

# VITAL SIGNS



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VOLUME 14, ISSUE 8, OCTOBER 2009

## Volunteer Physicians Rediscover the "Essence of Medicine"

**Editor's Note:** This is the first in a series of *Vital Signs* articles about physician volunteerism, focusing on programs facilitated by the MMS. Physician-author Lisa Gruenberg, M.D., will interview clinicians and patients at free health programs throughout the state.

In her inaugural article, Dr. Gruenberg examines what motivates physicians to volunteer.

How did I become a volunteer physician? The answer has a lot to do with the Massachusetts Medical Society.

In 2003, I left a busy gynecology practice because of burnout and family health issues. I started teaching anatomy and physiology at Harvard Medical School, but after a year, I had a hankering to see patients again, so I attended an MMS volunteer fair and found I could get malpractice insurance through the Society.

That prompted me to begin volunteering in free care programs around Boston. Inspired by my fellow volunteers, I rediscovered the essence of medicine. I relished seeing patients again in a setting that at times could be chaotic, but was also incredibly rewarding.

In the past year, I traveled to the Eastern Cape of South Africa through a program administered by the MMS and a Boston-based organization called South Africa Partners. I am now returning to a job in clinical medicine, but I will continue my commitment to teaching at Harvard and to volunteerism, both here and abroad.

### What Makes Physicians Volunteer?

Laura Bookman, M.D., a board-certified Ob-Gyn, explained it this way: "I believe health care should be available to all as a right, but that is not the system

*continued on page 4*

## Physician Empowerment a Likely Outcome of Payment Reform, Says Commissioner Iselin

BY TOM WALSH

If legislation moves Massachusetts to a "global" payment system for physician reimbursement, the transition from the current fee-for-service system should be "thoughtful," and doctors should be provided with necessary support before they are required to change to a new system, said Sarah Iselin, commissioner of the state Division of Health Care Finance and Policy (DHCFP). It's likely that the DHCFP will have oversight responsibilities during any such transition.

During a lengthy interview with *Vital Signs* in her downtown Boston office, Iselin was often animated in her endorsement of strategies intended to increase the quality of health care and address growing concerns about cost.

"To achieve our goal, we need to change the way we are organized in paying for and providing health care — having well-coordinated care of the highest quality that also conserves what are increasingly

scarce resources," the commissioner said. At the same time, Iselin noted that some people are mistakenly blaming the health care cost crunch on the state's three-year-old foray into near-universal coverage (see article below). "In fact,"

she said, "our spending as it's devoted to health reform is very much in line with what we expected."



Photo courtesy of DHCFP  
Sarah Iselin, commissioner of the state Division of Health Care Finance and Policy

### Supporting Physicians through Change

Iselin also co-chaired the Special Commission on the Health Care Payment System. In July, that commission recommended a move to global payments (see *Vital Signs*, September, page 1). Commissioner Iselin maintained that revamping the state's reimbursement system in that way would help improve the physician practice environment. "This vision of the future could really be empowering for physicians," she said.

"The commission was really about quality and care coordination," she

*continued on page 5*

## State Health Reform — Three Years Later

BY TOM WALSH

After three years of health care reform in Massachusetts, the state's insured rate is at 97-plus percent, the highest in the nation. For the office-based physicians interviewed for this article, reform has not significantly altered their day-to-day working lives. But hospital officials said reform has increased the crowds waiting in many emergency rooms.

"It's good for patients to have coverage and not have to put off care until they are very ill," said MMS President Mario E. Motta, M.D., a North Shore cardiologist. "Health reform has enabled more patients to be seen in a timely way rather than waiting to a point where conditions are harder and more expensive to treat."

The historic nature of the accomplishment aside, for many physicians reform has not altered the status quo.

### Little Impact on Volume, Some on Revenue

Devin McManus, M.D., a primary care physician in Falmouth on Cape Cod, said reform "has not affected my life or my practice very much." One reason, he said, is that family practices on the Cape tend to have a high percentage of older patients who have Medicare coverage. Secondly, Cape practices were already overburdened before reform. "We have such a shortage of primary care doctors here to begin with that even a potential influx of patients would not change the dynamics much," Dr. McManus said.

For some practices, though, reform has provided an economic boost. In Dr. Motta's 14-physician cardiology practice, about 10 percent of the care was provided without compensation prior to reform.

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## PRESIDENT'S MESSAGE



### Payment Reform: We Will Advocate and Support

I've heard from many of you who have deep-seated concerns about state payment reform. There's widespread fear that "global payment" is merely old-style capitation in sheep's clothing.

Let me be clear: the Medical Society will work tenaciously to ensure that any changes in payment methodologies honor and protect the sanctity of the patient-physician relationship, our professional code of ethics, and the Hippocratic Oath. Nothing less will suffice.

