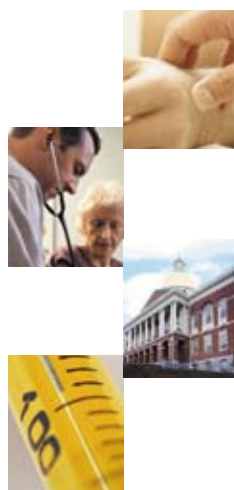




VITAL SIGNS



2 PRESIDENT'S MESSAGE

Partial Rx for Primary Care

3 YOUR PRACTICE

Peer Review & Contracts Help
Health Care Trends Fact Book
Aetna's Transparency Initiative
Blue Cross Settlement Deadline

4 THE PUBLIC'S HEALTH

Environmental Health Tracking
Falls Prevention Hotline
Watch Your Mouth! Campaign
Website of the Month

5 GOVERNMENT AFFAIRS

State: Health Disparities Report
Federal: Tamper-Proof Prescriptions

6 PROFESSIONAL MATTERS

Problems with Peer Review
Caring for Caregivers Conference
New Member Benefits Guide

7 INSIDE MMS

Medical Students Talk to Kids
Student Essay Contest
Across the Commonwealth

8 MMS EDUCATION PROGRAMS

What's on the Web?

Personalized Medicine Is Central to Massachusetts' Continued Leadership in Life Sciences

BY TOM WALSH

The word is "pharmacogenomics." And it could represent a dramatic step forward in the way physicians treat their patients in Massachusetts and, eventually, across the country, according to a forward-looking study conducted for Mass Insight Corporation, a Boston-based research and consulting firm.

Some call the concept "personalized medicine." Both terms describe an environment where advances in genomic medicine and proteomics (the study of proteins inside cells) allow physicians to provide medical care that is tailored to an individual patient's genetic makeup. The purported benefits for doctors and their patients are profound:

- Uncovering genetic markers that can predict disease development could lead to better preventive care. Being able to foresee the onset of type 2 diabetes, for example, would make it possible to treat patients in advance with preventive medication or preemptive diet and exercise regimens.
- Understanding the genetics of drug metabolism could eliminate trial and error in prescribing for some conditions — leading to increased patient safety and more cost-effective treatment. "The ability to optimize therapy according to a response profile based on genetic, protein, or metabolic 'biomarkers' ... would considerably enhance therapeutic safety, effectiveness, and efficiency," the Mass Insight study maintains.

Alan E. Guttmacher, M.D., deputy director of the National Human Genome Research Institute, described a similar vision of how care will unfold in the genomic era when he spoke at the MMS annual education program last May. "Genomic medicine provides the tools that are necessary to treat each patient as the biological individual he or she actually is," Dr. Guttmacher said. "This truly patient-centered medicine should markedly improve patient care."

At the same time, Dr. Guttmacher cautioned that "we will need outcome studies to prove it."

B. Dale Magee, M.D., MMS president, cited one challenge to conducting such studies. "Because the effects of genomic advances will be very individual, it will be difficult to run large population studies on how things are working," he said. "The challenge will be to develop systems that ensure safety, efficiency, and cost effectiveness."

According to the study, personalized medicine is one of five major forces that will impact the future of health care. The others are globalization, industry consolidation, pressures to reduce health care costs, and the convergence of drugs, devices, and instruments, largely driven by advances in information technology.

The study urges Massachusetts to adopt a 10-year vision for its life sciences sector that includes the following elements:

- Becoming the global hub for life sciences talent, ideas, and capital
- Achieving global leadership in generating financial capital and intellectual property in the life sciences
- Improving the business environment to attract new life sciences companies while nurturing those already here to ensure that several key life sciences companies are headquartered in Massachusetts

continued on page 2

MMS Supports Bill to Improve Mental Health Services for Kids

BY TOM WALSH

With advocates clamoring for reform of the state's mental health care system for children, legislation spawned by a broad-based coalition organized to achieve that goal is showing signs of life on Beacon Hill.

The legislation, supported by the MMS in testimony at a State House hearing last May, would:

- Promote early identification of children with mental health needs
- Help place children with such needs in more appropriate settings

- Require better insurance coverage for children's mental health
- Restructure and better coordinate state services for children with mental health needs

Walter L. Harrison, M.D., a Lynn pediatrician and long-time advocate for improved mental health care for children, said the state has already made progress in this area. However, he said the legislation is urgently needed if Massachusetts is to get to where it needs to be. "The state needs to do all of the things that are in this bill," said Dr. Harrison, who

continued on page 2

Holding on to Global Leadership

Genomic medicine is one element of a vision to keep Massachusetts' leadership position in life sciences. The Mass Insight study, conducted by the McKinsey and Company consulting firm, cites the state's "unique cluster of leading companies, universities, medical centers, capital, talent, and government agencies and officials" as the reason for its current leadership in life sciences. The MMS had a seat on the study team's advisory board.

However, the study also warns that "the state will miss opportunities if it fails to adapt to dramatic changes now taking place" in the life science industry.



Illustration by Chris Twichell

PRESIDENT'S MESSAGE



A Partial Prescription for Primary Care

The lead stories of the last two issues of *Vital Signs* have addressed the looming crisis in primary care. In August, we identified several factors contributing to the shortage of primary care physicians, and in the September issue, we presented the “medical home” model as a potentially viable approach to easing the crisis — and improving health care overall.

Our last six workforce studies have revealed shortages in many specialties. The impact of those shortages is also of great concern, but the overall functioning of the health care system — and access to subspecialty care — depends largely on primary care physicians.

