MACRA: What Physicians Should Know

New Tracks for Medicare Payment Begin 2019

A “Tipping Point” for Health Information Exchanges?

DIRECT Messaging is also used by several private HIEs that have partnered with the HIway to connect as many providers as possible. Independent exchanges include Wellport in Newburyport and eLINC, created to service Winchester Hospital and its surrounding communities. Both of these work with anyone connected to the HIway.

Both eLINC and Wellport have added additional clinical functions to their messaging systems. eLINC connects a community of doctors across 76 practices, provides services that include: DIRECT Messaging, instant delivery of lab and radiology results, as well as discharge and other reports from various hospital departments; improved communication among physicians; and, Emergency Department notification to reduce patient readmission and more effectively manage patient care. It will be possible to connect with over two dozen EMRs systems for secure messaging. The collaboration between eLINC and the state also resulted in improvements to the DIRECT Messaging system. "The state has done an excellent job; they’re very competent, and we partnered with them to expand their original vision of how DIRECT worked. We were happy to work with the state and they were willing to let us push the envelope," noted Dr. Dimitri.

However, the particulars of how that will look have yet to be determined. “We are just beginning the process, but in a perfect world we envision all these programs will be one coordinated system, and its metrics will be meaningful, valid, and scientifically verifiable," explained Calcagno.

Keeping some form of FFS reimbursement intact is important to sustaining the country’s and Massachusetts’ current base of physicians who are currently caring for patients, she added, noting that alienating physicians who weren’t interested in bearing risk would create an insurmountable access crisis.

Alternative Payment Model
For physicians that are already comfortable with or attracted to

New Mass. Opioid Guidelines
The Massachusetts Board of Registration in Medicine has unanimously voted to incorporate the MMS’s recently developed “Opioid Therapy and Physician Communication Guidelines” into its new updated set of prescribing guidelines.

The new guidelines will be incorporated into existing Board policies and standards that have been in place for many years, as well as new advisories.

Last month, Gov. Charlie Baker announced the names of the 16 experts on the Massachusetts Opioid Drug Formulary Commission tasked with recommending
I appreciate all the feedback about our out the regular football season as part be playing these radio spots through England Safety Devin McCourty. We’ll station 98.5 The Sports Hub and New campaign with Boston FM radio “Smart and Safe” public education Football fans may enjoy our new issue by Mark Green, M.D., describing to a wonderful piece on page 6 of this opioids. I’d like to call your attention reducing the numbers of unneeded officials the challenges physicians opioid prescribing.

The Board of Registration in Medicine has unanimously voted to incorpo rate the MMS’s “Opioid Therapy and Physician Communication Guidelines” into its new updated set of prescrib ing guidelines. In the first week of September, MMS officials and deans from the state’s medical schools met with Gov. Charlie Baker and Com missioner of Public Health Monica Bharel, M.D., to discuss approaches to developing innovative and collabora tive curriculum consisting of core competencies for medical students on pain management, addiction, and safe opioid prescribing.

We were able to articulate to top state officials the challenges physicians face in helping patients with chronic pain, while also offering solutions on reducing the numbers of unneeded opioids. I’d like to call your attention to a wonderful piece on page 6 of this issue by Mark Green, M.D., describing this delicate balance.

Football fans may enjoy our new “Smart and Safe” public education campaign with Boston FM radio station 98.5 The Sports Hub and New England Safety Devin McCourty. We’ll be playing these radio spots through out the regular football season as part of our plan for educating the public about the potential dangers of opioids in their homes and engaging them in the solutions.

I appreciate all the feedback about our efforts to reach prescribers and the public. Please keep it coming.

— Dennis M. Dimitri, M.D. 

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

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What You Need to Know about Price Transparency Regulations

BY KERRY ANN HAYON
PPRC DIRECTOR

Price transparency regulations that require physicians and hospitals to provide cost information for procedures and services to requesting patients has been in effect since January 1, 2014; however, there has lately been an increased focus from the media regarding this topic.