As the payment system evolves, the Society will do everything it can to make sure reform helps patients and their doctors. We will keep close tabs on the Legislature and comment clearly and forcefully on all payment reform proposals. We will implore lawmakers never to lose sight of the number one goal: better care for patients.

We will also work to ensure that the state provides doctors with the necessary infrastructural and logistical support during any transition. For example, many physicians will need help joining and functioning within the accountable care organizations (ACOs) that the payment reform commission recommended.

It's important to remember that none of the details have been determined, and much remains to be defined. Our advocacy and support will be ongoing throughout the process.

If payment reform maintains an unblinking focus on both excellent patient care and cost containment — and if government takes the role of facilitator rather than dictator — this effort can succeed for physicians and all other stakeholders.

*Mario Motta, MD*  
— Mario E. Motta, M.D.

## State Health Reform

*continued from page 1*

"We could not and would not send patients away because they couldn't pay us," Dr. Motta said, "but reform has substantially reduced the amount of uncompensated care provided in our practice. It makes a huge difference."

Eric P. Kaplan, M.D., a Lowell pediatrician in a nine-physician practice, said reform and the newly insured "haven't affected us a great deal." However, he said reform has helped a particular segment of his patients — those previously without insurance who've turned 19. "That means a 19-year-old who would otherwise go to a hospital or clinic can now see a primary care doctor," Dr. Kaplan said.

For Dennis Dimitri, M.D., and his two colleagues practicing family medicine in Worcester, the handful of 20-somethings who've come in as new patients since 2006 has made health care reform worthwhile. "Some had postponed seeking care and came to us with problems more advanced than they would have been if these people had been covered all along," said the 27-year practice veteran.

In one case he heard of — not his own patient — a young man who'd postponed doing something about lumps in his neck turned out have a lymphoma that was treatable. "At that age, many are playing medical roulette," Dr. Dimitri said.

Nevertheless, Dr. Dimitri said his practice — like many others closed to new patients or open only to members of families already with the practice — has not seen a cascade of new patients as a result of reform.

### More Pressure on Emergency Departments

For Massachusetts hospitals, however, reform has kept already overburdened emergency departments either at or beyond capacity.

"We've seen more people using emergency departments than before because of patients who now have insurance," said Karen Nelson, senior vice president for clinical affairs at the Massachusetts Hospital Association (MHA). "For some who were formerly uninsured, we believe the habit [of relying on the ER] is just ingrained."

Nelson said other aspects of the health care delivery system must be improved to achieve overall reform. "Many more people have access, but the system has not changed yet," she said. For example, Nelson said, preventable readmissions will only diminish when there is better coordination of care between providers inside and outside hospitals. "Despite the improved access, the system is still not well connected," she said.

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## Newly Insured in Last Three Years

Type of Coverage	No. of Individuals
Employer and other private group plans	96,000
Individual plans	46,000
MassHealth	99,000
Commonwealth Care	165,000
<b>Total</b>	<b>406,000</b>

*Source: Mass. Department of Health Care Finance and Policy, "Health Care in Massachusetts: Key Indicators," August 2009.*

Lynn Nicholas, MHA president and CEO, estimated that 30 percent of readmissions could be avoided if the delivery system were better connected.

Dr. Motta concluded that if reform improves preventive care and enables more coordinated disease management, then it may also, over time, succeed in containing overall health care costs. **VS**

## LETTER TO THE EDITOR

### Dentists and Primary Care

To the Editor:

The Joint Committee on Public Health of the Massachusetts Legislature is currently reconsidering a bill that would allow dentists to be designated as "oral physicians." I would encourage the MMS to reconsider its opposition to this legislation.

With the impending reorganization of health care, dentists can and should play a more significant role in health care. Dentists receive sufficient medical and surgical training to provide limited preventive primary care as oral physicians, including taking vital signs and recognizing oral manifestations of systemic diseases. Moreover, nondentists are now being trained to provide routine dental care, giving dentists an opportunity to perform limited primary care functions. Also, the Massachusetts DPH recently included dentists in the list of additional health care professionals who could be licensed to administer vaccines against pandemic influenza.

In the public interest, it is important for the MMS not to oppose legislation, similar to that already enacted for podiatrists and chiropractors, that would allow dentists to append "physician" to their title.

— Donald B. Giddon, D.M.D., Ph.D.  
Cambridge, MA

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

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## Fee Schedule Analysis: A Critical Tool for Practice Management

All medical practices should have an established fee schedule, which is a table of charges for office visits and procedures. Each visit or procedure in the schedule is coded appropriately, and then the associated charges are sent either to patients or to insurers for reimbursement or payment. Health plans that receive the charges process the claims and remit payment to the physician at the contracted rate.

Analyzing your fee schedule on an ongoing basis is a critical step in improving your practice's financial performance, because it ensures you are receiving the maximum allowable reimbursement from the plans you participate with.

