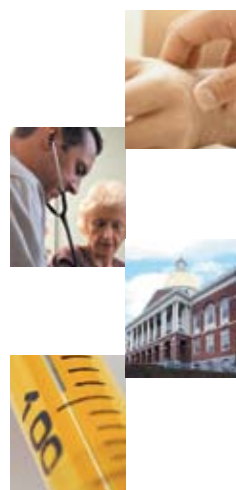




VITAL SIGNS



2 PRESIDENT'S MESSAGE

Transparency Must Cut Both Ways

3 YOUR PRACTICE

Commonwealth Care Tips
"Med List" Campaign
Stark Exceptions Spur EHRs

4 THE PUBLIC'S HEALTH

Advance Care Planning
Mass. Medical Benevolent Society
2007 Anti-Tobacco Poster Contest

5 GOVERNMENT AFFAIRS

State: What's Up for Grabs in
'06 Election
Federal: Medicare Fix on Hold

6 PROFESSIONAL MATTERS

Part-Time Practice
Maintaining Professional Boundaries
New CME Accreditation Criteria

7 INSIDE MMS

NextGen Member Discounts
Renewal Campaign Underway
Across the Commonwealth

8 MMS EDUCATION PROGRAMS

Physician Focus Brings Gubernatorial Candidates' Health Care Platforms to Statewide Television Audience

BY TOM WALSH

In its first foray into election-related media programming, the MMS recently produced a one-hour TV show, "One-on-One with the Candidates," to help Massachusetts residents understand where the candidates for governor stand on health care issues. The show is a special edition of the

Society's monthly *Physician Focus* TV series, which currently reaches an estimated 1.4 million Massachusetts households in 145 communities via public-access cable stations. (Check your local listings for dates and times.)

"Because health care touches all of us, regardless of income, race, age, or gender, it is important that voters know where our elected representatives stand on health

care issues," said MMS President Kenneth R. Peelle, M.D. "This is especially true with regard to our state's governor."

"This program reinforces the fact that the Society is an important player in Massachusetts public affairs and health care," added Bruce Karlin, M.D., a member of the MMS Committee on Communications who has long advocated for this kind of programming. The Committee on Communications teamed with Society officers and the Society's Communications Department to conceive the program, invite the candidates, and develop interview questions.

Jim Cozzens, manager of HCAM-TV, the Hopkinton community-access station that co-produced the show with the MMS, said a recent U.S. Army survey found that 75 percent of those who have public-access cable television watch it.

Interview Format Employed

Three of the four candidates for governor took part in the program, taped during the last week of September. Only Democratic nominee Deval Patrick declined after his campaign was approached several times by the MMS and offered various times for taping.

Lt. Gov. Kerry Healey, the Republican candidate; Christy Mihos, an Independent; and Grace Ross, the Green-Rainbow Party candidate, were interviewed separately on camera for 17 minutes by Mavis Jaworski, M.D., a primary care physician who practices in Beverly. Dr. Jawor-

ski, also a member of the MMS Committee on Communications, used the same list of questions for each interview.

Differing Views Become Apparent

The questions ranged from candidates' commitment to public health to eradicating abuse of "street drugs" such as Oxycontin, health care reform, state government support for health care technology, and cost control. At the end of each interview, candidates were asked to state where health care ranked on their own priority lists for action.

The three candidates did not break new ground in their positions on health care issues. However, the format did lend itself to contrasting the candidates' health care views.

Lt. Gov. Healey was first to go on camera. "The number one priority for the next governor is to make Massachusetts more affordable," she said. "And I can tell you that health care is right up there on the list of things that don't make Massachusetts affordable." Of the landmark health care reform legislation enacted by the state Legislature in 2006, she said, "I look forward to overseeing its implementation."

One Vote for Single Payer

Ms. Ross, the Green-Rainbow candidate, dismissed the significance of the recent health care reform bill. "First of all, it's not universal, and second of all, it's not a plan," she said. Ross emphatically endorsed a single-payer approach to health care reform, noting that many other countries have gone in that direction.



Interviewer Mavis Jaworski, M.D., with Independent Party candidate Christy Mihos



Before the taping of "One-on-One with the Candidates," Republican Lt. Gov. Kerry Healey (right) chatted with interviewer Mavis Jaworski, M.D., (center) and HCAM-TV station manager Jim Cozzens (left).



Green-Rainbow Party candidate Grace Ross with MMS Communications Committee member Bruce Karlin, M.D.

Photos by Bob Crownfield

continued on page 2

PRESIDENT'S MESSAGE



Transparency Done Right

In many ways, our increasingly transparent world is a good thing, because transparency can build trust, promote efficiency, and improve quality.

However, achieving transparency in health care is a more complex matter than in most businesses. Saved lives and improved health — not just the bottom line — factor into our measures of success. Carefully validated measurements form the basis for evidence-based medicine, and that works very well.

Our Society's principles clearly state that any public reporting of physician performance must be accurate, meaningful, and fair. It should also provide doctors with easy-to-use information that facilitates quality improvement, if warranted. But, as we've noted previously in *Vital Signs* and elsewhere, the Group Insurance Commission's rating initiative leaves many unanswered questions about data accuracy and rating methodology.

Our preoccupation with accuracy is understandable. If physicians make decisions and take action based on incorrect or incomplete data, we risk harming our patients. Conversely, inaccurate or confusing information could prompt a patient to change doctors, needlessly disrupting years of trust and continuity of care.