A recent Boston Globe article found overall awareness of the price transparency regulations and knowledge on handling patient requests for cost of services to be relatively low. Furthermore, conversation with physicians and practice managers reaffirm that cost information requests from patients is sparse.

Refining internal processes for handling these requests may be challenging, given the reportedly low volume of patient requests for cost information. It is important to make sure that your practice is ready to help in the event that a patient wants to know how much a service will cost. Here are the key points and considerations:

Requirements:
- If asked, providers have two working days to disclose allowed amount, defined as the contractually agreed amount paid by a carrier to a health care provider, or charge of an admission, procedure, or service.
- Providers must give patients or insurers any information — such as CPT codes — that their insurer needs to calculate what their out-of-pocket costs will be.
- Providers who participate in insurance contracts must provide “sufficient” information about the proposed procedure or service to allow a patient to use the insurer’s toll-free telephone number/website established to disclose costs.

What Physicians Should Do:
- Provide the patient with the CPT codes for all anticipated services and procedures. Patients will provide those codes to their health plan to obtain the contracted costs for the professional services, facility fees, and out-of-pocket costs related to the request.
- Patients should also be given the phone number of the facility’s billing office, which may be able to provide additional information about facility costs.
- Cooperate with health plans’ requests for further information in a timely fashion, to help the health plans make the most accurate estimates possible for your patients.
- Create a documented process for handling patient requests, make sure your staff understand the requirements, and know how to handle patient requests for information.

Useful Resources:
Web resources located at www.massmed.org/prices contain additional helpful information including a link to a downloadable cost transparency worksheet that may be useful in providing the necessary information for patients to successfully obtain out-of-pocket cost from their health plans.

For additional questions, contact the PPRC Help Center at (781) 434-7702 or www.massmed.org/pprc.

Important Changes in Massachusetts Earned Sick Time Law

The Massachusetts Medical Society has released a resource that informs employers in physician practices of the recent Earned Sick Time Law. Effective July 1, 2015, all Massachusetts employers must allow their employees to accrue and use sick time leave. The law broadly defines an employer as “an individual, corporation, partnership or other private or public entity… who engages the services of any employee for wages, remuneration, or other compensation.” Alternatively, an employee is defined as “any person who performs services for an employer for wage, remuneration, or other compensation.”

It is important to note that only employees whose “primary place of work” is in Massachusetts are eligible to earn sick time. Additionally, only employers that maintain an average of 11 or more employees on their payroll during the preceding year must offer paid sick leave. Employers with fewer than 11 employees only need to provide unpaid sick leave. To help explain this concept and view what it looks like in practice, please refer to the resource on the MMS website.

The rate at which sick time is earned is 1 hour of sick time for every 30 hours of work. Forty hours per benefit year is the maximum amount of allowed sick time to be accrued within a year and unused hours can rollover to the following year. Exempt or salaried employees accrue based on their “normal work week,” meaning the hours outlined in their employment contract.

Sick time accrued may be used for the following reasons:

1. Caring for their own physical or mental illness, injury, or medical condition
2. Caring for a physical or mental illness, injury, or medical condition of their child, spouse, parent, or spouse’s parent
3. Attending their own routine medical appointment
4. Attending a routine medical appointment for their child, spouse, parent, or spouse’s parent
5. Addressing the psychological, physical, or legal effects of domestic violence
6. Travel necessitate by any of the above

Employers violate the law if they interfere, restrain, or deny employees’ to use earned sick time or by taking adverse action against employee for using their sick time. The severity of the violation defines the severity of penalties, which can include civil fines, written warnings/citations, criminal prosecutions, and/or private civil lawsuits. To comply with the Earned Sick Time Law, employers must do the following:

1. Provide their employees with notice of the Earned Sick Time Law
2. Comply with the Earned Sick Time Law’s record keeping requirements
3. Review their existing policies and establish new ones
4. Consult with legal counsel to discuss their specific need related to the Earned Sick Time Law
whether drug products shall be placed on the Massachusetts Additional List of Interchangeable Drugs. The group will assess and evaluate Schedule II and III opioids for four components — accessibility, cost, effectiveness, and abuse-deterrent properties. When a chemically equivalent drug with abuse-deterrent properties is available, the Commission may consider establishing it as an “interchangeable” drug as an alternative to the non-deterrent formula.

