

VITAL SIGNS



MASSACHUSETTS
MEDICAL SOCIETY

*Every physician matters,
each patient counts.*

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Experts Evaluate Federal Plans for Funding Health IT in Physician Practices

BY TOM WALSH

The economic stimulus bill that became law in February contains nearly \$40 billion to help the nation's physicians, hospitals, and health centers embrace health information technology — and thereby improve health care quality and better contain costs.

According to an approximate, per-capita estimate by the Massachusetts Health Data Consortium (MHDC), that would translate into a \$767 million “e-health” windfall for Massachusetts, beginning in 2010 and running through 2015. Of that ballpark amount, about \$727 million would be available in direct

incentives to the state's physicians and hospitals through the federal Medicare and Medicaid programs. Another \$40 million would, in part, go toward grants or loans to help practices acquire necessary equipment for electronic health record (EHR) systems.

“I think this is good for doctors and hospitals — and for the health care system as a whole,” said Ray Campbell, MHDC executive director. “But it also has flaws.”

Feds Finally Step Up

The good news, Campbell said, is the recognition that many doctors need

both financial and technical support to move their practices into the electronic era. “At least the federal government is now stepping up and acknowledging it has a role to play in this,” he said.

Micky Tripathi, president and CEO of the Massachusetts eHealth Collaborative, agreed, saying the federal government has finally acknowledged that “the reason physicians have been reluctant to bear all the costs themselves is because they could see so many of the benefits going someplace else.”

These sentiments were echoed by Bruce S. Auerbach, M.D., MMS president. “It's nice that the government is finally putting up some extra money to help doctors embrace health information technology, particularly those in small practices,” he said.

Rewards Are for “Finishers”

The program's biggest flaw where doctors are concerned, Campbell said, is that the bulk of the stimulus money that will eventually flow to doctors will not arrive until late in the process. “This is not a bill to help get doctors to the finish line,” he said. “It is a bill to reward those that get across the finish line.”

The earliest the Medicare-Medicaid incentive payments would become available is Jan. 1, 2011, for doctors deemed

Court Allows MMS Lawsuit Against GIC to Continue

A Suffolk Superior Court judge has allowed a lawsuit to proceed that was filed last year by the MMS and five physicians against the Massachusetts Group Insurance Commission (GIC) and two health plans. The case centers on the GIC's physician tiering program, which the lawsuit claims defames physicians and defrauds consumers.

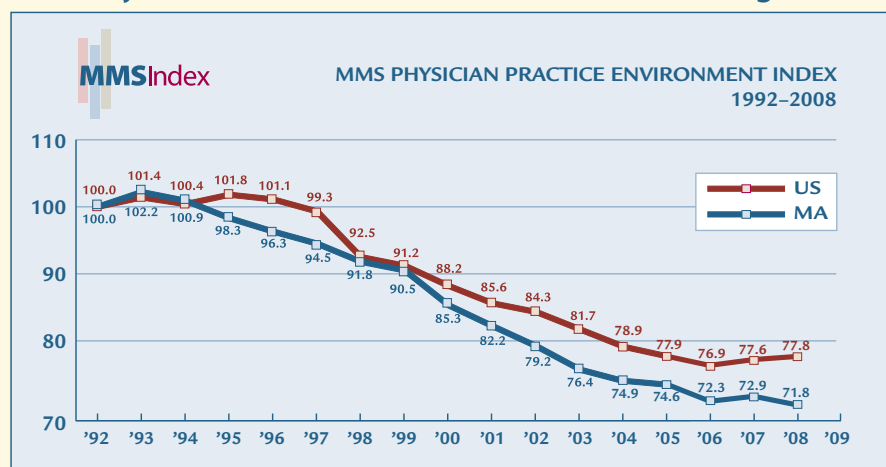
The court's decision to allow the case to go forward on defamation, consumer protection, and two additional counts was a response to the defendants' request to have the entire seven-count lawsuit dismissed.

“This is a huge step forward for physicians and patients,” said MMS President Bruce S. Auerbach, M.D. “Physicians have been unfairly evaluated, and patients have been misled by a seriously flawed system designed simply to control costs... We are thrilled that the Court has allowed the case to move ahead.”

The suit asks the Court to halt the tiering program altogether or require it to adhere to certain requirements, including physician involvement in developing methodology and oversight by an independent authority.

The Court's decision clears the way for the discovery process to continue. During this pretrial phase, plaintiffs and defendants request documents from one another and take sworn depositions. **VS**

Physician Practice Environment Index Down Again



After a small uptick in 2007, the Massachusetts Physician Practice Environment Index declined 1.5 percent in 2008. The index, a statistical amalgam of nine factors, has declined for 15 of the past 17 years.

The decline in 2008 was attributable mostly to the high cost of maintaining a physician practice in Massachusetts and ongoing pressure on the Bay State's physician workforce (see *Vital Signs*, Nov. 2008, page 1).

The two most significant drivers of rising practice costs were increased professional liability rates in Massachusetts (up by 5.3 percent from 2007 to 2008, versus a nationwide decline of 4.3 percent) and a dramatic increase in wage rates. Wage costs were especially high for registered nurses, with a Massachusetts-versus-U.S. differential of 22 percent in 2008.

The strong upward pressure in practice costs offset any positive impact of lower housing prices in relation to physician income.

To view the complete report on the 2008 index, go to www.massmed.org/mmsindex.

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PRESIDENT'S MESSAGE



Parting Thoughts on an Eventful Year in Health Care

For my last President's Message, I want to share a few personal thoughts.

Our Society is involved in virtually every thread of the fabric of health care delivery in our Commonwealth. We have taken a prominent position on the national stage as well, successfully advocating for our profession, our patients, and the system as a whole.