The sad irony is that this situation is brewing at a time when primary care functions are more important than ever. First, we have the increased demand for coordination of care as a result of the estimated 150,000 newly insured residents in our state. We also have an aging population of patients, many with multiple chronic conditions that are inherently difficult to manage. And we have a health care delivery system so complex that even the healthiest among us often need help navigating it.

On the physician-supply side, we're seeing many internal medicine residents emerging with subspecialties outside of primary care. This is no surprise. It's difficult to pursue a specialty that is not always strongly promoted by the academic

colleagues who teach us, and primary care is often inadequately reimbursed.

The Medical Society is working hard to ensure an increasing and steady supply of primary care physicians coming out of medical school. Led by President-Elect Bruce Auerbach, M.D., we have created an advisory group of practicing primary care physicians and medical school representatives to work with us on mentoring young students and residents, finding ways to encourage primary care preceptorships, and developing educational programs.

Also, to help defray the high cost of medical education so graduates can afford to pursue primary care, the MMS and most of our constituent district societies offer a range of generous scholarships. There is also a combined federal-state program that forgives up to \$20,000 a year in loans for those who work as primary care physicians in a community health center or underserved area. In addition, the Society is advocating passage of legislation that would establish a similar service-payback loan program for physicians practicing primary care medicine in the Commonwealth.

On the delivery side, the answer is reengineering health care, using the medical home model so the primary care physician is recognized and fairly compensated for providing well-coordinated, safe, and high quality care for patients.

B. Dale Magee, M.D.

— B. Dale Magee, M.D.

Personalized Medicine

continued from page 1

It is these state-industry collaborations that Massachusetts could improve, the study maintains. “We’re in a good position now, but we could lose it if we do not collaborate,” said William H. Guenther, J.D., Mass Insight’s president and founder. “There is so much strength here in the life sciences sector that it’s easy to become complacent.”

In July, Massachusetts Gov. Deval Patrick introduced sweeping legislation that would pave the way for a \$1 billion, 10-year initiative that would, among other things, foster cooperation among business, academic, and health communities in biotechnology and life sciences pursuits.

Companies Already Working

Several Massachusetts companies are already engaged in research and product development that will help medicine

move into the pharmacogenomic era. This includes Genzyme’s work on the genetic basis of certain diseases and Millennium Pharmaceuticals’ work on biomarkers in multiple myeloma patients. The state also “hosts a number of players with important programs in ... molecular diagnostics that will be crucial for personalized medicine,” the study found.

It remains to be seen how quickly this new era will dawn. “People argue about how soon it’s going to be,” Guenther said. “But over the next 15 to 20 years, here’s the future of medicine.”

“Massachusetts is one of the most interesting places to be in the entire world,” Guenther concluded. “And it’s all the more reason to position ourselves as a center for personalized medicine.” **VS**

To read the full Mass Insight report, go to www.massinsight.com.

Mental Health Services

continued from page 1

co-chairs the Mental Health Task Force for the Massachusetts Chapter of the American Academy of Pediatrics.

Dr. Harrison presented the Society’s testimony on behalf of the measure at the May hearing.

As this issue of *Vital Signs* went to press, the Joint Committee on Mental Health and Substance Abuse was scheduled to consider the legislation and will probably vote on it this fall, according to Rep. Ruth B. Balser (D-Newton), chair of the committee and a clinical psychologist by profession. She is the sponsor of the House version of the bill. An identical bill was filed in the Senate by Sen. Steven A. Tolman (D-Brighton).

Identify Needs Early

“Early screening is one of the most important aspects of the bill,” said Rep. Balser. “Children generally are seen in one of two places — either at a pediatrician’s office or at school. This bill tries to tackle the problem of how to make sure children’s mental health gets assessed at these places.”

Rep. Balser also maintained that the bill would address the issue of “stuck” children — those inappropriately placed in inpatient facilities either because there is no place else for them to go or because bureaucracy gets in the way of a transfer. “Kids should not be stuck in a hospital while bureaucrats talk,” Rep. Balser said.

Parity and Reimbursement

The measure would also expand the state’s mental health parity law to apply

to all behavioral health conditions, while also requiring insurers to reimburse psychiatrists and other mental health professionals for important “collateral” activities such as coordinating care with a child’s parents, teachers, or primary care doctor. Additionally, the measure would designate the state Department of Mental Health to coordinate child behavioral health matters among state agencies.

Last November, the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), Children’s Hospital Boston, and Health Care For All (HCFA) announced a long-term campaign to further improve the child behavioral health care system in Massachusetts. Rep. Balser said her bill is an outgrowth of that campaign.

The MMS is an active participant in the 30-member coalition supporting this effort.

Miles to Go

Even after an affirmative vote by Rep. Balser’s committee, the legislative proposal faces additional State House hurdles, including further scrutiny before the Joint Committee on Health Care Financing.

“There is a lot left to do,” Rep. Balser said. “This legislation tackles a lot of problems. We hope it will make a difference.” **VS**

Editor’s Note: For more information about the Massachusetts Child Psychiatry Access Project, a program that gives primary care physicians access to child psychiatry consults, visit <http://mcpap.typepad.com>.

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: B. Dale Magee, 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. ©2007 The Massachusetts Medical Society. All Rights Reserved.

Resources Available for Negotiating Payer Contracts

The Physician Practice Resource Center (PPRC) has developed a brief guide to help assess what additional aspects of a contract you should consider beyond the fee schedule. *Payer Contracts: Understanding the Essentials* is a thoughtful cost-benefit analysis that should help you determine what leverage you may have to negotiate, as well as help you make an informed decision as to whether or not to sign the contract.