In recent weeks, Gov. Baker, along with Commissioner of Public Health Monica Bhatreel, M.D., also met with MMS officials and representatives from the state’s four medical schools to discuss a physician-led approach in developing training and best practices for medical students on pain management and safe opioid prescribing.

Gov. Baker said he was “pleased with the quality of the dialogue” and saw the meeting as the first of several discussions with physicians about their role in addressing the opioid epidemic.

Commissioner Bharel said the meeting resulted in agreement to develop core competencies to educate future doctors on safe prescribing and pain management.

MMS President Dennis M. Dimitri, M.D., said physicians constantly face the “challenge of patients with ongoing pain, but the pressure of time, inadequate systems to help the physician and patient deal with pain, and the lack of alternative methods of pain relief covered by insurance put physicians in a tight box” where options to relieve pain were limited and opioids may be the only option readily available.

Dr. Dimitri added that doctors now recognize the impact of the number of opioids in the community and that too many have been allowed to be prescribed. He pledged MMS support of the Governor’s effort. “We’re very glad to participate in this process,” he said.

In addition to policy developments at the state level, the MMS, Boston FM radio station 98.5 The Sports Hub, and New England Devin McCourty recently launched a radio campaign to educate the public about steps they can take to help bring the opioid overdose epidemic under control.

Running every week until the end of the regular football season, the messages feature McCourty and Dr. Dimitri. The “Smart and Safe” radio campaign is part of the Society’s comprehensive program to address prescription drug abuse and opioid overdoses in the Commonwealth. The MMS is a strategic partner of the Medicine Abuse Project of the Partnership for Drug Free Kids. The project has produced two award-winning television commercials that highlight the needs to safeguard medications.

MMS made its CME courses on opioids and pain management free to all prescribers in late May, as part of its multi-pronged efforts to curb opioid abuse. Since then, these courses have been accessed more than 3,200 times.

Learn more at www.massmed.org/SmartAndSafe.

**ACIP issues 2015–16 Flu Vaccine Recommendations**

In August, the Advisory Committee on Immunization Practices (ACIP) published its 2015–16 Influenza Vaccine Recommendations from the Advisory Committee on Immunization Practices.

“There are three best practices to fight the flu,” said Susan Lett, M.D., a member of ACIP, and medical director of the state immunization program, “Get flu vaccination for your patients, your staff, and yourself. Treat flu presumptively in high risk patients, and basic infection control measures prevent spread. These measures include hand and respiratory hygiene and staying home when sick.”

Dr. Lett highlighted the key points from the ACIP recommendations:

- **Seasonal flu vaccine** is recommended for everyone 6 months of age and older.
- **Begin administering** influenza vaccine as soon as the vaccine is available. Vaccination should not be delayed to procure a specific vaccine formulation.
- This year there is no preferential recommendation for anyone age-appropriate and approved flu vaccine formulation over another.
- For 2015–16 flu season, CDC and ACIP now recommend annual influenza vaccination for children 2 through 8 years of age with either nasal spray flu vaccine (i.e., LAIV) or flu shot (i.e., IV), with no preference expressed when either one is otherwise appropriate and available.
- The recommendations also include guidance on dosing for children 8 years and younger:
  - Children 6 months–8 years of age who have previously received only 1 dose or no doses of influenza vaccine need 2 doses of vaccine to be fully protected for the 2015–2016 season.
  - New Vaccine Information Statements (VIS) for both IV and LAIV for the 2015–16 influenza season are available. Find them, and additional information, at www.cdc.gov/flu.