Because of the respect we've earned over many years, we have representatives on the state Health Care Quality and Cost Council and the Payment Reform Commission — two critically important policymaking bodies.

We're also directly improving the public's health through our involvement with the state's Healthy Massachusetts initiative, the Mass In Motion campaign, and our ongoing leadership in emergency preparedness.

To ensure that the next generation of physician leaders will continue advocating for a robust medical workforce, the viability of our noble profession, and the best possible outcomes for our patients, we're enhancing the leadership and clinical capabilities of our young physicians and doctors in training.

All of us can take pride in these accomplishments because they represent the collective efforts of every single MMS member. Our organization is respected by other state medical societies and national physician organizations because of

the commitment of the large contingent of colleagues who participate at every level.

I want to thank everyone for your support and insight during this past year. It has made presiding over this august body easy and productive.

I also need to publicly commend our staff. Their sole purpose is to support our members and ensure that our Society is financially sound and able to pursue all the activities we engage in to support our profession, our patients, and the entire health care system. I must single out Executive Vice President Corinne Broderick, who fosters the most incredible loyalty and effort from every member of every team.

My predecessors affirmed that serving as MMS president was one of the most rewarding aspects of their professional careers. And it was no less so for me. This year was unequivocally made possible by the wonderful group of colleagues who preceded me, especially Ken Peele and Dale Magee. And I am confident that Mario Motta and Alice Coombs, who will follow, will lead and represent us in a stellar manner.

I owe you much for all you give to our Society and for the honor to serve as your president. I hope I served you well.

— Bruce S. Auerbach, M.D.

Federal IT Support

continued from page 1

by the federal government to have become "meaningful users" of electronic health records. Though that term has yet to be officially defined, it is known that at least the following three elements will be required:

- Electronic prescribing
- Connection to a health information exchange (an electronic system that facilitates access to and retrieval of clinical data across organizations within a region)
- Reporting of clinical quality data

Doctors who are eligible in 2011 would receive \$18,000 for that year, likely through Medicare reimbursement, and progressively less through 2015, for a maximum total of about \$44,000. There are currently no incentive payments for those who adopt EHRs after 2014, but in 2015, the program will begin to penalize physicians who do not meet the "meaningful user" test. Such doctors will see their Medicare reimbursements cut by 1 percent in 2015, 2 percent in 2016, and 3 percent in 2017.

"It's a carrot-and-stick approach," Dr. Auerbach said. "I don't really have a problem with that."

Physician Loans Spring from Grants to States

Doctors will not be able to apply for federal loan assistance themselves. Rather, funding grants for physician loans will flow from the federal government to states in a competitive process. States would then have to match 20 percent of whatever they receive. But none of this may happen before Jan. 1, 2010. Doctors who eventually get loans in this manner would have to comply with all federal requirements, such as submitting quality reports.

Campbell said that prior to enactment of the stimulus program, Massachusetts had not planned to create a loan fund, but that may now have to occur.

"We are being given the opportunity to do something most of us realize is necessary if we are going to get our arms around quality improvement and cost containment."

— Bruce S. Auerbach, M.D.,
MMS president

What Now? Health IT Guidance

We asked Ray Campbell, executive director of the Massachusetts Health Data Consortium, and Micky Tripathi, president and CEO of the Massachusetts eHealth Collaborative, for tips on how physician practices can deal with health IT uncertainties arising out of the federal stimulus package:

- For physicians who haven't yet embraced EHRs, learn what's happening. "It's a good time for education while you wait to see what coordination and support services will be put out there," Campbell said.
- If you've already decided to invest in an EHR system, think about joining an organization — an IPA or PHO, for example — that has a project manager who can help you navigate the next steps, said Tripathi.
- Tripathi also suggested choosing an EHR system that is certified by the federal government to help ensure eventual interoperability.
- Set up an office system that enables electronic lab results, and start e-prescribing now. "If you've got electronic lab results and you e-prescribe, you are well on your way to being a 'meaningful user,'" Tripathi said.

Enough Ongoing Support?

The stimulus law also calls for the establishment of "regional extension centers" to provide doctors with technical support and to identify and promulgate best practices. The law requires that the federal government publish a draft description of the regional centers program by the middle of this month, but Campbell said there is already skepticism within the health care community that these regional centers will work effectively.

Campbell also worries that the bill does not adequately address the ongoing support physicians will need once they've installed EHR systems. "Hopefully, the details of

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State Advisory Committee Seeks to Facilitate Uniform Billing and Coding

On October 16, 2003, the HIPAA Transactions and Code Sets (TCS) rule took effect. This rule mandated that all covered entities use uniform electronic interchange formats for the following:

- International Classification of Disease (ICD-9)
- National Drug Codes (NDC)
- Healthcare Common Procedure Coding System (HCPCS)
- Current Procedure Terminology (CPT)

Many had hoped that these standards would produce substantial savings in administrative simplification. Almost six years later, however, uniform coding and billing is an unrealized dream for several reasons.

Anyone who bills for a medical practice will point out the various processes they have to use to accommodate different payers when billing for certain procedures or using specific modifiers. These processes, including bundling, sometimes interfere with payment or even getting the plan to recognize the claim.

Thanks to advocacy by the MMS and others, Section 26 of Chapter 305 (last year's cost-containment legislation) took note of this ongoing challenge and established the Advisory Committee on Uniform Billing and Coding. The committee acts as an advisor to the Division of Insurance, which is charged with enforcing the requirements of

Section 26. Representation on this committee includes payers (such as the Massachusetts Association of Health Plans), providers (such as the MMS), and hospitals (such as the Massachusetts Hospital Association).

