The Changing Face of Pain Management: Patients, Opioids, and the Law

BY VICKI RITTERBAND
VITAL SIGNS STAFF WRITER

As a radiation oncologist, MMS President Richard Pieters, M.D., knows the many faces of cancer pain: the grinding back pain of pancreatic cancer, the piercing pain when tumors obstruct the bowel. The persistent pain of bone metastasis.

But increasingly, patients are coming to him with severe pain that’s being managed by their primary care physicians with nonsteroidal anti-inflammatory drugs. “The drugs haven’t touched their pain,” said Dr. Pieters, who applauds the state’s recent efforts to confront the opioid addiction epidemic, but worries about the pendulum swinging too far in the opposite direction. “My bottom line is when a patient is dying, they must have the medication they need. Let me take care of my patient.”

It’s a delicate balance: the need to adequately quell pain with powerful and sometimes addictive opioids versus the risk of these medications being diverted and abused and the public health crisis that ensues. Massachusetts and other states have seen a dramatic surge in unintentional opioid deaths in the past decade. In the Bay State, fatal opioid overdoses increased by 90 percent from 2000 to 2013, and nationwide these analgesics have become the leading cause of accidental death.

‘Dramatic Course Correction’

It is not surprising that there’s been a dramatic course correction in governmental and medical circles. Last month, the U.S. Drug Enforcement Administration reclassified hydrocodone combination products, the most commonly prescribed medication, as Schedule II medications — those with the highest potential for abuse and harm.

Closer to home, the DPH is considering changes to its Prescription Monitoring Program and expanding community and residential treatment services for underserved populations. Increasing numbers of Massachusetts police and firefighters are now trained to administer naloxone to reverse opioid overdoses. The MMS will soon have representation on a new state commission tasked with recommending best practices for insurers to combat the opioid addiction crisis, including prior authorization requirements, refill restrictions, and data collection practices.

Drug Enforcement Administration

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The Physician’s New Role

Where do physicians fit into these efforts? Vital Signs asked several MMS members how physicians can help stem the opioid addiction problem. Their answers ranged from viewing opioid prescribing through a risk-versus-benefit analysis to becoming better informed about pain management and medication-assisted therapies to teaching patients about proper drug disposal.

For years, Jessie Gaeta, M.D., medical director of Boston Health Care for the Homeless Program, has seen the devastation of opioid addiction among the homeless. A 2013 study by her program and Massachusetts General Hospital showed that drug overdose was the leading cause of death among homeless adults in Boston from 2003 to 2008, overwhelming HIV, the top killer in the late 1980s and early 1990s.

“When I think back on my own medical education in the mid-to-late 1990s, what was missing from the conversation was how to approach decision making about opiate prescribing — how to think about the risk versus the benefits,” she said. “While I still prescribe opiates, I’ve become more focused on a benefit-to-harm framework — considering the risk of prescribing while understanding the disparity in chronic pain that homeless people experience.”

Dr. Gaeta also believes that more physicians — and not just those who care for the underserved —

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New EHR Meaningful Use Regulations Strike “Reasonable” Balance

BY WILLIAM RYDER, ESQ.
MMS LEGISLATIVE COUNSEL

After many months of discussion, the state Board of Registration in Medicine recently proposed regulations to fulfill a 2012 state law that requires physicians to demonstrate their proficiency in electronic health records as a condition of licensure, effective Jan. 1, 2015.

The MMS, which has been advocating on the EHR/meaningful Use issue for years, has been strongly asserting that a strict interpretation of the 2012 mandate could force thousands of doctors to lose their license. This scenario could trigger a terrible access crisis for our patients.

Under the leadership of MMS Past President Ronald Dunlap, M.D., staff worked with state regulators and urged them to develop rules that would meet the law’s intent without throwing our health care system into chaos.

Broad Set of Exemptions

The proposed regulations appear to meet that objective: they include a broad set of exemptions for certain license categories in which electronic health record use is intrinsic, such as in residency programs, or is not relevant, such as administrative licensees. Also exempt are interns, physicians with volunteer licenses, and physicians who are licensed but not currently practicing.

