

VITAL SIGNS



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Study Finds GIC-Like Tiering Programs Misclassify 22% of Physicians

BY TOM WALSH

RAND, one of the nation's most reputable health care research firms, has delivered an influential report that supports many of the Massachusetts Medical Society's arguments against the Group Insurance Commission's (GIC's) physician tiering program, also known as the Clinical Performance Improvement initiative.

The report, published March 18 in the *New England Journal of Medicine*, states that such programs frequently misclassify doctors. "Consumers, physicians, and purchasers are all at risk of being misled by the results produced by these tools," it concludes.

Most important, the report casts serious doubt on whether tools such as the GIC's cost-profiling initiative will actually reduce health spending, a professed goal of the GIC program.

John Adams, Ph.D., the study's lead author, said, "These ranking systems may be useful for some purposes, but they are not reliable enough at this point to make decisions about encouraging patients to see certain providers or excluding some doctors from insurance networks. Much work remains to be done to improve these systems before they are used for high-stakes activities."

Dr. Adams told HealthLeaders Media, "One of the ideas that is pretty popular for saving costs is to squeeze doctors. What we are concluding here is that would be great if you really knew which ones were expensive."

Mario Motta, M.D., MMS president, said, "This report, produced by an independent, renowned research firm, clearly demonstrates that these profiling programs fail to accomplish their goals."

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National Health Reform Passes, but Medicare Payment Reform Remains Elusive

BY TOM WALSH

The passage of national health system reform legislation in March set the stage for organized medicine's next agenda item: reforming the Medicare physician payment formula.

In the days leading up to the climactic vote in the U.S. House, the Massachusetts Medical Society offered "qualified support" for the national legislation, after members of its Committee on Legislation (COL) aired their own wide-ranging views and voted overwhelmingly to adopt the qualified-support stance.

"Even though the bill is far from perfect, our country is much better off with the legislation than without it," said Mario E. Motta, M.D., MMS president. "Thanks to this legislation, 32 million more people will have health insurance, insurance company abuses will forever be prohibited, the deficit will be significantly reduced, primary care will receive extensive financial support, and our state's bold universal coverage program will not only be supported but enhanced."

Medicare Viability at Stake

However, Dr. Motta and the committee pointed out that, without Medicare payment reform, the stability of the health care system is compromised, possibly harming access to care for seniors and military families.

Dr. Motta noted that basic physician reimbursements under Medicare have not changed in more than 10 years. "Because of this," he said, "many physicians cannot keep up with the cost of running their practices. The reimbursement problem threatens the viability of the whole Medicare program across the country."

Despite the omission of the so-called "doc fix" from the health reform law, Dr. Motta said he remains optimistic that congressional leaders will keep the promise they made to the nation's physicians: to consider the Medicare reimbursement issue separately — and soon.

"House and Senate leaders and President Obama said this would be a top priority once the [health reform] bill passed," Dr. Motta said. Further, he said that the MMS agreed with the AMA's stance that op-

posing reform unless the Medicare payment formula language had been included, as some states advocated, would have been shortsighted.

"Had that been done, health care reform would not have passed, and then there would have been no way that the payment issue would be taken up," Dr. Motta said. "Just saying 'no' would have been a disastrous strategy in my opinion."

AMA President James Rohack, M.D., concurred. "We will remain actively engaged to ensure that before Congress adjourns there are additional changes to our health system that couldn't be addressed in the reconciliation process, including repeal of the Medicare physician payment formula," he said.

In April, the Society joined medical societies around the country in grassroots advocacy to repeal the formula. Massachusetts physicians were encouraged to sign a national online petition urging action, and the Society reached out to many non-physician advocacy groups urging them to join the effort.



President Barack Obama and Vice President Joe Biden reacted in the Roosevelt Room of the White House, as the House passed the health care reform bill on March 21. President Obama signed the bill on March 23.

Official White House photo by Pete Souza

Official White House photo by Chuck Kennedy

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PRESIDENT'S MESSAGE



Health Reform: Democracy In Action

I could not have asked to serve as MMS president during a more dynamic and eventful year in health care. And I could not have wished for greater support from Society staff, officers, committees, the Board of Trustees, and the many engaged members who make this the best medical society in the country.

The health care bill was far from perfect, but it had much good in it. The new law addresses some of the insurance industry's worst practices, gets almost everyone covered, and it enacts many of the core principles our Society has espoused for years.

Our involvement — our refusal to just say no — made the bill palatable for most physicians. Just as important, it ensures our continued engagement with the serious issues that remain, most notably a permanent SGR fix and reasonable constraints on the Independent Payment Advisory Board.