The goal of the committee is to have all payers in Massachusetts processing claims in a uniform manner, so that billers and billing entities will be able to remain in compliance with the national HIPAA TCS standards. In the current environment, compliant processing of a screening exam usually involves additional, correctly sequenced diagnosis codes, but such compliant coding is often problematic for payers to process and frequently results in rejected claims.

Many of these issues arise due to claims processing systems that lack the extended logic necessary to accommodate the federally mandated rules. The health plans have been given until 2011 to achieve 85 percent compliance with the stated standards, and they must be at 100 percent compliance by 2012. The transition to ICD-10 (see *Vital Signs*, Dec. 2008/Jan. 2009, page 3) will add complexity to the process because it will involve major modifications to all systems at all entities.

The MMS asks that physicians and their billing staff inform us when claims are rejected due to processing errors (*not* due to non-coverage or payment issues) by e-mailing ashlager@mms.org. **VS**

—Adam Shlager

MassHealth Starting P4P Incentives for Some Primary Care Physicians

The MassHealth Primary Care Clinician (PCC) Plan is implementing a pay-for-performance (P4P) program to provide incentive payments to primary care clinicians for excelling in or improving the quality of care they deliver to PCC plan members.

One component of the program provides an opportunity for each PCC site to earn a \$2,000 incentive payment by fully completing a practice infrastructure survey. Only primary care clinicians whose affiliated PCC sites complete and

return the surveys will be eligible to participate in the clinical indicator component of the program, which also includes incentive payments.

The survey was mailed in mid-April and is also available online at www.chronline.org/PCCP4Psurvey.htm. The deadline for submission is June 30. **VS**

If you have any questions or need an additional copy of the survey, call the MassHealth Service Center at (800) 841-2900.

MHQP Issues 2009 Report on Quality of Primary Care

In April, Massachusetts Health Quality Partners (MHQP) released its fifth annual *Quality Insights* report, comparing the performance of 150 primary care medical groups across the state. This year's report, available at www.mhqp.org, found that Massachusetts physicians performed better than the national average on 28 of 30 quality-of-care measures reported by MHQP, and above the national 90th percentile on 14 of 30 measures.

"We have seen statewide improvements in physician performance over the five years that MHQP has been measuring and publicly releasing comparative performance reports," said Barbra Rabson, executive director of MHQP. "We know that physician leaders take these reports seriously and use them to target internal improvement efforts."

For eight clinical measures that can be trended from 2002 to 2007, MHQP results show that statewide performance has improved across the board, with chlamydia screening, teen well-child vis-

its, and blood sugar testing for people with diabetes showing the greatest improvements.

Despite the overall high level of clinical quality among primary care physicians, MHQP has consistently found large differences in performance among medical groups in the state. For example, the statewide rate for colorectal cancer screening is 69 percent, but the variation in this measure among medical groups ranges from 42 percent to 89 percent.

The *Quality Insights* report is based on widely accepted standards developed by the National Committee for Quality Assurance (NCQA) to assess the quality of care delivered to members of health insurance plans nationally. It uses performance data for commercially insured patients covered by Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, and Tufts Health Plan. **VS**

NewMMIS Counting Down to May 26 Launch

When audience members at a recent conference were asked if they had prepared for MassHealth's new claims-payment information system (NewMMIS), less than a third of the attendees raised their hands. That response was disconcerting for two reasons: The audience was comprised of medical office managers, administrators, and billing staff, and the date for NewMMIS implementation is May 26.

It's critical that practices make sure they (and their billing agencies) are prepared for this implementation. The benefits of the new claims-payment system remain to be seen, but it's abundantly clear that practices attempting to submit MassHealth claims without sufficient preparation will experience delays in payment.

MassHealth has established the following requirements that must be met for a practice to participate in NewMMIS:

- Internet access to the Provider Online Service Center
- Identification of who will need access in order to conduct business and which services they will need access to

- Receipt of a primary user ID and password through online registration
- Modification and testing of electronic billing systems
- Modification of practice-management systems to enable submission of CMS-1500 and UB-40 paper claim forms
- Completion of an online e-learning activity

Practices submitting claims to MassHealth must have primary user IDs. This will allow them to link to other entities such as billing companies so business may continue uninterrupted. If you use a billing company, ask how they have prepared for NewMMIS, but realize also that your practice itself must prepare as well.

The MMS strongly advises against waiting until May 26. Take action now to avoid delays in filing claims and receiving reimbursements from MassHealth. **VS**

—Adam Shlager

More information, daily updates, the NewMMIS user guide, and e-learning modules are available at www.mass.gov/masshealth/newmmis.

MMS Teams with DPH to Produce Physician Focus TV Special on Obesity

The MMS, the Massachusetts Department of Public Health (DPH), and HCAM-TV of Hopkinton have collaborated on a one-hour special television presentation on obesity. *The State of Our Health, The Health of Our State: Obesity in Massachusetts* is a special presentation of the Society's monthly educational program, *Physician Focus*. Distributed in April to public access stations reaching some 225 communities across the state, the program is also available for webcast viewing at www.hcam.tv/series/physicianfocus.

Headlining a list of distinguished guests on the show are DPH Commissioner John Auerbach; Lauren Smith, M.D., medical director at the DPH; and MMS President Bruce Auerbach, M.D.

In four segments, experts discuss the causes and extent of the obesity problem; personal and public health effects of obesity; tips for better nutrition and fitness; and community-based efforts to promote wellness, such as the state's Mass in Motion initiative.