Health plans update contracted rates regularly. Massachusetts health plans generally update fee schedules twice a year, in October and April, although some plans perform updates quarterly or annually. Practices should look at their health plan contracts and provider manuals to determine when schedules are updated.

Fee schedules cannot be shared across unaffiliated/unauthorized entities, so each practice is responsible for developing and updating its own fees. Regular analysis of revenue flow will help you understand which areas merit special focus. For example, in most practices, 90 to 95 percent of reimbursement comes from 20 to 30 CPT codes.

Practices should continually track reimbursement via EOBs and note when they are reimbursed at 100 percent of their charges for any particular code. They should also complete a detailed annual analysis of health plan updates to ensure they are not undercharging. Request a reimbursement schedule for your top 30 reimbursement codes from all the plans you contract with, and make sure your fee schedule reflects full reimbursement for these codes.

When you receive details about reimbursement updates, make sure your system accurately reflects them; otherwise, adjustments will be over- or understated, and the analysis will be inaccurate. **VS**

— Tracy Ledin

### LAW AND ETHICS

## To “Friend” or Not to “Friend” — That Is a Question for Doctors

Online social networking through Facebook and MySpace used to be the province of tweens and teens. Increasingly, however, professionals are using such sites to reconnect with friends and colleagues and promote their businesses. Before confirming any patient as a “friend,” physicians should consider the potential impact of such a merger of their professional and personal lives. While crossing boundaries is an old ethical issue, this new medium presents additional challenges.

What do you want your patients to know about your personal life? Many people post their home phone numbers, personal pictures and videos, and other personal information such as relationship status and political affiliations on their social networking home page. Is this information you want readily available to your patients? Do you want your patients to be able to identify and reach people in your network of friends?

It is easy to see that it is unwise to post photographs of a “lively” party that may conflict with your

honed professional image. Further, you should be wary of photos or memories your former college roommates may unearth and post.

For those who seek to reap the benefits of online social networking, caution is advised. Be sure to thoughtfully set and maintain your privacy settings, which afford you control over who can see which information. Also, consider maintaining separate profiles, one to share pictures and other personal information with friends and family, and another location (a “fan page,” for example) that can be dedicated to professional use. Then, if a patient sends a “friend” request to your personal page, you can direct him or her to your professional listing. Even with a professional page, careful consideration should be given to issues of privacy and professional boundaries. **VS**

— Sarah Elisabeth Curi, J.D., M.P.H.

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.

## Smartphone Security for the Mobile Physician

For physicians who have become reliant on their “smartphones” for staying in touch with their practices and patients, there were many lessons to be learned at July's Black Hat Technical Security Conference. The biggest news was that with little effort, a reporter's iPhone was hacked, exposing all her data and potentially making her phone part of a larger iPhone bot-net — a collection of iPhones coordinated by malicious software that runs autonomously or automatically. Hackers could then control the handset's key functions and steal data, make calls, surf the Internet, and send texts. If the flaw were left unpatched, hackers could hijack any of the world's 21 million iPhones and commit identity theft and a host of other crimes.

If that's possible on an iPhone, are devices based on Google's Android and Windows Mobile operating systems just as vulnerable? The two researchers involved in the mock iPhone hack said they used a similar method to break into phones running on Android. Another vulnerability — demonstrated by security company Flexilis — is that Windows Mobile devices can be manipulated to visit malicious URLs or install applications without the user's permission.

It is not unreasonable to assume that as smartphones gain more market share, they'll attract more attention from hackers. Therefore, physicians who use these devices — regardless of manufacturer or operating system — should be cautious.

The amount and nature of personal information stored on these devices should be limited, and storing or transmitting anything that could be considered patient-protected health information should be avoided.

If trusted sources such as manufacturer websites offer updates or patches for your mobile device, apply them as soon as they become available, and check back regularly for updates. At the very least, prevent direct physical intrusion by password-protecting access to your smartphone. **VS**

— Adam Shlager

### Register Now for Oct. 19 Webinar on Medicare Audits

On Monday, Oct. 19 at 12 noon, the six state medical societies of New England will sponsor a regional webinar to inform physicians and their office staffs about the new national Recovery Audit Contractor (RAC) program.

The goal of the RAC is to identify improper payments made on claims of health care services provided to Medicare beneficiaries. Improper payments may be overpayments (such as may occur when providers submit claims that do not meet Medicare's coding or medical necessity policies) or underpayments (which can occur when providers submit claims for a simple procedure but records reveal that a more complicated procedure was performed). Any health care provider or supplier that bills Medicare Parts A and B could be subject to an audit.

Webinar presenters will include representatives from the Centers for Medicare and Medicaid Services and Diversified Collection Services Inc., the RAC contractor in New England. Registrants may submit questions by e-mail in advance.

To register, visit [www.massmed.org/racwebinar](http://www.massmed.org/racwebinar).

## Volunteer Medicine

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we have right now. So I'm volunteering to provide free care to patients who don't have access or can't pay out of pocket. I see it as a responsibility to get involved. It's also very gratifying to work with wonderful volunteers and patients."