Similarly, our job in state advocacy going forward will be to educate those looking for blunt instruments to contain health care costs about cost's true root causes. We will continue to advocate for administrative simplification and meaningful malpractice reform that will curb defensive medicine — and to advocate against arbitrary rate caps.

I've been impressed with the truly democratic nature of our Society's process. If any of you doubt that, I encourage you to get more involved to see how well your medical society really works. Thank you all again for your support.

Mario Motta, MD

— Mario E. Motta, M.D.

RAND Study

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Accuracy Lacking

Tiered health plan products have been adopted by several health plans across the country as a tactic to encourage patients to use purportedly cost-efficient, high-quality doctors. The GIC — which oversees health benefits for state employees, retirees, their families, and other public sector workers — has required participating health plans to use such tiered products since 2006.

The MMS is in litigation against the GIC and two of its participating health plans. The Society's legal action seeks to halt the commission's tiering program until shortcomings that have produced incorrect physician ratings can be corrected.

"We're not opposed to public reporting as long as it is done fairly and accurately," Dr. Motta declared. "We remain committed to working with all parties to develop a reporting program that meets those basic standards."

First-of-Its-Kind Study

RAND, a nonprofit research organization, described the study as the first major assessment of physician cost profiling. Its researchers found that about one-fourth of the nearly 13,000 Massachusetts physicians studied using 2004 and 2005 health plan claims data would be misclassified under the system of cost ranking commonly used by insurance plans.

The report on the RAND research in NEJM considered 10 specialties. Among those, researchers found that the rate of misclassification ranged from 16 percent (gastroenterology and otolaryngology) to 36 percent (vascular surgery).

"The proportion of physicians who were classified as lower cost but were not lower cost ranged from 29 percent (otolaryngology) to 67 percent (vascular surgery)," the study states. Conversely, researchers found that "the proportion of physicians who were not classified as lower cost but who actually were lower cost ranged from 10 percent (obstetrics-gynecology) to 22 percent (vascular surgery and internal medicine)."

Better Cost Measures an Option

"Overall," the study concludes, "the majority of physicians did not have cost profiles that met common thresholds of reliability... Among the physicians who were classified as lower cost, 43 percent were actually not lower-cost performers."

Importantly, the RAND study concluded that a "final option" if health plans are to continue to pursue physician

cost profiling might be "to develop better measures of cost performance at the physician level," citing that task as "the most promising avenue for further work."

AMA: Insurers Should Abandon Flawed Programs

J. James Rohack, M.D., president of the AMA, said, "The RAND Corporation study verifies the AMA's longstanding contention that there are serious flaws in health insurer programs that attempt to rate physicians based on cost of care."

Dr. Rohack maintained that using inaccurate information to create physician profiles could potentially cause "irreparable damage to the patient-physician relationship... and disrupt patients' longstanding relationships with physicians who have cared for them for years."

The AMA president called on the health insurance industry to abandon such programs and join the AMA to create "constructive programs that produce meaningful data for increasing the quality and efficiency of health care." **VS**

LETTER TO THE EDITOR

When Is Doctors' Day, Really?

Dear Editor:

As pleasant as it is to be honored on Doctors' Day (see *Vital Signs*, March, page 4), the selection of March 30 is problematic for Massachusetts physicians. Anesthesia for surgery was first administered in the Ether Dome building at Massachusetts General Hospital on October 16, 1856, by Dr. William Morton. March 30 was adopted to recognize the much-contested and undocumented claim by Dr. Crawford Long of Georgia.

The issue of who first administered anesthesia, and who did it in public in front of his peers, was then and is still now extremely contentious. I suggest a trip to the Ether Dome to view the famous painting that documents the first use of general anesthesia for a surgical procedure.

Perhaps we should start celebrating a better day for Doctors' Day, in Massachusetts anyway — October 16.

— Joseph F. Adolph, M.D.
Marlborough

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Administrative Burdens Cut into Physician-Patient Time

When asked why he pursued a career in medicine, Barry Izenstein, M.D., F.A.C.P., founding partner of Endocrine Associates of Western Massachusetts, said simply, "Medicine was my calling." Walking in the footsteps of his father, he became a physician to help sick people get well.

In addition to his busy practice, Dr. Izenstein also finds time to care for veterans at the Soldiers' Home in Holyoke and serves as governor of the Massachusetts Chapter of the American College of Physicians. Dr. Izenstein also looks forward to teaching and mentoring students again when his term as governor ends.

