The results are in: the majority of physicians responding to the MMS 2016 Membership Survey said they highly value the MMS’s services and member benefits. Respondents gave the MMS high marks for its advocacy work in state government, payment reform, federal government, and with health plan administrative relief.

The survey was sent via email to a cohort of MMS members last winter. Members were asked to rate their level of satisfaction with the Society as a whole and to rank how well the Society provides specific products and services.

**Member Satisfaction**

Percentage in this category reached a record high, demonstrating an increase from previous years. From 1996 until last year, the yearly average in member satisfaction hovered around 90 percent. By comparison, in other years, the yearly average in membership satisfaction demonstrated by this survey is exceptional,” said MMS President James S. Gessner, M.D. “The survey provides a good barometer as to the success of our membership services.”

The survey queried members as to the MMS’s performance in several key areas.

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**Physician specialty groups joining the MMS in opposition:**

- Massachusetts Chapter, American Academy of Pediatrics
- Massachusetts Chapter, American College of Physicians
- Massachusetts Academy of Family Physicians
- Massachusetts Section, American College of Obstetricians and Gynecologists
- Massachusetts College of Emergency Physicians
- Massachusetts Psychiatric Association
- Massachusetts Society of Anesthesiologists
- Massachusetts Gastroenterology Association
- Massachusetts Society of Neurosurgeons
- Massachusetts Association of Practicing Urologists

For more information and studies about the health effects of recreational marijuana, visit www.massmed.org/marijuana.

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Member Advocacy: A View from Beacon Hill

One side of advocacy affecting the practice of medicine is often played out in a traditional bill-signing event on Beacon Hill that trumpets new legislation. Yet for every headline-grabbing event, what MMS members don’t see are dozens of low-profile hearings and meetings with legislators and regulators aimed at improving and maintaining the practice environment.

What goes into MMS efforts to accomplish successful state advocacy?

**Members Drive Advocacy**

Members drive MMS advocacy. Physician leadership, including officers, committee chairs, and others, play critical roles by attending meetings with legislators and regulators and providing testimonies at hearings.

State advocacy is not exclusive to the State House: it involves conversations relating to the practice of medicine around the state at agencies — from the Health Policy Commission to the DPH.

Your MMS advocacy team, including government relations staff and legislative consultants, observes, monitors, and glean from these conversations key issues and urgencies. This information is conveyed to MMS leadership, the Committee on Legislation, subject matter committees, task forces, and the membership in general. It further helps to inform and establish MMS priorities, reactions, and ultimately policy. When discussions at the regulatory level wind up on the legislature’s docket, MMS staff researches and prepares the appropriate responses.

**Sorting Out Details**

After laws are passed, a state agency is tasked with sorting out details for implementation through regulations that are often the difference between effective implementation or unnecessary administrative burdens or detriments to patient care.

For example, the MMS worked with the DPH to ensure thoughtful changes to MassPAT — the prescription monitoring program — to allow for hospice patients and pediatric patients under 96 months of age to be precluded from requirements. The MMS also worked with the Board of Registration in Medicine to find a thoughtful regulatory implementation of the electronic health records (EHRs) mandate passed by the legislature. The resulting regulations on EHRs allowed for multiple avenues through which physicians can fulfill this requirement, including an option that allows for completion of a related CME program.

In the coming months, the MMS expects to interact with...
The Importance of Advocacy

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Advocacy, however, is a wide-ranging endeavor, as this month’s page 1 feature attests. It requires constant attention, with health care continuing to experience rapid and multiple changes on so many levels.

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— James S. Gessner, M.D.

Member Survey continued from page 1

2016, member satisfaction rose to 96 percent. Additionally, 95 percent of the respondents said they will renew their membership.

MMS Priorities

Since 2003, members have rated physician advocacy as the principal responsibility of the MMS. Advocating with the state government was cited by 85 percent of physicians as “very important.”

Members responding said that payment reform (66 percent), advocating with the federal government (64 percent), and advocating for health plan administrative relief (75 percent) are all areas they regard as “very important.”

Key Performance Ratings

Members were asked, “How well do you think the MMS is doing in key performance areas?”