Paul Hart, M.D., who has a family medicine practice in Gardner, said, "My first volunteer experience was

### Volunteering

"allowed me to return to my regular work with renewed energy... I have made volunteer medicine a major part of my life."

— Paul Hart, M.D.

the result of listening to a brief news segment on the plight of Ethiopians caught in a prolonged civil war. My medical career at that time was on autopilot. I had a good practice, but the 'spark' was gone. I connected with a group that was trying to provide medical care in Ethiopia, and that experience was life-changing.

"Since then I have made volunteer medicine a major part of my life. I have met some of the most wonderful individuals. The experience has allowed me to return to my regular work with renewed energy. I try to volunteer at least once a week at a local free medical program and travel at least once a year to a foreign country."

For Nancy Romanow, a nurse practitioner in student health services at Framingham State College, gratitude is the motivator. "I feel like I live a privileged life, and I am grateful for that," she said. "By volunteering, I am sharing some of my good life to help others who are less fortunate."

— Lisa Gruenberg, M.D.

If you or your organization has a volunteer story to tell, contact Dr. Gruenberg at [lisa\\_gruenberg@hms.harvard.edu](mailto:lisa_gruenberg@hms.harvard.edu). To learn more about obtaining malpractice coverage through the Society for volunteer work, contact Carolyn Maher at [cmaher@mms.org](mailto:cmaher@mms.org).

## Improving Physician Interactions with Developmentally Disabled Patients

Patients with developmental disabilities face obstacles accessing and receiving high quality health care, according to a February 2009 report by the Massachusetts Association for Retarded Citizens (ARC). The report, titled "Left in the Cold: Health Care Experiences of Adults with Intellectual and Developmental Disabilities in Massachusetts," recommends training for doctors in treating adult patients with disabilities and increased insurance

reimbursements to compensate for longer appointment times.

Through focus groups of patients with intellectual and developmental disabilities, their parents and guardians, community support providers, and health care professionals, the ARC learned about the health care experiences of developmentally disabled patients. Focus group participants reported insufficient knowledge and training among health care professionals with

regard to how to care for this patient population. The report also identified an association between providers' appropriate and positive attitudes and communication skills when working with developmentally disabled patients and patient access to and receipt of high quality medical care.

A video recently co-produced by Advocates Inc., a Framingham-based human services agency, and the MetroWest Community Health Care Foundation seeks to help people with developmental disabilities, their support workers, and their physicians improve the physician-patient encounter.

The 23-minute video demonstrates how physicians can be more effective in clinical encounters with patients with developmental disabilities. To order a free copy of the DVD, visit [www.advocatesinc.org](http://www.advocatesinc.org). To view the video online, go to <http://media.advocatesinc.org/goingtothedoctor/video.html>. **VS**

— Robyn Alie



In the video titled *Going to the Doctor*, Chris Gordon, M.D., interacts with a patient with a developmental disability and a member of the patient's residential support staff.

## QuitWorks Program Offering Free Nicotine Patches

Patients whose physicians refer them to QuitWorks — an evidence-based referral service that connects patients with free phone-based counseling to help them stop smoking — will now receive a free two-week supply of nicotine patches in addition to counseling. Those who quit smoking using medication and counseling together are more likely to kick the habit for good than those who use either approach alone, according to the U.S. Public Health Service. Those whose physicians also talk with them about quitting are even more successful.

Nancy Rigotti, M.D., director of the Tobacco Treatment and Research Center at Massachusetts General Hospital, said, "The offer of free nicotine patches helps patients making a quit attempt, and it also motivates providers to

talk to their patients about tobacco use and advise them to quit."

Physicians can enroll a patient in the program by completing and faxing a simple form. QuitWorks then calls the patient, offers the patches and counseling, and sends a follow-up fax to notify the physician of the services in which the patient enrolled.

QuitWorks' phone-based counseling is a permanent service, but the patch promotion only runs through June 30, 2010, or while supplies last. QuitWorks will conduct a medical screening for each patient to make sure the patch is appropriate and safe. **VS**

For more information and downloadable referral forms, go to [www.quitworks.com](http://www.quitworks.com) or contact John Bry at (617) 624-5973 or [john.bry@state.ma.us](mailto:john.bry@state.ma.us).

## Register by October 9 for H1N1 Vaccine

On September 8, the state launched an online provider registration system for free H1N1 vaccine and supplies. The state is responsible for the allocation and distribution of vaccine to state providers. Registering enables but does not guarantee vaccine. Registration deadline is October 9.

Link to the registration system and keep abreast of current information regarding seasonal and H1N1 flu through the MMS website at [www.massmed.org/flu](http://www.massmed.org/flu). From that page, sign up for MMS Flu Advisories — e-mailed flu and vaccine news relevant to your practice.