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Pain Management
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need to be trained in medication therapies like methadone, naltrexone, and buprenorphine (Suboxone).
“Very few people with opiate dependence have access to these therapies,” said Dr. Gaeta, whose organization has a robust and successful Suboxone program that needs to grow further to keep up with demand. She understands physician reluctance to treat addicts, who can be very difficult patients, but faults some in the medical community for still regarding addiction as a behavioral issue. “There is a neurobiology that is more and more understood, yet many still do not view addiction through the lens of chronic disease,” said Dr. Gaeta.
MMS President-Elect Dennis Dimitri, M.D., is an advocate of bringing more addiction treatment into physicians’ offices, which will encourage more people to seek help, he said. “If we can treat more of these patients in a primary care setting, where they’re already getting care, or in other less stigmatized settings outside of substance abuse clinics, more patients will be able to get the treatment they need,” said Dr. Dimitri, vice-chair of family medicine and community health at University of Massachusetts Memorial Medical Center and UMass Medical School.

More Training for Doctors
Dr. Dimitri also believes it is incumbent upon all physicians to learn more about alternatives to opiates. “We need to familiarize ourselves with other modalities — treating underlying mood disorders, physical therapy, acupuncture, and other approaches,” he said. Dr. Dimitri, like others interviewed for this article, would also like to see physicians do a better job of teaching patients how to properly dispose of unused opioids.
The MMS must take more of a leadership role in educating physicians of various specialties about pain management and addiction, including developing curriculum, according to Barbara Herbert, M.D., director of addiction services at Steward Medical Group. “The Society needs to work on training people to not just treat pain, but also to help patients deal with the complex medical, spiritual, and physical disease which is addiction,” said Dr. Herbert.
She also believes that more physicians must learn how to intervene earlier in the addiction trajectory. “I compare this to asthma,” said Dr. Herbert. “People who have a bad asthma attack may need to go to the ER, but they can avoid the ER if you figure out they have asthma earlier and prescribe an inhaler. That’s the end of the spectrum doctors have not taken on.”

Advertising Space Now Available on MMS Website and e-Newsletters

The MMS is now offering organizations the opportunity to increase brand awareness and visibility to physicians and the general public through advertising space on the MMS website and several MMS e-mail newsletters.
Website advertising space is available at the top of the right column on the home page and all internal pages of the site, except for continuing medical education courses.
Email newsletter advertising space is available in the weekly e-mail newsletters Vital Signs This Week and Continuing Medical Education Update, as well as the daily e-newsletter MMS MediaWatch.
To learn more about the audience for these communications vehicles, as well as rates and ad specifications, download the MMS media kit at www.massmed.org/advertising.
Elements of an Effective Compliance Program for Your Practice

1 Internal monitoring and auditing. Periodic audits and ongoing monitoring help you identify potential gaps and opportunities for improvement.

2 Promotion of compliance and practice standards. Written policies and procedures are important to include in your compliance plan, but determining how to best implement the policies and procedures in a manner that will promote compliance within your practice is key.

3 Designate a compliance officer or contact. Assign a key individual in the practice who can take ownership of implementing and maintaining the compliance plan.

4 Conduct appropriate training and education. Educate staff on policies and procedures, maintain ongoing yearly trainings, and monitor compliance with policies and procedures.

5 Respond appropriately to offenses and develop corrective action. It is important to respond to inquiries of potential violations or allegations in a timely manner. If you detect a potential offense, seek appropriate legal assistance to help guide you through the appropriate reporting process.

6 Keep lines of communication open. It is important to maintain good communication with your staff around policies, procedures, and steps to avoid erroneous or fraudulent conduct. It is also important to communicate specific policies and procedures (such as HIPAA privacy and security) with your patients.

7 Have well-publicized standards and expectations for how staff handle patient information. Having standards and expectations outlined is important so that staff is not just trained on key compliance areas but understand the expectations of the practice in relation to the compliance plan and overall policies and procedures.

Contact the PPRC today to find out how we can assist you in building a compliance plan. Call (781) 434 7702, or reach us online at www.massmed.org/pprc or pprc@mms.org.