With some formal structure in place, the hassles of evaluating payer contracts can be minimized.

The *Payer Contracts* guide walks physicians through the questions they should ask themselves, and how to answer them before formal negotiations commence.

Questions in the guide focus on areas outside of the fee schedule, such as determining the processes for pre-certification and authorizations and the impact this will have on your practice resources and staff. The guide helps readers balance the time, money, and resource input required to meet certain incentives against the potential amount of the incentive payment. Additionally the guide provides an outline of the process to prepare for negotiations, including the type of information to research and reports to pull.



Physicians interested in the resource should contact Adam Shlager, practice management consultant, at ashlager@mms.org or (781) 434-7702.

AMA Tips on Negotiating Contracts

Taking command of payer contracts and thoroughly understanding their implications is essential to a physician's practice success. Protect your practice from inappropriate payer discounts by understanding the implications of contract provisions.

The fourth edition of the American Medical Association's "Model Managed Care Contract" offers a reasonable alternative to the one-sided, take-it-or-leave-it contracts physicians typically receive from health plans. The contract includes 10 supplemental discussion pieces on a range of important issues, including medical necessity/external review, "all products" provisions, and the restrictions and obligations that can occur after terminating a contract.

Visit the AMA Private-Sector Advocacy website at www.ama-assn.org/go/psatools to access the AMA's "Model Managed Care Contract" and other educational resources. To join or renew your AMA membership, visit www.ama-assn.org/go/membership or call (800) 262-3211. **VS**



Aetna Unveils Transparency Initiative in Massachusetts

On August 1, Aetna began providing physician-specific pricing information for common services by specialty. This "unit-cost" initiative recently launched in Massachusetts began in 2005 as a pilot in Ohio and has now spread to 11 states and Washington, D.C. Under this program, Aetna's patient members can access average cost information for a variety of office-based and inpatient services and procedures, drugs, and episodes of care via the secure member portal (Aetna Navigator™).

Members are able to view physicians' negotiated contract rates for up to 30 different services most commonly delivered by primary care and specialty physicians. The rates appear in five categories:

- Office visits
- Diagnostic services
- Minor procedures
- Major procedures
- Other services

This information allows Aetna members to compare physician rates. Physicians have access to the website to view only their own information. Physicians should exercise caution if they obtain access to other physicians' contracted rates; any appearance of collusion regarding negotiated rates is subject to an antitrust investigation.

The drive for transparency in health care is growing in response to President Bush's August 2006 Executive Order on Transparency. For details regarding the Executive Order, go to www.hhs.gov/transparency.

However, it is important for health plans to work with physicians and medical societies to understand how transparency initiatives are impacting the physician practice — and to discuss whether transparency is having an appropriate impact on member/patient decisions. **VS**

— Dana Cooper

More Peer Review Assistance

The Massachusetts Medical Society conducted research in 2006 regarding physicians' attitudes toward the peer review process (see related article on page 6). It was determined from the research that additional information and resources were needed in order for MMS physicians to effectively utilize the peer review system.

MMS President, B. Dale Magee, M.D., sent a letter to all medical staff presidents in Massachusetts regarding MMS efforts to assist physicians with the peer review process and included copies of a resource guide to help those dealing with peer review issues. The MMS model medical staff peer

review principles are also available at www.massmed.org/peer_review.

In addition, the Society will offer two peer review-related CME programs: "Explore the Peer-Review Process" is an online course that stresses the importance of communication and the dangers of conflict. A live program on December 8, "Peer Review and Participation — The Power of the Medical Staff" will include recent results from the survey of peer review opinions. Finally, the MMS is collaborating with the Massachusetts Hospital Association (MHA) to provide access to MMS peer review resources on the MHA website. **VS**

— Heather Guster

MMS Publishes Fact Book on Health Care Trends

The Health Care Trends Fact Book, 2007, is a compilation of important facts and trends regarding Massachusetts and U.S. health care. Developed at the request of the Committee on Strategic Planning, this fact book is available to MMS members at www.massmed.org/healthcare_facts_2007.

Each section of this resource guide includes a chart or graph and comparative figures for Massachusetts and the nation. Areas of focus include:

- Demographics
- Health status
- Physicians

- Medical training
- Medical practice
- Hospitals and health facilities
- Technology
- Access
- Expenditures
- Payers

The MMS Department of Health Policy and Health Systems compiled the information and welcomes input and suggestions for future revisions. To provide feedback, call (781) 434-7759 or e-mail lsmith@mms.org. **VS**

Blue Cross Settlement Claim Deadline

Physicians have until October 19 to submit a claim form to obtain the monetary portion of the national Blue Cross settlement (see *Vital Signs*, September, page 1). Notices mailed to class members in July describe the process and formula for receiving payments. Detailed information regarding the settlement can be found at www.massmed.org/bcbs_national_settlement or www.hmosettlements.com.

MMS members with questions about the settlement process can contact Dana Cooper, manager, Health Policy and Systems Department at (781) 434-7218 or dcooper@mms.org.

Public Health Tracking Links Disease to Environmental Hazards

The environment plays an important role in human growth and development. Researchers have related exposure to some environmental hazards with specific diseases. Exposure to asbestos, for example, has been found to greatly increase the risk of lung cancer. Numerous other associations between environmental exposures and health effects are suspected but need further research.

In 2002, the Massachusetts Department of Public Health, Bureau of Environmental Health (MDPH/BEH) received federal funding from the Centers for Disease Control and Prevention to conduct Environmental Public Health Tracking (EPHT). The mission of EPHT is to improve community health via the ongoing collection, analysis, and dissemination of data about environmental hazards and the human health effects potentially related to exposure.