The program is hosted by Bruce Karlin, M.D., and Lynda Young, M.D. Guests



Massachusetts Public Health Commissioner John Auerbach (right) and MMS President Bruce Auerbach, M.D., taped a public service announcement for Mass in Motion at HCAM-TV in Hopkinton.

include MMS members Edward Saltzman, M.D., chief of the Division of Clinical Nutrition at Tufts Medical Center; Caroline Apovian, M.D., director of the Nutrition and Weight Management Center at Boston Medical Center; Michael Yogman, M.D., a founding member of the Obesity Committee of the Massachusetts Chapter of the American Academy of Pediatrics; Denise Rollinson, M.D., R.D., chair of the MMS Committee on Nutrition and Physical Activity; and Stuart Chipkin, M.D., endocrinologist and research professor at the UMass School of Public Health. **VS**

— Richard P. Gulla

Charitable Foundation Awards 2009 Grants

The MMS and Alliance Charitable Foundation received a record number of funding requests this year, a sign of the difficult economic times facing the state's underserved populations. Sixty-nine Massachusetts nonprofits submitted letters of inquiry to the foundation this year, up from thirty last year. In April, the Foundation awarded \$140,500 to the following ten nonprofits:

Ecu-Health Care, Inc. (\$15,000), to support health insurance outreach, enrollment, and access to care services in northern Berkshire County

Father Bills and MainSpring (\$10,000), to extend the hours of operation at the MainSpring clinic for homeless men and women in Brockton

Friends of Boston's Homeless (\$20,000), to support daytime services targeting homeless individuals in Boston

Health Awareness Services (\$8,000), to expand family planning care; screening and treatment for sexually transmitted diseases; HIV counseling, testing, and case management; and community health education in the Marlborough area

Holyoke Health Center (\$15,000), to support a healthy weight project for Latina women in Holyoke

MetroWest Free Medical Program (\$25,000), for a clinical manager to support health care volunteers striving to expand capacity and services to underinsured in the Framingham/MetroWest communities

Open Door Free Medical Program (\$10,000), to support health care volunteers in improving diagnosis and management of hypertension and diabetes in Hudson

Project Bread (\$10,000), for a collaborative demonstration project targeting 2,000 low-income students in three Boston public schools

Sharewood Project (\$7,500), to expand health care services by volunteer medical students at the Malden clinic

Volunteers in Medicine Berkshires (\$20,000), for a family nurse practitioner to provide services to the underinsured and uninsured residents in the southern Berkshire region **VS**

To make a tax-deductible contribution to the Foundation, or for more information about its programs, visit www.mmsfoundation.org, or call Jennifer Day at (781) 434-7044.

Adult Immunization Conference Scheduled for May 21 in Worcester

On Thursday, May 21, Masspro and the Massachusetts Adult Immunization Coalition will present the 14th annual Adult Immunization Conference, titled "Approaching the End of the Decade: The Challenges Ahead." This year's conference will feature Deborah Wexler, M.D., executive director of the Immunization Action Coalition, a nonprofit organization committed to increasing nationwide immunization rates by educating health professionals and the public.

The program will include updates on vaccine distribution from the Massachusetts Department of Public Health, a review of the 2008–2009 flu season in Massachusetts and implications for the next season, a summary of current recommendations for adult immunization, and a review of special issues and recommendations for vaccinating women.

In addition, four concurrent workshops will address the following topics:

- Scientific breakthroughs in vaccine development
- Critical issues in the patient immunization encounter
- Using electronic health records to improve immunizations in physician offices
- Innovative strategies for community-based immunization

The conference, held at the DCU center in Worcester from 8:30 a.m. to 3 p.m., is intended for health care providers involved with adult immunization in primary care, public health, employee health, hospitals, long-term care settings, colleges, home care, and community care settings. The program has been designated for 4.5 AMA PRA Category 1 Credits™. **VS**

For more information, contact Judi Saber at (781) 419-2791 or jsaber@maqio.sdps.org.

Worcester Seniors Support Anti-Tobacco Poster Contest



Photo by Ray Duffy

Leonard Morse, M.D., (back row, fourth from left) Worcester's public health commissioner and former MMS president, poses with students from the Gerald Creamer Center and volunteers from the Worcester Retired Senior Volunteer Program (RSVP). The RSVP volunteers collated approximately 18,000 MMS and Alliance Anti-Tobacco Poster Contest calendars for distribution to elementary school students in Worcester and surrounding towns. The 2009 Anti-Tobacco Poster Contest winners will be announced at a State House ceremony on June 10.

STATE UPDATE

Starting the Day with a Serving of Legislative Advocacy

If it's a Friday morning during the spring or fall, the odds are good that physicians and legislators are gathering somewhere in Massachusetts to discuss issues affecting health and the practice of medicine. These Legislative Breakfasts are sponsored by district medical societies with the support of the MMS. Why do we promote these events? The answer is simple. Our advocacy is most effective — and our messages best communicated — when physicians develop good relationships with lawmakers.

This year's Legislative Breakfasts have generally focused on three bills drafted by the Society:

- House Bill 968/Senate Bill 528 — “An Act Relative to Insurance and Quality Measures,” filed by Rep. Ronald Mariano (D-Quincy) and Sen. Stephen Buoniconti (D-West Springfield). This bill would provide standards to assure the integrity of information used by

insurers and the Group Insurance Commission in measuring “quality” for pay for performance, tiering, and other purposes.

- House Bill 1332/Senate Bill 574 — “An Act Relative to Improving Patients’ Access to Timely Compensation,” filed by Rep. Sean Curran (D-Springfield) and Sen. Robert O’Leary (D-Barnstable). This legislation would reduce the cost of professional liability insurance by making statements by health care providers of regret, apology, or concern regarding an unanticipated outcome inadmissible in any subsequent legal proceeding. It would also require plaintiffs to provide approximately six months notice before filing a claim for medical malpractice.
- House Bill 2054/Senate Bill 813 — “An Act to Ban the Sale of Tobacco Products in Facilities that Provide

Health Care,” filed by Rep. Sean Garballey (D-Arlington) and Sen. Susan Fargo (D-Lincoln). This bill would prohibit licensed health professionals from working in any facility where tobacco products are sold or in places leased within such facilities.

