

VITAL SIGNS



VOLUME 16, ISSUE 5, MAY 2011



- 2 **PRESIDENT'S MESSAGE** Putting Patients First
- 3 **YOUR PRACTICE** Medical Record Retention • PPRC • Malpractice Tribunals
- 4 **THE PUBLIC'S HEALTH** Working with Patients with Autism • End-of-Life Care Report • May 24 Adult Immunization Conference
- 5 **GOVERNMENT AFFAIRS** State: Tips for a Successful Visit with Legislators • Federal: MMS Analyzing Medicare ACO Proposals
- 6 **PROFESSIONAL MATTERS** Joint Commission Physician Health Standards • Men's Health Symposium • Women in Medicine Event
- 7 **INSIDE MMS** Doctors Back to School Day • MMS Night at Boston Pops • Across the Commonwealth • In Memoriam
- 8 **MMS EDUCATION PROGRAMS**

**Vital Signs
Reader
Survey —
See Insert**

AMA Study: Physicians Fuel Local and National Economies

BY TOM WALSH

Office-based physicians are a major economic engine in Massachusetts, supporting job creation, promoting commerce, and generating more than a billion dollars in state and local tax revenues, according to a new report from the American Medical Association. The AMA's report covered nearly 20,000 physicians in Massachusetts (see box on this page) and more than 600,000 physicians across the country.

The news came as no surprise to Philip F. Gaziano, M.D., who heads a Springfield-headquartered physician organization with more than 800 physicians, physician assistants, and nurse practitioners. "In fact, I think this is an underestimate," he said.

Growth in Office-Based Practices

Besides continuing to practice geriatrics, Dr. Gaziano is president and CEO of Accountable Care Associates, a spinoff of Hampden County Physician Associates that manages a network of about 700 care providers across three western Massachusetts counties. Increasingly, Dr. Gaziano said, his organizations are working with global payments and integrated health services that health care reform advocates espouse.

"Economically, we're in a growth phase because we've been successful with that approach," he said. "We see many positive benefits to expanding care in our office-based practices to improve quality, save money, and improve satisfaction for our patients, providers, and office staff."

Doctors' Day Registration Extended to May 2 Economic Impact Study Bolsters MMS Advocacy Position

BY LLOYD RESNICK

The most effective form of physician advocacy is face-to-face engagement with policymakers. Monday, May 9, Doctors' Day at the State House, will be your best opportunity to do that — and to state your case directly to legislators about payment and liability reform, ACOs, scope-of-practice concerns, and other pressing matters. The MMS has extended registration for Doctors' Day until May 2 to make sure as many members as possible can attend this important event.

The need for grassroots advocacy by physicians has never been greater, yet many doctors are bewildered by the legislative process and feel like foreigners when talking with the lawmakers who manage it. "But to do right by our patients, we must not only serve them well as medical professionals, but also advocate for them in the legislative arena," stated James F.X. Kenely, M.D., chair of the MMS Committee on Legislation. "Legislators are patients, too, after all."

Impressive Economic Impact of Physician Practices

Clearly, health care cost containment is the topic most physicians will discuss with their legislators on Doctors' Day. (See "State Update" on page 5 for tips on ensuring a successful discussion.)

A recently released AMA study cited the significant economic impact of office-based physicians in Massachusetts (see other page 1 article). "While highlighting the economic impact of physician practices, the report also emphasizes the critical need to improve the physician practice environment in our state," said MMS President Alice Coombs, M.D. In light of the economic clout documented in the AMA study, Doctors' Day participants may ask legislators to think carefully before proposing or passing legislation that could further harm the physician practice environment — and the still-vulnerable state economy.

Also, the input Massachusetts physicians have on state legislation could well have national implications if, as in the recent past, reforms here are upheld as models for the rest of the country.

Dr. Kenely stressed that physicians shouldn't think of Doctors' Day as a one-and-done event. "The May 9 meeting at the State House is an entrée, but it must be built upon," he said. "Grassroots physicians have to remain actively engaged in this debate throughout the two-year legislative session. Getting health reform done right is more important than getting it done quickly."

To read the agenda for Doctors' Day and to register online, go to www.massmed.org/doctorsday. **VS**



Data Influence Reform Debate

The AMA-sponsored research, conducted by The Lewin Group, produced a report for each of the 50 states as well as a national report. In general, the report found that office-based physicians throughout the country stimulate local economies by

Physician Economic Impact — By the Numbers

In 2009, Massachusetts' 19,550 office-based physicians contributed substantially to the state's economy:

112,224 — jobs supported (an average of 5.7 jobs per physician)

\$31.7 billion — total sales revenue generated (8.7% of the total state GDP)

\$23.5 billion — total wages and benefits paid

\$1.5 billion — total state and local taxes paid

Source: American Medical Association

continued on page 2

PRESIDENT'S MESSAGE



Putting Patients First

"Patients First" is not just the theme of this year's Annual Meeting. It's what we do as doctors every day and why as a Society we stay engaged in so many advocacy activities. This year, those activities ran the gamut: state and federal payment and delivery reforms, health IT, patient access/workforce issues, and public health.

