for primary care physicians to recruit them to underserved areas of the state. It also would expand the University of Massachusetts Medical School’s capacity in primary care education and establish a Primary Care Recruitment Center in the Department of Public Health. **We recommend** establishing a Healthcare Workforce Council to assess the needs of the physician workforce in other specialty areas and *not* expanding the role of nurse practitioners, as proposed in the bill.

New Technology Initiatives

The bill supports the goal of a statewide compatible system of electronic health records (EHRs) and the intention to provide financial and technical assistance to health care providers — especially small physician practices — to make this possible. **We recommend** maintaining the goal, but eliminating the mandates that the system be in place by 2015 and that physician competency testing in health IT be a requirement for licensure after that time. These costly mandates would have a significant negative impact on the physician workforce.

Enhanced Transparency of Health Care Costs

The bill supports greater transparency of the health insurance sector, including broader public review of insurers’ non-health expenditures and proposed rate increases. **We recommend** clarifying the language relating to nonpayment for remediation of so-called “never events” to ensure that providers who remedy the errors of others can be reimbursed.

Professional Liability Reform

The bill supports the notion that the high cost of professional liability coverage is a problem. **We recommend** going beyond a study and adopting real reform measures such as those in MMS-filed legislation on “apology” and “timely notice” of claims or those in the Society’s tort-reform initiatives.

Health Care Cost and Quality Council

The bill supports expanding the council. **We recommend** adding at least one full-time practicing physician to the council, which currently lacks the direct perspective of practicing physicians regarding performance measurement tools and their relation to improving care.

Promoting Administrative Simplification

The bill supports provisions to simplify and standardize billing and coding for

public and private insurers. **We recommend** similarly simplifying the physician credentialing process.

Licensing Ambulatory Surgery Centers

The bill supports language that would grant clinic licenses to existing facilities and those under development that meet accreditation standards, without changing the existing statutory or regulatory framework for physicians’ offices or affecting the physician group practice exemption. **We recommend** assuring that future licenses not be unreasonably withheld if appropriate need is shown.

Restricting “Gifts” to Physicians

The bill supports the intent that pharmaceutical manufacturers not have undue influence on the prescribing patterns of physicians. **We recommend** adding language to clearly exempt legitimate medical education and the distribution of scientifically based studies.

As *Vital Signs* went to press, this legislation was pending before the state Senate. **VS**

To view the full MMS testimony on this bill, go to www.massmed.org and click on “Advocacy and Policy.”

LEGISLATOR OF THE MONTH

Representative Kathi-Anne Reinstein (D)

District: Chelsea (part), Revere (part), Saugus (part)

Committee: Elder Affairs (Chair)



QUOTE: We are fortunate to live in a state that boasts the best hospitals and doctors in the world. Through innovative medical procedures and advanced medical technology, Massachusetts is continuously at the forefront of many of the medical breakthroughs that have taken place in the industry.

While I am proud of the medical achievements that have been made in Massachusetts, I am concerned about the disproportionate effect that a shortage of skilled physicians has on the elderly and disabled residents of the Commonwealth. I am also concerned that this issue will only become more critical with the aging of the baby-boomer population.

There are several bills currently pending before the Legislature that would increase the ranks of primary care physicians. I look forward to supporting this type of legislation, which is so important to attracting and retaining the high-quality physicians and medical staff that Massachusetts is known for. I feel that such legislation will be very beneficial to all residents of the Commonwealth.

I am fortunate to have a great relationship with the MMS. I look forward to continuing this collaboration while working for the best interests of my constituents and in my new position as chair of the Elder Affairs Committee.

FEDERAL UPDATE

MMS Leaders Join AMA for D.C. “House Call”

More than 40 Massachusetts physicians, residents, and medical students participated in this year’s AMA-sponsored National Advocacy Conference in Washington, D.C. Keynote speakers included some of Capitol Hill’s most prominent political analysts such as Paul Begala, Tucker Carlson, and Tony Snow. Physicians also gained insight into the prospects for Medicare reform from Sens. Ron Wyden (D-OR), and Tom Coburn, M.D. (R-OK). While much of the political analysis focused on the upcoming presidential election, advocacy efforts centered on Medicare reforms and access to health care.