To turn this information into useful tools for both physicians and patients, the data sets used must themselves be transparent and understandable. Two-way transparency is especially essential — but conspicuously absent in the GIC's program — when rating individual physicians. Our contention that individual ratings are misleading and inappropriate arises from two facts: First, the science of rating physician performance at the individual level is new and untested. Second, the practice of medicine today is a team effort that relies on good systems of care, not just individual endeavors.

For an independent assessment of the tool's accuracy and validity, the Society has engaged national experts to review the GIC's rating methodologies for both efficiency and quality. We believe that physicians deserve to understand these processes more fully and that the data should be shared for quality improvement purposes.

Thankfully, all concerned parties have engaged in productive dialog on these issues in recent weeks, and we will keep talking. As a result of these conversations, the GIC recently agreed to establish a physician advisory committee that will include two MMS members.

Physicians are not opposed to transparency, but it must cut both ways.

Kenneth R. Peelle

— Kenneth R. Peelle, M.D.

Candidates' Forum

continued from page 1

Her overall ranking of health care as a priority? "It's up near the top," she said.

Mihos, the Independent candidate, peppered his remarks about health care with his views as to why voters should embrace his independent candidacy. "I don't have to listen to the Republican Party or the Democratic Party," he said several times. He maintained that health care reform is a responsibility of the federal government, not the states. Mihos did, however, assert that health

care is a state priority in terms of economic development. "As governor, I've got to protect three industries so they won't leave Massachusetts," he said, naming health care, tourism, and higher education as the top three. "If I protect those three industries and nurture them, the quality of life in Massachusetts will be enhanced."

For additional comments by the candidates on health care issues, see page 5. **VS**

A Legacy of Advocacy for Physicians

Fifth in a Series of Vignettes Celebrating the 225th Anniversary of the MMS

Just as it is today, over the centuries the Massachusetts Medical Society has been a staunch advocate for its members.

As this issue of *Vital Signs* went to press, the Society was working with the AMA to avert cuts in physician Medicare payments. Largely because of long-term educational efforts by the MMS, the Massachusetts congressional delegation unanimously supports a long-term overhaul of the current flawed Medicare payment formula.

This is just one of numerous issues the MMS continues to work on for its members. The history of this type of effort goes way back.

In 1850, a committee of the Massachusetts Medical Society first considered the issue of "malpractice defense." This was prompted by a request made to the Society "for protection from suits for malpractice that were becoming more frequent at the time," wrote Walter Burrage, M.D., in his 1923 MMS history.

According to Dr. Burrage, a report issued in June 1853 "was a valuable one... for it laid down the principles on which malpractice defense should be undertaken by a medical society." Resting upon a strong bedrock of principles and 225 years of advocacy and action to uphold them, the MMS is solidly poised to represent the best interests of its physician members and their patients, whatever the future may bring. **VS**

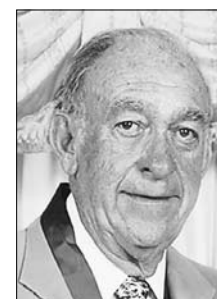
— Tom Walsh

225

In Memoriam: James J. ("Gus") Siragusa, M.D.

James J. Siragusa, M.D., formerly of West Springfield and president of the Massachusetts Medical Society from 1987 to 1988, died on September 17 at the age of 80.

A graduate of Boston University Medical School who practiced in North Adams and West Springfield, Dr. Siragusa delivered more than 6,000 babies during his career. In addition to his term as MMS president, he served as president of the Hampden District Medical



Society from 1980 to 1981 and as a board member of several other medical organizations and foundations.

During his presidency, Dr. Siragusa's personal intervention helped resolve a serious Medicaid crisis. Within three years, the number of physicians participating in Medicaid — and their reimbursement rate from the program — nearly doubled.

Dr. Siragusa is survived by his wife, Helen, 8 children, and 12 grandchildren. **VS**

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

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

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

PHYSICIAN EDITORIAL ADVISORY BOARD: Elsa Aguilera, M.D.; Barbara Herbert, M.D.; Bruce Karlin, M.D.; Dubravko Kufnec, M.D.; Devi E. Nampiaparampil, M.D.; Kenneth R. Peelle, M.D.; Ravin Ratan; Jack K. Ringler, M.D.; Jennifer Rosen, M.D.; Ashish J. Sitapara, M.D.

PRODUCTION AND DESIGN: Lisa Salvo & Sylvia Sziklas, layout & design; Marissa Mathieson, quality assurance; Department of Printing Services, print production

PRESIDENT: Kenneth R. Peelle, M.D. **EXECUTIVE VICE PRESIDENT:** Corinne Broderick

DIRECTOR OF COMMUNICATIONS: Frank Fortin

Vital Signs is published monthly, with combined issues for June/July and December/January, by the Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451-1411. Circulation: controlled to MMS members. Address changes to MMS Dept. of Membership Services. Editorial correspondence to MMS Dept. of Communications. Telephone: (781) 434-7110; Toll free outside Massachusetts: (800) 322-2303; Fax: (781) 642-0976. E-mail: vitalsigns@mms.org. Letters to the editor should be no longer than 200 words; all are subject to condensation.

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

©2006 The Massachusetts Medical Society. All Rights Reserved.

“Med List” Campaign Launched to Reduce Medication Errors

In July 2006, the Institute of Medicine’s report, *Preventing Medication Errors*, concluded that “the most powerful strategy for improving safety may be motivating providers and organizations to support the full engagement of patients and surrogates in improving the safety of medication use.”

Toward that end, the MMS Committee on the Quality of Medical Practice, in collaboration with the Massachusetts Coalition for the Prevention of Medical Errors and the Commonwealth’s Betsy Lehman Center, created “Med List.” Med List is a convenient personal medication list that patients and their families can carry with them to medical appointments.