Registration of Provider Organizations: What You Need to Know

Initial Registration Begins in October

BY MELISSA HAFNER
MMS HEALTH POLICY MANAGER

The Health Policy Commission recently held the first of the training sessions for stakeholders who will be required to register under the new Registered Provider Organization Program. Massachusetts is the first state in the nation to attempt data collection on all providers to create a full map of their contractual and corporate relationships. The program will gather information about each provider organization (PO) and its operational structure and functioning.

An entity is a PO if they negotiate with one or more health care providers in contracting with carriers or third-party administrators (TPA) for the payment of health care services. (Entities that don’t meet this definition are not required to register.) POs must report all of their affiliations, not just their hospitals, physician groups, and behavioral health providers.

In the first year, initial registrants will submit information on ownership, contracting relationships, clinical affiliations, facilities/sites, and physician rosters.

Registration is mandatory for POs that meet the following criteria:
• They have at least one contract with a carrier or TPA.
• They represent one or more providers that collectively received more than $25 million in net patient service revenues from carriers and TPAs in the last fiscal year.
• They represent providers that had a collective patient panel of over 15,000.
• They either are risk-bearing providers or have contracts on behalf of at least one hospital, physician group, or BH provider.

The program is distinct from other state-run registration programs: the Department of Insurance’s certification requirement and the Massachusetts Center for Health Reporting and Analysis’ reporting process.

Implementation Timeline

The Health Policy Commission will conduct one-on-one meetings with POs starting in mid-September. Initial registration for the program will run approximately Oct. 14 to Nov. 14. The second part of registration, in which POs submit more detailed information, is expected to run from approximately Feb. 15 to March 15, 2015.

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What Matters Most to You? Helping Patients, Families through the Final Stages of Illness

MMS Launches Brochure to Help Patients, Families Make Advance Care Choices

BY ANKUR BHARIJA, M.D.
MMS COMMITTEE ON GERIATRIC MEDICINE

Every patient deserves to make choices about their advance care planning. Their hopes, fears, and goals matter to make the best choice for the care they receive. Research suggests that the care Americans get near end-of-life is not necessarily the care they want, unnecessarily adding to their suffering. According to a CNN poll, 70 percent of Americans said that they prefer to spend the last moments of their life at home. Yet, 2005 CDC data showed that more than 50 percent of Americans die in the hospital.

As physicians we want to foster a culture where conversations about the patients’ current and future health care goals are embedded into their care.

When Is the Time Right for the Conversation?
There is never a wrong time for the right conversation, but there’s a critical point as patients age and develop multiple chronic, serious, or advanced diseases when patients’ preferences and goals often change from just living longer to living well with illness and to, perhaps, dying well. At that point, population-based goals of longevity for healthy adults change to person-based goals of better quality of life, symptom control, family support, and care at home for those living with serious illness and/or with advanced age and frailty. We need to look at the big picture, their disease trajectory and symptom burden, their prognosis and quality of life.

The MMS Committee on Geriatric Medicine has developed What Matters Most to You?, a brochure for patients and their families to help physicians and patients begin these difficult conversations about end-of-life care. It introduces various advance directives, including the Massachusetts Health Care Proxy form (for everyone 18 years and older) and Massachusetts MOLST (Medical Orders for Life Sustaining Treatment) for those with serious advanced illness at any age or the medically frail and very elderly. The brochure, available at www.massmed.org/advancecareplanning, also includes a list of important resources for those caring for adults with serious illness.

Why and When Palliative Care?
The brochure discusses asking for palliative care when afflicted with serious illness, whether temporary or long-term. Palliative care is not only for those close to end-of-life, but is most helpful as an extra layer of support at the onset of a serious, life-limiting diagnosis or whenever medical problems and associated symptoms start affecting their quality of life and function.

Yes, having the conversation requires time and proper training. Collaborating with interdisciplinary support staff and directing families to online resources such as theconversationproject.org may be helpful. Communication skills for these types of conversations are very important and are as much an art as it is a science, but are learnable.

While we may never have enough specialist palliative care providers for the estimated six million Americans who could be candidates for it, we can try to ensure that the care each of us delivers is concordant with the patient’s and family’s well-articulated goals — keeping in mind their hopes and fears.

If physicians don’t talk about these issues with their patients, who will?