We've been heard. State officials really listened this year when we said that removing barriers to physician practices is essential to high-quality, cost-effective health care. We're pleased that the governor's recent proposal includes significant liability reforms — the kind that put patients first. The proposal does not require physicians to accept alternative payment models and does not try to do everything at once.

We are acutely aware of the mountains we still have to climb. We must keep our hand to the plow, be tenacious, and never let up. As state and federal health care reforms evolve, we must continue to persuade legislators and regulators that physician leadership is imperative at every level, from strategic policymaking to day-to-day governance of ACOs.

With the incoming MMS leadership team and the continued hard work of our members who believe that things CAN change for the better, the Society will ensure that the physician voice remains authoritative and influential.

My tenure as president was brief, but your commitment to "Patients First" will stay with me forever. Your dedication compelled me to work harder.

I thank the MMS officers, committees, board of trustees, and staff for this privilege. It's truly been a once-in-a-lifetime experience.

— Alice T. Coombs, M.D.

Economic Impact Study

continued from page 1

creating jobs, supporting other local businesses, and contributing substantial tax revenues.

The results, according to the AMA, "provide data-driven tools to influence critical health policy and physician practice debates," and show "how strong physician practices not only ensure the health and well-being of communities but also critically support local economies and enable jobs, growth, and prosperity."

Health Care Plays Leading Role in Mass.

That statement may be truer of Massachusetts than any other state.

"As the state's number-one industry, health care plays the leading role in the economic well-being of Massachusetts," said Alice T. Coombs, M.D., president of the MMS. "This report clearly demonstrates that physicians contribute enormously to the economic health of our communities and the state, as well as the personal and public health of our residents."

Dr. Coombs said the AMA study also spotlights the "critical need to improve the physician practice environment in the state." She cited the MMS Physician Practice Environment Index, an annual evaluation of nine factors that shape the state's physician practice environment. The index has fallen in 16 of the past 18 years and has declined by 26.4 percent since 1992.

"Massachusetts continues to be affected by a poor physician practice environment," the MMS president said. "And that exacerbates physician shortages and reduces access to care. A strong physician practice environment

produces many benefits. Patients will have better access to care, the state will have a stronger economy, and we will be better able to recruit and retain physicians to enhance our health care delivery."

Awareness Lacking Outside Health Community

Over the last 13 years, Dr. Gaziano said his organization has become a de facto accountable care organization (ACO). "The state now says that this is the model insurance products and delivery systems should move to, and I think those experts who say that are correct," he said. "Our outcomes show that we have consistently saved about 20 percent of the Medicare budget, while at the same time increasing satisfaction among members, care providers, office staff, and the hospitals we work with. And our quality numbers with HEDIS and NCQA have steadily improved."

Dr. Gaziano believes that business and opinion leaders outside the medical community are largely unaware of the economic impact of office-based physician practices, adding that he has spoken about this topic to local town councils in western Massachusetts. Acknowledging the clinical and

economic success of Accountable Care Associates in western Massachusetts, agencies such as the federal Centers for Medicare and Medicaid Services have invited Dr. Gaziano to speak.

Asked whether he'd rather be known as a top-quality medical professional or as a vital cog in the western Massachusetts economy, Dr. Gaziano said, "Both are important. I'd also like to be known as someone who can give back to the broader community as an educator and someone with a vision of where we want to go. That means putting together the infrastructure that can provide

"Physicians contribute enormously to the economic health of our communities and the state, as well as the personal and public health of our residents."

— Alice T. Coombs, M.D.
MMS president

quality care for the population I manage and, in so doing, improving the economy and the satisfaction for those who are helping to provide the care." **VS**

To read the AMA's "Economic Impact of Office-Based Physicians in Massachusetts," go to www.massmed.org/economicimpact.



Philip F. Gaziano, M.D., CEO of Accountable Care Associates in Springfield

Your Two Cents

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

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

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

EDITORIAL STAFF: Charles Alagero, Office of General Counsel; Robyn Alie, Public Health; Lori DiChiara, Government Relations; Kerry Ann Hayon, Managed Care; Stephen Phelan, Membership; Cathy Salas, West Central Regional Office; Jessica Vautour, Physician Health Services

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

PRESIDENT: Alice T. Coombs, M.D.

EXECUTIVE VICE PRESIDENT: Corinne Broderick

DIRECTOR OF COMMUNICATIONS: Frank Fortin

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

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

©2011 Massachusetts Medical Society. All Rights Reserved.

Is Your Practice Ready to Navigate the Changing Tides in Health Care?