To participate in this statewide campaign, simply encourage your patients and their families to download the Med List form from www.massmed.org/medlist, complete it, and take it to every provider visit.

The use of an updated medication list and the process of providers reconciling medications will help bridge gaps in the continuity of care and improve safety in the ambulatory setting. Improved provider-patient communication about medications will help avoid side effects and reduce incidents of noncompliance and harm.

For additional information, contact the MMS Health Policy/Health Systems Department at (800) 322-2303, ext. 7222. **VS**

— David Huffman

Tips for Navigating the New Commonwealth Care Program

On October 1, approximately 60,000 adult Massachusetts residents with incomes below the federal poverty level (FPL) became eligible for Commonwealth Care, the new state-administered insurance program that provides subsidies toward the purchase of private health insurance on behalf of low-income people ineligible for MassHealth benefits. Until now, individuals earning less than the FPL had been receiving medical care through the free care pool, a state fund that reimburses hospitals and community health centers for services provided to the uninsured. On January 1, the second phase of Commonwealth Care enrollment will begin for residents with incomes between 100 and 300 percent of the FPL.

Physician practices may now be treating these individuals, who are covered through one of four health plans connected with the Commonwealth Care program. During the first phase, from October 1 through December 31, individuals will be automatically enrolled into one of the four MassHealth-contracted managed care organizations (MCOs):

- Boston Medical Center HealthNet Plan
- Cambridge Health Alliance’s Network Health
- Fallon Community Health Plan
- Neighborhood Health Plan

Here are some facts to help your practice cope with the changes:

- For those with incomes below the FPL, copayments for Commonwealth Care are \$1 for generic drugs, \$3 for all other drugs, and \$3 if the patient visits a hospital emergency room in a non-emergency situation. There are no office-visit copays.
- There will be no standard Commonwealth Care insurance card. Member cards will vary depending on the MCO selected.
- Some health plans have expanded into new geographic service areas, and they may seek contracts with previously uncontracted physician practices to ensure a robust network of physician services.
- MassHealth is assisting with eligibility processing. On October 1, the Recipient Eligibility Verification System (REVS) began displaying new messages to indicate when a member is enrolled or eligible to enroll in one of the four MCOs.

More information and provider training materials are available at www.mass.gov/connector. Patients with questions about Commonwealth Care can contact the program’s customer service center at (877) 623-6765, Monday through Friday from 8 a.m. to 5 p.m. **VS**

— Dana Cooper

LAW AND ETHICS

Exceptions to Stark and Anti-Kickback Laws Designed to Spur Health IT Adoption

Two sets of laws and regulations govern the financial relationships between physicians and various entities. The first, known as the “Stark Law,” prohibits a physician from self-referring. More specifically, it prohibits a physician from referring patients for certain designated health services to an entity with which the physician has a financial relationship (a direct or indirect ownership or investment interest or a direct or indirect compensation arrangement).

The second applicable set of laws, the anti-kickback laws, prohibits any individual or entity from knowingly and willfully soliciting, receiving, offering, or paying any form of remuneration (“in cash or in kind”) to induce the referral of an individual for the furnishing of any item or service payable under the Medicare or Medicaid programs. In Massachusetts, this prohibition extends to services payable under any private health plan or insurer.

Both the Stark Law and the anti-kickback laws contain myriad exceptions. On October 10, another exception went into effect in an effort to encourage and support the adoption of electronic medical records (EMRs). Under certain conditions, Department of Health and Human Services regulations will allow entities to help pay for EMRs and e-prescribing systems for doctors and other clinicians.

As is often the case with governmental regulation, the devil is in the details. For example, only certain entities are eligible to provide the technology (a hospital for its medical staff; a group practice for its members). In addition, to qualify for the exception, the physician must pay in ad-

vance for at least 15 percent of the cost of the system, and the arrangement must be in writing. In addition, the donor must not restrict or limit the physician from using the items or services for any patient; the donor must not be aware that the physician already has EMRs; the items or services provided cannot be used for personal purposes or primarily for purposes unrelated to the physician’s medical practice; and the software component must either contain or be compatible with an e-prescribing system that complies with Medicare Part D.

For the purpose of the anti-kickback laws only, the donation may be based on considerations such as the size of the recipient’s medical practice, the total number of hours the recipient practices medicine, the recipient’s overall use of automated medical technology, the level of uncompensated care the recipient provides, or any other factor, as long as the criterion for the donation is not related to the level of business the parties generate for one another.

Finally, the system provided must be certified by the Certification Commission for Healthcare Information Technology. A list of the systems, which includes products from each of the vendors with which the MMS has established a relationship, is available at www.cchit.org. **VS**

— Elizabeth 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.

Spotlight on Success: Call for Participation

Has your office been running more efficiently lately? Have you improved your clinical measurements for HEDIS or other programs? Is your practice ahead of the curve with a specific practice-management challenge?

Vital Signs wants to promote medical-office “best practices” through a series of “Spotlight on Success” articles showcasing how physician practices are handling the demands of today’s environment, including pay-for-performance measurements, implementing electronic health

records, decreasing patient wait times, and solving human resource or physician compensation challenges.

If you’re interested in sharing your practice’s success — including obstacles that had to be overcome — please contact Dana Cooper, manager, Health Systems, at (781) 434-7218 or dcooper@mms.org. We will contact interested practices to schedule interviews, or physicians or practice managers can submit an article about their experience. **VS**

Advance Care Planning — The Time Is Now

Family and physician concerns about legal rights and potential liabilities cause many patients who are incapacitated by illness or injuries to receive undesired treatment or have treatment withheld or withdrawn. Respirators, feeding tubes, and other measures are often used because there is no clear directive as to what the patient wants.