Using information from an environmental public health-tracking network, federal, state, and local agencies — including the medical community and advocacy groups — will be able to develop and evaluate effective public health actions to prevent or control diseases linked to hazards in the environment. In addition, the public will gain a better understanding of events in their communities and what actions they may take to protect or improve their health.

Massachusetts used this cooperative agreement to explore three important health issues:

- The relationship between systemic lupus erythematosus (SLE) prevalence in Boston city neighborhoods and residential proximity to hazardous waste sites containing chemicals (such as petroleum distillates) suggested to play a role in SLE

- The connection between exposure to polychlorinated biphenyl compounds and developmental disabilities in residents of Berkshire County
- The statewide prevalence of pediatric asthma in children ages 5 to 14 in relation to indoor air quality (IAQ)

Lessons have already been learned from EPHT efforts. For example, the pediatric asthma prevalence rate is 10.6 percent in Massachusetts, one of the highest in the nation. The asthma project demonstrated the ability to collect community-based information and link asthma data with IAQ reports from schools in Massachusetts. Recently featured in a U.S. CDC report to Congress, the results demonstrated a statistically significant association between rates of asthma and levels of mold and moisture. Readily available asthma data also allows MDPH/BEH and local health officials to respond rapidly to public concerns.

However, the SLE and petroleum distillates project exposed the challenges of tracking a complex, multisystemic chronic disease and linking it with environmental factors. The results suggest that exposure to petroleum distillates in some Boston neighborhoods may have played a role in the development of SLE. While these findings should be interpreted with caution, they still provide an important hypothesis for future research.

— Suzanne K. Condon,
Associate Commissioner
and Martha Steele,
Deputy Director
Massachusetts Department
of Public Health

For further information on EPHT, contact the project coordinator at (617) 624-5757 or visit www.mass.gov/dph/beha and scroll down to Environmental Public Health Tracking.

State Launches Falls Prevention Hotline

Falls are the leading cause of injury among older adults in Massachusetts. The Massachusetts Falls Prevention Coalition, a part of the Massachusetts Department of Public Health, is working to prevent fall-related injury in the elderly.

The coalition's hotline — at (800) 227-SAFE (800-227-7233) — provides patients and their families with prevention tips and referrals for vision tests, exercise programs, and other services. **VS**



Watch Your Mouth! Campaign Seeks Physician Involvement

Health professionals in Massachusetts are taking a new look at what many think is the most neglected part of the body: the mouth. In the first-ever national report on oral health in 2000, the surgeon general stated that the mouth is an early-warning system for trouble in other parts of the body. Simply put, if our mouth isn't healthy, neither is our body.

Dental decay is the single most common chronic childhood disease, five times more common than asthma. In Massachusetts, a state that leads the nation in medical systems and innovation, nearly half of all children have experienced dental decay by third grade.

Left untreated, dental decay impacts some of life's most basic activities: eating, sleeping, and succeeding in school. To continue as national leaders, we must do better.

The truth is that the way we practice medicine has contributed to a division between oral health and overall health. For children, dentists address the former and pediatricians take care of the latter. If there were enough dentists to serve all of our children, there would be no problem, but the dental workforce is insufficient. Right now, nearly a quarter of Massachusetts cities and towns have no dentist at all.

When medical professionals work with dental professionals to identify and pre-

vent dental decay early on, children can get off to a healthy start. Pediatricians and family practitioners see children multiple times during their first years of life. By incorporating oral screenings into early childhood visits, we can increase the odds of catching tooth decay at its onset and prevent future discomfort.

Physician-based oral health care models exist. One example is the Healthy Teeth for Tots program at Dorchester House, a community health center in

Boston. In this program, pediatricians and family practitioners take an active role in oral health promotion. The model calls for oral health anticipatory guidance and the application of fluoride varnish to children's teeth at well-child visits during the first three years of life. Applying fluoride varnishes to children's teeth can prevent tooth decay



and reverse early disease.

I encourage you to join in the Watch Your Mouth campaign — a coalition of advocates, health professionals, and community members from around the state — as we speak up for children's oral health. Together, we can change the face of health care in Massachusetts. For more information, visit www.watchyourmouth.org.

— Giusy Romano-Clark, M.D.
Director, Healthy Teeth for Tots

WEBSITE OF THE MONTH

Good Night Tips from the National Sleep Foundation

As winter approaches and the nights grow longer, getting a healthy amount of sleep will do the body good. According to National Sleep Foundation polls, most people report that they do not get enough sleep. (Most adults need seven to nine hours of sleep per day.) Studies show that a chronic lack of sleep harms a person's health, productivity, memory, and mood.

The National Sleep Foundation's website, www.sleepfoundation.org, provides healthy sleep tips in both English and Spanish. The website also contains comprehensive information on a variety of sleep-related topics, including jet lag, insomnia, and sleep apnea. Furthermore, the website provides resources aimed at improving sleep for specific groups: women, teens, older adults, children, and shift workers.

STATE UPDATE

Health Disparities Commission Report Calls for Action

In November 2004, the Society's House of Delegates adopted the following policy: "That the Massachusetts Medical Society support the elimination of racial and ethnic disparities in health care as an issue of high priority." Thus, it was not surprising that when the Commonwealth of Massachusetts launched its Commission on the Elimination of Racial and Ethnic Disparities in Health later that month, the MMS became an active member. The Society's representative on the commission was Alice A. Tolbert Coombs, M.D., a South Shore anesthesiologist currently serving as the Society's assistant secretary-treasurer.