Delivering quality health care in a constantly changing environment while gaining efficiencies and maintaining a solid bottom line is no easy task. If you've had projects on the to-do list for longer than you care to admit, have a nagging question, or need help taking your practice to the next level, contact the Physician Practice Resource Center (PPRC). We are here to help you with practice-management solutions that will allow you to focus on what's most important — delivering the best possible care to patients.

For many years, the PPRC has been at the forefront in providing knowledge to physicians in order to help them meet their practice goals. Our qualified experts serve as your resource for up-to-date knowledge that will help keep your practice running cost

effectively while still meeting the needs of your patients.

Our new on-site consultant, Kerry Ann Hayon, brings more than eight years of consulting and physician practice management experience to the PPRC. Kerry Ann is a Six-Sigma process improvement expert with extensive experience working with physicians and physician practices. She is available to help with all your practice-management needs, including:

- Administrative process improvement



Photo by Martha Stewart Photography
PPRC Consultant
Kerry Ann Hayon

- Revenue cycle enhancement (including reviews of coding and billing trends)
- Implementing new delivery and payment strategies, including ACOs
- Patient-satisfaction strategy
- Operational benchmarking and efficiency
- Human resource assessment
- Program development and growth strategy
- Financial strategy
- HIPAA assistance
- Marketing strategy **VS**

If you have specific questions or would like more information about PPRC services, contact Kerry Ann Hayon at (781) 434-7702 or khayon@mms.org, or visit www.massmed.org/pprc.

Medical Record Retention

The Physician Practice Resource Center tracks, analyzes, and trends the topics associated with the many questions we receive every day by phone and email. This month, the most frequently asked question was:

“For how long do patient records have to be retained?”

Answer: According to the Board of Registration in Medicine, “Physicians must maintain patient records for a minimum of seven years from the date of the last patient encounter or until the former patient reaches age nine. Medical records must be kept in a manner that permits the patient or a successor physician access to the records.”

The board also notes that “a retiring physician, his successor, or the estate of a deceased physician must maintain patient records for seven years from the date of the last patient encounter.”

We also recommend consulting your payer and malpractice insurer contracts to determine whether longer periods may apply. **VS**

PPRC Publishes New EHR Resource

The Physician Practice Resource Center recently published a new resource titled “Hosting and Transferring Electronic Medical Records.”

This document was created to address the numerous questions related to what happens to electronic medical records when a physician leaves a

network, such as a physician organization, independent practice association, or other health care group that may be host to the provider's EMRs.

To access the full document, which is available only to MMS members, go to www.massmed.org/hosting-EMR. **VS**

MMS Members Get Countway Library Access and Article-Request Services

MMS members have access to the Countway Library of Medicine in Boston, in addition to having the use and services of the Boston Medical Library branch in Waltham.

Once inside the Countway building, members have access to all of Harvard's e-journals and e-resources, the Center for History of Medicine, Warren Anatomical Museum, and instructional classes.

MMS members can order articles and books from Harvard and beyond by using Countway Doc, the online document delivery service. The service is a partnership between the MMS Waltham branch of the Boston Medical Library and the Countway. After setting up an online account,

MMS members can receive most materials directly to their account in PDF form. Ordered books can be delivered to Waltham or to the Countway.

The MMS provides members with 10 free orders per person, per year. For every order beyond 10, there is a \$5 charge.

Go to <https://www.countway.harvard.edu/menuNavigation/libraryServices/RequestDocumentsFromILL/mmsILL.html> for details and instructions. To start requesting items, use the Countway Doc service at <https://illiad.hul.harvard.edu/illbasicauth/HMS>. **VS**

For more information, contact librarians Wendy Brown or Emily Bell at bmlbranch@mms.org.

LAW AND ETHICS

How You Can Help Prevent Wrongful Malpractice Suits

Massachusetts law requires that a tribunal — consisting of a judge, an attorney, and a physician — screen any medical malpractice claim before it goes to trial.

The tribunal reviews the claims and allegations to decide whether the case may proceed. If the tribunal rules against the plaintiff, the plaintiff must post a bond to proceed to trial. Historically, the tribunal process weeds out approximately 11 to 16 percent of cases.

The MMS is charged by statute with the responsibility of maintaining a list of physicians who are willing to participate on a tribunal. Participating allows you to help eliminate frivolous lawsuits, thereby helping your peers avoid the emotional, financial, and professional strain of malpractice litigation.

The tribunal process typically weeds out 11 to 16 percent of malpractice cases.

A tribunal hearing may last 15 to 45 minutes, and several hearings can take place on the same day, often back-to-back. A physician participant on the tribunal receives a \$50 stipend per hearing. Physicians are generally not asked to serve more than twice a year for just a few hours.

To facilitate physician participation, the MMS and the courts offer video-conferencing (from MMS headquarters in Waltham and regional-office locations in Holyoke and Lakeville) as an alternative to a physician's physical presence in the courtroom.

If you are willing to be a part of this important case-screening entity, contact Meghan Stanley by email at mstanley@mms.org, by phone at (781) 434-7242, or by fax at (781) 893-9369. **VS**

—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.