Here’s how they responded:

- For advocating with state government: 90 percent of members rated the MMS as “excellent,” “very good,” or “good.”
- For advocating with federal government: 84 percent of members surveyed rated the MMS as “excellent,” “very good,” or “good.”
- For keeping physicians informed about the profession, and for advocating for physicians regarding payment reform: 93 percent and 91 percent, respectively, gave the MMS high approval.
- For communicating information in a timely way on MMS activities and initiatives: 97 percent of members said they rank the MMS as “excellent,” “very good,” or “good.”
- For helping formulate policy for the shared interests of physicians and patients: 90 percent of members said they rank the MMS high approval.
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Options for the Terminally Ill

Dear Editor: As a retired internist with incurable, metastatic prostate cancer, I believe that we should be able to offer all options to terminally ill patients to ease their suffering. I know that some people have difficult deaths in spite of good medical and palliative care. Knowing they have this option not to prolong their deaths brings about peace of mind. Aid in Dying (AID) is authorized in five states, but not in Massachusetts yet. I prefer to die in my home, and not relocate away from family, friends, and physicians. The MMS opposes AID. The CA, OR, WA, MD, and CO Medical Societies have adopted a neutral position on AID. Isn’t it time for the MMS to do the same?

— Roger Kliger, M.D., Falmouth, MA

LETTER TO THE EDITOR

PRESIDENT’S MESSAGE

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BY ROBERT ISRAEL
VITAL SIGNS EDITOR

When Heather Hsu, M.D., interviewed for a position at the Boston Combined Residency Program (BCRP), jointly run by Boston Children’s Hospital and Boston Medical Center, she was hesitant about sharing information about her other job: being a mother.

“The reaction was positive,” said Dr. Hsu, 56, a mother of two children aged 8 and 5. “It was not at all what I expected. When I told the directors about my situation, they said, ‘That’s great!’ and told me that the BCRP has a provision for residents to take time off outside of the traditional paternity and maternity leave not found in most residency programs.”

At most hospital residency programs, Hsu’s request would not have been accepted. Atypical schedules are difficult to accommodate because time spent away from the hospital to attend to family matters often has a domino effect: an extra burden is placed on other already overworked colleagues who must pick up the slack. Ultimately, a resident’s absence — and the scramble that ensues to cover his or her workload — tricks down and negatively affects patient care.

The BCRP is an anomaly. As a result of its size, but also built into its curriculum, is a provision that allows residents to design flexible schedules.

Supporting Residents

“Residency can be a difficult time,” said Theodore “Ted” Sectish, M.D., BCRP program director at Boston Children’s Hospital. “For many residents in their 20s and 30s, it represents the first time they’ve had a full-time job. So it behooves us, as directors and faculty, to support them during this time and to work together with them to figure out what they need to be successful.”

Catherine “Kate” Michelson, M.D., knows that the life of a resident can be exhausting. She experienced burnout as a resident in the BCRP seven years ago. She currently serves as the BCRP’s program director at Boston Medical Center.

“When it comes to some residents — those that have families, for example, or those who are expecting mothers — we can design a more flexible schedule,” Dr. Michelson said. “For other residents, when challenges or emergencies come up, we triage it among the chiefs and directors.”

The BCRP has an active leadership roster and also partners with the Office of Clinician of Support at Boston Children’s Hospital, where they have a psychiatrist on call. Residents are encouraged to reach out for mental health services or garner advice and counseling.

“It’s been my personal experience, when I served as a residency program director at Stanford Medical School, that most hospitals do not offer the kind of flexibility our program offers,” Dr. Sectish noted. He added, “Increasingly, the issue of physician wellness is coming to the forefront. In many meetings I have attended, it is being debated at local and national medical conferences.”

Addressing Physician Wellness

Past MMS President Dennis Dimitri, M.D., spoke on the subject of physician wellness last year, urging members to work collectively to remove roadblocks to their practices and to discover ways to rekindle the joy in their practice of medicine.

“Let’s remind ourselves that we enjoy enormous public respect and prestige, and that we make a difference, every day, to our patients and to our communities.”