Massachusetts physicians met with Reps. Edward Markey (D-Malden), James McGovern (D-Worcester), and John Tierney (D-Salem) and with the

staffs of Reps. William Delahunt (D-Quincy), Barney Frank (D-Newton), and Stephen Lynch (D-Boston).

Sen. John Kerry and the staff of Sen. Edward Kennedy’s health office also met with MMS physicians to address Medicare reform, primary care shortages, medical student debt, quality measurements, and e-prescribing. The entire Congressional Delegation and staff expressed support for stopping the looming Medicare payment cut.

MMS President B. Dale Magee, M.D., emphasized the Society’s willingness to work with the delegation on a broader agenda that builds on the Massachusetts experience with health reform. Prior to the conference, approximately 20 Massachusetts medical students participated in their own lobby day. **VS**

— Alex. Calcagno



Photo by Dery Walters

MMS President B. Dale Magee, M.D., discussed Medicare reform and access to primary care with Massachusetts Sen. John Kerry during the AMA’s National Advocacy Conference.

Licensing Board Offering Online Renewals

Beginning this spring, the Massachusetts Board of Registration in Medicine will offer online license renewal for physicians with full licenses. Here's how it works:

Ninety days before a physician's license expires, the board will notify the physician that he or she is eligible to use the online system — this notice replaces paper applications physicians formerly received.

Online renewal entails clicking on "online license renewal" at the board's website, registering with a username and password, and then following the screen prompts to input the required informa-

tion. Payment can be made by credit card or automatic debit from a bank account. The new service also allows 24/7 updating of online physician profile information.

Because some renewal issues may require the board to review an application, physicians are urged to begin the online renewal process well in advance of their license expiration date. **VS**

For more information, contact the board's Licensing Division at (617) 654-9810 or log on to www.massmedboard.org. Physicians without Internet access can call (617) 654-9800 for assistance.

Women's Lecture Series to Address Mentoring

Over the past 30 years, the number of women entering medicine has increased dramatically. Today, 25 percent of all practicing physicians are women, and during 2006 and 2007, 49 percent of all medical student applicants were female.

However, these numbers are not reflective of women physicians in leadership positions. The Association of American Medical Colleges reports that only about 17 percent of full professorships at medical schools are occupied by women, while a mere 11 percent of department chairs and 12 percent of medical school deans are women.

The limited number of women in leadership results in a lack of mentors and role models for the growing number of women physicians. To address this issue, the MMS and its Committee on Women in Medicine's next women's lecture (see box) will focus on the role and benefits of mentoring for women with careers dedicated to medicine. Phyllis L. Carr, M.D., associate dean of students and an associate professor of medicine at Boston University School of Medicine, will present. **VS**

— Erin Tally

The Role and Benefit of Mentoring and Negotiation for Women Physicians

June 18, 5:45 to 8:00 p.m.
MMS Headquarters, Waltham

CME Credit: 1.5 AMA PRA Category 1 Credits™ (RM)

To register, call (800) 843-6354, or visit www.massmed.org/cme/events.

Prescribing Opioids for Chronic Pain

Thursday, May 15, 4:00 to 8:30 p.m.
MMS Headquarters, Waltham

Faculty: Theodore V. Parran, M.D., M.P.H., Case Western Reserve School of Medicine; and Daniel P. Alford, M.D., M.P.H., Boston University School of Medicine

This program focuses on primary care providers who are struggling with treating patients with chronic pain. Topics will include: Risk factors for potential misuse of prescription opioids • Selecting appropriate candidates for chronic opioid therapy • Facts about methadone • Evidence-based protocols for starting chronic opioids

Sponsored by the Massachusetts Society of Addiction Medicine and supported by a federal grant through the Center for Substance Abuse Treatment

CME Credit: 3.5 AMA PRA Category 1 Credits™ The \$45 fee includes dinner.

For more information or to register, contact Amy R. Ruzsa at (781) 434-7314 or aruzsa@mms.org.

PHYSICIAN HEALTH MATTERS

30 Years of Caring for Physician Health

First of Two Articles

In 1978, a group of physicians came to the realization that colleagues impaired by illness were being disciplined, but not necessarily helped. These physicians organized a volunteer MMS committee to provide such assistance.

Fifteen years later, the committee incorporated as Physician Health Services, Inc. (PHS). PHS provides confidential resources, support, and monitoring to assist physicians with health problems ranging from stress and behavioral health concerns to substance use disorders and mental illness. The goal of PHS today is to improve physician health and well-being before impairment arises.