Massachusetts Panel Releases Report on End-of-Life Care

"Every day in the Commonwealth, seriously ill patients and their families confronting questions of life and death are being failed — at exactly the time when they are most vulnerable and in need of help," according to a report by the Massachusetts Expert Panel on End-of-Life Care released in March.

Much Room for Improvement

The 42-member panel included representatives from state agencies, patient groups, the legislature, and professional organizations, including the MMS. The report found that the health care system in Massachusetts often fails to:

- Document patient wishes about end-of-life care
- Alleviate pain
- Allow patients to die at home
- Support families
- Train the health care workforce in end-of-life care
- Provide a hospice benefit in insurance plans
- Fund effective oversight to ensure improvement in these areas

Increasing Public Awareness

The panel identified three essential concepts to help ensure patient-centered end-of-life care: advance care planning, palliative care, and hospice.

The panel recommended a strenuous public awareness campaign by the Commonwealth about advance care planning to help patients identify their goals and health proxies.

It also recommended that public and private insurers cover comprehensive palliative and hospice care, physician discussions about end-of-life care, and treatment based on the informed wishes of patients. **VS**

— Robyn Alie

You can read the full report at www.mass.gov/lhqcc/docs/expert_panel/final_expert_panel_report.pdf.

Hints for Working with Patients with Autism

Pediatricians have an important role in the chronic management of autism spectrum disorders (ASDs). According to guidance from the American Academy of Pediatrics, "Optimization of health care is likely to have a positive effect on habilitative progress, functional outcome, and quality of life" for such patients.

Anxiety, challenges with sensory processing, and expressive and receptive language deficits among the ASD population require physicians to take a different approach. "People with ASD have trouble forward imagining to what [the visit] is going to be like, so they don't know what to expect," said Susan Connors, M.D., an internist who works with ASD patients at the Lurie Family Autism Center in Lexington, Massachusetts. "Usually they're pretty tense when they first get into the room."

"They can communicate, but they communicate differently," Dr. Connors added. And their expression of pain is different because their sensory processing is different. "If you see someone banging his head, he might have a migraine, an ear infection, a sinus problem, or even chest pain," she explained.

Keeping Things Calm

Virtually all of Dr. Connors' patients come in with a trusted adult — typically a parent or a caregiver — and that's a good place to start. "You should sit down, be calm, and talk to the trusted adult for a few minutes," Dr. Connors said. "Show [the patient] that this trusted adult is calm and is sharing information with you freely."

When the patient is less anxious, move to the physical exam, Dr. Connors advised. "If I think they have good receptive language, I ask permission, or I model parts of the exam on myself or with the trusted adult," said Dr. Connors. "Sometimes I say, 'first this, then this,' starting with the least invasive procedure."

It can be useful to have manipulative and visual toys available for the patient to fidget with during the visit, and perhaps some treats the patient can look forward to after the visit, said Dr. Connors. The caregiver can help the patient understand what to expect through "familiarization" visits and social stories (illustrated stories about an event with the patient as the main character) to help alleviate the patient's anxiety on the day of the actual appointment.

Clinical Issues

Clinically, certain medical problems — such as sleep problems, GI issues, and seizures — are seen more frequently in autistic patients than in the general population, said Dr. Connors. It's also important to note that some can be very sensitive to certain medications, such as antidepressants, cold medicine, beta blockers, and atypical antipsychotics. Dr. Connors recommends starting with very small doses when prescribing those medications to an ASD patient.

In addition, patient charts should be flagged for "no waiting" for imaging and labwork, because autistic patients can get very anxious about those procedures. Sedation may be necessary in some cases, which presents additional challenges.

Dr. Connors noted that some medical schools are beginning to train medical students about how to approach patients with ASDs. "They deserve the same medical care and respect as anyone else," she concluded. **VS**

— Robyn Alie

For more information, tools, and resources, visit www.massmed.org/autism.

Enhancing Preparedness and Response for Individuals with Access and Functional Needs

Tuesday, June 7, 6:30–9:00 p.m.

Integrating and coordinating emergency preparedness, response, and recovery efforts for children, adults with disabilities, and others with special needs is one of the most difficult challenges facing health professionals and emergency planners.

On June 7, this CME program will delineate the importance of reaching individuals with access and functional challenges when planning for and responding to an emergency or disaster. Participants will learn new methods and strategies to engage these groups in emergency preparedness planning and to successfully coordinate emergency management efforts that meet the needs of all citizens.

Public health professionals and health care providers interested in responding to an emergency or disaster should attend. For those who cannot attend in person, this program will also be offered as a live webinar. **VS**

— Vanessa Kenealy

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

AMA Public Health Director to Keynote May 24 Immunization Conference

L.J. Tan, Ph.D., the AMA's director of medicine and public health, will deliver the keynote address at the 16th annual Adult Immunization Conference on May 24 at the DCU Center in Worcester. Dr. Tan also serves on an adult immunization working group for the Advisory Committee for Immunization Practices.