Dr. Dimitri said. NEJM Group recently launched a web portal, NEJM Resident 360, inviting residents to participate in online discussion groups that “provide support for coping with pressures of resident life.” Residents nationally are using this new portal to seek peer advice on a range of personal and professional issues.

At the BCRP, a long-standing part of the curriculum is regularly scheduled small group discussions built around the need to infuse humanism and professionalism in the practice of medicine.

“During small group discussions, burnout and other issues are shared and explored,” said Dr. Michelson. “Residents discuss concerns such as when patients die or what happens if a physician commits a medical error. Sharing these concerns and voicing them with peers who have experienced them too is important to understanding that you’re not alone.”

Preventing Resident Burnout

Dr. Hsu found the flexibility and transparency built into the BCRP particularly helpful when she faced what she calls a “brutal second-year schedule” as a resident, requiring a 24-hour call every fourth day. She knew she would need to take time off.

“I had a milestone meeting with my program director and my request was implemented,” Dr. Hsu said. “Taking a periodic breather helps tremendously to restore resiliency. When I brought the request up, the reaction was, ‘Let’s talk about what a flexible schedule looks like for you.’ It just wasn’t an issue. And when I expressed concern about the extra work falling on my colleagues, I was assured it would be taken care of. It was a tremendous relief to know that the program stands behind what it advertises.”

The BCRP attracts many atypical applicants like Heather Hsu who otherwise might not apply for residency or may choose to wait longer before pursuing training. The BCRP is being looked at as a model for how resident programs need to be designed, Dr. Sectish said.

“We recruit the best and the brightest, and we want our residents to know we see them as colleagues,” said Dr. Sectish. “After they finish their residency, many of them take jobs at our hospitals. We insist on treating them right throughout our time together, especially at the start of their careers.”
Opioids: New Resources, Addiction Summit

Two new resources for physicians who prescribe opioids are available on the MMS website. Physician/Prescriber Reminders When Prescribing Opioids is a checklist for physicians, and Prescription Opioid Risks and Treatment Resources is a handout for patients explaining some of the side effects of opioids and the importance of taking them as prescribed. Information on proper storage and disposal and resources for addiction services are also included. These resources, developed in collaboration with the Massachusetts Health and Hospital Association, can be found at www.massmed.org/opioids.

In its continuing activity to address aspects of the opioid crisis, the MMS conducted a summit, Opioid Addiction: Pathways to Treatment, on October 31, focusing on medication-assisted treatment services for those with an opioid use disorder. Keynote speaker Sen. Edward J. Markey (D-Mass.) discussed the Department of Health and Human Services’ Opioid Initiative to provide expanded access to medication-assisted treatment services. In his public remarks on treatment for opioid addiction, Sen. Markey has said, “Treatment for prescription drug and heroin addiction should not be harder to access than the actual drugs destroying lives.” More information on the summit will appear in the next issue of Vital Signs.

Physician Groups Unite in Opposition to Recreational Marijuana

The MMS along with 10 statewide physician specialty groups — listed at press time on page 1 — have jointly announced their opposition to Question 4, the ballot initiative that would legalize recreational marijuana in our state.

The physicians represent a wide range of medical specialties, including internal medicine, family medicine, pediatrics, obstetrics and gynecology, emergency physicians, psychiatry, anesthesiology, neurosurgery, gastroenterology, and urology.

They united in their opposition to the ballot question based on the negative impact it would have on public health and safety, the health dangers it presents to youth despite a proposed ban on sales to those under 21 years of age, and the lack of any public health oversight or protections offered by the ballot question.

“The ballot question on recreational marijuana lacks any consideration for the public health of the citizens of the Commonwealth, especially our young people,” said James S. Gessner, M.D., MMS president, “and physicians believe that its approval would simply be a huge step backward for public health and safety in our state.” Michael McManus, M.D., M.P.H., immediate past president of the Massachusetts Chapter of the American Academy of Pediatrics, said “We know that marijuana harms the health and development of children and adolescents. Making it more available to adults, regardless of restrictions, increases access for teenagers and persuades them that marijuana is not dangerous.” Dr. McManus added that, for adolescents, marijuana can impair memory and concentration, interfere with learning, and lower the chances of completing high school or obtaining a college degree.