Proper advance planning can ensure that a patient's wishes are known and implemented. Health care proxies and advance directives (such as living wills) give patients who have become incapacitated control over their treatment. Health care proxies are legal documents, recognized in all 50 states, through which an agent or surrogate acts on behalf of the incapacitated patient to make treatment decisions. A living will also sets forth the patient's wishes regarding end-of-life decisions, but many states do not recognize them as binding in the absence of a health care agent. To implement a living will, the patient needs to designate in writing an individual (and usually an alternate) to act on his or her behalf. (Living wills are *not* enforceable in Massachusetts.)

To ensure that your treatment wishes are followed in the event of incapacity, you should follow these steps to create a health care proxy:

- *Identify a health care agent*, and preferably an alternate agent as well. Select someone you trust who is willing and able to make crucial and often difficult decisions on your behalf.
- *Determine your instructions*. Examine treatment alternatives and discuss them with your physician, attorney, and family members. Put your wishes in writing. Make sure your agent fully understands your instructions and is prepared to carry them out.
- *Draft your health care proxy*. Consider a consultation with your physician or attorney. Sample forms are available through lawyers, many hospitals, and websites devoted to legal and health care matters. A commonly used form is available at www.massmed.org. The proxy

must identify you and your agent and include contact information. It should also state that your agent has authority to make health care decisions on your behalf and what limitations, if any, are imposed on the agent's authority. Clearly state that the agent's authority begins only if you are unable to make health care decisions.

- *Have your health care proxy witnessed*. Sign your health care proxy and have it witnessed by two individuals who are not your agents, caregivers, or relatives.
- *Make sure your health care proxy is accessible*. All too often, treating physicians don't know whether their patients have health care agents, so give copies of your health care proxy to your physician and designated agent(s). Your spouse, partner, or family should also have a copy.
- *Review your health care proxy regularly*. Update your document as needed to reflect changes in your situation, including changes in your agent's contact information or your treatment instructions. Review your health care proxy in connection with a regularly scheduled event such as an annual consultation with your physician.

Without a properly appointed health care agent, your spouse, partner, or other loved ones may not be able to participate in medical treatment decisions, leaving health care decisions up to people who don't know your wishes. These simple steps will help ensure that you receive only the treatment you want.

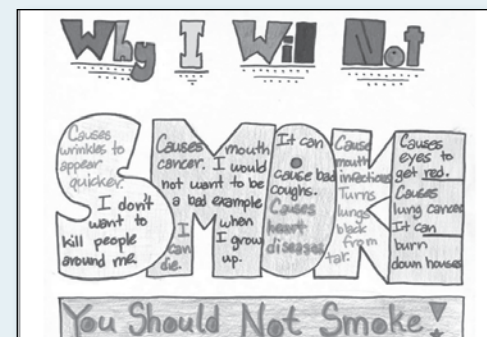
— David Stern

Advance Care Planning Day November 24, 2006

The day after Thanksgiving is Advance Care Planning Day. Use this time to talk to your family members about the type of medical care you would want if you became incapable of communicating your wishes. Encourage your patients to do the same.

Anti-Tobacco Poster Contest

The MMS and Alliance will mail Anti-Tobacco Poster Contest kits in early November to MMS member pediatricians and schools. The mailing is timed to coincide with the Great American Smokeout (see Website of the Month on this page), and it will include a 2007 calendar highlighting the winning entries from the 2006 contest. To request a kit for the 12th annual contest, contact the MMS Department of Public Health and Education at (781) 434-7372.



Massachusetts Medical Benevolent Society: 150 Years of Aiding Physicians in Need

One hundred fifty years ago, in December 1856, a committee of physicians met "to prepare a plan for the relief of destitute physicians and their families." The following March, a group drafted the articles of association of what is now the Massachusetts Medical Benevolent Society (MMBS).

During its first century, the MMBS primarily supported disabled physicians, widows, and children. Beginning in the late 1960s, the MMBS increasingly supported physicians whose substance abuse and consequent impaired performance led to their licenses being suspended or revoked by the Board of Registration in Medicine. The MMBS helped these beneficiaries cope with unemployment, long and expensive periods of rehabilitation, enormous legal fees, and devastating psychological disruption.

The MMBS continues to provide financial grants to physicians and their families experiencing difficult times. Today's grants typically provide for rehabilitation services, monitoring programs to support recovery, medical treatment, and family care. "The Benevolent Society primarily provides transitional support, often facilitating rehabilitation or helping

physicians adjust to very different circumstances," noted Charles Welch, M.D., president of the MMBS since 2004.

This fiscal year, 38 beneficiaries received grants from the Benevolent Society. Most of them were contracted with Physician Health Services, a nonprofit corporation founded by the MMS to provide confidential consultation and support for physicians struggling with alcoholism, substance abuse, behavioral health issues, and physical illness. Support of these physicians is possible because of grants from the Massachusetts Medical Society and Alliance Charitable Foundation, Physicians Insurance Agency of Massachusetts, and memorial gifts and

bequests. The major source of support for the MMBS comes from yearly contributions by members of the Massachusetts Medical Society and other physicians.

Applications for grants can be submitted by physicians or their widows throughout the year. To learn more about the MMBS or to make a donation, contact Candace Savage

at (781) 434-7017 or csavage@mms.org. VS

— Candace Savage

Whereas it sometimes happens that worthy members of the medical profession become reduced in circumstances, we whose names are underwritten do hereby associate ourselves as a body corporate for the relief of such...