The Masspro-sponsored conference will also include updates from the state DPH, a poster session, and six workshops on topics such as health care worker immunization and new vaccines in the pipeline. **VS**

For more information, go to www.masspro.org.

STATE UPDATE

Tips to Make Your Visit with Legislators a Success

It's important for physicians to get to know their legislators and meet with them, not only at lobbying events such as Doctors' Day on May 9 (see page 1), but also throughout the year. If you don't know who your state senator or representative is, find out at www.wheredoivotema.com/bal/myelectioninfo.php.

If you want to visit your legislators, go to www.malegislature.gov, where you'll find bios to help you get to know them beforehand. Then call their office and identify yourself as a physician and a constituent. State the nature of your visit and identify anyone else who will be attending with you. If the legislator is not available, ask to meet with his or her aide, who can be an influential member of your legislator's staff.



© 2010 Thinkstock

Whether you visit on your own or as a Doctors' Day participant, the goal of your meeting should be to share your position and get a sense of where your legislator stands on the issue. Here are some tips that will help ensure a successful visit:

- Be organized. You may only get a few minutes of the legislator's/

aide's time. Present a fact sheet on the bill/issue and your position on it.

- Do not detail your campaign contributions. It is illegal to discuss such matters in legislative offices.
- Express yourself in layman's terms, avoiding acronyms and

clinical jargon. Don't try to present all the nuances of a complex issue.

- Offer examples of how legislative changes will impact your patients and medical practices in your community.
- After you have presented your position, let the legislator/aide ask questions. At some point, ask them what their thoughts are on the issue.
- Show respect at all times so you leave a favorable impression for future contacts.
- Always follow up with a thank you note or email to the legislator and staff. **VS**

—Lori DiChiara

FEDERAL UPDATE

MMS Carefully Analyzing CMS Medicare ACO Proposals

On March 31, the Centers for Medicare and Medicaid Services (CMS) released its long-awaited and highly anticipated proposed rulemaking for implementing ACOs and participating in the Medicare Shared Savings program. Separate notices contained proposed changes to physician self-referral laws and antitrust and taxation policies.

The MMS is undertaking a thorough analysis of the extensive proposals.

In an article posted to the *New England Journal of Medicine* website on the same day as the release of the proposed rules, CMS Administrator Don Berwick, M.D., described the three-pronged goal of ACO formation: "better care for individuals, better health for populations, and slower growth in costs through improvements in care."

To temper the potential downside financial risk for ACO providers, the rule proposes two "tracks." In the first, ACOs would be eligible for modest shared

savings but not responsible for losses in the first two years of the three-year agreement. In year three, track-one ACOs would become responsible for some losses.

Track-two ACOs would be eligible for a higher percentage of shared savings, starting with first-dollar savings, but also responsible for shared losses throughout the three-year agreement period.

At first glance, the proposed rule's use of penalties for those who form an ACO — but fail to meet financial measures — seem stronger than anticipated.

Among other notable stipulations in the proposal are the following:

- Each ACO must share a legal, governance, leadership, and management structure. "An ACO will be governed by a body that primarily comprises the health care providers in that ACO," said Dr. Berwick in the NEJM article, and the governing body will also include Medicare beneficiaries.

- An ACO can consist of a variety of providers, including but not limited to physician-hospital arrangements, networks of individual practices, or hospitals employing ACO professionals.
- Each ACO must include at least 5,000 beneficiaries. Medicare beneficiaries would not enroll in a specific ACO. Instead, Medicare will retrospectively determine which particular ACO should be credited with improving a beneficiary's care and reducing expenditures. Beneficiaries participating in an ACO would be advised of that fact to allow them to see another provider or opt out of ACO-mandated data-disclosure requirements.
- The proposed rule states that primary care providers can only participate in one ACO, while hospitals and specialists could participate in several.

CMS estimates that aggregate start-up investment and first-year operating expenditures for an

ACO would range from \$131,644,000 to \$263,288,000. It also predicts that between 75 and 150 ACOs will participate nationally, with a total aggregate net savings of \$510 million between 2012 and 2014.

The MMS is working closely with its internal committees and other physician organizations to develop comments on the proposed rules. Our response will be based on our guiding principles regarding cost and delivery system reforms, which emphasize the central role of physicians, the need to explore and support a variety of different models, and the critical importance of pursuing these models on a voluntary basis.

As always, our overarching goal will be to ensure that all health care delivery systems help physicians provide the highest quality and most cost efficient care to their patients. **VS**

—Alex. Calcagno

To read the complete ACO proposal and CMS summaries of it, go to www.massmed.org/paymentreform.

Attend the Men's Health Symposium on June 2

June is Men's Health Month, and the MMS and its Committee on Men's Health (CoMH) are offering the ninth annual Men's Health Symposium on Thursday, June 2 (see box below). The CoMH's holistic, biopsychosocial approach to men's health has been reflected in the variety of topics covered over the years during the symposia.