The commission's charge was to examine the racial, ethnic, and linguistic health disparities and provide a plan of action to the state. Finding them was not hard; medical literature is replete with evidence of disparate health outcomes for racial and ethnic minorities. Part of

the problem was found to lie in a lack of health insurance coverage by minority populations — a factor we hope will be obviated by the new state Health Reform Law (Chapter 58 of the Acts of 2006). But lack of insurance coverage was not the only factor.

Non-access factors ranged from cultural and language barriers to individual bias and stereotyping to lack of patient trust in the health care system, lack of health literacy, and poor communications among all parties.

The commission's key recommendation was to urge the establishment of a Center for the Elimination of Health Disparities within the state government to provide policy leadership, coordination, and oversight. Other key recommendations were in the areas of access to care — including one where all payers would be required to reimburse for interpreter services — and in the promo-

tion of cultural competencies and greater diversity in the health care workforce.

The commission also asked the Legislature to consider social factors — such as environmental and economic conditions — as part of the problem.

"This is a good first step," said Dr. Coombs, "but the true test will be whether the Legislature and the governor take action to implement the commission's recommendations."

The MMS is committed to making sure the report doesn't gather dust on State House shelves. The Society is also an active member of the Disparities Action Network — a coalition aimed at turning the report into reality. Dr. Coombs also represents the MMS on the national Commission to End Health Disparities and has been a leader in bringing the Massachusetts experience to the attention of organized medicine on a national level. **VS**

— Stephen Shestakofsky

LEGISLATOR OF THE MONTH

Representative John W. Scibak (D)

District: Easthampton, Hadley, South Hadley

Committees: Labor and Workforce Development (Vice Chair); Bonding, Capital Expenditures, and State Assets; Economic Development and Emerging Technologies



QUOTE: Massachusetts has received national attention as it begins implementation of landmark legislation to increase access to health care for the uninsured. While access to care is critical for improving overall health, we must renew our focus on prevention and restore previously imposed cuts.

For years, Massachusetts was the leader in tobacco control and smoking cessation. Cigarette consumption dropped 47 percent in this state between 1992 and 2003. When funding for these programs was cut, cigarette consumption increased by 3.2 percent between 2005 and 2006, while per capita consumption nationwide declined during the same period.

Fortunately, Governor Patrick and the Legislature have taken steps to reverse this trend. First, the fiscal year 2008 budget included \$4.5 million more for smoking prevention and cessation, a 55 percent increase over the FY 2007 budget. Second, I am proud to be a cosponsor of H. 2129, filed by Representative Rachel Kaprielian of Watertown, which directs that future tobacco settlement receipts be appropriated solely for the purpose of preventing and reducing tobacco use and its harms.

Poor diet, lack of exercise, and tobacco use contribute to serious health problems, many of which are preventable. By approaching prevention with the same rigor as treatment, we can improve health and reduce our overall costs.

FEDERAL UPDATE

New Requirements for MassHealth Outpatient Prescriptions

On August 17, the Centers for Medicare and Medicaid Services (CMS) issued guidance to state Medicaid directors on implementing new tamper-resistant prescription pad requirements that go into effect in October.

The new requirements were buried deep in a bill that became law this summer and dealt primarily with appropriations for troop readiness, veterans care, and Katrina recovery. The language requires that, as of October 1, pharmacists may only be reimbursed for electronic prescriptions or those written on tamper-resistant prescription pads for Medicaid outpatient drugs.

The MMS, AMA, Massachusetts Hospital Association (MHA), and other medical and health groups expressed extreme concern regarding the imminent implementation deadline of the mandate, among other issues. The latest guidance from the CMS reflects many of these concerns and is viewed as an attempt to make this transition workable given the legislative mandate. The guidance is summarized here, and further information can be found at the CMS website, www.cms.hhs.gov.

Key Points

As of October 1, 2007 a prescription pad must contain *at least one* of the following three characteristics:

- One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form

The tamper-resistant requirement does not apply to electronically submitted prescriptions.

- One or more industry-recognized features designed to prevent the erasure or modification of information written by the prescriber
- One or more industry-recognized features designed to prevent the use of counterfeit prescription forms

Each state will decide which requirement will be mandated as of October; however, a prescription pad must contain *all three* characteristics to be considered tamper-resistant beginning October 1, 2008.

The tamper-resistant requirement does not apply when the prescriber communicates a prescription to the

pharmacy electronically, verbally, or by fax; when a managed care entity pays for the prescription; or, in most situations, when drugs are provided in designated institutional and clinical settings.

Emergency prescription fills with a noncompliant written prescription are permissible as long as the prescriber provides a verbal, faxed, electronic, or compliant written prescription within 72 hours.

If a state elects to purchase compliant prescription pads for Medicaid prescriptions and provide them to prescribers at no cost, or at a discounted rate, the cost of the prescription pads will be reimbursable as an administrative expense and be eligible for federal funding.

The MMS and MHA have been in communication with Paul Jeffrey, Pharm.D., director of the Massachusetts Division of Medical Assistance Pharmacy Program, and other MassHealth officials. We are awaiting further clarification so that physicians may be informed of the best way to meet the new requirements and ensure that their patients continue to have access to prescription medications. **VS**

— Alex. Calcagno

New Benefits Guide Contains Wealth of Member Knowledge

The recently published 2008 MMS *Member Benefits Guide* is a comprehensive reference of the many benefits available to members. Current members will receive the guide along with their member identification card as they renew their membership; new members will receive the guide when they join the Society.