— MMBS Articles of Association, 1857

WEBSITE OF THE MONTH

Great American Smokeout Is November 16

November 16 marks the 30th annual Great American Smokeout. The American Cancer Society (ACS) designates this day to challenge people to stop using tobacco and to raise awareness about how to quit smoking. Information about the Smokeout can be found on the ACS website, www.cancer.org. (Click on "Guide for Quitting Smoking" in the left navigation bar.) The guide also includes information on how to quit; dealing with withdrawal, weight gain, and stress; and "staying quit."

STATE UPDATE

Elections 2006: Much at Stake

While the gubernatorial election gets most of the media coverage, it's important for physicians to remember that this year's elections offer the opportunity to affect health policy on both state and national levels.

On the state level, in addition to the selection of a new governor and lieutenant governor, voters will choose a new attorney general. The entire state Legislature will also be elected — 40 senators and 160 representatives. On the federal level, the U.S. Senate seat held by Sen. Kennedy and all 10 Massachusetts seats in the U.S. House of Representatives will be up for election. Both the U. S. Senate and House are closely balanced between Republicans and Democrats, and a shift of a few seats in either chamber could have a profound effect on the direction taken by Congress in the session ahead.

The MMS urges physicians to participate in the political process. For information on where to vote and who is running to represent you, check the MMS Legislative Action Center page in the Advocacy and Policy Section of www.massmed.org, or the Secretary of State's website at www.wheredoivotema.com/bal/myelectioninfo.php. **VS**

— Steve Shestakofsky

The Candidates Speak of Health Care

Christy Mihos, Independent

On public health:

"It really comes down to commitment and money. Many times, the Commonwealth just doesn't fund things properly."

On whether he would ban "street drugs" such as Oxycontin:

"I would favor no ban, and I would ask the medical community to let us know how we should police this properly. We need to let law enforcement do their job and let doctors and nurses care for people..."

On how the state should help doctors obtain health care information technology:

"By enhancing it, moving it forward, subsidizing it if possible. My sense is if we could do it right, we [would] take a lot of cost out of this system."

Lt. Gov. Kerry Healey, Republican

On public health:

"[Regarding avian flu], for the last six months I've been meeting with cities and towns, hospitals, and schools... trying to get them involved in a local planning process. All of the responsibility really is at that local level. I've asked for \$40 million out of surplus state funds to pay for hospital beds and other equipment they would need in an emergency."

On how to stem abuse of "street drugs" such as Oxycontin:

"Doctors should be aware of how often these drugs go astray... And parents who have these drugs in the medicine cabinets should be locking them up."

On the erosion of patient care and the shortage of physicians:

"Doctors just starting out, with student loans to pay off, are going to look for somewhere more affordable, and I don't blame them. We need to make Massachusetts more affordable for them by rolling back taxes... [and] bringing down insurance payments... I've filed a bill for medical malpractice reform."

Grace Ross, Green-Rainbow

On public health:

"The only money being spent is sort of for the end game. If we could change our long-term financing from end game to prevention, there's no question we could save on long-term health costs."

On the health care reform law:

"The financing pieces of the plan were questionable... The real issue is that health costs are spiraling out of control... Everyone knew that was the problem, but there's nothing in the plan that addresses that... What we need is a single-payer [system]. It's worked in every other country that could afford it..."

On the abuse of "street drugs":

"With single-payer health care, [we could] track all the drugs, know where they are... Criminalization does not stop the flow of drugs."

The preceding comments were made during the MMS-produced "One-on-One with the Candidates" TV show (see article on page 1).

LEGISLATOR OF THE MONTH

Representative Ellen Story (D)

District: Amherst, Granby

Committees: Mental Health and Substance Abuse; Tourism, Arts and Cultural Development



QUOTE: Before I ran for office in 1991, I was an administrator of the Family Planning Council of Western Massachusetts, now called Tapestry Health. It is a four-county, private nonprofit agency that was founded in 1973, and I was one of the original staff members. My 17 years there turned out to be good training for political office, although I didn't know it at the time.

The agency dealt constantly with two highly sensitive issues: sex and money. It offered contraception, pregnancy tests, and medical care on a sliding fee scale, so these two controversial topics were always front and center.

Because Massachusetts was the last state in the nation to legalize contraception for married people in August 1966, being an advocate for sex education and birth control was good practice for advocacy on this and other issues in the Massachusetts Legislature.

I have seen extraordinary changes in health care delivery since 1973. I continue to hope that soon we will manage to get it right!

FEDERAL UPDATE

Congress Adjourns without Final Action on Medicare and Health IT Lame Duck Session Planned for November 13

As the 109th session of Congress adjourned on September 30, two critical health care initiatives were left on hold for a post-Election Day "lame duck" session. One measure would stop the Medicare physician payment cut; the second would foster the use of health information technology. When Congress returns after the November elections, advocates for both measures will escalate their already intensive lobbying efforts to seek final passage.

With the clock ticking toward adjournment, Republicans and Democrats in both the House and Senate worked feverishly to find a compromise among a number of bills to stop the physician payment cut. There is widespread support for fixing the physician payment problem. Every member of the Massachusetts delegation joined with a majority of congressional Republicans and

Democrats in sending a letter to their leadership calling for action on this issue before adjournment, but to no avail.

In addition, the New England Council — a group that represents more than 200 business organizations in New England, including the MMS — sent a letter to the entire New England delegation calling for Congress to act before adjournment. Jim Brett, president and CEO of the Council, noted that "aggregate Medicare payment rates have fallen 20 percent below the government's conservative measure of inflation for medical practice costs since 2001."