George Abraham, M.D., Massachusetts Governor of the American College of Physicians, which represents primary care physicians, said that his group feels that “recreational marijuana will serve as a gateway drug and further worsen the existing opioid crisis in the Commonwealth.”

In addition to citing the dangers to children and potential effects on public health and safety, Dr. Gessner took aim at the ballot question itself, saying Question 4 suffers from two major failings: It lacks any public health oversight or authority in the development of the regulations that would guide implementation of the law, and it has no provisions for any revenue from the sale of the drug to be earmarked for health care, education, prevention, or treatment programs.

Concern for Youth

Dr. Gessner said physicians are particularly worried about how this law would affect children and adolescents. A major concern of physicians is that the question permits the sale of marijuana edibles — cookies, candies, snack food, and drinks — which are especially appealing to children.

He said that research has revealed that Colorado, since approving the recreational use of the drug in 2012, has seen an increase in marijuana use by youth 12–17 years of age (56 percent higher than the national average), a rise in marijuana-related emergency room visits (29 percent) and hospitalizations (38 percent), and a jump in marijuana-related traffic deaths (48 percent).

The MMS has distributed information to all physicians across the state about the ballot question and has created a website with additional materials about the health risks of marijuana, details of the ballot question, and experiences in other states at www.massmed.org/marijuana.
MMS Comments on Medicare Schedule Rule and Hospital Outpatient Payment System

BY ALEX CALCAGNO  
MMS DIRECTOR OF FEDERAL AND COMMUNITY RELATIONS

The MMS submitted comments on Medicare’s proposed physician fee schedule for 2017, consistent with the AMA’s recommendations. Key points of MMS support include:

- Increasing reimbursement for a number of primary care services, including non-face-to-face prolonged evaluation and management and chronic care management

- Expansion of the proven and effective diabetes prevention programs

- Covering telehealth services that are validated, evidence-based, actionable, and connected while preserving important patient protections

- Allowing patients the opportunity to choose their principal physician and have their ACO assignment based on that choice

- Release of Part C Medicare Advantage Bid Pricing Data, and Part C and Part D MLR Data, to provide greater transparency to the public on the Medicare Advantage and the Medicare Part D Prescription drug benefit programs

The MMS opposed:

- The proposed new 10–90 surgical global services reporting requirements, which are onerous and burdensome

- How CMS is implementing a new mobility related payment, bypassing the normal rules for valuing services

The MMS supports payment policies that improve access to care for these patients and those with other impairments. In this proposal, CMS has bypassed the normal process and standing rules for valuing services in fee for service Medicare. As a result, CMS has eliminated any positive update to the Medicare fee schedule as mandated by MACRA. Clearly this was not the intent of Congress.

The MMS also submitted comments to selected provisions in the Proposed Hospital Outpatient Rule for 2017. Key comments included:

- Support for granting hardship exemptions to physicians who had not met meaningful use requirements in 2017, recognizing the implementation of MACRA and the new ACI requirements would begin in 2017

- Support for changing the reporting period from one year to 90 days for meaningful use and clinical quality measure integration

- Support for eliminating current pain management questions from the Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS) in lieu of alternative, yet-to-be-developed questions, to address pain management.

The final physician payment rules are usually published in November. Expectations are the final or interim final rules to MACRA will also be issued in November.

Contact Alex at acalcagno@mms.org.

Member Advocacy continued from page 1

state agencies on a number of issues as they revise regulations or launch initiatives that will impact physician practices in the Commonwealth. Here are a few:

DPH
The MMS next plans to work with the DPH to ensure that the MassPAT vendor collaborates with physicians to integrate the system into electronic health records. The MMS is joining with the DPH on its efforts to reform the Determination of Need (DoN) program, a longstanding and increasingly outdated process whereby health care entities seek approval for capital projects including expansion or service changes. The MMS is engaged with the DPH about provisions that would only allow for DoN applications for ambulatory surgery centers if the applicant is affiliated with or has a joint venture with an acute care hospital. The MMS has offered testimony in strong opposition to this provision.