Both an endocrinologist and internist, Dr. Izenstein is determined not to let anything interfere with the patient relationships he's established. "My relationship with my patients will never change," said Dr. Izenstein. His hope is that ongoing health reform efforts will allow internists to spend "more time, not less, with their patients in the exam room."

Dr. Izenstein also hopes primary care is at the forefront of health care reform. "Caring for the whole patient and responding to all their needs is a monumental task," he observed. "In today's environment, the imbalance of paperwork and compensation for time and work makes it difficult to engage students in primary care."

As much as he does to protect the physician-patient relationship,

Dr. Izenstein finds that administrative procedures negatively impact his practice. While he understands the need for some checks and balances, Dr. Izenstein said, "It seems as if insurance companies continually question physicians' ability to practice medicine."

His staff feels the weight of administrative burdens every day, spending most of their time handling issues such as prior authorizations, payment denials, referrals, and billing and coding issues across insurers. According to one staff member, "Prior authorizations seem to be needed for all medical procedures. Nine out of ten times, after lengthy prior-authorization phone calls to the insurance companies, the procedures are approved. But all that time spent on hold with or talking to insurers cuts into physician-patient time."

Billing is another source of frustration at the practice, with staff noting denials as a significant issue. For bills that are paid, staff invest a great deal of time addressing coding issues with insurance company representatives.

"Why should physicians spend so much time, in some cases days, on the phone with non-physicians in order to get a single prior authorization?" Dr. Izenstein asked. He suggests that instead of focusing on paperwork, insurance companies should be more interested in how physicians coordinate patient care and employ cognitive skills to suggest proper treatment for patients. After examining a patient and taking into account all their issues and diagnoses, a physician comes up with a treatment plan, and treatment plans cannot be found in a textbook. **VS**

—Robin DaSilva



Photo by Robin DaSilva

Will health care reform help internists and their staffs spend less time on unnecessary paperwork and phone calls?

HCAS Offers Training Resources for Patient Eligibility Verification

Verifying a patient's health plan eligibility is a crucial front-office procedure that, if not transacted efficiently, can result in unpaid claims and hours of back-end busy work.

The MMS is collaborating with several other organizations on projects to streamline eligibility verification processes and thus reduce the number of claim denials and boost office productivity.

To help physician offices optimize administrative efficiency, HealthCare Administrative

Solutions (HCAS) has developed online training materials and resources to help providers conduct eligibility verification transactions. HCAS is a nonprofit coalition of several Massachusetts health plans committed to administrative simplification initiatives.

The HCAS Eligibility Resource Guide contains a grid that describes how to conduct eligibility checks electronically, complete with direct links to payer websites. The HCAS site also includes a guide to member ID cards that

explains common terminology. A separate web page contains direct links to health plan and MassHealth eligibility systems that users can add to their browser favorites list for future reference.

HCAS says additional online resources will be available later this spring.

To access these training resources, go to www.hcasma.org, click on the "solutions" tab, and select "eligibility." **VS**

LAW AND ETHICS

Are Thin Walls a HIPAA Violation?

This question occurred to me as I was sitting in the exam room at a doctor's office. I could not help but overhear the conversation the physician was having with the patient in the next room, even though the walls extended from floor to ceiling and all the doors were closed.

HIPAA rules stipulate that protected health information can be used or disclosed for certain authorized purposes, including "for treatment, payment, or healthcare operations."

In the situation described above, the information being shared between the doctor and patient was HIPAA-compliant. The fact that the information was unwittingly disclosed to me as I sat in the next room was incidental to the permitted purpose of the disclosure.

According to the U.S. Department of Health and Human Services (HHS), a use or disclosure of protected health information that occurs as a result of, or as "incident to," an otherwise permitted use or disclosure is permitted as long as the covered entity has adopted reasonable safeguards.

So what might constitute "reasonable safeguards" when the walls separating exam rooms are thin enough to hear a conversation through them? The HHS Office of Civil Rights offers the following examples of "reasonable safeguards" in public areas:

- Speaking quietly when discussing a patient's condition with family members in a public area
- Avoiding using patients' names in public areas and posting signs to remind employees to protect patient confidentiality

Although an exam room is not a public area per se, it would be prudent for physicians to take measures such as speaking quietly or playing background music so patients in adjacent rooms are not privy to confidential doctor-patient communications.

—Liz Rover Bailey, Esq.

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

How Hospitals Can Help Address Hunger in the Commonwealth

As a medical community, we strive to improve our patients' mental and physical well-being by attending not only to their symptoms, but also to their surroundings. The current economic situation brings into focus an underlying issue in our society: food insecurity. Food insecurity is defined as a state of being unable to afford nutritious food for a healthy, active life.