Legislative Breakfasts can directly affect the course of legislation. Last session, following a suggestion made by Rep. Peter Kocot (D-Northampton) at a Hampshire District Medical Society Legislative Breakfast, the Health Care Financing Committee held a special hearing on physician workforce issues in western Massachusetts. That hearing resulted in the incorporation of language drafted by the Society into a law that eventually established a Health Care Workforce Center and incentives to encourage the recruitment and retention of physicians in the Commonwealth. **VS**

— Steve Shestakofsky

LEGISLATOR OF THE MONTH

Representative
Michael D. Brady (D)

District: Brockton (part)

Committees: Public Health, Economic Development and Emerging Technologies, Public Service



QUOTE: Thank you for the honor of being chosen “Legislator of the Month.” As a freshman state representative and newly appointed member of the Joint Committee on Public Health, I look forward to working closely with the MMS and the physicians from my district.

Brockton is fortunate to have acute and ambulatory care facilities, community health centers, and numerous medical offices. Communication with the health care leaders in my community is paramount to my ability to best represent the needs of these entities and the residents of Brockton.

As we enter into budget deliberations, the Commonwealth is facing a severe revenue shortfall. There will be difficult choices to make. Health care will be competing with education, public safety, transportation, and other statewide needs. I will work hard to protect public health programs, especially chronic disease prevention and management. I know that these public health funding priorities will ultimately save money and, most importantly, save lives.

For both personal and professional reasons, I realize the impact that life-science research has on curing disease and treating injury. I support funding proposals, including Gov. Patrick’s life-science bill, that will strengthen our capacity to address health issues.

I welcome feedback from the physicians in my district and from members of the MMS.

FEDERAL UPDATE

Massachusetts Physicians Take their Message to Nation’s Capital

Nearly 50 physicians, residents, and medical students from Massachusetts joined in this year’s AMA National Advocacy Conference in Washington, D.C. Despite the serious economic crisis, most participants were struck by the commitment of both the Administration and Congressional leaders to aggressively pursue a health care reform agenda.

Participants heard from Rep. Henry Waxman (D-CA), chair of the House Energy and Commerce Committee, Rep. Roy Blunt (R-MO), the committee’s ranking minority member, and Ezekiel J. Emanuel, M.D., special advisor on health care to the White House Office of Management and Budget. A series of panels featuring health policy experts and advocates addressed the key issues of controlling health care costs, delivery reform, and quality measures. Copies of the presentations are available on the AMA website (www.ama-assn.org).

MMS participants also met with key members of the Massachusetts Congressional Delegation and their staffs. Lessons learned from Massachusetts health care reform were frequent topics of discussion. One of those lessons is that expanded health insurance coverage must be coupled with a robust physician workforce to achieve true success.

MMS leaders also met with Chris Dawe, health counsel to the Senate Finance Committee, regarding the committee’s work on physician payment reform. Mr. Dawe expressed a willingness to work with the MMS as the committee strives to rewrite the Medicare physician payment formula this year.

In absentia, Sen. Edward Kennedy received the AMA’s Dr. Nathan Davis Award for outstanding government service from AMA Board Chair Joseph Heyman, M.D., a former president of the MMS.

Alan Goroll, M.D., another past president of the MMS, was one of five witnesses who testified before the Senate Finance Committee on primary care workforce shortages. **VS**

— Alex. Calcagno



▲ Rep. Michael Capuano (left) had an animated discussion with MMS President-Elect Mario Motta, M.D.

► Shown here with Rep. William Delahunt (center) are (left to right) Richard Pieters, M.D., Anna Manatis, M.D., MMS President Bruce Auerbach, M.D., Robin Richman, M.D., and Maryanne Bombaugh, M.D.



Member Needs and Society Goals Converge in Website Focus on Continuing Education

Informed by survey data that revealed the importance of continuing education to its members, the MMS designed its new website to prominently feature educational offerings on its home page and to make navigating the extensive CME offerings easier than ever.

"The education part of our site is now much more informative, and it better fulfills the Society's mission to educate physicians," said Caroline Carregal, MMS director of continuing education and certification.

Kathleen Bellisle, manager of distance learning in the Department of Continuing Education and Certification, said that two important site upgrades are a comprehensive listing of all continuing education activities and online availability of faculty presentations, many prior to the events themselves.

"We have such well-known and interesting faculty that we want their knowledge to be available as widely as possible," Bellisle said.

When the new site debuted in March, continuing education was immediately one of the most-trafficked areas.

Careful Member Research

Frank Fortin, the MMS communications director who oversaw the overall upgrade of the Society's website, said the

new education section — like all other elements of the site — was designed based on extensive research of members' opinions. "We listened carefully to what our members told us they needed," Fortin said. "We sought to make this user-centered, and to achieve that, we made sure that every decision was research-based."

Members can use the site to browse online education offerings in seven topic areas. All of these, Carregal said, share the same general focus — how best to deliver quality and cost-effective care.

The up-front presence of continuing education on the new website reflects the reality that MMS education offerings are starting to appeal to other health professionals in addition to physicians. "Down the road, these changes can make the MMS the place to go for those outside the Society, outside Massachusetts, and for professionals who are not doctors," Fortin said.