Health Policy Commission
The Health Policy Commission has issued reports and fostered discussion on a number of issues of interest to MMS membership, including out-of-network billing, provider price variation, and the opioid abuse epidemic. The MMS will continue these conversations and independently research the trends to prepare for the not-uncommon occurrence that related bills are filed on Beacon Hill in the spring.

MassHealth
This summer, MassHealth submitted an application to the federal government to seek a waiver from the standard Medicaid program to attempt to implement health care delivery and payment reforms intended to bend the state’s health care growth rates. The proposal, which would strongly promote accountable care organizations, seeks to secure many of the projected long-term savings of the reforms upfront. The MMS met with the administration on multiple occasions and submitted extensive comments on the reform proposal.

Board of Registration in Medicine
The MMS is working closely with the Board on proposed extensive regulatory changes over the remainder of 2017. Further, the MMS has been asked to take part in the Board’s rulemaking process. The MMS leadership recently met with the Board’s chair and executive director to discuss opioid prescribing, licensing and credentialing, and improvements to the adjudicatory process.

The MMS is actively engaged with several other regulatory agencies, including discussions with the Attorney General’s office concerning rising pharmaceutical prices, opioids, and gun violence.

Grassroots Physician Efforts
Advocacy is also borne from grassroots physician efforts. Take, for example, when a physician at the Worcester North District Medical Society suggested a partial-fill prescription plan to help combat the opioid crisis. The plan was intended to help patients balance the need to relieve pain with an adequate supply of pain medication with the provision that they could return to the pharmacy to fill the remaining portion if they needed to, thus reducing the amount of unused pain pills available for diversion. The idea was supported by then-MMS President Richard Pieters. The MMS pushed the plan to members of the Massachusetts Congressional delegation. It gained momentum when Sen. Elizabeth Warren and U.S. Rep. Katherine Clark proposed the Reducing Unused Medications Act, which became part of the Comprehensive Addiction and Recovery Act (CARA), signed into law by President Obama.

There’s more to State House bill signings that capture the limelight. Real progress happens when the MMS, its leadership, physician members, and advocacy teams join together to keep a watchful eye on our state’s legislative and regulatory processes and initiate change.

Contact Brendan at babel@mms.org.
Is Compassion in Health Care Outmoded?

BY BETH A. LOWN, M.D.
GUEST COLUMNIST

Compassion — recognizing and acting to ameliorate others’ concerns, distress, pain, and suffering — is a staple of the healing professions. Given the challenges today’s physicians face, has compassion become outmoded?

Consider the following two scenarios:

Dr. A., a primary care physician, is seeing a distraught young woman complaining of diarrhea. Dr. A. senses something has disrupted her emotional and psychologival equilibrium. Thirty minutes behind schedule, Dr. A. considers asking the patient what’s really going on, which might result in more back-up in the waiting room and delay getting home, or does she turn to the EHR to complete her tasks? The tug of the task compels her. She turns to the computer and in that act is trapped in a predicament not of her making or choosing. She experiences moral distress, loss of control, and frustration.

Dr. B., a primary care physician, is seeing a young woman with loose stool alternating with constipation and intermittent crampy pain was previously evaluated by several physicians. Dr. B. hears something in her subdued voice and asks her what she does in her spare time, hoping for a spark of animation. She replies that she volunteers for a rape hotline. Dr. B. will arrive home late, perhaps miss dinner with family, and will need to complete her documentation that evening. Without constant reflection and attention, these trade-offs take their toll. Dr. B. feels a sense of purpose and reward.

Why is this so? It is because compassion, the act of helping another person in distress, makes us feel good. Perhaps the key difference between Drs. A. and B. is their perceptions of control and choice. Researchers have demonstrated clear correlations between perceived lack of control and burnout. Researcher Christina Maslach found that when employees perceive they can influence decisions that affect their work, exercise professional autonomy, and access resources needed to work effectively, they are more likely to feel engaged and purposeful.