During the past 30 years, PHS has directly assisted more than 1,600 physicians and medical students. In addition, each year PHS provides 40 to 50 physician health education sessions that reach more than 2,000 attendees.

In recent years, referrals of physicians with difficult interpersonal or behavioral challenges have increased. For those that face such challenges, PHS developed a highly rated semi-annual course, "Managing Workplace Conflict: Improving Personal Effectiveness."

Additional milestones recently reached by PHS include the following:

- The PHS Research Committee published "Outcomes of a Monitoring Program for Physicians with Mental and Behavioral Health Problems" in the *Journal of Psychiatric Practice*.
- PHS organized a Medical Student Advisory Committee to enhance outreach,

education, and monitoring for students with behavioral health concerns.

- PHS Director Luis Sanchez, M.D., was nominated president-elect of the Federation of State Physician Health Programs.
- PHS organized a physician health leadership briefing, during which chief medical officers and health care leaders discussed methods for addressing

physician health and managing workplace conflict.

- The fifth and sixth installments of "Caring for the Caregivers," a biennial conference, focused on best practices for

physician health and wellness.

- A recent monitoring contract update resulted in enhanced monitoring of PHS participants.

"PHS has grown and matured into one of the finest programs of its kind," said Edward Khantzian, M.D., president and chair of the PHS board of directors. "When our colleagues are in need of support and guidance, PHS is a source of hope and restoration. I encourage individuals, hospitals, and health care organizations to consult with the professionals at PHS when concerned about a colleague."

None of these services would be possible without the financial support of the MMS and the other health care organizations, malpractice carriers, and individual donors who fund PHS annually (see related article in the next issue of *Vital Signs*). **VS**

For more information about PHS, call (781) 434-7404 or (800) 322-2303, ext. 7404, or visit www.physicianhealth.org.

"PHS added a supportive framework for my life when I needed it."

— Past PHS participant

6th Annual Symposium on Men's Health New Perspectives on Men's Health

Wednesday, June 4, 8:00 a.m. to 4:15 p.m.
MMS Headquarters, Waltham

The latest information on the medical advances and psychosocial conditions that affect the emotional and physical wellness of men

Sponsored by the MMS and its Committee on Men's Health

CME Credit: 7.0 AMA PRA Category 1 Credits™ (6.0 RM)

For more information or to register, call (800) 843-6356 or go to www.massmed.org/cme/events.

ACROSS THE COMMONWEALTH

District News and Events

Bristol North — Legislative Breakfast. Fri., May 2, 7:30 a.m. Location: Margaret Stone Conference Room, Morton Hospital, Taunton. For more information, contact the Southeast Regional Office.

Bristol South — Spring Annual Meeting. Thurs., May 1, 6 p.m. Location: Venus de Milo, Swansea. Guest Speaker: Bruce Auerbach, M.D., MMS president-elect. For more information, contact the Southeast Regional Office.

Hampden — Delegate Caucus Meeting. Tues., May 6, 6:30 p.m. Location: Hampden District Medical Society, 1111 Elm Street, Suite 22, West Springfield. For more information, contact Suzanne Skibinski at (413) 736-0661 or hdms@massmed.org.

Suffolk — Delegates Meeting. Thurs., May 1, 6 p.m. Location: East Garden Room, White Basement, Massachusetts General Hospital, Boston. For more information, contact the Northeast Regional Office.

Worcester — Meet the Author Series. Wed., May 21, 6 p.m. Location: Faculty Conference Room, UMass Medical School, Worcester. Co-sponsored by the Humanities in Medicine Committee of the Lamar Soutter Library at UMMS. Speaker: Lori Arviso Alvord, M.D., author of *The Scalpel and the Silver Bear* and the first Navajo woman to be board certified in surgery. For more information, contact Joyce Cariglia at (508) 753-1579 or wordmsa@massmed.org.

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; or Cathy Salas, West Central Regional Office, at (800) 522-3112 or csalas@mms.org.

In Memoriam

The following deaths of MMS members were reported to the Society in March and April 2008. We also note member deaths on the MMS website at www.massmed.org/memoriam.

Joseph F. Arena, M.D., 77; Marblehead, MA; Tufts University School of Medicine, 1955; died March 22, 2008.

Norman H. Bass, M.D., 71; Falmouth, MA; Yale University School of Medicine, 1962; died February 24, 2008.