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## FEDERAL UPDATE

## MMS Comments on Proposed Medicare Fee Schedule

In late August, the MMS submitted comments to the Centers for Medicare and Medicaid Services (CMS) on the proposed Medicare physician fee schedule for 2010.

The MMS strongly supported the CMS's decision to remove the costs of physician-administered drugs from the calculations for allowed actual Medicare physician spending, retroactive to 1996–1997. However, even with those changes, the CMS estimates the update for 2010 will decline by 21.5 percent. "This only underscores the importance of developing a new payment methodology for physicians through legislative action and health system reform," the MMS statement read.

### Practice Expense RVUs

The MMS expressed serious concerns about the proposed practice expense relative value units (RVUs), which would increase reimbursements for some specialties while imposing significant reductions on others. In its statement, the MMS reaffirmed the need for a payment methodology that accurately reimburses all physicians.

In the comments, MMS President Mario Motta, M.D., wrote, "This [practice-expense RVU] issue only underscores the fundamental flaws in the current payment system and the pressing need to develop a new physician payment formula. As we seek to pass legislation that will provide

universal access to quality health care, it defies logic that we would reduce by up to nearly 20 percent payments to physicians who are already facing critical shortages. At the same time, our payment methodology must reward primary care and other physicians whose services have been traditionally undervalued."

The MMS recommended that the CMS delay implementation of the new RVUs until Congress develops a new payment formula or the CMS derives more accurate practice expense calculations.

### Consultation Codes

For 2010, the CMS proposes to eliminate the use of all inpatient and office/outpatient consultation codes on a budget-

neutral basis. Instead it would increase the RVUs for new and established office visits, as well as initial hospital and facility visits. The MMS urged the CMS not to finalize this consultation-code proposal in November but rather to develop possible revisions to the use of consultation codes.

The MMS also commented on corrections to the anesthesia teaching rule, opposed public reporting of Physician Quality Reporting Initiative (PQRI) data, and recommended other revisions to the PQRI and value-based purchasing program.

Go to [www.massmed.org/FeeScheduleComments](http://www.massmed.org/FeeScheduleComments) for the complete commentary. **VS**

—Alex. Calcagno

### Iselin Interview

*continued from page 1*

went on. "It recognized that the way the current payment system is structured does not reward or support care coordination at an optimal level. What we're really trying to do is support doctors and their patients by reimbursing for the more cognitive-based services. We want doctors to be able to devote the time to a patient with a higher need, rather than an arbitrary 15 minutes."

Physicians, she added, need "resources to customize treatment patterns so as to coordinate care and achieve the best and most efficient outcomes for patients... Some physicians will also need help building relationships," especially those that will make them a part of a so-called accountable care organization, an integrated delivery model that emphasizes care coordination.

### Less Micromanaging

Commissioner Iselin described her vision of the future for Massachusetts physicians as one in which doctors "feel less micro-managed than they do now." The commissioner added that under a global payment system, the message to doctors would

essentially be "Here are the resources. You know best how to allocate those resources."

The commissioner conceded that some doctors might look at global payment as something that was tried years ago but then discarded. However, she maintained that the payment commission's recommendations contain new elements. For example, Iselin said, "There should not be incentives to provide less care than

patients need, because that's not in line with our quality-outcome and coordination goals." Further, she said, "The delivery system should be responsible for the things it can reasonably control, but it should not be held accountable for things it can't."

### Rising Costs Threaten Continued Progress

Iselin said Massachusetts should be proud to have one of the

"highest quality provider systems." But she said it is threatened because "we also have one of the highest cost health care systems. The pressure on us to sustain the success we've achieved with reform is great. But we need to do it in a way that does not sacrifice or erode the phenomenal quality of our health care system."

The commissioner praised the input the payment reform panel received from physicians. "The Medical Society was tremendously supportive in making sure we were hearing from people on the ground," she said. "The more we have the physician community engaged in helping us work through the issues as we reform our system, the better off we'll be," she said.

"No one can achieve this kind of system transformation on their own," Commissioner Iselin concluded. "I have great confidence in the physician leadership in our state that, if we all work together, we can do it." **VS**

To read the complete transcript of the interview with Commissioner Iselin, go to [www.massmed.org/Iselin](http://www.massmed.org/Iselin).

## DHCFP Has Widespread Impact on Bay State's Health Care

It's called the Division of Health Care Finance and Policy (DHCFP), and it may be the busiest state government agency you've never heard of.

"I've always viewed the division as kind of a jewel," said Sarah Iselin, its commissioner. "We're about 115 people with a broad and diverse range of responsibilities."

Among those responsibilities are the following:

- Setting rates for physicians' fees under the state's Medicaid program
- Managing the state's Health Safety Net (the erstwhile Uncompensated Care Pool)
- Providing health care policy and research data and supporting the work of the state's Health Care Quality and Cost Council
- Providing public reports on health care cost drivers
- Analyzing the cost and clinical efficacy of all newly mandated health insurance benefits

As the Legislature and Patrick administration work on implementing the recommendations of the Special Commission on the Health Care Payment System, it's likely that the DHCFP will also end up with some oversight responsibilities during that transition.