Previous topics have included lessons from the Framingham Heart Study; all aspects of prostate health, including the controversy surrounding prostate cancer screening; ADHD in boys and men; substance abuse; sleep medicine; and PTSD and other psychosocial issues of importance to men.

Why the interest in men's health? When it comes to health and longevity, men are the weaker sex. Men have higher death rates than women from 9 of the 10 leading causes of death. And while the male/female life expectancy gap has narrowed somewhat, women on average continue to outlive men by about five years. Men also have higher rates of substance abuse than women and a four-fold higher rate of suicide.

To help address these disparities, in 2008, the MMS House of Delegates passed a resolution sponsored by the CoMH that called for the establishment of a federal Office of Men's Health at the National Institutes of Health. Under the leadership of the CoMH, a similar resolution was passed by the AMA that same year. U.S. Sen. Mike Crapo of Idaho has introduced a bill calling for such an office as well.

—David C. Dodson, M.D.

9th Annual Men's Health Symposium

Hearing Men's Voices:
Men's Health Update 2011

Thursday, June 2

8:00 a.m. to 5:00 p.m.
MMS Headquarters
Waltham

Visit www.massmed.org/MH2011
for more information
and to register.

PHYSICIAN HEALTH MATTERS

Adhering to Joint Commission Standards of Physician Health

In past years, the Joint Commission created three standards that relate to physician/practitioner health. The "Licensed Independent Practitioner" standard requires health care organizations to develop a process for referring and managing practitioners who have been identified with health-related concerns. The Joint Commission requires a process that provides education about physician health; addresses prevention of physical, psychiatric, or emotional illness; and facilitates confidential diagnosis, treatment, and rehabilitation of physicians from a potentially impairing condition.

For hospitals that are implementing this requirement by establishing a medical peer-review committee, Physician Health Services (PHS) has guidelines available at www.physicianhealth.org, by clicking on the "Joint Commission" tab. Alternatively, organizations can design a process of direct referral to PHS and forgo an in-house committee. The Joint

Commission confirmed that direct referral to a physician health program — such as PHS — would satisfy this standard.

The second relevant Joint Commission standard, "Disruptive Behavior," prompts health care organizations to develop professional codes of conduct to create a culture of safety. The organization's code of conduct should define acceptable, disruptive, and inappropriate behaviors. A process to manage these behaviors should be developed as well.

"Conflict Management," the third standard, calls upon organizations to manage conflict between leadership groups with an ongoing process that includes facilitators skilled in managing conflict, an early meeting with individuals involved, gathering of information, and working with parties on a resolution.

All three standards offer an opportunity for health care leaders to connect with PHS. PHS offers consultation to assist leaders in

determining if a health issue may be impacting a physician's behavior. Also, the support PHS provides to individual physicians can be especially helpful at a time when stress has the potential to impact a physician's practice. PHS may suggest an assessment, or offer resources to health care organizations to help with possible resolutions.

PHS would like to hear from you regarding your hospital's approach to these standards. Please email jvautour@mms.org to share your policies and practices.

You can also learn more about addressing these standards by attending the Managing Workplace Conflict CME course held twice a year, and the Caring for the Caregivers Conference scheduled for October 14, 2011. **VS**

For further information on the commission's standards, visit www.jointcommission.org. For more information regarding PHS services in these areas, call (781) 434-7404 or visit www.physicianhealth.org.

June 15: Understanding and Treating Sexual Dysfunction in Women

Female sexuality is multifaceted, and treatment of sexual disorders can be difficult because problems are often caused by a combination of mental and physical factors. Consequently, effective treatment usually requires more than one approach.

"Understanding and Treating Sexual Dysfunction in Women" on June 15 will address a variety of topics, including understanding the various causes of sexual problems for midlife women, reviewing the risks and benefits of available pharmacologic and non-pharmacologic treatment options, and how to formulate an individualized treatment plan.

Among women of all ages, the most common form of sexual dysfunction is hypoactive sexual desire disorder (HSDD) or loss

of sexual desire. A recent survey of U.S. women 57 to 85 years of age showed that only 22 percent reported having discussed sex with their physician since turning 50.

By attending this program, physicians will gain a better

understanding of the midlife changes that affect a woman's sexuality and equip themselves with the necessary resources to foster effective communication about sexual health with their patients. **VS**

Understanding and Treating Sexual Dysfunction in Women

Wednesday, June 15, 6:00 to 8:00 p.m.
MMS Headquarters, Waltham

Speaker: Jan Shifren, M.D., director
of the Menopause Program at MGH's
Vincent Obstetrics and Gynecology
Service

Sponsored by the MMS Committee on
Women in Medicine

Visit www.massmed.org/sd for more
information or to register.