Nelson A. Burstein, M.D., 69; Dover, MA; Harvard Medical School, 1965; died March 4, 2008.

Saul P. Davis, M.D., 89; South Easton, MA; Middlesex University School of Medicine, 1943; died March 23, 2008.

William M. Dretler, M.D., 100; Peabody, MA; Tufts University School of Medicine, 1935; died December 29, 2007.

Thomas Frank, M.D., 85; Cambridge, MA; University of Rochester School of Medicine, 1951; died January 1, 2008.

Edward L.G. Jacobs, M.D., 93; Falmouth, MA; Middlesex University School of Medicine, 1942; died March 16, 2008.

William F. Hickey Jr., M.D., 93; Georges Mills, NH; Harvard Medical School, 1940; died January 9, 2008.

Jay H. Katz, M.D., 79; Great Barrington, MA; Harvard Medical School, 1953; died November 5, 2007.

Robert E. McIntyre, M.D., 74; Westwood, MA; New York Medical College, 1960; died April 1, 2008.

John R. Musser Jr., M.D., 70; San Diego, CA; University of Pennsylvania School of Medicine, 1962; died January 1, 2007.

Louis A. Selverstone, M.D., 87; Arlington, MA; Harvard Medical School, 1944; died March 17, 2008.

William B. Patterson, M.D., 59; Londonderry, NH; University of Vermont College of Medicine, 1976; died March 31, 2008.

Oglesby Paul, M.D., 91; Westwood, MA; Harvard Medical School, 1942; died December 22, 2007.

Medical Students Again Spearheading Cover the Uninsured Week

The Medical Student Section of the MMS is hosting its second annual public service event for Cover the Uninsured Week (April 27 through May 3) at South Station in Boston on Friday, May 2. Medical students help raise awareness about the importance of health care coverage as well as the personal and community consequences of being uninsured.

Cover the Uninsured Week (<http://covertheuninsured.org>) is a project of the Robert Wood Johnson Foundation. Since 2003, this national effort has brought together patients, physicians, nurses, hospital staff, students, business owners, union members, educators, faith leaders, and many others to speak out on behalf of America's 47 million uninsured.

Medical student volunteers from all four Massachusetts medical schools provide community members with information on the state's health care reform law, Commonwealth Care, and other sources of health insurance coverage.

Medical students engage commuters

that pass by the South Station information kiosk starting at 6:00 a.m. and finishing up after the evening rush at 7:00 p.m. Wendy Pavlovich, who was instrumental in organizing the 2007 event, commented on last year's success: "We distributed hundreds of flyers and had extended conversations with a diverse cross-section of the Massachusetts community regarding health care reform and the state of health insurance," she said.

Medical student involvement in this event is made possible by the generous sponsorship of the MMS and Alliance Charitable Foundation (www.mmsfoundation.org).

—Christie L. Morgan, chair,
MMS Medical Student Section

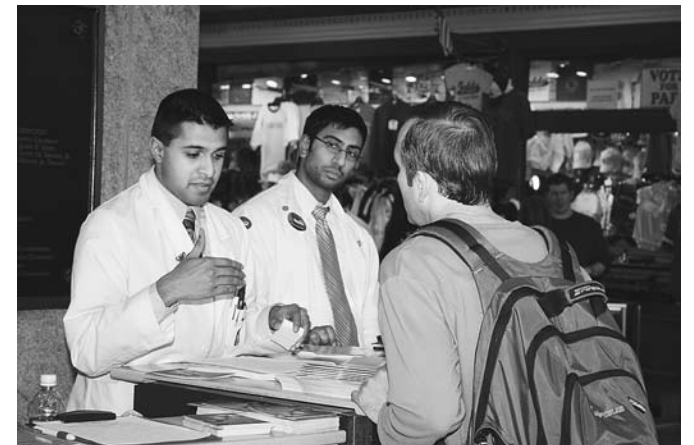


Photo by Linda Quain

Senior Volunteer Physician of the Year

Bernard E. Maney, M.D., is the recipient of the 2008 Senior Volunteer Physician of the Year Award. This award honors MMS members who have shown extreme dedication to volunteerism and sharing their medical expertise with the community.