## Frameable Nondiscrimination Statement Available

One way physicians can assist patients is by providing a welcoming practice environment. Displaying a statement of nondiscrimination toward patients is a small but important step that can ensure a greater level of comfort for everyone entering your office.

The MMS Committee on Lesbian, Gay, Bisexual, and Transgender Matters developed a statement of nondiscrimination modeled after a similar statement developed by the AMA. The MMS is providing both electronic and print versions of the statement suitable for framing and display. The statement reads as follows:

*Our physicians and staff support the Massachusetts Medical Society nondiscrimination policy, in that:*

*This office appreciates the diversity of patients and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex, or gender identity.*

To obtain an electronic copy of the statement, visit [www.massmed.org/NondiscriminationPolicy](http://www.massmed.org/NondiscriminationPolicy). For a hard copy, contact Erin Tally at (800) 322-2303, ext. 7413, or [etally@mms.org](mailto:etally@mms.org). **VS**

—Erin Tally

## 2009 Interim Meeting

**The 2009 MMS Interim Meeting will be held on Friday and Saturday, December 4 and 5.**

Day one will be held at MMS headquarters in Waltham, and day two will take place at the Westin Hotel in Waltham.

The deadline to submit a resolution is October 20. The deadline for reservations at the Westin Hotel is October 28. Please call (781) 290-5600 to make a reservation.

Visit [www.mms.org/interim2009](http://www.mms.org/interim2009) for all meeting details and to register online.

## Awareness and Positive Action Are Keys to Anger Management

In today's world, being a great doctor means more than being an excellent clinician. Good medicine is a team effort, so you must also master interpersonal communication, management, and leadership skills you probably weren't taught in medical school. To practice medicine effectively in 2009, you have to be the kind of person others want to work with. No truly talented health care professional will willingly work with physicians who demean or diminish their coworkers.

If you are a physician who has been asked to change your behavior because of angry outbursts, you may be shocked, defensive, and angry. You may feel that the failings of others justify an emotional explosion, but in fact you make your behavior the issue instead of focusing the team on quality patient care.

What initially feels like an unfair criticism of your behavior can become an opportunity to address your blind spots and unmet needs. Try to step back from the situation to see how others see you. Use that information to reduce the stress that fuels your anger and to create a more balanced way of living and working.

None of us can see ourselves clearly, so it can be helpful to seek out a coach or counselor to

help you evaluate your problems and identify and prioritize solutions. While you are learning and practicing better strategies for taking care of yourself and dealing with others, it is hard to make behavioral changes without sustained support.

### Awareness and Action

First, find out which people and situations trigger your anger and why. Awareness is key in changing any behavior. Then take the following steps:

- Take a breath before you criticize someone. Don't speak while your emotions feel overwhelming. Feelings pass if you let them.
- Retrain your thoughts by repeating phrases such as:
  - "It's not worth it."
  - "I can handle this."
  - "They are doing their best."
  - "Focus on the solution."
- Imagine being on the receiving end of your behavior. Would you accept that treatment from anyone else? If not, then don't subject anyone else to it.
- Ask the person you're angry with a question: "Can you tell me more about that?" "What information do you need from me to handle this yourself?" In addition to deflecting anger, you might learn something

important you didn't know or forgot.

- Explain to others what is most important to you ahead of time. Do not assume that others can read your mind regarding your standards.
- Once you are back in control, address the issue with the involved party. Express the facts as you perceived them, without judgment. Be reasonable with any requests or suggestions.

Manage stress through meditation, exercise, or whatever helps you maintain perspective. When you are more centered, address the underlying conditions, addictions, or "broken places" in yourself with compassion, optimism, and grace.

—Mary Spaulding  
Due North Coaching, LLC

For more information on this topic or for consultation on challenges you are experiencing at work, contact PHS at (781) 434-7404 or visit [www.physicianhealth.org](http://www.physicianhealth.org).

### Managing Workplace Conflict: Improving Personal Effectiveness

**November 19 and 20  
MMS Headquarters, Waltham**

To register, go to [www.massmed.org/cme\\_events](http://www.massmed.org/cme_events).

## Pri-Med East Returns to Boston

**November 13–15, 2009  
Boston Convention and Exhibition Center**

The MMS is a partnering organization for Pri-Med East, a comprehensive medical conference offering continuing medical education opportunities for physicians. Focused on diagnosis and treatment, Pri-Med's core three-day program, Current Clinical Issues in Primary Care, will be presented by nationally recognized faculty from Harvard Medical School.

Also, an extensive exhibit area will provide attendees with the opportunity to view the latest in pharmaceuticals, medical devices, and technologies. **VS**

For more information and to register, go to [www.pri-med.com/east](http://www.pri-med.com/east).