For questions about flu vaccine recommendations, call the MDPH Immunization Program at (617) 983-6800 and ask to speak to an immunization epidemiologist or nurse. For questions about state-supplied flu vaccine availability, contact the Massachusetts DPH Vaccine Management Unit at (617) 983-6828.

**Physician Practices Invited to Join Massachusetts Adult Immunization Coalition**

The Massachusetts Adult Immunization Coalition invites physician practices to join more than 200 members representing state agencies, local public health, physician practices, community health centers, health plans, pharmacies, vaccine manufacturers, long-term care, elder care organizations, consumer advocacy groups, hospitals, home health, and college health services.

Quarterly meetings in person and by phone include presentations from the state immunization program, updates on supply issues from vaccine manufacturers, and discussion of timely issues important to members, such as flu season analysis, challenges in adult immunization, best practices, pandemic planning, and more.

For more information, visit maic.jsi.com, or contact Robyn Alie at (781) 434-7371 or ralie@mms.org.

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**Opioid Guidelines**

continued from page 1

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the higher potential rewards of a risk-based system, however, an alternative payment model (APM) offers a guaranteed five percent annual payment increase from CMS over the first six years of the program.

But as with MIPS, many details about the APM are still unknown. “We don’t know what those risk-based models are yet,” noted Calzagno. “According to the law, participants will have to bear a ‘substantial amount of risk,’ but that’s still undefined.”

The law does provide funding for quality-measure development, at $15 million per year from 2015 to 2019, while physicians are to be given their leading role in developing quality standards. In fact, there is call in the legislation for various physician specialty societies to be actively engaged in the development of appropriate metrics, Dr. Dimitri noted.

**MMS Gearing Up for a Busy Fall on Beacon Hill**

**BYRONAL WALLACE**
MMS LEGISLATIVE CONSULTANT

The MMS has been busy weighing in on a multitude of proposed legislation that may impact physicians and their patients. One bill that has already seen two public hearings is “An Act Improving Medical Decision Making,” sponsored by Rep. Chris Markey and the late Sen. Tom Kenealy. The purpose of H.107 and S.853 is to expedite the medical decision making process for patients without decisional capacity in order to ensure access to necessary care in a timely manner. These identical bills would grant family members legal authority to consent to medical treatment for patients who are unable to consent for themselves in situations where there is agreement about the need for standard treatment. The MMS presented oral and written testimony at separate hearings before the Committee on Children and Families and the Judiciary Committee. Joining the Society in support of these bills was Rebecca Weintraub Brendel, M.D., J.D., a psychiatrist at Harvard Medical School and Partners Healthcare.

At print time, H.107 and S.853 were pending and awaiting further action. The following MMS bill filings have also had a public hearing and are awaiting further action by lawmakers:

- **H.417 “An Act Improving Students’ Access to Life Saving Treatments.”** This legislation would allow students to possess and self-administer glucose testing strips and insulin. The proposed language would also address the need for others to help students with diabetes by administering injection of glucagon. Joining the MMS in support of H.417 was the American Diabetes Association.

- **H.1200 “An Act Relative to the Valuation of Professional Practices in Divorce Proceedings.”** This bill would ensure that professional corporations, including physician office practices, be valued at fair market value, as defined consistently with federal statutes governing other transactions involving physician practices.

- **S.601 “An Act to Provide for the Privacy of Information Submitted by Hospital Medical Staff.”** This bill would safeguard the confidentiality of hospital medical staff members’ personal and financial information disclosed pursuant to hospital conflict of interest policies.

Public hearings on other MMS bills are expected this fall. Legislation to promote physician-led health care teams; to increase the safety of bicyclists; expand consumer protections for MassHealth recipients; and to reduce administrative burdens for health care providers are all likely to have public hearings scheduled before the holiday recess in late November.

To date, the MMS has testified on approximately 40 pieces of legislation in the current session. One priority issue for the MMS and the state legislature that is expected to move this fall is opioid abuse. The MMS shares the Legislature’s concern with the growing epidemic of prescription drug abuse, and will continue to work closely through the coming months with Gov. Charlie Baker’s administration, the Executive Office of Health and Human Services Opioid Taskforce, and the Senate Opioid Taskforce, among other state and national groups.