The 32-page, easy-to-follow guide provides detailed information on MMS advocacy, educational services, practice management and professional resources, patient education, and public health campaigns. The benefit contact information section of the guide provides direct-contact

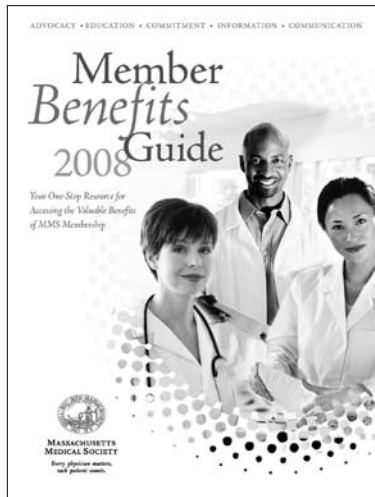
phone numbers, e-mail addresses, and websites for all of the benefit programs and services.

The online version of the guide provides members with direct links to other sites for more in-depth descriptions of particular benefits and services. This members-only Web resource can be accessed by visiting www.massmed.org/benefits.

Renew your membership now to receive your 2008 *Member Benefits Guide*. If you have questions about your benefits, call the Member Information

Center at (800) 322-2303, ext. 7311, or e-mail info@massmed.org. **VS**

— Carolyn Maher



Peer Review Analysis Finds a Few Problems with the Process

In 2006, the MMS House of Delegates voted to undertake “a study to measure the incidence, prevalence, and impact on the physician workforce that misuse of medical peer review is having in Massachusetts.” Based on e-mail and telephone survey results and medical staff document analysis carried out in late 2006 and early 2007, physicians should remain vigilant to make sure peer review is fair and supports quality patient care.

Generally, the study found that Massachusetts medical staffs don’t perceive rampant or abjectly harmful misuse and abuse of peer review systems. Most of the physician respondents who said they were subject to peer review felt that the process was fair. However, about 20 percent of those same respondents stated they were treated unfairly. Given the adverse impact of a negative medical peer review decision on a physician’s reputation, credentials, career, and financial situation, this finding warrants attention and action.

Respondents generally saw more support for peer review coming from hospitals than from the broader medical community.

Devil’s in the Documents

The analysis of medical staff documents revealed a lack of transparency and fundamental fairness in the procedures detailed in bylaws and related documents. None of the peer review processes reviewed was in full compliance with MMS peer review principles (www.massmed.org/peer_review), and most were not consistent with federal peer review law.

Transparent standards and improved processes would provide protections for both physician reviewers and the physicians reviewed in the peer review system, and would improve patient care overall. **VS**

— Elizabeth A. (Libby) Snelson, Esq.

Libby Snelson will be the featured speaker at *Peer Review and Participation — The Power of the Medical Staff* at MMS Headquarters in Waltham on Saturday, December 8. For more information, contact George Dudley at (800) 322-2303, ext. 7308.

Caring for Caregivers VI: Helping Ourselves, Our Colleagues, and Our Patients

Friday, November 30, 2007 • 8:00 a.m. to 4:00 p.m.
MMS Headquarters • 860 Winter Street, Waltham

Jointly sponsored by the Massachusetts Medical Society and its subsidiary Physician Health Services, Inc.

Learn various strategies to improve the health and well-being of physicians, medical students, residents, and fellows. Attendees will be encouraged to share their techniques and methods for a healthier lifestyle with their patients, therefore promoting improved health for everyone.

Faculty

Roberta J. Apfel, MD, MPH
Jack T. Evjy, MD
Sheila Evjy, RN, MSN
Robert Harvey, Esq.
John B. Herman, MD

Jeffrey L. Kaufman, MD, FACS
Mary Kraft, MD, MPA
Beth A. Lown, MD
Carol C. Nadelson, MD
Malkah T. Notman, MD

Luis T. Sanchez, MD
Paul Summergrad, MD
Stephen E. Tosi, MD, FACS
Francis X. Van Houten, MD
Marjorie C. Van Houten, MSW

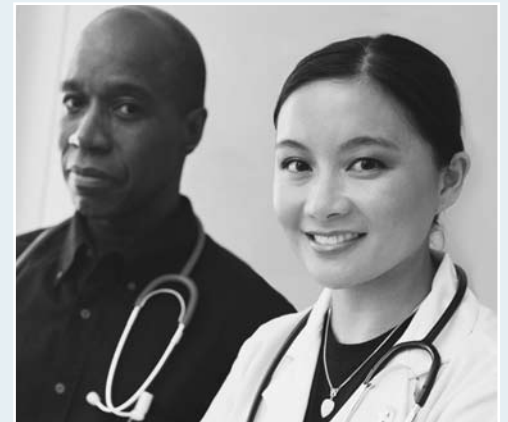
Objectives

Using a combination of didactic plenary sessions and interactive breakout sessions, attendees will learn to:

- Interpret peer-review processes and other workplace standards (and/or procedures)
- Recognize the signs of stress and depression in themselves and in their colleagues, and map out a plan to get help
- Demonstrate an understanding of the Joint Commission’s policy on disruptive behavior and how to apply it
- Identify resources and best-practice strategies when faced with being a single parent in medical practice
- Evaluate retirement, leave-of-absence options, and transition plans
- Practice a range of approaches to address intense conversations and situations that improve results
- Cite and address questions about legal requisites, reporting requirements, and confidentiality concerns

By attending this program, attendees can earn up to 6.5 AMA PRA Category 1 Credits™ (RM).

For more information on attending, exhibiting, providing an educational grant, or making a direct contribution, please contact Physician Health Services, Inc. at (781) 434-7404. To register, call (800) 843-5356 or visit www.massmed.org/cme/events.