**SAVE THE DATE  
Friday, February 5, 2010**

### 5th Annual Women's Cardiac Health Conference

Sponsored by the MMS and its Committee on Women in Medicine, in collaboration with the American Heart Association

For more information, visit [www.massmed.org/cme\\_events](http://www.massmed.org/cme_events).



## 2010 Member Benefits Guide Now Available

MMS members who renew their memberships for 2010 will be mailed a 2010 *Member Benefits Guide* along with their 2010 wallet card. First-time members will receive a copy of the guide with their welcome packets.

The 2010 *Member Benefits Guide* is the best way to learn about the publications, medical education programs, practice management resources, patient education materials, and member discounts that are available to you. It's also your guide to becoming more involved with the Society. The 2010 guide also includes websites, phone numbers, and e-mail addresses to direct you to more information about each benefit.

Renew for 2010 and watch your mail for your wallet card and 2010 *Member Benefits Guide*. **VS**

— Carolyn Maher

If you have questions about your benefits, contact the Member Information Center at (800) 322-2302, ext. 7311, or [info@massmed.org](mailto:info@massmed.org).

## It All Adds Up — 2010 Membership Renewal

In October, you will receive your first 2010 renewal notice by e-mail and postal mail. It includes unique discounts and online renewal instructions.

The MMS offers a variety of membership options, including group and multiyear options with significant discounts. Multiyear discount options entitle you to a savings of up to 30 percent.

Renew online and receive the popular 2010 NEJM Images in Clinical Medicine Calendar — and save time, a stamp, and reduce your carbon footprint! Online renewal allows you to pay MMS and AMA dues and update personal information (including your e-mail address) for easier and faster communication. **VS**

— Steve Phelan

For more information, contact the Member Information Center at (800) 322-2303, ext. 7311, or e-mail [info@massmed.org](mailto:info@massmed.org).

## IN MEMORIAM

The following deaths of MMS members were reported to the Society in August and September 2009. We also note member deaths on the MMS website at [www.massmed.org/memoriam](http://www.massmed.org/memoriam).

**Robert R. Bosquet, M.D.**, age unknown; South Kingston, RI; St. Louis University School of Medicine, 1970; date of death unknown.

**Lester Frank, M.D.**, 86; Springfield, MA; University of Vermont College of Medicine, 1946; died August 3, 2009.

**Joseph J. Herskovits, M.D.**, 79; Andover, MA; University of Leiden Faculty of Medicine, Netherlands, 1958; died July 24, 2009.

**Raymond B. Jacques, M.D.**, 89; Liverpool, NY; Laval University Faculty of Medicine, Canada, 1944; died August 23, 2009.

**Peter J. Karp, M.D.**, 69; Needham, MA; Tufts University School of Medicine, 1965; died August 6, 2009.

**David E. Marcello Jr., M.D.**, 81; Marion, MA; Harvard Medical School, 1956; died August 16, 2009.

**Howard G. Turner Jr., M.D.**, 93; Enfield, CT; Columbia University College of Physicians and Surgeons, 1943; died August 20, 2009.

## ACROSS THE COMMONWEALTH

### District News and Events

**Bristol North — Fall District Meeting.** Wed., Oct. 7, 6 p.m. Location: Colonel Blackinton Inn, Attleboro. Speaker: Alex. Calcagno, MMS director of federal relations. **Legislative Breakfast.** Fri., Oct. 23, 7:30 a.m. Location: Margaret Stone Conference Room, Morton Hospital, Taunton. For more information, contact the Southeast Regional Office.

**Bristol South — Fall District Meeting.** Wed., Oct. 21, 6 p.m. Location: Venus de Milo Restaurant, Swansea. Speaker: Mario Motta, M.D., MMS president. **Legislative Breakfast.** Fri., Oct. 30, 7:30 a.m. Location: Tobey Hospital, Wareham. For more information, contact the Southeast Regional Office.

**Essex North — Fall Meeting.** Tues., Oct. 13, 6 p.m. Location: DiBurro's, Ward Hill. Speaker: Mario Motta, M.D., MMS president. Topic: Payment Reform. For more information, contact the Northeast Regional Office.

**Franklin — Legislative Breakfast.** Fri., Nov. 13, 7:30 to 9 a.m. Location: Baystate Franklin Medical Center, Greenfield. For more information, contact the West Central Regional Office.

**Hampden — 25th Annual Medical Ethics Seminar.** Thurs., Oct. 22. Topic: Fighting the Food Industry and Fat in America. Theatrical Feature, FOOD INC., showing at 4:30 p.m., registration/dinner at 6, and seminar at 6:30. Location: Baystate Learning Center, Holyoke. 3.0 AMA PRA Category 1 Credits™ (RM). For more information, contact Suzanne Skibinski at (413) 736-0661 or [hdms@massmed.org](mailto:hdms@massmed.org).