Congress also failed to resolve differences between the House- and Senate-passed versions of the health IT bills. Primarily at issue were grants to help providers purchase technology, exemptions to anti-kickback laws to allow hos-

pitals and other payers to purchase IT for physicians, mandated implementation dates for ICD-10 coding, and privacy protections for health information.

When Congress reconvenes, the MMS will continue to work strenuously with the members of the Massachusetts delegation, the AMA, and other organizations to seek passage of appropriate legislation to stop the Medicare physician payment cut and to find a long-term solution to this ongoing problem. The Society will also continue to ask our delegation to support legislation that would provide grants to physicians to acquire health IT and that would respect the privacy of patients. We will also support delaying ICD-10 implementation and measures that will allow payers to help physicians acquire IT systems. **VS**

— Alex. Calcagno

Practicing Part Time May Be Key to Work-Life Balance for Some Physicians

Practicing medicine part time is quickly becoming a popular career option for physicians seeking work-life balance. On September 13, more than 70 physicians gained insight into this opportunity at “Finding Balance: Exploring Part-Time Practice,” an event sponsored by the MMS and its Committees on Women in Medicine and Young Physicians. The seminar was the 14th in the Women in Medicine Lecture Series.

According to keynote speaker Erin E. Tracy, M.D., M.P.H., of the Vincent Obstetrics and Gynecology Department at Massachusetts General Hospital and Harvard Medical School, the most common real or perceived barriers to part-time practice are concerns about loss of income, benefits reduction, loan repayment, limiting future professional success, and impact on practice stability. Taking these barriers into consideration, Dr. Tracy suggested that physicians design a personal and professional strategy for reducing practice hours, which could include flextime, telecommuting, a compressed work week, or job-sharing.



Physicians who run their own practices should investigate the legal, economic, and regulatory impact of transitioning to part-time practice and identify resources to assist in establishing such a practice. Dr. Tracy emphasized calculating whether a reduction in hours would generate enough revenue to cover practice expenses.

Part-time practice seems to have little or no impact on the quality of care, as perceived by patients. In a 2000 *Archives of Family Medicine* study titled, “Physician Workload and Patient-Based Assessments of Primary Care Performance,” physicians working part time (defined in the study as less than 40 hours a week) performed as well as physicians working full time (40 to 65 hours a week) and overtime (more than 65 hours a week) in 10 of 11 measures of primary care performance.

For more information about this and past lectures in the Women in Medicine Lecture Series, contact Erin Tally at (800) 322-2303, ext. 7413, or etally@mms.org. **VS**

— Jennifer Lorrain

ACCME Announces Updated Accreditation Criteria

To help ensure that continuing medical education (CME) accredited by the Accreditation Council for Continuing Medical Education (ACCME) system contributes to patient safety and practice improvement, provides evidence-based content, and is independent of commercial interests, the ACCME recently adopted updated accreditation criteria. The criteria will focus on rewarding accredited CME providers for moving through levels of accreditation while changing and improving their practice of CME. As part of the council’s Bridge to Quality initiative, learning and change will be the goals — for both learners and providers.

The updated accreditation criteria are explained in the ACCME’s document, “CME As a Bridge to Quality: Updated Accreditation Criteria.” Visit the ACCME website, <http://www.accme.org/>, and click on News Releases to access further information.

Accredited CME will be a valuable tool in support of physicians’ maintenance of certification and licensure requirements.

The ACCME and the MMS will work together to ensure that resources and support are available to help MMS-accredited CME providers understand and conform to the updated criteria. If you have questions, call Danna G. Muir, manager, accreditation and education outreach, at (800) 322-2303, ext. 7304. **VS**

— Danna G. Muir

PHYSICIAN HEALTH MATTERS

Maintaining Professional Boundaries

Physicians must be aware of the importance of maintaining professional boundaries with patients and colleagues throughout their medical careers. Without constant vigilance, physicians may find themselves sliding down a slippery slope of inappropriate personal interactions that can lead to “boundary crossing.” Intentional or inadvertent overstepping can result in serious misunderstandings, disciplinary action by employers, sanctions by the Board of Registration in Medicine (BRM), and damage to the physician’s personal life and professional career.

The BRM and most hospitals and other health care organizations have rigorous expectations regarding appropriate professional boundaries for physicians. In addition, the AMA’s Code of Ethics, www.ama-assn.org (look under the “Professional Resources” section), provides some guidance for physicians.

Here are some examples that could constitute improper boundary violations or create a slippery slope toward such violations:

- Accepting money, loans, or gifts from patients or staff
- Setting up private financial arrangements to pay for services or care
- Providing patient care in social settings or in locations other than the typical professional setting
- Utilizing a practice or place of work for personal financial gain (creating a conflict of interest)
- Promoting personal business ventures with patients, colleagues, or staff
- Yelling at nurses or co-workers or using any type of physical force or violence

When making ethical decisions regarding employment and social relationships

with patients, colleagues, and staff, remember that there is an inherent power discrepancy between the physician and patient and between the physician and other health care staff. Respecting that discrepancy can help avoid exploitation, whether intentional or inadvertent.

For example, a physician should carefully consider whether to disclose personal information to patients. Patients may perceive physician disclosures that are unrelated to patient care — such as personal comments, questions, or even casual jokes intended to put a patient at ease — as inappropriate, intrusive, or offensive.

Physicians must also be careful to maintain professional boundaries on a sexual level to avoid allegations of sexual harassment and misconduct. The personal space of patients or other office staff should be respected at all times. Policies for using chaperones should be considered, adopted, and consistently implemented.