Special thanks to my colleagues on the Committee on Geriatric Medicine who worked on this brochure; Eric Reines, M.D.; Janet Jankowiak, M.D.; Melissa Loh Kah Poh, M.D.; Eliza Shulman, D.O.; Beth Warner, M.D.; Mark Yurkofsky, M.D.; and Candace Savage, MMS public health outreach manager.

New Law to Require Domestic Violence Training for Physicians

BY CANDACE SAVAGE AND LISA SANGERMANO, MMS PUBLIC HEALTH STAFF

Gov. Deval Patrick recently signed into law a comprehensive bill that will significantly expand protection for victims of domestic violence and require physicians and other health care providers to receive domestic violence and sexual assault training. This type of training will also be required for those working in the criminal justice system and elementary and secondary schools.

The state Board of Registration in Medicine and other appropriate licensing boards are tasked with developing the regulations, which are expected to require training on partner violence for medical licensure or biennial license renewal. The training, intended to help physicians better assist victims, must cover the psychological and physiological symptoms and effects of domestic violence and the availability of area support services for survivors. The training will also focus on specific populations, such as LGBT and non-English-speaking, and signs of a potential abuser. The implementation date for training is July 1, 2015.

The MMS has resources for both physicians and patients on how to recognize violent situations, including a guidebook on intimate partner violence. The guidebook discusses the signs of domestic violence, and its negative health effects, and guides the physician through the process of reporting. This guidebook and related resources can be found at www.massmed.org/violence.

Refugee and Immigrant Health: From Global Policies to Local Practices

Wednesday, October 22, 2014, 8:30 a.m. to 3:30 p.m.
MMS headquarters, Waltham

The program will discuss best practices for mental health screening, infectious disease outbreaks, and other health issues facing refugees overseas and their impact on the care of refugees in the United States. Presenters include faculty from the CDC, the Pacific Institute for Research and Evaluation, the U.S. State Department, the Massachusetts DPH, Massachusetts General Hospital, and Harvard University.

For more information and online registration, go to www.cvent.com/d/q4qrd3.
For any questions, please contact Jennifer.Cochran@state.ma.us.

Correction: In an article about state-approved concussion training (“Physicians Now Need State-Approved Concussion Training to Clear Student-Athletes,” September, page 4) it was stated that physicians must receive state-approved training before clearing a student to return to extracurricular activities following a concussion. However, physicians do not need to have this training to complete the school’s physical exam form required each year prior to a student’s participation in competitive athletics. At the beginning of the season, students who want to participate in extracurricular activities must document their past head injuries on a DPH form that is submitted to the school’s athletic department.
Practice Expansion Battles Expected to Reignite on Beacon Hill

BY RONNA WALLACE
MMS LEGISLATIVE CONSULTANT

The Massachusetts State Legislature is back in session, meeting informally after ending its 2013–14 session with a flurry of activity in July. It was a busy time for the MMS, advocating for issues of importance to physicians while playing defense, battling issues that would negatively impact physicians and their patients.

The MMS waged a successful battle against a slew of scope-of-practice bills. The proposals would have allowed nurse practitioners, nurse anesthetists, nurse midwives, and lay midwives to practice independently and expanded the scope of practice for optometrists and podiatrists. The MMS opposed these measures as contrary to the physician-led, team-based model of health care, and because of potential threats to patient safety. The MMS is grateful that ultimately the legislature agreed with the physician community. The MMS will face a battle on this priority issue again in the next session and is actively exploring filing legislation promoting the physician-led, team-based approach to health care delivery.

Patient Access to Drug Treatment Expanded

Chalk up a big win for patients! Responding the growing epidemic of prescription drug abuse and heroin deaths, the state legislature acted on a compromise bill to increase patients’ access to drug treatment services. Chapter 258 of the Acts of 2014 will require public and private insurers to cover at least 14 days of inpatient detoxification and postdetox care, eliminate prior authorization requirements and prohibit utilization review procedures from kicking in until seven days after entering treatment. It also encourages the use of abuse-deterrent opioids by requiring pharmacists to substitute abuse-deterrent medications unless directed otherwise by a physician. Thanks to MMS advocacy, the bill clearly states that medical necessity of drug abuse treatment is to be determined by the treating clinician, not the insurer. The Massachusetts Association of Health Plans fought hard against the bill, arguing unsuccessfully that it would increase cost and encourage unnecessary inpatient care.