**More on MACRA**

Don’t forget that MACRA includes other important provisions, such as a two-year extension of the Children’s Health Insurance Program (CHIP). The law also extends funding for the CHIP and the National Health Service Corps, keeping the funding amounts for fiscal year 2016 and 2017 at the current fiscal year 2015 level. The last two “are both very important for creating an appropriate future work force of physicians as we go down the line,” said MMS President Dennis M. Dimitri, M.D.
Helping, Not Hurting, Patients in Pain

Our society’s opioid crisis places enormous stress and strain on physicians. As we endeavor to do no harm, it can be difficult to provide effective treatment to chronic pain patients who may expect to be treated with opioid medications. Mark Green, M.D., is a board-certified addiction psychiatrist who led a comprehensive, interdisciplinary pain program at Kaiser Permanente in Colorado. Here in Massachusetts, he is the founder and principal of The Psych Garden (www.psychgarden.com), an addiction psychiatry practice providing a variety of consultative and treatment services.

— PHS Director Steve Adelman, M.D.

BY MARK GREEN, M.D.

Doctors often wrestle with dilemmas. The profession has tried to establish ethical guidelines for resuscitation and end-of-life care following the desire of the patient. But when it comes to treating chronic pain, it is even stickier.

The patient may wish to relieve pain with opiates whilst the doctor feels that these drugs should be withheld or tapered, but then the patient is left in misery and pain. There is a clash between the wish of the patient, our desire to relieve suffering, and our duty to do no harm. In this column I want to suggest some ways to tease out this conflict and help both the patient and the doctor feel better about doing the right thing, even when that is hard.

Risk of Losing Control

Several scales try to estimate risk of losing control of opiates and doctors must attempt to categorize risk level considering past or present history of addiction (because it is too easy to reawaken a long-dormant beast), family history (because genetics make drugs more compelling and reinforcing), psychiatric history (because emotional pain is also profoundly, and temporarily relieved by opiates, making them more reinforcing), and disability claims (because we all need incentives to keep us on the track of functioning, especially when that path can bring pain). We can be wrong, because both the question and the answers can be inexact, and because anyone can lose control. Conversely many can erect sufficient safeguards and external contingencies to limit drug use.

Pain Is Powerful

Pain is such a powerful behavioral motivator and everything is tuned towards its alleviation. The stress hormone system is put on alert and manifests as anxiety and insomnia. Attention is tuned towards the pain, with brain and spinal cord components contributing to obsessions, hypersensitivity, and inability to focus on other life goals. Anything analgesic or distracting from pain becomes intensely reinforced while other reinforcers, such as relationships and family can pale.

Such is the experience of the chronic pain patient.

As doctors we want to help. How can we refuse patients the medicines that they feel relieve their suffering? We now know that opiates have limited analgesic role in chronic pain, that over-using opiates can increase disability, decrease functioning, and contribute to another terrible disease — addiction. It’s important to understand that the drugs of abuse are in this class because they have special qualities. They invoke tolerance, which means the body mounts compensatory responses to their presence that oppose their action. For example, opiates first suppress the stress response, which then rebounds back. On the behavioral level, people can temporarily avoid distress but there is a rebound, demanding a predictable relief. It’s like throwing a shovel to a man stuck in a pit. They feel helped and can be distracted. The doctor can feel she or he has done something, but really, to what end? At what point, and for whom, will they be the shovel that only helps that patient in the hole dig himself deeper?

