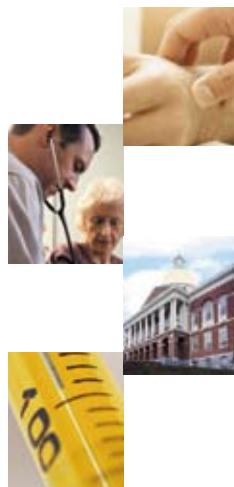




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See Page 8 for details

MMS Involvement Prompts Drafting of Improved Medical Board Regulations

BY TOM WALSH

The first substantial overhaul in 10 years of the document used by the Massachusetts Board of Registration in Medicine (BRM) to oversee the state's physicians raised eyebrows when an early draft was made public last year. At a public hearing in Springfield in October 2005, the MMS reacted to the draft with 14 pages of detailed testimony.

The testimony cited concerns about how terms such as "practice of medicine" and "complaint" are defined, new and increased fines proposed by the board, and the need to distinguish medical errors from actions for which discipline is warranted. "We circulated our analysis of these regulations among influential groups and individuals in the medical community, and we asked for their support," recalled William Ryder, the attorney who heads the Society's regulatory affairs program.



Martin Crane, M.D.,
chair of the Board of
Registration in Medicine

Eleven months later, after three rewrites by the board and its staff and considerable additional comment from the MMS and other concerned organizations, significant progress has been made in hammering out a new set of regulations that doctors can live with.

"The overall feeling was that the redraft we saw in June was a much better set of regulations," said Kenneth R. Peelle, M.D., MMS president. "We want the new regulations to be as fair as possible to physicians."

"I hope we are now over most of the sticking points," added Martin Crane, M.D., the South Weymouth gynecologist who chairs the BRM. "I think it will work out. The MMS has made some very good comments during this process."

Dr. Crane said a public hearing on the most recent draft — which many people say still needs tweaking — will probably occur in October.

Problems Were Many

As recently as this spring, the MMS had numerous problems with the proposals. "The proposed regulations have stirred significant concerns among those within the medical community who have reviewed them in detail," MMS Past President Alan M. Harvey, M.D., M.B.A., told the BRM at an April 28 hearing. Among the concerns at that time was undefined language citing "good moral character" as a condition for doctors to be licensed.

Dr. Crane said the board is looking closely at the "good moral character" issue and will evaluate MMS concerns further. And he said wrong-site surgery language that the MMS objected to has been eliminated. Further, Dr. Crane said concerns about physician fines and a definition of "medical practice" will be addressed.

"I can't emphasize enough that it has been a very collaborative relationship with the Medical Society and all the other parties in drafting these regulations," Dr. Crane said.

Other Groups Jump In

If the final version of these new regulations turns out to be acceptable to physicians and other interested parties, it will be because a coalition of interested parties spoke with a unified voice.

But first, the MMS needed to find its own voice on the issue. "The MMS mobilized its membership to respond directly to members of the board with concerns," Ryder said. "Then we worked with other organizations to raise awareness about flaws in the proposal."

Persistence Leads to MMS Advocacy Gains

BY TOM WALSH

MMS advocacy aims to ensure that the overall interests of doctors and their patients are well served. That is no small or easy task.

"Advocacy goes on every day, and it can be a long haul," said Charles Alagero, MMS vice president and general counsel.

This issue of *Vital Signs* provides an inside look at a few of the Society's recent advocacy successes, which represent solid teamwork between the Society's Government Relations staff and various MMS committees, including the Committee on Legislation.

Of course, enactment earlier this year of universal health insurance coverage was a historic achievement in which persistent MMS advocacy played a vital role. Other important efforts that played out with less media attention include working with the Board of Registration in Medicine to ensure fair treatment for physicians (see article on this page) and advocating for increased physician reimbursement for Medicaid and workers' compensation services (see "Regulatory Update" on page 5).

"One of our most important jobs is to educate people about the impact of their proposals on physician practices and on the all-important physician-patient relationship," Alagero said. That's how the MMS helped defeat several scope-of-practice bills in the state Legislature this year, including ones that would have:

- Allowed pharmacists, under ambiguous supervision, to "initiate, amend,

Tiering Update: Direct Contact with Plans Gets Results

The August 2006 *Vital Signs* lead article featured the tiering dilemma of pediatrician Emlen H. Jones, M.D., who felt Unicare had unfavorably rated him a tier-2 physician. The rating was based in part on two consulting relationships with patients who have hemophilia and incur high drug costs to treat their condition.

At the Society's suggestion, Dr. Jones spoke directly with Unicare, and the plan eventually

agreed that the pharmacy costs for Dr. Jones' patients with hemophilia should not be factored into his individual rating. As a result, Dr. Jones is now a tier-1 physician under Unicare.

The MMS strongly urges all physicians who have concerns about their ratings to call and discuss them with the specific health plans involved.

continued on page 2

continued on page 2

PRESIDENT'S MESSAGE



Violence-Prevention Campaign Proves Timely

The launch of our youth antiviolence campaign (see article on page 4) occurred just prior to a summer wave of gun violence.

"Shootings within 300 yards of our [home] have happened twice in the last five years.... My best moments are when I leave Boston for my job..." Such were the sentiments of an Everett Square resident writing on the boston.com message board in late July. Here's another entry from a Hyde Park parent: "I am afraid to let my son outside to play. He is only seven, and I worry about stray bullets."