New Faces on Beacon Hill

So what can we expect on Beacon Hill next year? Well, to some extent, that’s up to you — the voters. The November elections will very likely result in a changed environment when the legislature returns, as an unusually high number of legislators have left office over the past two years. Since the last state elections in 2012, 29 House members and 7 senators have stepped down, including former state representative Marty Walsh, now Mayor of the City of Boston. The heavy turnover will add to a dramatic reshaping of the House and Senate for the 2015–2016 session.

Electronic Health Records

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Aside from those exemptions, the proposal establishes multiple ways by which physicians may satisfy the one-time requirement.

Under the proposed rules, physicians may satisfy the requirement by personally achieving Stage 1 Meaningful Use or having a professional relationship with any Massachusetts hospital that has achieved Stage 1 Meaningful Use. Physician must be employed or credentialed by the hospital, or they must have a “contractual relationship” with the hospital.

CME Options

Under the proposed regulations, physicians may also comply with the EHR requirement by taking three hours of continuing medical education programs on meaningful use and its role in health IT. The MMS has one hour of relevant educational content already available, and it is developing more to be released well in advance of the requirements.

Another option for compliance is for a physician to become an authorized user of the state’s Health Information Exchange. This state-of-the-art system provides a special, secure webmail account for the transmission of electronic records.

Under the proposed regulations, physicians who might otherwise have their licenses lapse are able to ask the board for a 90-day extension due to an “undue hardship” in meeting the requirement. However, this waiver must be filed at least 30 days before the applicant’s license renewal date.

MMS President Richard S. Pieters, M.D., praised the board’s recent step as a “very reasonable” approach to satisfying a broad set of concerns. “This proposal addresses all of our major concerns about the issue,” said Dr. Pieters.

“We would like to thank the board for its hard work on these regulations.”

Board Hearing Comments

The MMS will be filing comments in support of the proposed regulations and encourages member physicians will do the same. The board will accept public comments on the regulations through Oct. 3, 2014, at 5:00 p.m. Comments may be submitted via email to Eileen.Prebenesen@state.ma.us. Any attached documents must be in Word format. All comments submitted are public records and will be posted to the state’s website.
Strategies for Mastering the Medical Marathon

BY STEVE ADELMAN, M.D.
PHS DIRECTOR

Many Massachusetts physicians are discouraged by the state of medical practice in 2014. Maintaining job satisfaction and well-being for the duration of a decades-long medical career can be as daunting as completing an uphill marathon. In addition to keeping up with the explosion of medical knowledge and maintaining certification in your specialty, what concrete practices can you adopt to ensure that you will make it to the finish line in good form? Consider these strategies, all beginning with the letter M.

MENTORS: Make use of mentors and coaches! Allow the wisdom and experience of others to guide you throughout your career. Senior physicians, informal mentors, and professional coaches who are trained to help keep practicing physicians in optimal shape are invaluable sources of assistance. Avoid the temptation to go it alone; follow this dictum from Ecclesiastes throughout your career: “Two are better than one.”

MEANS: Live within your means! Although few professions are as gratifying and meaningful as the practice of medicine, don’t assume that it will enrich you. Manage and minimize debt, and avoid the lifestyle “arms race.”

MOVE YOUR MUSCLES! Regular and frequent exercise is essential to health, mental acuity, well-being, and stress management. Prioritize regular exercise: the time you invest will pay huge dividends over the course of your career.

MASTER MINDFULNESS OR STRESS MANAGEMENT: Medicine is a high-stress profession, a combination of mild-to-moderate chronic stresses punctuated by intermittent, acute stresses. Learning and adopting validated techniques such as mindfulness-based stress reduction helps physicians to develop and maintain resilience in the face of the tense vicissitudes of everyday practice. The Center for Mindfulness at the University of Massachusetts Medical School is a pioneer of this approach, which has been shown to be effective both for health care providers and patients with various chronic medical conditions.