Doctor Goes Back to School in Boston

Last month, So-Fai Tsang, M.D., an internal medicine physician at Harvard Vanguard Medical Associates, an affiliate of Atrius Health, and a member of the MMS Committee on Diversity in Medicine (CDM), visited the Josiah Quincy Elementary School in Boston as part of the CDM's Doctors Back to School program. This program shows kids of all ages, especially those from underrepresented racial and ethnic groups, that medicine is an attainable career.



Photo by Therese Fitzgerald, Ph.D.
So-Fai Tsang, M.D., showed fifth-grader Thomas Solomon how to use a stethoscope.

Dr. Tsang met with 100 fifth-grade students and described her journey to medical school. She stressed that, by getting good grades and working hard in school, students can achieve their dreams, including becoming a doctor.

Dr. Tsang projected x-rays on the wall so the children could diagnose broken bones and later showed them how to take their own pulse.

Dr. Tsang concluded that "no matter what field you go into, you have to love what you do." **VS**

— Therese Fitzgerald, Ph.D.

ACROSS THE COMMONWEALTH

District News and Events

Barnstable — Legislative Breakfast. Fri., June 24, 7:30–9 a.m. Location: Faxon Conference Room, Falmouth Hospital. For more information, contact the Southeast Regional Office.

Berkshire — Legislative Breakfast. Fri., June 3, 7:30–9 a.m. Location: Berkshire Medical Center, Pittsfield. For more information, contact the West Central Regional Office.

Charles River — Delegates Meeting. Wed., May 11, 6 p.m. Location: MMS headquarters, Waltham. Resolution review. For more information, contact the Northeast Regional Office.

Essex South — Annual Meeting. Wed., May 4, 6 p.m. Location: Tupper Manor, Beverly. Guest Speaker: Lynda Young, M.D., MMS president-elect. For more information, contact the Northeast Regional Office.

Hampden — Annual Meeting. Tues., May 3, 5:30 p.m. Location: Springfield Country Club, West Springfield. Speaker: Bethany Gilboard, Massachusetts eHealth Institute. Topic: What Exactly "Competent" Will Mean for EMR: Helping Providers Implement Electronic Health Records and Achieve Meaningful Use. Speaker: Stancel Riley, M.D., executive director, Massachusetts Board of Registration in Medicine. Topic: Quality and Patient Safety Division Developments. Jointly sponsored with Mercy Medical Center. Presentation of 2011 Community Clinician of the Year Award to Anne Nugent, M.D. **Delegates Meeting.** Tues., May 17, 6:30 p.m. Location: HDMS Office, West Springfield. For more information, contact Suzanne Skibinski at (413) 736-0661 or hdms@massmed.org.

Hampshire — Legislative Breakfast. Fri., June 10, 7:30–9 a.m. Location: Cooley Dickinson Hospital, Northampton. For more information, contact the West Central Regional Office.

Middlesex West — Legislative Breakfast. Fri., May 6, 7:30–9 a.m. Location: Framingham Union Hospital, Macpherson Hall, Framingham. **Delegates Meeting.** Tues., May 10, 6 p.m. Location: Framingham Union Hospital, Conference Room C, Framingham. Resolution review. For more information, contact the Northeast Regional Office.

Norfolk — Annual Meeting. Wed., May 4, 6 p.m. Location: Sheraton Hotel, Needham. Speaker: Ram Chuttani, M.D., Topic: Medicine in the Future. **Delegates Meeting.** Thurs., May 12, 6 p.m. Location: MMS headquarters. Review of MMS resolutions. For more information, contact the Northeast Regional Office.

Plymouth — District Meeting. Tues., May 3, 6 p.m. Location: Stoneforge Restaurant, Raynham. Speaker: Jeffrey Drazen, M.D., editor-in-chief, NEJM. For more information, contact the Southeast Regional Office.

Southeast Regional Caucus — Thurs., May 12, 6 p.m. Location: Lebaron Country Club, Lakeville. Delegates from Barnstable, Bristol North, Bristol South, Norfolk South, and Plymouth districts will meet to review and discuss the resolutions prior to the MMS Annual Meeting. For more information, contact the Southeast Regional Office.

Suffolk — Delegates Meeting. Thurs., May 12, 6 p.m. Location: MGH-East Garden Room, Boston. Resolution review. For more information, contact the Northeast Regional office.

Worcester — Meet the Author Series. Wed., May 18, 6–7 p.m. Location: UMass Medical School, Worcester. Speaker: Paul Harding, author of the 2010 Pulitzer Prize-winning novel *Tinkers*. 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.

IN MEMORIAM

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

Kenneth Codin, M.D., 93; Haverhill, MA; Middlesex University School of Medicine, 1941; died February 7, 2011.

John C. Coniaris, M.D., 85; Needham, MA; Boston University School of Medicine, 1957; died February 22, 2011.

Joseph F. Dorsey, M.D., 97; Wellesley, MA; University of Tennessee College of Medicine, 1937; died January 8, 2011.