Tip of the Iceberg

This is my mentality when I’m with a patient: I am keeping in mind the harm that I could do by prescribing, and trying to act on behalf of the patient. I hear a request for opiates as the conscious tip of the iceberg, and try to dive down to see the motivational forces beneath. It always amazes me that patients welcome this deeper level of concern and caring for their wellbeing. When we talk about addiction risk and about how opiates ramp up the stress system and can cause hyperalgesia and a cycle of suffering, they generally accept that opiates may be a poor choice, or that we must carefully monitor for the emergence of aberrant behaviors. When I review that, with taper of opiates, pain often decreases whilst functions improves, we can start on a new path of hope, even if pain may be there. Many have already noticed that escalating doses of opiates have not brought satisfaction, They can see they are in a hole and need help an escape. I don’t offer them nothing: There are so many non-opioid approaches to chronic pain including medications, physical and psychological interventions. We can work together towards meeting deeper recovery goals. It’s at this point that some patients declare themselves. They are not interested in recovery but in getting drugs. That is an important diagnosis, with a quite different treatment plan. I will not be facilitating their demise. To me, this is the essence of being a physician: collaborating with the totality of the patient, believing in health and doing no harm.

For more information on services offered by Physician Health Services, Inc., please contact Education and Outreach Director Jessica Vautour at (781) 434-7404 or visit www.physicianhealth.org.

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For more information, contact PHS at 781.434.7404 or go to www.massmed.org/cme/events.
Senior Volunteer Physician of the Year Award  
**Nomination deadline is Oct. 30**

The MMS Committee on Senior Volunteer Physicians is seeking nominations for the 2016 Senior Volunteer Physician of the Year Award.

For the criteria and additional information, visit [www.massmed.org/volunteeraward](http://www.massmed.org/volunteeraward), or contact Carolyn Maher at cmaher@mms.org, or (781) 434-7311.

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**ACROSS THE COMMONWEALTH**

**District News and Events**

**NEORTHEAST REGION**

**Charles River — Delegates Meeting**  
**Wed., Sept. 30, 6 p.m.** Location: MMS Headquarters, Waltham.

**Middlesex West — Fall District Meeting**  

**Norfolk — Fall District Meeting**  

**Suffolk — Fall District Meeting**  
**Tues., Oct. 6, 6 p.m.** Location: Downtown Harvard Club, Boston. Speaker: Lisa Rosenbaum, M.D. Topic: “Can Beliefs about Conflicts of Interest Create a Conflict of Interest?” CME credit available.

For more information on these events, or if you have Northeast District news to contribute, please contact Michele Jussaume or Linda Howard, Northeast Regional Office at (800) 944-5562 or mjussaume@mms.org or lhoward@mms.org, or (781) 434-7311.

**WEST CENTRAL REGION**

**Berkshire — Fall District Meeting**  
**Tues., Nov. 3, 6 p.m.** Location: Crowne Plaza Pittsfield.

**Worcester — 10th Annual Louis A. Cottele Medical Education Conference**  
**Tues., Oct. 27, 5:30 p.m.** Location: Beechwood Hotel, Guest Speaker: Stephen Boos, M.D. Topic: Recognizing and Responding to Child Abuse.

**Worcester North — Legislative Breakfast**  
**Fri., Oct. 2, 7:30:9:00 a.m.** Location: Doubletree, Leominster. "Fall District Meeting**  

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.

**SOUTHEAST REGION**

**Barnstable — Fall District Meeting**  
**Tues., Oct. 6, 6 p.m.** Location: Coonamesett Inn, Falmouth. Guest Speaker: Sherrif James M. Cummings. Legislative Breakfast**  
**Fri., Oct. 16, 7:30 a.m.** Location: Cape Cod Hospital, Hyannis.

**Bristol South — Fall District Meeting**  
**Wed., Oct. 28, 6 p.m.** Location: Venus de Milo, Swansea. Guest Speaker: MMS President Dennis Dimitri, M.D.

**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**

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**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](http://www.massmed.org/memoriam).

Robert J. Carey, M.D., 86; Arlington, MA; Boston University School of Medicine, 1954; died November 7, 2014.

Menahem Cooperstein, M.D., 100; Taunton, MA; Boston University School of Medicine, 1941; died April 7, 2015.