MEDICAL AND MENTAL HEALTH CARE: Make use of them. Physicians are not invincible; we suffer from the full range of medical problems, including mental and addictive disorders. When you aren’t feeling right, seek the appropriate help. Seek help early from qualified generalists and specialists, and obtain help as a patient, not on the fly from a well-meaning friend or colleague. If you aren’t well, don’t go to work until you are better — you’re a public safety professional!

MIX IT UP: Although every physician should be a master of the profession, daily practice has the potential to become tedious unless you develop strategies for MIXING it up. Doing the same thing day after day and year after year is sometimes stultifying. Figure out how to inject variety into your work day and into the course of your career. Remember that physicians do not live by medicine alone. Develop interests, passions, and pastimes outside of medicine that are engaging and satisfying, and that differ substantially from the daily grind.

MINIMIZE RISKY BEHAVIOR: Many physicians sabotage their careers by misusing psychoactive substances, social media, or violating boundaries with patients or staff. Play it safe and never assume that risky behavioral choices will go unnoticed.

MENSCH: Be one! Urban Dictionary defines the Yiddish word mensch as “someone to admire and emulate, someone of noble character.” Be a role model, and don’t let the ego strength that many physicians develop over the course of our careers give way to egotism and arrogance. Maintain and sustain warm connections to friends and family, and utilize these connections to talk about the things in life that most matter.

Clearly, it is far easier to write and read about these strategies than to implement them across the board. You might start by identifying the “M” opportunity that speaks to you. As your medical marathon progresses, adopt a strategy of ongoing personal quality improvement. See you at the finish line!

For more information, please contact Physician Health Services, Inc., at (781) 434-7404 or visit www.physicianhealth.org.
IN MEMORIAM

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

Ines Acuna, M.D., 83; Wellesley Hills, MA; University of Chile, 1954; died Sept. 27, 2013.

Norman P. Hill, M.D., 91; Duxbury, MA; Harvard Medical School, 1945; died December 1, 2012.

Maurice Hackins Jr., M.D., 95; Concord, NH; University of Oklahoma School of Medicine, 1945; died May 11, 2014.

Charles W. McDowell, M.D., 80; Wrenham, MA; National University of Ireland, 1965; died June 4, 2014.

Donald Paeiwonsky, M.D., 78; Medford, MA; St. Louis University School of Medicine, 1957; died March 5, 2011.

Sven J. K. Paulin, M.D., 87; Needham, MA; Karolinska Institute of Medicine, Sweden, 1958; died January 10, 2014.

Robert A. Sears, M.D., 86; Longmeadow, MA; Tufts University School of Medicine, 1954; died July 6, 2014.

Edward P. Wallace, M.D., 94; Meriden, CT; Harvard Medical School, 1944; died July 4, 2014.


Robert W. Zuckerman, M.D., 83; Waltham, MA; Harvard Medical School, 1945; died April 6, 2013.

Marc E. Zuckerman, M.D., 89; Worcester, MA; Harvard Medical School, 1945; died July 19, 2014.

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

Opt-in to Receive Vital Signs Online

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

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

ACROSS THE COMMONWEAL TH

District News and Events

NORTHEAST REGION

Charles River — Delegates Meeting. Thurs., Oct. 16, 6:00 p.m. Location: Blue Ginger, Wellesley.


Norfolk — Membership Meeting. Thurs., Oct. 23, 6:00 p.m. Location: Sheraton Needham. Guest Speaker: Shelley Carson, Ph.D. Topic: Creativity and Madness: Is There a Link?

Suffolk — Membership Meeting. Wed., Oct. 8, 6:00 p.m. Location: The Downtown Harvard Club, Boston. Guest Speakers: David Ring, M.D., Ph.D., chief of hand surgery and chair of MGH Orthopaedic Safety and Quality Committee; and Linda Kenney, founder of Medically Induced Trauma and Support Services. Topic: About My Error and Support Healing and Restore Hope. (This activity has been approved for 1.5 AMA PRA Category 1 Credits™.)

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

SOUTHEAST REGION

Barnstable — Fall District Meeting. Wed., Oct. 22, 6:00 p.m. Location: Coonamessett Inn, Falmouth.