Finally, Fortin said the site's new education section was designed to better align with the Society's long-term strategic and business goals. For example, the MMS has a strong niche in public health and risk management, and the revamped continuing education presence on the site gives that overall strategy an important boost. **VS**

— Tom Walsh

BUSM Offers Teacher Training Opportunities for Prospective Volunteer Physicians

On Thursday, August 20, the MMS Committee on Senior Volunteer Physicians, in cooperation with Boston University School of Medicine (BUSM), will sponsor a training program for physicians interested in teaching medical students as part of BUSM's Integrated Problems (IP) course.

The IP course is a problem-based curriculum taken by all BUSM students during their first and second years of school. The course entails the discussion of clinical cases to assist students in developing methods for learning, teaching, and integrating information from other courses and independent study.

Groups made up of six to eight students meet with physician volunteers who serve as facilitators. Although they are not teachers in the traditional sense,

the facilitators provide guidance and answer questions as needed. Each IP course group meets for two hours per week for 10 to 12 weeks between early September and early December. This com-

ing fall, the course is tentatively scheduled for Thursdays from 11:00 a.m. to 1:00 p.m. and Fridays from 1:00 to 3:00 p.m. **VS**

If you are interested in attending the facilitator training session, contact Carolyn Maher at (800) 322-2302, ext. 7411, or cmaher@mms.org.

Integrated Problems Facilitator Training Session

**Thursday, August 20,
9:00 a.m. to 2:00 p.m.**

MMS Headquarters, Waltham
Complimentary lunch will be provided.

PHYSICIAN HEALTH MATTERS

Peer-to-Peer Conversations Can Raise Awareness of Disruptive Physician Behavior

Imagine the following scenario: A physician in your practice is very short-tempered and intimidating to many on the professional staff. She is a very good doctor and important to the practice's success, but everyone in the office is distracted by the conflicts she ignites. The practice has even lost some valuable employees who refused to work with her any longer. You are this physician's colleague, not her supervisor or employer. Is there anything you can do?

This rather common scenario may resonate with many practitioners and practice groups. As a colleague, there are a number of steps you can take to try to remediate the situation.

First, consider speaking directly to the doctor. Although these types of conversations can be difficult, they allow the doctor to hear how her behavior is being perceived by others. As surprising as it may seem, she may not realize that she is the source of so much conflict and discomfort. Sometimes just this basic awareness can go a long way toward diminishing the behaviors that have been so troublesome.

Also, you can ask her whether she is addressing challenges outside of the workplace. Like anyone else, physicians face stress in their personal lives that can at times impact their ability to focus on or manage interactions at work. By asking the doctor about her well being, you are showing your personal concern and providing a chance for her to share any problems that may be prompting some of her conduct.

If she reveals some personal challenges, you might be able to recommend helpful resources. Most notable among those resources is a referral to Physician Health Services, Inc. (PHS). PHS is a nonprofit subsidiary of the Massachu-

setts Medical Society whose mission is to help physicians identify health-related issues, directly provide or refer them to support, and if indicated, provide monitoring services to physicians who are experiencing challenges that could impact their ability to perform optimally at work. While it is often uncomfortable to initiate these types of discussions, doing so may provide the physician with an opportunity to gain some insight, to share her own concerns, and even to learn about resources that could help her.

If the physician is not responsive to your outreach, consider sharing your concerns with a supervisor or department head. There are a growing number of expectations with respect to physician professionalism and appropriate workplace interactions. Failure to meet those expectations can result in disciplinary action or even licensure sanctions. It may also be helpful to review the new Joint Commission standard on leadership and professionalism (LD.03.01.01). This standard requires that facilities create a culture of safety and quality. It also recognizes that disruptive behavior can intimidate others and threaten workplace morale in ways that can ultimately adversely affect patient care. Therefore, leaders must provide for the effective functioning of an organization by implementing systems that encourage teamwork and respect for others.

If you remain silent, you may be doing a disservice not only to your colleagues and patients, but also to the physician with disruptive behavior. **VS**

For more information on disruptive behavior and physician health and wellness, visit www.physicianhealth.org or call Physician Health Services at (781) 434-7404.



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Pioneering Women Physicians: What's Accomplished and What Lies Ahead

Sponsored by the MMS and its Committee on Women in Medicine

Wednesday, June 24, 6:30 to 8:00 p.m.
(Networking Dinner at 5:45 p.m.)
MMS Headquarters, Waltham

1.5 AMA PRA Category 1 Credits™

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

ACROSS THE COMMONWEALTH

District News and Events

Berkshire — Legislative Breakfast. Fri., June 5, 7:30 a.m. Location: Berkshire Medical Center, Pittsfield. For more information, contact the West Central Regional Office.

Bristol North — Legislative Breakfast. Fri., May 15, 7:30 a.m. Location: Margaret Stone Conference Room, Morton Hospital, Taunton. For more information, contact the Southeast Regional Office.

Hampden — Save the Dates — Medico-Legal Forum. Tues., Sept. 15, 5:30 p.m. registration. Location: The Carriage House at Barney Estates, West Springfield. Topic: Professional Liability — New Court Decisions Influencing Medical Practice. **25th Annual Medical Ethics Seminar — The Ethics of Food: Medical, Social, and Spiritual.** Thurs., Oct. 22. Location: Baystate Learning Center, Springfield. For more information, contact Suzanne Skibinski at (413) 736-0661 or hdms@massmed.org.

Hampshire — Legislative Breakfast. Fri., June 12, 7:30 a.m. Location: Cooley Dickinson Hospital, Northampton. For more information, contact the West Central Regional Office.

Middlesex — Legislative Breakfast. Fri., May 29, 7:30 a.m. Location: Mt. Auburn Hospital, Cambridge. For more information, contact the Northeast Regional Office.

Middlesex West — Legislative Breakfast. Fri., May 1, 7:30 a.m. Location: McPherson Hall, Framingham Union Hospital. For more information, contact the Northeast Regional Office.