Eaton E. Freeman, M.D., age unknown; Feeding Hills, MA; SUNY Upstate Medical University, 1947; date of death unknown.

Charles S. Gleason, M.D., 90; Wareham, MA; Tufts University School of Medicine, 1946; died March 3, 2011.

William E. R. Greer, M.D., 92; Westwood, MA; Boston University School of Medicine, 1943; died January 11, 2011.

John R. Marshall, M.D., 86; Reading, MA; Tufts University School of Medicine, 1952; died February 11, 2011.

Thomas C. McBride, M.D., 77; Amherst, MA; University of Vermont College of Medicine, 1957; died January 4, 2010.

Samuel F. Potsubay, M.D., 95; Southampton, MA; Harvard Medical School, 1940; died February 25, 2011.

June 16 Is MMS Night at Boston Pops

Through a special arrangement between the MMS and the Boston Pops, MMS members can receive a 30 percent discount on tickets for the Pops performance on Thursday, June 16. The show that evening will feature "The American Songbook," with guest artists Stephanie Block and Julia Murney from the Broadway production of *Wicked*.



To purchase tickets (first come, first served), go to www.bostonpops.org/mms, or call the box office at (888) 266-1200 and give the code MMS.

Dr. Coombs and Gov. Patrick Address Massachusetts Radiologists



Photo by Doug Bradshaw

MMS President Alice Coombs, M.D., joined Gov. Deval Patrick and John Dubrow, M.D., president of the Massachusetts Radiological Society, at the MRS Annual Meeting on March 3. Dr. Coombs discussed health care reform and accountable care organizations in Massachusetts.

INSIDE ▶

- ▶ Attend Doctors' Day on May 9 **Page 1**
- ▶ Physicians Fuel State's Economy **Page 1**
- ▶ MMS Analyzing Federal ACO Proposals **Page 5**



MASSACHUSETTS
MEDICAL SOCIETY

VITALSIGNS

VOLUME 16, ISSUE 5, MAY 2011

860 Winter Street,
Waltham, MA 02451-1411

NONPROFIT
U.S. POSTAGE
PAID
BOSTON, MA
PERMIT 59673

MMS SPONSORED AND JOINTLY SPONSORED CME ACTIVITIES

LIVE CME ACTIVITIES

Go to www.massmed.org/cme/events. Unless otherwise noted, event location is MMS headquarters, Waltham.

Translating Evidence-Based Research as Applied to Patient Care

Jointly Sponsored by the MMS and the Plymouth District Medical Society. **Tues., May 3, 6:00–8:00 p.m.** at the Stoneforge Restaurant, Raynham.

Risk Management — What Physicians Need to Know

Jointly Sponsored by the MMS and the Indian Medical Association of New England. **Sat., May 7, 8:15 a.m.–2:00 p.m.**

9th Annual Symposium on Men's Health — Hearing Men's Voices: Men's Health Update 2011

Thurs., June 2, 8:00 a.m.–5:00 p.m.

Understanding and Treating Sexual Dysfunction in Women

Wed., June 15, 5:45–8:00 p.m.

LIVE AND WEBINAR Inclusion Planning: Enhancing Preparedness and Response for Individuals with Access and Functional Needs

Sponsored by the MMS in collaboration with the Mass. DPH. **Tues., June 7, 5:45–9:00 p.m.**

MMS ANNUAL MEETING LIVE CME ACTIVITIES

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

2011 Ethics Forum — Physicians and Torture: Exploring Past and Present Physician Involvement in Torture and Interrogation

Thurs., May 19, 3:30–5:30 p.m.

2011 Annual Education Program — Patients First: Social Accountability

Fri., May 20, 8:00 a.m.–12:30 p.m.

2011 Shattuck Luncheon and Lecture — A Successful and Sustainable Health System

Fri., May 20, 12:30–2:00 p.m.

ONLINE CME ACTIVITIES

Go to www.massmed.org/cme.

Massachusetts Medical Law Report Risk Management CME Series

- **NEW** Managing the Risks of Practicing Telemedicine
- **NEW** Accountable Care Organizations 101: A Primer *
- Getting it on Record and Getting it Right*
- Physician Practices Scramble to Comply with New Privacy Reg*

- Dealing with the Changing Dynamic of the Medical Staff*
- Health Providers Facing Stiff HIPAA Regulations
- Health Care Providers Brace For Medicare Audits*
- Social Networking 101 for Physicians*
- EHRs Surge Despite Barriers*

* Also available in print. Call (800) 322-2303, ext. 7306.

Medical Ethics

- The Unintended Consequences of DNR Orders

The Legal Advisor Risk Management CME Series

- Terminating the Doctor-Patient Relationship
- Advance Directives
- Boundary Issues in the Physician-Patient Relationship
- Reporting Patients to the RMV



TO REGISTER FOR ANY OF THESE ACTIVITIES,
CALL (800) 843-6356.

CME CREDIT: These activities have been approved for
AMA PRA Category 1 Credit™.

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