**Middlesex — Fall Meeting.** Sun., Oct. 11, 12:30 p.m. Location: National Heritage Museum, Lexington. For more information, contact the Northeast Regional Office.

**Middlesex West — Fall Meeting.** Tues., Oct. 20, 6 p.m. Location: Dolphin Seafood Restaurant, Natick. Speaker: Alex. Calcagno, MMS director of federal relations. For more information, contact the Northeast Regional Office.

**Worcester — Healthcare Reform Forum.** Wed., Oct. 21, 5:30 p.m. Location: Beechwood Hotel, Worcester. Speakers: Dale Magee, M.D., MMS past president, and Alex. Calcagno, MMS director of federal relations. For more information, contact Joyce Cariglia at (508) 753-1579.

**Worcester North — Legislative Breakfast.** Fri., Oct. 16, 7:30 to 9 a.m. Location: Sheraton Four Points, Leominster. **Fall District Meeting.** Thurs., Oct. 22, 6 p.m. Location: Fay Club, Fitchburg. Speaker: David Downs, *Colonial Medical Show*. For more information, contact the West Central Regional Office.

### Statewide News and Events

**Arts, History, Humanism, and Culture Member Interest Network — Music and Art Event.** Sat., Oct. 24, 6 p.m. registration. Location: Tower Hill Botanic Gardens, Boylston. This event includes music performances beginning at 7 p.m. and an ongoing art exhibit by our members. There will also be garden tours throughout the evening. 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](mailto:fkeefe@mms.org); Linda Howard, Southeast Regional Office, at (800) 322-3301 or [lhoward@mms.org](mailto:lhoward@mms.org); or Cathy Salas, West Central Regional Office, at (800) 522-3112 or [csalas@mms.org](mailto:csalas@mms.org).

## Call for Nominations 2010 MMS Awards

The MMS and its Committee on Recognition Awards are currently seeking nominations for the 2010 Annual Meeting Awards Program.

Current award offerings are as follows:

- Lifetime Achievement Award
- Henry Ingersoll Bowditch Award for Excellence in Public Health
- Special Award for Excellence in Medical Service
- Award for Distinguished Service to the MMS
- Grant V. Rodkey, MD, Award
- Information Technology in Medicine Award
- Senior Volunteer Physician of the Year Award
- Medical Student Scholar Awards
- Committee on History Award
- Committee on Men's Health Award

For more information and to obtain a nomination application, visit [www.massmed.org/awards2010](http://www.massmed.org/awards2010) or call (800) 322-2303, ext. 7208.



Lisa Gruenberg, M.D., shown here at a rural HIV treatment center in South Africa, writes about volunteer medicine. **See page 1.**

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MASSACHUSETTS  
MEDICAL SOCIETY

# VITALSIGNS

VOLUME 14, ISSUE 8, OCTOBER 2009

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## MMS Sponsored & Jointly Sponsored CME Activities

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](http://www.massmed.org/cmecenter).

### Live CME Activities

Go to [www.massmed.org/cme/events](http://www.massmed.org/cme/events).

**CME Accreditation Orientation**  
October 8, 8:00–11:45 a.m.  
MMS headquarters, Waltham.  
3.0 Credits

**Shared Medical Appointments**  
November 6, 8:00 a.m.–12:00 p.m. MMS headquarters, Waltham. Jointly sponsored by the MMS and Harvard Vanguard Medical Associates.  
3.5 Credits (RM)

**Personal Perspectives on Prostate Cancer**  
November 18, 7:30–9:30 p.m. MMS headquarters, Waltham. Jointly sponsored by the MMS and the Massachusetts Association of Practicing Urologists. 2.0 Credits

### Managing Workplace

#### Conflict: Improving Personal Effectiveness

November 19, 8:00 a.m.–4:00 p.m. and November 20, 8:00 a.m.–3:00 p.m. MMS headquarters, Waltham. Jointly sponsored by the MMS and Physician Health Services.  
12.5 Credits (RM)

#### Integrative Medicine 101: Practical Approaches for Primary Care

December 2, 8:00 a.m.–4:30 p.m. MMS headquarters, Waltham. Jointly sponsored by the MMS and the Marino Center for Integrative Health.  
7.0 Credits

### Online CME Activities

Go to [www.massmed.org/cme](http://www.massmed.org/cme).

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#### Reducing Errors and Liability in Patient Handoffs

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#### Dealing with Difficult Patients

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### Communication Courses

**NEW Reporting Patients to the RMV** 1.0 Credit (RM)

**The Rise of Apology Policies** 1.0 Credit (RM)

### Public Health Courses

**NEW Disaster and Primary Care: How to Protect Your Patients and Your Practice** 2.5 Credits (RM)

**Pandemic Flu: Practical Strategies for Preparedness** 2.0 Credits (RM)

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.