Southeast Regional Caucus — Mon., May 4, 6:00 p.m. Location: LeBaron Hills Country Club, Lakeville. Delegates from Barnstable, Bristol North, Bristol South, Norfolk South, and Plymouth will meet to discuss Annual Meeting resolutions. For more information, contact the Southeast Regional Office.

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 2009. We also note member deaths on the MMS website at www.massmed.org/memoriam.

John M.R. Bruner, M.D., 82; Groton, MA; Harvard Medical School, 1949; died May 28, 2008.

Sang I. Cho, M.D., 72; Concord, MA; Severance Medical College, Seoul, Korea, 1961; died March 13, 2009.

Stephen L. Daly, M.D., 92; West Springfield, MA; New York University School of Medicine, 1943; died March 14, 2009.

John W. Henderson, M.D., 98; Worcester, MA; Harvard Medical School, 1935; died March 12, 2009.

Elia Lipton, M.D., 86; Newton, MA; University of Cape Town Medical School, South Africa, 1945; died March 9, 2009.

Richard Masters, M.D., 80; Malden, MA; Harvard Medical School, 1953; died March 22, 2009.

Allan F. Moore, M.D., 31; Milton, MA; Vanderbilt University School of Medicine, 2003; died July 2008.

John W. O'Grady, M.D., 85; Bedford, MA; Tufts University School of Medicine, 1947; died January 23, 2008.

Middlesex District Contributes \$20,000 to Massachusetts Medical Schools

The Middlesex District Medical Society announced that it will continue its tradition of supporting the dean's emergency funds at Boston University School of Medicine, Harvard Medical School, Tufts University School of Medicine, and UMass Medical School with a \$5,000 contribution to each school.

According to Barry Manuel, M.D., secretary-treasurer of the Middlesex

District, the funds are used to provide for emergency needs that medical students may encounter, such as food, medications, or travel for family emergencies.

The funds provide an important safety net for unanticipated expenses not otherwise reimbursable from other funding sources. **VS**

MMS Expands Member Benefits with Venyu's Online Data Backup and Storage

To support informed choices for implementing secure patient-record storage, the MMS has identified another member benefit — discounts with Venyu, a recognized leader in remote data backup and managed data protection. Upon sign-up, MMS members will receive discounts on Venyu's monthly subscription rates.



An independent subsidiary of hospital services provider PHNS, Venyu combines the depth of online backup pioneer AmeriVault with the Web-hosting capabilities of Network Technology Group. With more than 1,200 clients across the country, Venyu delivers managed data protection, availability, and recovery solutions through robust software and premiere data centers. Aggressive

security and redundancy safeguards ensure business continuity, disaster recovery readiness, and regulatory compliance.

Service setup requires only a simple software download to protected servers or desktops, followed by technician-assisted creation of configurations for data selection, timing, and retentions. Every

installation includes a satisfaction-guaranteed 30-day trial, and online demonstrations are available.

All MMS members will receive information about Venyu's products and services in the mail. **VS**

To speak directly to a representative, contact Venyu's vice president of alliances, Michael Hilton, at (800) 774-0235 or mhilton@venyu.com.

Networking Event for LGBT Health Care Providers

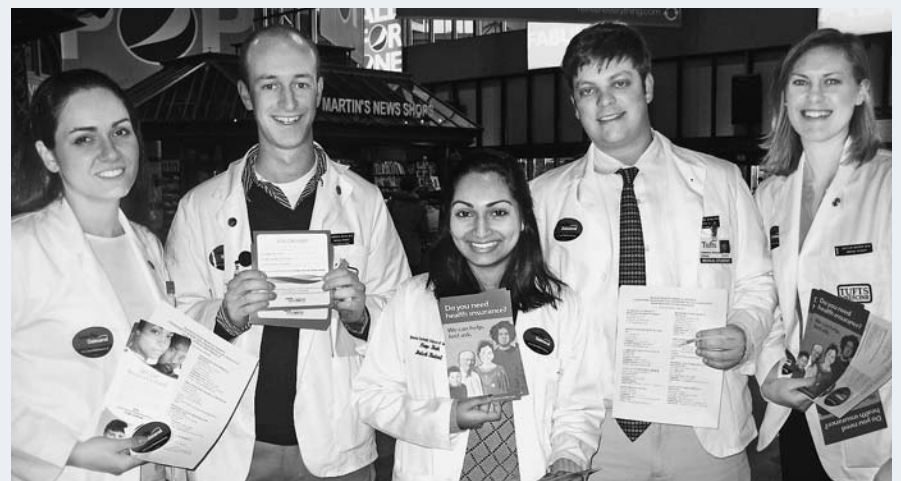
Sponsored by the MMS Committee on Lesbian, Gay, Bisexual, and Transgendered Matters

June 23, 7:00 to 9:30 p.m.
The Club Café, 209 Columbus Ave., Boston

RSVP to lpollard@mms.org or (781) 434-7315.

Prix fix menu (\$32 per person) includes tax and tip, but drinks are extra.

Educating Commuters during Cover the Uninsured Week



Medical students distributed educational materials at Boston's South Station on Monday, March 23, as part of Cover the Uninsured Week. The materials help promote access to health coverage among targeted populations. Shown here, left to right, are Sofy Landis and Andrew Osten from Tufts University School of Medicine, Neepa Shah from Boston University School of Medicine, and Nicholas Cetrulo and Caitlin Snyder, also from Tufts.



MASSACHUSETTS MEDICAL SOCIETY

EVERY PHYSICIAN MATTERS, EACH PATIENT COUNTS.

WHAT'S ON THE WEB?