Millions of Americans struggle to provide food for their families. According to a recent survey by *The New York Times*, six million Americans have no income other than food stamps. In Massachusetts specifically, between 2004 and 2006, 8 percent of residents faced food insecurity, with at least 3 percent of these frequently going without food and facing chronic hunger. It is easy to imagine that the number has grown since 2006 due to the protracted economic downturn.

Poor nutrition has widespread effects on an individual's health. It can exacerbate an underlying condition, cause a specific micronutrient deficiency, or contribute to learning and behavioral problems in childhood.

These ramifications of hunger, combined with the unique ability of hospitals to reach out to large populations, were the impetus for a handbook created recently at UMass Medical School entitled "Hunger in the Commonwealth: Ways Hospitals Can Help." The handbook provides a list of resources in the community, suggests ways for hospitals to connect patients to the resources they need, and explains how Massachusetts hospitals have already taken steps to fight hunger.

UMass Memorial Health Care, for example, has begun screening

patients for eligibility for nutritional assistance programs and offers in-hospital assistance with applications for these programs. In 2010, screening will be piloted in several UMass Memorial primary care practices.

The University of Massachusetts also plans to incorporate and enhance hunger awareness education for medical students, residents, and nursing students, as well as staff and physicians.

Perhaps the greatest nutritional problem facing our patients today is obesity, something that is certainly on

many physicians' minds. However, undernourished patients continue to exist in Massachusetts, and they may be reluctant to seek help from the medical community.

And, while it might seem paradoxical, hunger and obesity are often directly linked. Since the most nutritious foods such as fish and fresh fruits and vegetables are also some of the most expensive, low-income families cross these items off their shopping lists and instead stretch their food dollars by purchasing inexpensive, filling foods that are high in carbohydrates, sugar, and fat — in effect, trading food quality for food quantity.

Great initiatives have already been undertaken in our state to promote food security, and continued attention to this issue will help reduce the burden of chronic hunger on our patients in the future.

To download the handbook, visit www.projectbread.org/site/PageServer?pagename=hospital_handbook.

— Diana Bradford

MMS Committee on Nutrition
UMass Medical School, Class of 2010

Ways Hospitals Can Help



MMS Receives DPH Hero Award



Photo courtesy of Mass. DPH

On March 22, the Massachusetts Department of Public Health (DPH) recognized the MMS as a Public Health Hero for its many contributions to the state's H1N1 flu efforts. The DPH also recognized several other organizations, including the Massachusetts section of the American Congress of Obstetricians and Gynecologists.

In presenting the award to MMS Past President Bruce Auerbach, M.D. (left), DPH Commissioner John Auerbach (right) said, "In the H1N1 response, we have no greater partner than the Massachusetts Medical Society. The Society and its members have been at the forefront, not only of the effort to provide care to patients, but also in insisting that we pay greater attention to being well prepared for emergencies."

"We relied heavily on the MMS to get accurate information out to its members. That was particularly important as we dealt with the vaccine supply issues in the fall."

Walking the Walk: Physician Role Modeling Influences Patient Behavior

In medical school, physicians learn all about how exercise reduces blood pressure, resting heart rate, and LDL cholesterol and how it helps increase insulin sensitivity and HDL cholesterol. There is also evidence that regular exercise can reduce anxiety and improve mood. So if exercise is so good, why isn't everyone doing it every day?

The U.S. Department of Health and Human Services recommends that adults accumulate 150 minutes of moderate-intensity exercise each week and that they perform strength training twice a week.

With its "Exercise is Medicine" campaign, the American College of Sports Medicine and the AMA are working to make this a reality for most Americans. They are encouraging physicians to treat physical activity like a vital sign and ask every patient about their level of physical activity at every visit.

Studies show that physicians who themselves perform aerobic exercise are more likely to counsel their patients on aerobic

activity, and physicians who strength train are more likely to counsel their patients on strength training. In addition, physicians who share with their patients that they are exercising and improving their diet are viewed as being more believable and more motivating.

Acting as a role model is one way a physician can help fight our nation's obesity epidemic. It is time for all of us to walk the walk.

Come join fellow MMS members at a health walk along the Boston waterfront during the MMS Annual Meeting on May 14 at 3:30 p.m. It will be a great way to connect with colleagues, reap the benefits of exercise, and motivate your patients.

For more information, contact Robyn Alie at dph@mms.org or (800) 322-2303, ext. 7371.