What our health care community needs is leadership and collaboration. What our health care community needs is leadership and partnerships that make high quality, compassionate collaborative care a national priority.

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© 2016 Interim Meeting of the MMS House of Delegates

Friday and Saturday, December 2–3
MMS Headquarters and the Westin Hotel, Waltham

• Online registration is now open at www.massmed.org/interim2016/register. Plan to attend these exciting Interim Meeting events: A Town Hall Meeting with the Presidential Officers, the Annual Oration, the Ethics Forum, and the Annual Research Poster Symposium which offers a venue for residents, fellows, and medical students to display their original research.

• Hotel deadline is November 4. Please visit www.massmed.org/IM16reservations or call the hotel at (781) 290-5600.
MMS Annual Orations Now Available Online

BY JOSH ROSENFIELD
MMS COMMUNICATIONS ASSISTANT

Gaining access to MMS’s Annual Orations — many from the 19th century — had previously been a daunting task. Most of the documents are either strewn across the public domain or are locked pending a fee. Containing a wealth of information previously unavailable to researchers, the orations have now been archived online at a single, free location.

Within the next several months, the 200-year tradition of orations — delivered by a physician on subjects related to the practice of medicine in Massachusetts — will be available on the MMS website.

Orations are accessible by visiting www.massmed.org/About/MMS-Leadership/History/MMS-Annual-Oration.

MMS Annual Report Available Online

The 2016 Annual Report, Every Physician Matters, Each Patient Counts, which chronicles the activities of the MMS over the last year is now available online at www.massmed.org/AR16. Featured in the report are highlights on many of the Society’s efforts, including state and federal advocacy, public health, continuing medical education, membership, and publishing. The online version is an interactive one, with links to expanded information on the MMS website.

IN MEMORIAM

The following deaths of MMS members were recently reported to the Society. We also note member deaths on the MMS website, at www.massmed.org/memoriam.

Vincent Pattavina, M.D., 92; Braintree, MA; Syracuse University School of Medicine, New York, 1949; died November 12, 2015.


George A. Lauro, M.D., 87; Mansfield, MA; Hahnemann Medical College and Hospital, Philadelphia, 1958; died April 6, 2016.


ACROSS THE COMMONWEALTH

District News and Events

NEORTHEAST REGION

Essex North/Essex South — Joint Delegates Meeting, Tues., Nov. 22, 6:00 p.m. Location: Beverly Depot, Beverly.

Middlesex Central — Delegates/Executive Meeting, Thurs., Nov. 17, 7:45 a.m. Location: Emerson Hospital, Concord.

Middlesex North — Membership Meeting, Thurs., Nov. 17, 6:00 p.m. Location: Stonehedge Inn, Tyngsboro. Speaker: Alex Calcagno. Topic: MACRA.

Middlesex West — Delegates Meeting, Wed., Nov. 30, 6:00 p.m. Location: MacPherson Hall, Framingham Union Hospital. Delegates will meet to review and discuss resolutions for the Interim 2016.

For more information on these events, or if you have Northeast District news to contribute, please contact Michele Jussaume or Linda Howard, Northeast Regional Office at (800) 944-5562 or mjussaume@mms.org or lhoward@mms.org.

SOUTHEAST REGION

Barnstable — Fall District Meeting, Tues., Nov. 8, 6:00 p.m. Location: Coonamesett Inn, Falmouth. Speaker: Paul R. Skudder, M.D.

Barnstable, Bristol North, Bristol South, Norfolk South, Plymouth — Southeast Regional Caucus, Wed., Nov. 16, 6:00 p.m. Location: LeBaron Hills Country Club, Lakeville.

Bristol North — District Meeting, Thurs., Nov. 3, 6:00 p.m. Location: LeBaron Hills Country Club, Lakeville.

Norfolk South – Family Fun Event, Sat., Nov. 19, luncheon at noon, followed by tours, Omni Show location: Boston Museum of Science.


For more information, or if you have Southeast District news to contribute, please contact Sheila Kozlowski, Southeast Regional Office at (800) 322-3301 or skozlowski@mms.org.