A graduate of Tufts University School of Medicine, Dr. Maney worked as an internist for 40 years. In 1998, Dr. Maney became involved in the Falmouth Free Clinic, now known as the Community Health Center of Cape Cod, which provides medical services to uninsured residents of the Upper Cape. Dr. Maney joined the center's

board of directors, later becoming president and helping develop key strategic initiatives for the health center.

Dr. Maney developed a successful volunteer recruiting effort among area specialists, and he continues to serve as one of the center's most productive fund raisers. Thanks largely to his efforts, the center handled more than 14,000 patient visits in 2007 and recently expanded into a new, 10,000-square-foot facility in Mashpee.

In addition, Dr. Maney was named the 2006 Humanitarian of the Year by the Town of Mashpee, and he received a distinguished service award from the Tufts Alumni Association in 2007. **VS**



Bernard E. Maney, M.D.

—Becca McDade



MASSACHUSETTS MEDICAL SOCIETY

EVERY PHYSICIAN MATTERS, EACH PATIENT COUNTS.

123



WHAT'S ON THE WEB?

► Everything You Need to Know About Tiering

- ✓ "What Physicians Can Do" — Download for your office
 - ✓ "What Patients Should Know" — Download for your patients
 - ✓ Health plan contact info
- Visit www.massmed.org/tiering.

► Physical Activity Tracker

Last chance to update your achievements before the Annual Meeting
Go to www.massmed.org/activity_tracker.

► Electronic Health Records: Chart the Course

How to get started, get better, or get restarted on the road to implementing an EHR
Visit www.massmed.org/ehr.

WWW.MASSMED.ORG

MMS Sponsored & Jointly Sponsored CME Activities

To register for any of these activities, call (800) 843-6356.

For additional information, contact the Department of Continuing Education and Certification at (800) 322-2303, ext. 7306, or go to www.massmed.org/cmecenter.

Live CME Activities

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

2008 Ethics Forum —

Nanotechnology: Medical Prospects & Ethical Challenges

May 8, 3:30–5:30 p.m.
Seaport/World Trade Center, Boston.
2.0 Credits (RM)

Lead by Example: Choices for a Better Health Care System

May 10, 8:30–10:30 a.m.
Seaport/World Trade Center, Boston.
2.5 Credits (RM)

2008 Shattuck Lecture: Health of the Nation — Coverage for All Americans

May 10, 11:00 a.m.–1:00 p.m.
Seaport/World Trade Center, Boston.
2.0 Credits (RM)

Managing Workplace Conflict: Improving Personal Effectiveness

May 15, 8:00 a.m.–4:00 p.m.
May 16, 8:00 a.m.–3:00 p.m.
MMS Headquarters, Waltham.

Jointly sponsored by the MMS and Physician Health Services.
12.5 Credits (RM)

6th Annual Men's Health Symposium

June 4, 8:00 a.m.–4:15 p.m.
MMS Headquarters, Waltham.
Sponsored by the MMS and its Committee on Men's Health.
7.0 Credits (6.0 RM)

The Role and Benefit of Mentoring and Negotiation for Women Physicians

June 18, 6:30–8:00 p.m.
MMS Headquarters, Waltham.
Sponsored by the MMS and its Committee on Women in Medicine.
1.5 Credits (RM)

Online CME Activities

Go to www.massmed.org/cme.

Unmasking Depression in Primary Care Practice
4.5 Credits (RM)

The following audio and PowerPoint activities are available online:

How to Improve Medication Safety and Reduce Drug Costs through e-Prescribing
2.5 Credits (RM)

Physician-Hospital Relationships: Where Do You Stand?
3.0 Credits (RM)

Balancing Your Practice: Protecting the Public's Health and Preserving Your Patients' Privacy
2.5 Credits (RM)

Avian Flu and Pandemic Preparedness
2.5 Credits (RM)

A National Perspective on Disparities in Health Care Quality
1.0 Credit (RM)

Health Disparities: Public Health Preparedness
1.0 Credit (RM)

The following online activities are co-developed with Adler, Cohen, Harvey, Wakeman & Guekguezian, LLP. Each activity is designated as 1 Credit (RM):

Legal Advisor: Mandated Reporting

Legal Advisor: Hearing-Impaired Patients and the Americans with Disabilities Act

Legal Advisor: New Guidance — Patients with Limited English Proficiency

CME CREDIT: Unless otherwise noted, each activity is designated for *AMA PRA Category 1 Credits™*. 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.