Brian CF Dalton, M.D., 84; Rockport, ME; Royal College of Surgeons, Ireland, 1953; died March 3, 2015.

William L. Glass, M.D., 7½; Lakeside, MA; Boston University School of Medicine, 1961; died July 8, 2011.

Charles H. Hemminger III, M.D., 85; Northampton, MA; Jefferson Medical College of Thomas Jefferson University, 1956; died April 15, 2013.

Robert E. Klotz, M.D., 85; Derry, NH; University of Cincinnati College of Medicine, 1952; died February 4, 2013.

Cynthia K. Kretschmar, M.D., 69; Brookline, MA; Yale University School of Medicine, 1978; died May 27, 2015.

Francis A. Lombardo, M.D., 86; Winchester, MA; Tufts University School of Medicine, 1953; died June 18, 2015.

John S. McGovern Jr., M.D., 90; Brewster, MA; Tufts University School of Medicine, 1953; died April 2, 2015.

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**12th Annual Fall Forum for Free Health Care Programs**

**Free Medical Programs and Mental Health: How Can We Deliver What Is Needed?**

**Join our discussion on this important topic.**

**Wednesday, October 14, 2015, 6:00–8:30 p.m.**  
MMS Headquarters, 860 Winter St., Waltham.

For more information and to RSVP, contact Carolyn Maher at cmaher@mms.org, or (781) 434-7311.

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**2015 Interim Meeting of the MMS House of Delegates**

**Friday and Saturday, December 4–5**

**MMS Headquarters and the Newton Marriott Hotel**

- Online registration is now open at [www.massmed.org/interim2015/register](http://www.massmed.org/interim2015/register).
- Plan to attend these exciting Interim Meeting events: A Town Hall Meeting with the Presidential Officers, the Annual Oration, the bi-annual Ethics Forum, and the Tenth Annual Research Poster Symposium which offers a venue for residents, fellows, and medical students to display their original research.
- Submit your resolutions at [www.massmed.org/resolutions](http://www.massmed.org/resolutions) by October 20.
- Hotel deadline is November 3. Please visit [www.massmed.org/IM15reservations](http://www.massmed.org/IM15reservations) or call the hotel at (617) 969-1000.
MMS AND JOINTLY PROVIDED CME ACTIVITIES

End-of-Life Care (3 modules)
- The Importance of Discussing End-of-Life Care with Patients
- Advance Directives (Legal Advisor)
- Principles of Palliative Care and Persistent Pain Management (3 modules)

Pain Management and Opioid Prescribing
- Managing Pain Without Overusing Opioids
- Principles of Palliative Care and Persistent Pain Management (2 modules)
- Opioid Prescribing, Risk Management of Opioid Therapy and the Opioid Abuse Epidemic (6 modules)
- Identifying Potential Drug Dependence and Preventing Abuse (Legal Advisor)
- Managing Risk when Prescribing Narcotic Painkillers for Patients (Legal Advisor)

Medical Marijuana (4 modules)
- Module 1 — Medical Marijuana: An Evidence-Based Assessment of Efficacy and Harms
- Module 2 — Medical Marijuana in the Commonwealth: What a Physician Needs to Know
- Module 3 — Medical Marijuana in Oncology
- Module 4 — Dazed and Confused: Medical Marijuana and the Developing Adolescent Brain

Additional Risk Management CME Courses
- Prostate Cancer and Primary Care — NEW
- Cancer Screening Guidelines (3 modules)
- 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?
- Impact of Effective Communication on Patients, Colleagues, and Metrics (2 modules)
- Effective Chart Review for Quality Improvement

Additional CME Courses
- Genetically Modified Foods: Benefits and Risks
- 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 Antiplatelet Drugs: A Review of Recent Clinical Trials
- Acid Suppression Therapy: Neutralizing the Hype
- Preventing Overuse of Antipsychotic Drugs in Nursing Home Care
- A Roadmap to Bring an End to HIV and STDs in Massachusetts (3 modules)

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

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