— Elizabeth Pegg Frates, M.D.
MMS Committee on Nutrition
and Physical Activity

STATE UPDATE

MMS Advocates at the State House for Better Public Health

The Society's charter, adopted in 1781, states that "the purposes of the Massachusetts Medical Society shall be to do all things necessary and appropriate to promote... the health, benefit and welfare of the citizens of the Commonwealth." The spirit of that charter lives vibrantly in the Society's public health advocacy on Beacon Hill.

Much media attention has been given recently to obesity statistics. Over the past two decades, the prevalence of obesity in American adults has doubled, and since 1980, the number of adolescents who are overweight has tripled.

Closer to home, the most recent "Youth Risk Behavior Survey" reports that 26 percent of all Massachusetts high school students and 28 percent of all middle school students are overweight or at risk for becoming overweight. The MMS is determined to get our lawmakers to do something about these disturbing numbers.

The Legislature is currently poised to adopt final passage of

legislation that would allow the Department of Public Health to establish guidelines for nutritional standards based on the Institute of Medicine's 2007 recommendations to limit the availability of food and beverages of minimal or no nutritional value from student meals.

The bill would also establish a commission to develop a state-wide plan to reduce childhood obesity and make it easier for schools to purchase fresh foods directly from Massachusetts farmers. Final passage of this legislation will mark the culmination of advocacy begun by the MMS, the American Heart Association, and the Massachusetts Public Health Association in 2003.

School nutrition is only one of many public health areas in which the MMS advocates via the legislative process. This session, lawmakers heard the Society's voice on numerous issues ranging from emergency preparedness and safe driving to immunization and tobacco control.

The MMS has been outspoken in efforts to modernize the state's

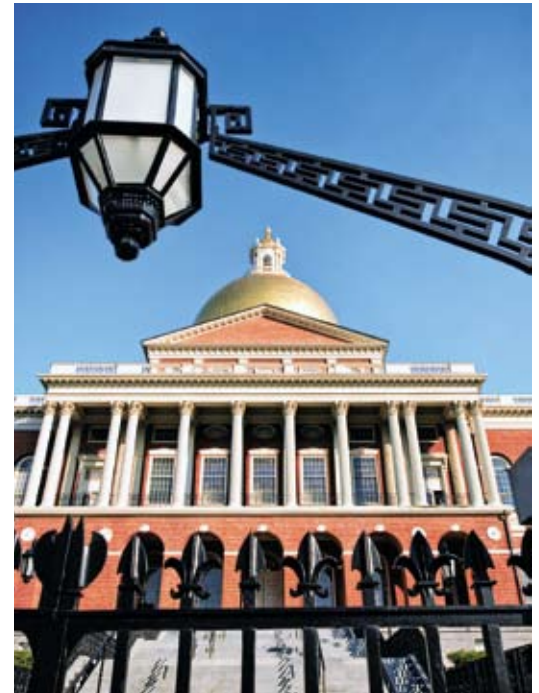
ability to respond to a pandemic or other emergency — and to protect health care providers from liability when they volunteer or work under those conditions.

Similarly, the Society has advocated for the physician's right to choose to report an impaired driver to the Registry of Motor Vehicles without fear of a lawsuit for having made the report or, conversely, for not having filed a report. Legislation in both areas is currently before House-Senate conference committees.

The Society is also supporting initiatives to adequately fund immunization programs, as well as efforts to reduce smoking — especially among youth. Legislation limiting children from

operating all-terrain vehicles, expanding access to automatic external defibrillators in schools, and addressing racial and ethnic health disparities has all advanced with the support of the MMS. **VS**

— Steve Shestakofsky



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Health Care Reform

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All Sides Heard at COL

The Society's decision to support national health system reform was made very carefully and deliberately. James F. X. Kenealy, M.D., chair of the Committee on Legislation (COL), spent a sleepless night before leading committee members on a conference call the morning prior to the new law's enactment.

"I tossed and turned and finally I just got up very early," Dr. Kenealy said. He reread the Society's policy points on health care reform and tried to ensure that his committee members had them for the call.

"I'm pleased with the way the committee handled this," Dr. Kenealy said, looking back on an eventful day. "The conversations during the conference call were

uplifting. We sorted through a lot of misinformation about the bill. We did not talk pocketbook issues. What we arrived at was a discussion about whether or not and how this measure would help Massachusetts patients."

"The committee is made up of physicians from different geographic parts of the state and diverse specialties," Dr. Kenealy continued. "Everyone got to speak and ask questions. We put aside our personal biases. Personally, I had some reservations about the bill."