Physicians may become increasingly susceptible to boundary violations when they are under stress. Professional boundaries are more likely to be compromised in an intense work environment where physicians are feeling pressure, anxiety, tension, and strain. Physician Health Services, in conjunction with the MMS, is holding its fourth course on “Managing Workplace Conflict: Improving Personal Effectiveness” on December 14 and 15 (see box). This two-day course can help physicians identify acceptable professional boundaries and provide them with tools to help maintain those boundaries amid stressful situations.

For more information, contact PHS at (781) 434-7404 or visit www.physicianhealth.org. **VS**

— Jessica Vautour
— Linda Bresnahan

Managing Workplace Conflict: Improving Personal Effectiveness

December 14 & 15, 2006
MMS Headquarters, Waltham

Faculty:

Charles Swearingen, M.D. / Ronald Schouten, M.D., J.D.
Luis T. Sanchez, M.D. / Diana Barnes Blood, M.S.W., L.I.C.S.W.

Looking to prevent and resolve conflict in the medical workplace? Learn improved methods of relating with peers, co-workers, and patients through interactive lectures, demonstrations, and role-playing in a confidential setting. Jointly sponsored by the MMS and Physician Health Services, Inc. CME Credit: Earn up to 12.75 AMA PRA Category 1 Credits™ (RM)

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

ACROSS THE COMMONWEALTH

District News and Events

BERKSHIRE – District Meeting. Wed., Nov. 8, 6 p.m. Location: Williams Inn, Williamstown. Guest Speaker: Donald Burt, M.D., president of faculty services and assistant professor of medicine at the University of Massachusetts. For more information, contact the West Central Regional Office.

BRISTOL SOUTH – District Meeting. Wed., Nov. 8, 6 p.m. Location: The Country Club, New Bedford. Speaker: Alex Calcagno, director of federal relations, MMS. For more information, contact the Southeast Regional Office.

HAMPDEN – 13th Annual Medical Legal Forum. Tues., Nov. 14, 6 p.m. Location: The Log Cabin, Holyoke. Rescheduled event for physicians and attorneys. Speaker: Chief Justice Margaret H. Marshall, Massachusetts Supreme Judicial Court. For more information, contact Suzanne Skibinski at (413) 736-0661.

MIDDLESEX NORTH – District Meeting. Wed., Nov. 15, 6 p.m. Location: Vesper Country Club, Tyngsboro. Guest Speaker: Alfred DeMaria, M.D. Topic: Bird Flu. For more information, contact the Northeast Regional Office.

NORFOLK – Fall District Meeting. Wed., Nov. 15, 6 p.m. Location: Sheraton Hotel, Needham. Guest Speaker: Jim Yong Kim, M.D., Ph.D. Topic: Implementation Gap in Global Health Services. For more information, contact the Northeast Regional Office.

NORFOLK SOUTH – District Holiday Event. Wed., Dec. 13, 6 p.m. Location: Atlantica Restaurant, Cohasset. Members and a guest are invited to attend an evening of fine dining with entertainment. The district will sponsor their Annual Toys for Tots Program. For more information, contact the Southeast Regional Office.

WORCESTER – Fall District Meeting. Wed., Nov. 8, 5:30 p.m. Location: Beechwood Hotel, Worcester. The A. Jane Fitzpatrick Community Service Award, the WDMS Career Achievement Award, and scholarship awards will be presented. **Successful Memory Training Mini-Workshop and Reception.** Wed., Nov. 29, 6 p.m. Location: WDMS Headquarters, Mechanics Hall, Worcester. An informal evening for women physicians to learn how to have a more powerful memory. A reception will follow the workshop. For more information, contact Joyce Cariglia at (508) 753-1579.

Statewide News and Events

AHH&C MIN EVENT – A new revolving art exhibit will be displayed on November 14, 2006, in the lobby of MMS Headquarters. For more information or if you are interested in participating in a future art exhibit, please contact the West Central 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; Nancy Caron, West Central Regional Office, at (800) 522-3112 or ncaron@mms.org; or Cathy Salas, West Central Regional Office, at (800) 522-3112 or csalas@mms.org.

Physician-Hospital Relationships – Where Do You Stand?

Saturday, November 18, 8:00 a.m.–3:15 p.m.
MMS Headquarters, Waltham

All practicing physicians need to keep up with the ever-changing landscape of physician-hospital relationships. Don't miss expert Elizabeth A. Snelson, Esq., as she explains the peer-review process and how physicians can protect themselves through the development of bylaws.

A special afternoon panel presentation, *The Challenge of Communication*, will feature:
James D. Butterick, M.D., chief medical officer, Cape Cod/Falmouth Hospital

Ellen Epstein Cohen, Esq., partner, Adler, Cohen, Harvey, Wakeman & Guekguezian, LLP

Joseph M. Heyman, M.D., member of the AMA Board of Trustees

Alan C. Woodward, M.D., president, Emerson Hospital Emergency Physicians, Inc.

CME Credit: Earn up to 6.0 AMA PRA Category 1 Credits™ (3.0 RM)

For more information and to register, visit www.massmed.org, or call (800) 322-2303, ext. 7306.

2007 MMS Renewal Campaign Underway

Online Renewal Has Advantages

Have you considered renewing your MMS membership online? Log on to www.massmed.org and click on "Join/Renew." It's quick, simple, and you will get a free 2007 Medical Images calendar.

You will receive your first 2007 renewal notice by mail soon. It will include important information about advocacy and discount choices as well as instructions on how to renew online.