Additional Events

Northeast Federation of State Physician Health Programs Administrators Meeting
Thursday, November 29, 2007 • 10:00 a.m. to 4:00 p.m.

PHS 30th Anniversary Kick-Off Reception
Thursday, November 29, 2007 • 4:00 to 6:00 p.m.

ACROSS THE COMMONWEALTH

District News and Events

Charles River – Membership Meeting. Wed., Oct. 17, 6 p.m. **Delegates Meeting.** Tues., Oct. 30, 6 p.m. Location: MMS Headquarters, Waltham. For more information, contact the Northeast Regional Office.

Hampden – 23rd Annual Medical Ethics Seminar. Thurs., Oct. 18, 6 p.m. Location: Mercy Medical Center, The Deliso Center, Springfield. Topic: Ethical Practice When There's Not Enough: Health Care in Crisis. Fee: \$25. CME Credit: 3 *AMA PRA Category 1 Credits*TM (RM). **14th Annual Medical Legal Forum.** Thurs., Nov. 15, 6:30 p.m. Location: The Delaney House, Holyoke. Topic: Medical Malpractice: A View from the Bench. 2 *AMA PRA Category 1 Credits*TM (RM). Panel members: Judges Constance Sweeney, Daniel Ford, and Cornelius J. Moriarty, II. Cost: members \$30, nonmembers \$35.

Middlesex Central – Annual Breakfast. Fri., Oct. 12, 7:30 a.m. Location: Concord Country Club, Concord. **District Luncheon.** Tues., Oct. 30, 11:45 a.m. Location: Emerson Hospital, Concord. For more information, contact Carol Marshall at (978) 287-3017.

Norfolk South and Plymouth – Electronic Health Record CME Program. Wed., Oct. 10, 6 p.m. Location: The Common Market, Quincy. For more information, contact the Southeast Regional Office.

Southeast Regional Caucus – Tues., Oct. 23, 6 p.m. Location: LeBaron Hills Country Club, Lakeville. For more information, contact the Southeast Regional Office.

Suffolk – Delegates Meeting. Thurs., Oct. 25, 6 p.m. Location: East Garden Room, White Basement, Massachusetts General Hospital. For more information, contact Thelma Malafey at (617) 236-5864.

Worcester – Community Immunity Program. Sat., Oct. 13, 9 a.m. The goal is to immunize as many Worcester residents as possible. We are in great need of physician volunteers. **Medical Education Program.** Wed., Oct. 17, 5:30 p.m. Location: Beechwood Hotel, Worcester. Topic: Treating People with Intellectual Disabilities and Psychiatric Disorders. **Getting the Most from Your Annuity Investments.** Tues., Oct. 23, 7:30 a.m. Location: Beechwood Hotel, Worcester. **Career Night.** Tues., Oct. 30, 5:30 p.m. Location: Faculty Conference Room, UMass, Worcester. The program will include a networking supper and interactive discussion between physicians and medical students. For more information, contact Joyce Cariglia at (508) 753-1579.

Worcester North – Legislative Breakfast. Fri., Oct. 26, 7:30 a.m. Location: Four Points Sheraton, Leominster. For more information, contact the West Central Regional Office.

Statewide News and Events

Arts, History, Humanism & Culture Member Interest Network – Executive Committee Meeting. Wed., Oct. 10, 6 p.m. dinner, 6:30 p.m. meeting. Location: MMS Headquarters, Waltham. For more information, 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; 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 August and September 2007. We also note member deaths on the MMS website at www.massmed.org/memoriam.

Thomas P. Cronin, M.D., Stoneham, MA; Columbia University College of Physicians and Surgeons, 1943; died November 18, 2006. **Donald P. Dressler, M.D.,** 77; Portsmouth, RI; Tufts University School of Medicine, 1953; died September 4, 2007. **Robert E. Flynn, M.D.,** 82; Mattapoisett, MA; Tufts University School of Medicine, 1954; died September 3, 2007. **Harold L. Greenberg, M.D.,** 83; Boston, MA; Harvard Medical School, 1955; died August 17, 2007. **Laurie B. Hickey, M.D., M.P.H.,** 36; Auburn, NY; Yale University School of Medicine, 1999; died August 1, 2007. **Norio Higano, M.D.,** 86; Westborough, MA; St. Louis University School of Medicine, 1945; died June 16, 2007. **Aran Kasparyan, M.D.,** 86; Amherst, MA; Faculty of Medical Sciences-Istanbul University, 1946; died August 30, 2007. **Arthur J. Lockhart, M.D.,** Petersham, MA; Columbia University College of Physicians and Surgeons, 1940; died August 8, 2007. **James C. Melby, M.D.,** 79; Boston, MA; University of Minnesota Medical School, 1953; died August 19, 2007. **Julius W. Taylor, M.D.,** 84; Boston, MA; University of Louisville School of Medicine, 1946; died August 31, 2007.

Medical Students Educate Boston Youth on Healthy Lifestyles

Now in its third year, “Your Health First” is an MMS-sponsored multimedia campaign focused on improving the health of Massachusetts citizens. “National Night Out” is an annual event that takes place in cities across the country to bring citizens together with community-based organizations and local law enforcement to promote unifying, healthy, and safe activities.

The two programs joined forces during National Night Out’s event in Boston on August 7 at the Franklin Park Zoo, where medical student members of the MMS helped Boston youth brainstorm ways to stay active and healthy.

Students recorded ideas from all the youth who visited the MMS health information booth and distributed information to parents on how to keep their families safe and healthy. Ideas suggest-

ed by the children — such as “running circles around the block,” “eating more broccoli,” and “participating in community after-school activities” — are posted at www.massmed.org/yourhealthfirst.