After a telephone roll call, the panel and the Society's executive leadership endorsed the qualified-support stance that the MMS was about to make public.

"It was an historic vote for our committee," Dr. Kenealy said, but he was quick to add that "for certain, there is more work to be

done. We have to educate the members and our patients about it. Time will tell if it was the right

decision. But it was the best decision to make with what we knew at the time." **VS**

Health Care Reform: Unfinished Business

- Repeal Medicare SGR formula and establish new physician payment system
- Eliminate provisions of the Independent Payment Advisory Board that disproportionately expose physicians to initiatives limiting national health care spending
- Require value-based purchasing measures to be accurate, evidence-based, statistically valid, and vetted by individual physicians prior to use
- Reform the Physician Quality Reporting Initiative so it is voluntary and nonpunitive, provides timely data access, and utilizes a fair appeals process
- Strengthen medical liability laws by including full disclosure, early offer, and apology, and better protect physicians who follow evidence-based guidelines
- Provide fair and appropriate Medicaid reimbursement
- Enact meaningful antitrust relief for physicians

Sunday, May 23: Young Physician Networking and Family Outing

If you've never been on a Duck Tour, you've never truly seen Boston!



The MMS and its Committee on Young Physicians is sponsoring a networking and social outing for young physicians and their families on May 23. Starting with lunch at Maggiano's Little Italy and followed by a Boston Duck Tour, the afternoon promises to be a wonderful opportunity for socializing, sightseeing, and adventure.

Lunch at Maggiano's will be served at 12:15 p.m. and will consist of a three-course Italian meal served family style.

The fun continues aboard the "Duck," an authentic renovated World War II amphibious landing vehicle, at 1:45 p.m. You'll cruise by all the places that make Boston the birthplace of freedom, from the golden-domed State House to the Boston Common, the Old North Church, Quincy Market Place, and more.

The grand finale will be a splash down into the Charles River to take in tremendous water views of Boston. The tour will conclude with a 3:20 drop-off back at Maggiano's Square.

The cost for this event is \$15 per adult and \$8 per child (12 and under). This is a rain-or-shine event, and space is limited, so early registration is highly recommended. **VS**

Please e-mail chennessy@mms.org to obtain registration material, or call Colleen Hennessey at (781) 434-7315.

PHYSICIAN HEALTH MATTERS

Supporting Physicians with Learning and Related Disorders

Medical students and physicians with both previously undiagnosed and well-documented learning and attention disorders are becoming a topic of interest for medical professionals and state medical societies. Many individuals with these disorders are extremely intelligent, are being accepted to prominent medical schools, and are passing national board examinations. However, challenges may arise when these physicians try to integrate into the culture of medical practice.

Age and Career-Stage Differences

Younger physicians with learning problems typically display above-average (even gifted) intellectual functions, excellent verbal skills, and a high capacity for acquiring factual information. Along with that, however, often come slower reading, inconsistent spelling, and poor handwriting. These individuals also tend to have weak time-management abilities and often experience a loss of control if their customary compensatory strategies fail to work.

According to Loring Brinckerhoff, Ph.D., a learning specialist at Harvard Medical School, those challenges are compounded by the tendency for learning disabled individuals to feel anxious about disclosure and hesitant to ask for help to avoid appearing "stupid." While such individuals may struggle with organizing patient material and writing in

charts, they are hardworking and put in very long hours to circumvent their learning problems.

Physicians with learning disabilities often find it hard to balance traditional compensatory strategies, such as working longer hours, with normal life demands. Consequently, family problems may emerge, and the physician might not make time for exercise or sufficient sleep, leading to a vicious cycle of decreased executive function.

In addition, physicians more than forty years of age who have in the past successfully compensated for learning problems may face new challenges in the current fast-paced medical environment. Such individuals may have chosen specialties that highlighted their cognitive strengths. For example, an individual with slowed reading would excel in radiology, where visual-spatial talents are emphasized. But practicing medicine today also requires strong executive functions (rapid information processing, effective time management, and prioritizing skills), and the team-based approach to medical care requires excellent social skills.

One response to professionals with learning disorders might be to create medical practices compatible with alternative learning and communication styles. In addition, state physician health organizations are beginning to develop programs to help physicians

circumvent neurodevelopmental and acquired cognitive difficulties. Technology such as hand-held computers and voice-activated dictation systems are helpful compensatory tools, and in many cases, coaching can be essential.

The most important issue, however, is the need for lifelong strategies and ongoing structure and support, because learning disorders are chronic, and therefore do not remit.