WEST CENTRAL REGION

Berkshire — Fall District Meeting, Tues., Nov. 15, 6:00 p.m. Location: Crowne Plaza, Pittsfield. Speaker: Dr. Andrew Lederman. Topic: Update on Bariatric Surgery.

Hampden — Executive Committee Meeting, Tues., Nov. 22, 6:00 p.m. Delegate Caucus Meeting to follow at 6:30 p.m. Location: HDMSS Office, West Springfield.

Worcester — Fall District Meeting and Awards Ceremony, Wed., Nov. 16, 5:30 p.m. Location: Beechwood Hotel, Worcester. The dinner meeting includes the Dr. A. Jane Fitzpatrick Community Service Award, the WDMSS Career Achievement Award, and Scholarship Presentations.

For more information, or if you have West Central news to contribute, please contact Cathy Salas, West Central Regional Office at (800) 522-3112 or csalas@mms.org.

Opt-in to Receive Vital Signs Online

Would you like to receive this monthly newsletter via email instead of U.S. mail?

Send an email to vitalsigns@mms.org with your preferred email as well as the address currently listed on your VS mailing label. The MMS will begin emailing Vital Signs to you as a downloadable PDF.
LIVE CME ACTIVITIES

Unless otherwise noted, event location is MMS Headquarters, Waltham.

Workplace Violence Against Health Care Workers in the United States
Wednesday, November 2, 2016

Managing Workplace Conflict
Thursday, November 3 and Friday, November 4, 2016

2016 Annual Oration — Zika Virus: Consequences for Massachusetts
Friday, December 2, 2016

2016 Ethics Forum — Ethical Challenges in Systems of Care
Friday, December 2, 2016

ONLINE CME ACTIVITIES

Go to www.massmed.org/cme

Risk Management CME

• Module 1 — EHR Best Practices, Checklists and Pitfalls
• Module 2 — Making Meaningful Use Meaningful: Stage 1
• Module 3 — Making Meaningful Use Meaningful: Stage 2

End-of-Life Care

• End-of-Life Care (3 modules)
• The Importance of Discussing End-of-Life Care with Patients

• Advance Directives (Legal Advisor)
• Principles of Palliative Care and Persistent Pain Management (3 modules)

Pain Management and Opioid Prescribing

• Managing Pain Without Opiates
• The Opioid Epidemic: Policy and Public Health (6 modules)
• Principles of Palliative Care and Persistent Pain Management (2 modules)
• Opioid Prescribing Guidelines in Practice
• Opioid Prescribing Series: (6 modules)
• Identifying Potential Drug Dependence and Preventing Abuse (Legal Advisor)
• Managing Risk when Prescribing Narcotic Painkillers for Patients (Legal Advisor)

Medical Marijuana (4 modules)

• Module 1 — Medical Marijuana: An Evidence-Based Assessment of Efficacy and Harms
• Module 2 — Medical Marijuana in the Commonwealth: What a Physician Needs to Know
• Module 3 — Medical Marijuana in Oncology

• Module 4 — Dazed and Confused: Medical Marijuana and the Developing Adolescent Brain

Additional Risk Management CME Courses

• Initiating a Conversation with Patients on Gun Safety
• Bullies and Victims: Can You Tell the Difference?
• Intimate Partner Violence: The Clinician’s Guide to Identification, Assessment, Intervention, and Prevention
• Understanding Clinical Documentation Requirements for ICD-10
• ICD-10: Beyond Implementation
• Prostate Cancer and Primary Care
• Cancer Screening Guidelines (3 modules)
• HIPAA 2.0: What’s New in the New Rules?
• Impact of Effective Communication on Patients, Colleagues, and Metrics (2 modules)
• Effective Chart Review for Quality Improvement

Additional CME Courses

• Carbon Monoxide Poisoning
• Genetically Modified Foods: Benefits and Risks
• Just a Spoonful of Medicine Helps the Sugar Go Down: Improve Management of Type 2 Diabetes

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

FOR ADDITIONAL INFORMATION AND REGISTRATION DETAILS, GO TO WWW.MASSMED.ORG/CMECENTER, OR CALL (800) 843-6356.