► Health IT Updates

The latest developments in health IT and how your practice can benefit

www.massmed.org/healthIT

► Payment Reform Updates

What's the Payment Reform Commission up to?

Follow the developments at www.massmed.org/paymentreform.

► Medical School Calendar

Track programs and activities at the four medical schools in Massachusetts.

www.massmed.org/medstudents



WWW.MASSMED.ORG

Federal IT Support

continued from page 2

coordination and support will emerge over the spring," he said.

Tripathi is also concerned that the program may not provide enough support to guarantee success. He said that up until now, 30 to 50 percent of EHR installations have failed. "All the government may be doing is lighting 100,000 bonfires," he said. He said the stimulus might work more effectively if the government funds flowed through the regional extension centers rather than directly to physicians as incentives or loans. That way, he maintained, the centers could be held accountable for a practice's technological success, and it would reduce the burden on physicians of having to figure everything out on their own.

Interoperability Issues

If the dream of vastly improved health care communications is to be realized, technology will have to evolve so that patient information, decision support, and privacy considerations all come together in a useful, seamless manner. That would mean, for example, that a doctor in Pittsfield treating a patient from Boston has electronic access to the patient's medical records in time to be helpful.

Consequently, the new law calls for federal grants to help states (or "state-

qualified" entities) establish "health information exchange" programs to make this possible. To qualify for such a grant, states must submit their plans to the federal government. "There is no model for this yet, so it's hard to define how it will work," Campbell said.

Getting over the Hump

Campbell expressed concern that federally supported technology programs may not be sustainable after the incentive payments run out in 2015. "There'll be doctors graduating from medical school after 2014," he said. "What support will there be for them?" He added that EHR systems entail "considerable operating costs as you go along... What will the federal role be in helping pay for that?"

Tripathi was less concerned about sustainability beyond 2015, saying that the value in the new program is in "getting doctors over the hump" of embracing and adopting EHRs.

But Tripathi noted that the program was still "unstructured," particularly with regard to coordination and support. "The danger is that a lot of money could be wasted, and there is the risk of a lot of

frustration," he said. "Small practices especially will need boots on the ground."

"Bear" of a Transition

Faced with multiple technological and financial uncertainties, what's a physician to do?

Peter M. Barker, M.D., has an eight-physician, three-nurse-practitioner family medicine practice in Swampscott. The office has long been electronic and is now paperless. "The transition can be a real bear," he conceded. "They tell you six months to a year, but it's really a year and a half."

But Dr. Barker quickly added, "I think it's the thing to do. Right now, I'm doing the best job I've done taking care of patients in my whole career. It's not just about the money. It's about changing the whole way you do things. It's going to be the standard of care — if not now, in a year or two."

Dr. Auerbach concluded that "we have been given the opportunity to do something most of us realize is necessary if we are going to get our arms around quality improvement and cost containment." **VS**

"If you've got electronic lab results and you e-prescribe, you are well on your way to being a 'meaningful user.'"

— Micky Tripathi,
president and CEO, Massachusetts
eHealth Collaborative

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.

2009 Annual Meeting Ethics Forum: Racial and Ethnic Disparities

May 7, 3:30–5:30 p.m. Seaport Hotel, Boston. Sponsored by the MMS and its Committee on Ethics, Grievances, and Professional Standards.
2.0 Credits (RM)

2009 Annual Education Program — To Age or Not to Age: Health and Wellness for Physicians and Patients

May 9, 8:00 a.m.–12:00 p.m. Seaport Hotel, Boston. Sponsored by the MMS and its Committee on Medical Education.
3.5 Credits

2009 Shattuck Luncheon and Lecture — The Hypertension Paradox: Remarkable Advances in Therapy but Continued Increase in Worldwide Prevalence

May 9, 12:30–2:00 p.m. Seaport Hotel, Boston.

Sponsored by the MMS and its Committee on Publications.
1.0 Credit

Managing Workplace Conflict

May 21, 8:00 a.m.–4:00 p.m.
May 22, 8:00 a.m.–3:00 p.m.
MMS headquarters, Waltham. Jointly sponsored by the MMS and Physician Health Services.
12.5 Credits (RM)

7th Annual Men's Health Symposium — Continuing Progress: New Gains, New Challenges

June 10, 8:00 a.m.–3:00 p.m. MMS headquarters, Waltham. Sponsored by the MMS and its Committee on Men's Health.
6.0 Credits (RM)

Pioneering Women Physicians of the Past and Present: What's Been Accomplished and What Lies Ahead
June 24, 6:30–8:00 p.m. MMS headquarters, Waltham. Sponsored by the MMS and its Committee on Women in Medicine. 1.5 Credits

Online CME Activities

Go to www.massmed.org/cme.

*Massachusetts Medical Law Report
Quarterly Risk Management CME Series*

Office Compliance 101

1.0 Credit (RM)

MinuteClinics Raise 'Round-the-Clock Risks

1.0 Credit (RM)

How to E-mail Patients without Worrying about Liability

1.0 Credit (RM)

Reducing Errors and Liability in Patient Handoffs

1.0 Credit (RM)

Dealing with Difficult Patients

1.0 Credit (RM)

A New Kind of Bedside Manner: The Rise of Apology Policies

1.0 Credit (RM)

E-Prescribing Regulations Applauded by Doctors, Lawyers

1.0 Credit (RM)

More E-Prescribing Courses

Electronic Prescribing Education

2.5 Credits (RM)

National E-Prescribing Conference (15 courses) 1 or 2 Credits each

Preparedness Risk Management CME Series

Know the Response: Disaster Management and Communication for the Health Care Provider

3.0 Credits (RM)

Recognizing and Preventing Youth Violence

2.0 Credits (RM)

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.