—Cheryl Weinstein, Ph.D.

For more information on this topic, including strategies to address attention and memory deficits, call Physician Health Services at (781) 434-7404, or go to www.physicianhealth.org.

A New Perspective on Physician Diversity

Sally Shaywitz, M.D., of Yale University School of Medicine, says that society has long acknowledged the need for religious, ethnic, racial, and gender diversity within the physician community.

"It is now time to allow other capable groups to be incorporated into the tapestry of medicine," she wrote recently. "[Learning disordered] medical students have much to teach their fellow students and future physicians about chronic disability, adversity, and resilience, and much to contribute to the care and well-being of their future patients."

Mentoring Opportunity for IMG Physicians

The MMS International Medical Graduates (IMG) Section is seeking to develop a network of physicians that would be available to mentor IMG residents or IMGs who have newly arrived to the U.S.

It is anticipated that the time commitment of the mentor would be minimal, and initial contacts would be limited to e-mail. Information needed to be a mentor would include year of

graduation, specialty, and work location. It is expected that the mentoring advice will be predominantly related to residency and career options after residency.

To hear more about the IMG Section and their other initiatives, join them at their Annual Reception on Saturday, May 15 at 3:00 p.m. at the Seaport Hotel in Boston. At that event, held in conjunction with the MMS Annual Meeting, the section will welcome

Thomas Lee, M.D., co-author of *Chaos and Organization in Health Care*. Dr. Lee will share his optimistic views of and solutions to dilemmas posed by health care reform. This event is free, and all are welcome to attend. **VS**

If you are interested in becoming involved in the pilot mentoring program or want to learn more about the IMG Section, contact Erin Tally at etally@mms.org or (781) 434-7413.



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Small Group Teaching Opportunity

Are you retired, working fewer hours, or otherwise finding yourself with free time? Are you looking for a way to apply your medical knowledge through involvement with medical students?

Boston University (BU) School of Medicine may have the opportunity for you. The *Integrated Problems* (IP) course is a problem-based learning course taken by all BU medical students during their first and second years. Through discussion of clinical cases, the IP course assists students in integrating the information from other courses and developing clinical reasoning skills through small-group discussion and individual research.

The students meet in small groups for 2 hours each week for 10 to 12 weeks between early September and early December. As a volunteer, your role will be to facilitate student discussions of clinical cases.

On Tuesday, June 29, there will be an information session where you can learn more about the IP course. The session will be held at MMS headquarters in Waltham from 9:00 a.m. to 2:00 p.m.

If you are interested in attending the session, contact Carolyn Maher at (800) 322-2303, ext. 7311, or cmaher@mms.org. **VS**

IN MEMORIAM

The following deaths of MMS members were reported to the Society in March and April 2010. We also note member deaths on the MMS website at www.massmed.org/memoriam.

Gordon D. Arnold, M.D., 92; Amherst, MA; Boston University School of Medicine, 1943; died December 20, 2009. **George L. Bero, M.D.**, 86; Westwood, MA; Columbia University College of Physicians and Surgeons, 1949; died February 18, 2010. **Martha B. Boyd, M.D.**, 80; Reston, VA; Boston University School of Medicine, 1964; died March 12, 2010. **Alan I. Brenner, M.D.**, 67; Westborough, MA; University of Cincinnati College of Medicine, 1968; died March 31, 2010. **David J. Cavan, M.D.**, 89; West Boylston, MA; Tufts University School of Medicine, 1945; died January 9, 2010. **Dusan B. Dobnik, M.D.**, 85; Auburndale, MA; University of Ljubljana Faculty of Medicine, 1953; died July 20, 2008. **Lincoln Eramo, M.D.**, 91; Pittsfield, MA; Tufts University School of Medicine, 1945; died February 1, 2010. **Theodore S. Golden, M.D.**, 94; South Yarmouth, MA; Tufts University School of Medicine, 1941; died March 22, 2010. **Arthur J. Hassett Jr., M.D.**, 90; Duxbury, MA; Tufts University School of Medicine, 1943; died January 21, 2010. **John E. McHugh, M.D.**, 73; South Hadley, MA; Tufts University School of Medicine, 1962; died February 22, 2010. **Robert G. Ojemann, M.D.**, 78; Weston, MA; University of Iowa College of Medicine, 1955; died March 3, 2010. **Avad Ramchandra, M.D.**, 77; Shrewsbury, MA; Stanley Medical College, India, 1955; died January 15, 2010. **Morris I. Sacks, M.D.**, 98; Boca Raton, FL; Middlesex University School of Medicine, 1935; died February 1, 2010. **Edward K. Welch, M.D.**, age unknown; Hingham, MA; University of Vermont College of Medicine, 1951; date of death unknown.