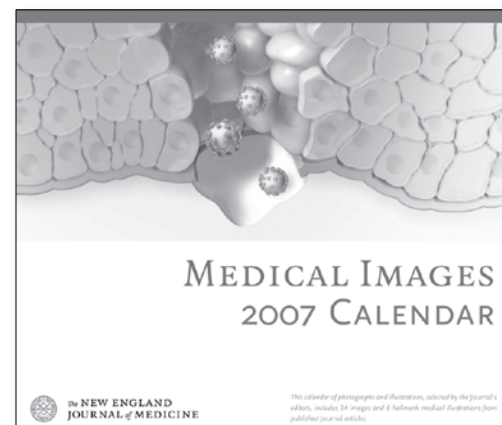
Online renewal saves time and allows you to pay your MMS, district medical society, and AMA membership dues by credit card. You can also check your payment status or update your personal contact information at any time.

Enrollment Options

After the success of last year's group enrollment pilot, we will continue to offer discounts of up to 20 percent to physician groups of five or more. Solo practitioners and small groups can receive the same discounts if they take advantage of our multiyear renewal options. For more information about membership renewal, please contact the

Membership Department at (800) 322-2303, ext. 7311, or info@massmed.org. **VS**

– George Dudley



NextGen Is Newest MMS Benefit Partner

In our ongoing effort to help MMS members provide quality patient care while maximizing practice management efficiency, we are pleased to announce NextGen® Healthcare Information Systems as the newest MMS member benefit partner. NextGen's electronic medical record (EMR) and practice management solutions are ideal for multi-provider enterprises or solo practitioners.

NextGen EMR creates high-quality electronic medical records and facilitates clinical workflow for all specialties. This system also interfaces with labs, hospitals, and pharmacies, enabling providers to coordinate care beyond the examination room. NextGen EMR is certified by the Certification Commission for Healthcare Information Technology (CCHIT) and meets CCHIT ambulatory EHR criteria for 2006. "We are very proud to be one of the first vendors to earn CCHIT certification," said Patrick Cline, president of NextGen.

The practice-management solution, NextGen EPM, helps streamline front- and back-office administration, thus improving efficiencies, reducing A/R days, and enhancing the quality of patient care. Its customizable scheduling and billing processes enable administrators to proactively manage the business of

NextGen
Healthcare Information Systems, Inc

health care. In addition, NextGen EPM includes measures for quality assurance in managing patient financials.

NextGen EMR and NextGen EPM are fully integrated with each other, offering users a single database, single log-in, consolidated reporting, and easy maintenance.

MMS members receive a discount of up to 15 percent on select NextGen products and services. For more information about NextGen products and discounts, e-mail pprc@massmed.org, call (800) 322-2303, ext. 7702, or visit www.nextgen.com. If you have general questions about MMS member benefits, call the Member Information Center at (800) 322-2303, ext. 7311. **VS**

– Carolyn Maher



Prevent colds and flu.
Wash your hands.



One more way to put YourHealthFirst.

www.MassMed.org | Sponsored by Massachusetts Medical Society

The Society's Your Health First public education campaign will continue this fall with flu-prevention messages such as this.

MMS Education Programs

To register for any of these activities, call (800) 843-6356. For more information on these activities, contact the MMS Department of Continuing Education and Certification at (800) 322-2303, ext. 7306, or go to www.massmed.org.

NOTE: (RM) indicates that the activity or a portion of the activity meets the Massachusetts Board of Registration in Medicine criteria for risk management study.

On-Site CME Programs

Cost Performance Ratings: What You Need to Know about ETGs

Nov. 3, 2:00–3:30 p.m. MMS Headquarters, Waltham. Sponsored by the MMS. CME Credit: 1.5 AMA PRA Category 1 Credits™ (RM)

Physician–Hospital Relationships: Where Do You Stand?

Nov. 18, 8:00 a.m.–3:15 p.m. MMS Headquarters. Sponsored by the MMS and its Organized Medical Staff Section. CME Credit: 6.0 AMA PRA Category 1 Credits™ (3.0 RM)

Managing Workplace Conflict

Dec. 14, 8:00 a.m.–4:00 p.m. and Dec. 15, 8:00 a.m.–3:00 p.m. MMS Headquarters. Jointly sponsored by the MMS and Physicians Health Services. CME Credit: 12.75 AMA PRA Category 1 Credits™ (RM)

Online CME Programs

To access the following programs, go to www.massmed.org/cme.

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

- **Nursing Home Malpractice Litigation: Physician-Focused Risks***
- **Terminating the Physician-Patient Relationship***
- **Hospitalists***
- **The Electronic Health Record in the Office Practice***
- **Medical Malpractice Litigation: The Attorney's Perspective***
- **Nonsurgical Cosmetic Procedures: Risk Issues in the Quest for Youth**
- **Difficult Patients**
- **Closing a Practice**

- **Terminating the Professional Relationship With a Patient**
- **Patient Satisfaction**
- **The Telephone as an Instrument of Risk**
- **Nurse Practitioners and Physician Assistants: Some Risk Management Concerns***
- **Cultural Diversity**

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

The following online programs are sponsored by the MMS. Each program is awarded 2 AMA PRA Category 1 Credits™ (RM).

- **Clinical Aspects of Bioterrorism**
- **Medical Perspectives on Impaired Driving**
- **Medical Errors and Perspectives on Patient Safety**

- **Patient Safety: Conducting a Root Cause Analysis of Adverse Events**
- **Medication Safety, Systems and Communication**
- **Building a Better Delivery System: A New Engineering/Health Care Partnership**
- **CME Accreditation: A Review for CME Providers and Surveyors**

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

Communication: Meeting the Challenge

James P. Bagian, M.D., P.E.

AHRQ Initiatives to Improve the Quality and Safety of Health Care
Carolyn M. Clancy, M.D.

Patient Safety and Communication: An IOM Perspective
Harvey Fineberg, M.D., Ph.D.