“We hope to get youth excited about making decisions that will promote healthy living,” said Matthew Grierson, a third-year student at Boston University School of Medicine, student representative to the MMS Board of Trustees, and coordinator of medical student participation at the August 7 event. “We want to spread the message that our generation of medical professionals is willing to address the needs of undeserved patient populations, despite the hurdles presented by managed care.”

This was just one of many volunteer events that are planned for the MMS Medical Student Section this year. For more information about how to get involved, visit the MMS Medical Student Issues and Resources eCommunity at <http://ecomunities.massmed.org>. **VS**

– Matthew Grierson



This family puts its health first by eating fruits and vegetables and getting lots of exercise.



MMS-member medical students Dave Young, Lana Labachova, and Matthew Grierson spoke with individuals and families about how to put Your Health First.

First Annual Medical Student Essay Contest: Call for Submissions

The History Committee of the Massachusetts Medical Society is now soliciting submissions for the First Annual Medical Student Essay Contest. The committee will consider for recognition any independently researched essay that meets the following criteria:

Topic — Medical initiatives associated with the MMS (1781 to present) that have improved the public’s health and access to medical care

Length — Not to exceed 3,000 words, excluding citations/footnotes. Exhibits may be included.

Format — Hard copy or digital submissions acceptable

Submission Deadline — February 29, 2008

Prize — \$500 **VS**

For more information, contact Lloyd Resnick at (781) 434-7110 or lresnick@mms.org.



MASSACHUSETTS MEDICAL SOCIETY

EVERY PHYSICIAN MATTERS, EACH PATIENT COUNTS.

WHAT'S ON THE WEB?



▶ "Your Health First"

In an online slide show, Boston residents share their tips for staying healthy and keeping kids involved in the community. Go to www.massmed.org/yourhealthfirst.



▶ Blue Cross Settlement

MMS analysis of how the settlement provisions match up with the current Mass. Blue Cross contract. For MMS members only at www.massmed.org/bcbs_national_settlement.



▶ Physicians Rate the EHRs

Objective electronic health record (EHR) vendor satisfaction survey results based on physician feedback. For MMS members only at www.massmed.org/ehr_ratings.

WWW.MASSMED.ORG

MMS Education Programs

To register for any of these activities, call (800) 843-6356. For additional information, contact the Department of Continuing Education and Certification at (800) 322-2303, ext. 7306, or go to www.massmed.org/cmecenter. CME CREDIT: Unless otherwise noted, each activity is designated for *AMA PRA Category 1 Credits*.™ RM indicates that the activity or a portion thereof meets the Massachusetts Board of Registration in Medicine criteria for risk management study. CME ACCREDITATION: The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Live CME Activities

Go to www.massmed.org/cme/events

Regional CME Accreditation Workshops

1:00–3:30 p.m.
Oct. 10 — Cooley Dickinson Hospital, Northampton
Oct. 15 — Caritas Good Samaritan Hospital, Brockton
Oct. 25 — Lowell General Hospital
Sponsored by the MMS and its Committee on Accreditation Review.
2.5 Credits

Federal Funding Opportunities

Oct. 11, 3:00–6:00 p.m. Gordon Hall, Harvard Medical School, Boston.
Sponsored by the MMS and the Biomedical Science Careers Program.
2.75 Credits

8th Annual State of the State's Health Care Leadership Forum

Oct. 18, 8:00 a.m.–12:00 noon

MMS Headquarters, Waltham.
4.0 Credits (RM)

32nd Annual Garland Lecture: Health Care Under Water — The Katrina Experience

Oct. 24, 5:30–6:30 p.m. Carl Walter Amphitheater, Harvard Medical School, Boston 1.0 Credit (RM)

2007 DME Conference & Ralph Monroe, MD Lecture

Nov. 15, 8:00 a.m.–3:00 p.m.
MMS Headquarters, Waltham.
Sponsored by the MMS in collaboration with the Rhode Island Medical Society. 6.0 Credits

Caring for the Caregivers VI: Helping Ourselves, Our Colleagues, & Our Patients

Nov. 30, 8:00 a.m.–4:00 p.m.
MMS Headquarters, Waltham.
Jointly sponsored with Physician Health Services. 6.5 Credits (RM)

Peer Review and Participation:

The Power of the Medical Staff

Dec. 8, 9:00 a.m.–2:15 p.m.
MMS Headquarters, Waltham
Sponsored by the MMS and its Organized Medical Staff Section.
4.0 Credits (RM)

Managing Workplace Conflict: Improving Personal Effectiveness

Dec. 13, 8:00 a.m.–4:00 p.m.
Dec. 14, 8:00 a.m.–3:00 p.m.
MMS Headquarters, Waltham.
Jointly sponsored with Physician Health Services. 12.5 Credits (RM)

Online CME Risk Management Activities

Go to www.massmed.org/cme

NEW Recognizing and Preventing Youth Violence

2 Credits (RM)

Avian Flu and Pandemic Preparedness

2.5 Credits (RM)

NEW Audio & PowerPoint

Cost Performance Ratings: What You Need to Know about Episode Treatment Groups (ETGs)
2.5 Credits (RM)

Health Disparities: A Social Determinants Approach
1.0 Credit (RM)

A National Perspective on Disparities in Health Care Quality
1.0 Credit (RM)

The following online activities are co-developed with Adler, Cohen, Harvey, Wakeman & Guekguezian, LLP. Each activity is designated as 1 Credit (RM).

NEW Mandated Reporting

Hearing Impaired Patients and the Americans with Disabilities Act

New Guidance: Patients with Limited English Proficiency