ACROSS THE COMMONWEALTH

District News and Events

Barnstable — Legislative Breakfast. Fri., June 25, 7:30 a.m. Location: Faxon Conference Room, Falmouth Hospital, Falmouth. For more information, contact the Southeast Regional Office.

Berkshire — Legislative Breakfast. Fri., June 4, 7:30 to 9:00 a.m. Location: Berkshire Medical Center, Pittsfield. For more information, contact the West Central Regional Office.

Charles River — Delegates Meeting. Wed., May 5, 6:00 p.m. Location: MMS headquarters, Waltham. For more information, contact the Northeast Regional Office.

Essex North/Essex South — Joint Delegates Meeting. Wed., May 5, 6:00 p.m. Location: Hawthorne Hotel, Salem. For more information, contact the Northeast Regional Office.

Hampshire — Legislative Breakfast. Fri., June 11, 7:30 to 9:00 a.m. Location: Cooley Dickinson Hospital, Northampton. For more information, contact the West Central Regional Office.

Hampden — Annual Meeting. Tues., May 4, 5:30 to 6:30 p.m. Location: Springfield Country Club, West Springfield. Speakers: Alex. Calcagno, director of federal and community relations, MMS, and Daniel Keenan, vice president of government relations, Mercy Medical Center. Topic: How Does Health Care Reform Affect Your Practice? Presentation of the 2010 Community Clinician of the Year Award to Michael D'Alessandro, M.D. For

more information, contact Suzanne Skibinski at (413) 736-0661 or hdms@massmed.org.

Middlesex — Legislative Breakfast. Fri., May 21, 7:30 a.m. Location: Mt. Auburn Hospital, Cambridge. For more information, contact the Northeast Regional Office.

Middlesex West — Delegates Meeting. Mon., May 10, 6:00 p.m. Location: Framingham Union Hospital, MacPherson Hall. For more information, contact the Northeast Regional Office.

Norfolk South — Legislative Breakfast. Fri., May 7, 7:30 a.m. Location: Emerson Conference Room, South Shore Hospital, South Weymouth. For more information, contact the Southeast Regional Office.

Southeast Regional Caucus — Wed., May 5, 6:00 p.m. Location: LeBaron Country Club, Lakeville. Delegates from Barnstable, Bristol North, Bristol South, Plymouth, and Norfolk South District Medical Societies will review Annual Meeting resolutions. For more information, contact the Southeast Regional Office.

Worcester — Meet the Author Series. Wed., May 19, 5:30 p.m. Location: Faculty Conference Room, UMass Medical School, Worcester. Speaker: author Tracy Kidder. For more information, contact Joyce Cariglia at (508) 753-1579.

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

ACROSS THE COMMONWEALTH

Statewide News and Events

Arts, History, Humanism, and Culture Member Interest Network — The Nancy N. Caron Annual Member Art Exhibit and Silent Auction.

Fri., May 14, 6:30 p.m. Location: Lighthouse Ballroom, Seaport Hotel, Boston. To register or for more information, contact the West Central Regional Office.

Physician-Patient Time at a Premium



Photo by Therese Fitzgerald

Barry Izenstein, M.D., hopes health care reform will allow internists to spend more time, not less, with patients. **See article on page 3.**

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MASSACHUSETTS
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VITALSIGNS

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MMS Annual Meeting Live CME Activities

All at Seaport Hotel, Boston.
Go to www.massmed.org/annual2010.

**2010 Ethics Forum —
Industry's Influence on
the Practice of Medicine:
Examining Conflicts of Interest**
May 13, 3:30–5:30 p.m.
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**2010 Annual Education
Program: Discovery**
May 15, 8:00 a.m.–12:15 p.m.
4.0 Credits

**Shattuck Luncheon & Lecture
FDA Effectiveness —
Benefits to Public Health**
May 15, 12:30–2:00 p.m.
1.0 Credit (RM)

**Avoiding a Disaster During a
Disaster: Improving Medical
Volunteer Response**
May 19, 4:30–8:30 p.m.
MMS headquarters, Waltham.
3.5 Credits

**8th Annual Symposium on
Men's Health: Body and Mind**
June 17, 8:00 a.m.–12:15 p.m.
(Body) and 1:00–4:30 p.m.
(Mind). MMS headquarters,
Waltham

Online CME Activities
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