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

WEST CENTRAL REGION

Berkshire — Fall District Meeting. Tues., Oct. 7, 6:00 p.m. Location: Crowne Plaza, Pittsfield. Speakers: Jennifer Michaels, M.D.; and John Rogers, Esq. Topic: Medical Marijuana: What Physicians Need to Know. (This activity has been approved for 1.25 AMA PRA Category 1 Credits™.)

Hampshire/Franklin — Fall District Meeting. Tues., Oct. 21, 6:00 p.m. Location: Blue Heron. Speaker: Richard Pieters, M.D., MMS president. Topic: Physicians and Medical Professionalism: Opportunities and Challenges. (This activity has been approved for 1.5 AMA PRA Category 1 Credits™.)


Worcester North — Fall District Meeting. Tues., Oct. 7, 6:00 p.m. Location: Fay Club, Fitchburg. Speaker: William Ryder, Esq. Topic: Medical Marijuana. For more information, or if you have West Central news to contribute, please contact Cathy Salas, West Central Regional Office at (800) 522-3112 or csalas@mms.org.

Statewide News and Events

Arts, History, Humanism, and Culture Member Interest Network — Introduction to Birding. Wed., Oct. 1, lecture time 6:30–8:00 p.m. Location: Broad Meadow Brook Wildlife Sanctuary. Sun., Oct. 5, field trip time 9:00 a.m.–noon. Location: Great Meadows National Wildlife Refuge, Worcester. Music and Medicine. Wed., Oct. 15, 6:00 to 8:30 p.m.; registration starts at 5:30 p.m. Location: MMS headquarters, Waltham.

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

2014 Interim Meeting of the MMS House of Delegates

Fri. and Sat., Dec. 5–6.

MMS headquarters and the Newton Marriott Hotel

• Submit your resolutions at massmed.org/resolutions by Tues., Oct. 21.

• Visit massmed.org/interim2014 to register and make hotel reservations by Fri., Nov. 7.

Join us for the Ninth Annual Research Poster Symposium which offers a venue for residents, fellows, and medical students to display their research and compete for cash prizes. The deadline for submission of abstracts is Tues., Oct. 14. See www.massmed.org/postersymposium for detailed guidelines and submission.

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MMS AND JOINTLY PROVIDED CME ACTIVITIES

LIVE CME ACTIVITIES
Unless otherwise noted, event location is MMS headquarters, Waltham.

New Trends in Women’s Health: What Every Provider Needs to Know
Fri., November 14, 2014, 8:00 a.m. to 5:00 p.m.

ONLINE CME ACTIVITIES
Go to www.massmed.org/cme
Risk Management CME

End-of-Life Care
• End-of-Life Care (3 modules)
• The Importance of Discussing End-of-Life Care with Patients
• Legal Advisor: Advance Directives

Pain Management
• Principles of Palliative Care and Persistent Pain Management (5 modules)
• Opioid Prescribing, Risk Management of Opioid Therapy, and the Opioid Abuse Epidemic (6 modules)
• Legal Advisor: Identifying Potential Drug Dependence and Preventing Abuse
• Managing Risk When Prescribing Narcotic Painkillers for Patients

Other Risk Management Topics
• Preventing Falls in Older Patients: A Provider Toolkit
• Guide to Accountable Care Organizations: What Physicians Need to Know
• HIPAA 2.0: What’s New in the New Rules?
• Cancer-Screening Guidelines (3 modules)
• Impact of Effective Communication on Patients, Colleagues, and Metrics (2 modules)
• Effective Chart Review for Quality Improvement

Additional CME
• NEW! Genetically Modified Foods: Benefits and Risks
• Physician Employment Options in the Health Care Environment
• Contracting with an ACO
• Finance 101 for Physicians and Practice Administrators
• A Roadmap to Bring an End to HIV and STDs in Massachusetts (3 modules)
• Using Data Wisely
• Just a Spoonful of Medicine Helps the Sugar Go Down: Improve Management of Type 2 Diabetes
• Weighing the Evidence on Obesity
• Aggregating the Evidence on Antithrombotic Drugs: A Review of Recent Clinical Trials
• Acid Suppression Therapy: Neutralizing the Hype
• Preventing Overseduse of Antipsychotic Drugs in Nursing Home Care

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

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