If this trend continues, 2006 will be Boston's deadliest year since 1995, and the city will record more shootings than in any year since 1990. Violence and the contagious fear it engenders are not limited to Boston. A cold-blooded, gang-type slaying occurred recently in North Adams.

The national statistics are also staggering: an estimated 2.6 million American kids aged 11 to 18 carried a gun for protection or as a weapon in 1999. A 1997 report from the Centers for Disease Control and Prevention noted that every day firearms kill eight U.S. teens between the ages of 15 and 19, and 38 more are injured.

I have not had much personal experience in my medical practice with the direct impact of human violence. But MMS member Erwin Hirsch, M.D., head of trauma at Boston Medical Center (BMC) sees it nearly every night. *Boston Globe* colum-

nist Brian McGrory reported Dr. Hirsch's contention that kids as young as eight should learn conflict-resolution skills.

The medical community is doing its part to quell youth violence. BMC social-workers visit victims of violence to steer them toward counseling, substance-abuse treatment, or job placement. Children's Hospital Boston recently provided \$1 million to 31 groups to help give kids access to job, recreational, and developmental opportunities. And, in addition to our multimedia antiviolence education campaign aimed at patients, the MMS website provides a plethora of practical antiviolence information for physicians (visit www.massmed.org/violence), including a downloadable version of the outstanding guidebook *Recognizing and Preventing Youth Violence*, co-edited by Robert Sege, M.D., a member of the MMS Committee on Violence. If physicians screen for violence during regular office visits, we can reduce the likelihood that we'll care for patients injured by acts of violence.

The Society's campaign to prevent violence has been going strong for many years. During his State of the State message in 1993, MMS Past President William E. Callahan, M.D., said violence prevention "reinforces a traditional, fundamental role for physicians... to keep people alive." Let's always remember that physicians can make important contributions to reducing teen violence.

Kenneth R. Peelle

— Kenneth R. Peelle, M.D.

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Medical Board Regulations

continued from page 1

One of those organizations is the Conference of Boston Teaching Hospitals, whose director, John Erwin, said one main concern was the language dealing with reimbursement and supervision of limited licensees — resident physicians, for example. "It did not capture how things truly work," Erwin said, adding that subsequent drafts have addressed those concerns.

Physician Health Services (PHS), the nonprofit MMS subsidiary that provides confidential support to physicians suffering from illness or substance abuse problems, also testified at the board hearings.

"For physicians who have health problems, it's important that the regulations reflect their need to be helped, not hindered," said Luis T. Sanchez, M.D., PHS director.

Dr. Sanchez said the MMS has provided a valuable service to the state's physicians by thoroughly analyzing this issue. Even if doctors had the time to read the 130-page draft of the regulations, "most physicians would not have the wherewithal to understand the consequences," said Dr. Sanchez.

More Collaboration Ahead?

MMS engagement with the BRM around its regulations could lead to a more collaborative relationship between the Society and the board in the future.

"Dr. Crane wants to work collaboratively with us to think about things beyond the regulations process," Dr. Peelle said. During a meeting with the MMS Board of Trustees in June, Dr. Crane emphasized that the board wants to work with doctors to solve problems before they get to the disciplinary stage. Said Dr. Peelle, "I think this is an approach on which the board and the MMS can work collaboratively."

Dr. Crane concurred. "As organizations, we are both concerned about patient safety and high-quality health care," he said. "I think we have forged a very good working relationship, and I hope it continues not only on the regulations issue, but also on other initiatives."

Additional information about the BRM regulations can be obtained by visiting the MMS website, www.massmed.org, and clicking on "Advocacy and Policy." The full text of the latest draft of the regulations is available at www.massmedboard.org. **VS**

A Momentous Move into Publishing

Third in a Series of Vignettes Celebrating the 225th Anniversary of the MMS

The first issue of the Society's *New England Journal of Medicine* rolled off the press on February 18, 1928. But you have to go back another 116 years, to 1812, to trace its ancestry.

That's when the first issue of the quarterly *New England Journal of Medicine and Surgery and the Collateral Branches of Science* was published. Sixteen years later, that periodical merged with the weekly *Medical Intelligencer* to become a weekly publication known as the *Boston Medical and Surgical Journal* (BMSJ). "The progress of medicine now quickened its pace — at least in Boston," Joseph

Garland, M.D., a 20th century NEJM editor recalled in 1952.

The MMS acquired the publication in 1921, and it assumed its current name in 1928.

Considering the pre-eminent status of today's *Journal*, it may seem surprising that not everyone was thrilled with the MMS foray into publishing. At that time, Walter M. Burrage, M.D., the Society secretary, wrote, "My interest in the welfare of the Society will lead me to help all I can, but I disclaim all responsibility for the present scheme, of which I do not approve." **VS**

— Tom Walsh

MMS Advocacy Gains

continued from page 1

- or discontinue a drug treatment prescribed by a physician"
- Required health insurers to view nurse practitioners as primary-care providers
- Allowed optometrists to treat serious eye diseases

- Made "naturopathic doctors" licensed health professionals in Massachusetts

Despite these successes, moves to expand the scope of practice for non-physicians are expected to persist, requiring continued vigilance.

"There's very little glamor in what we do," Alagero concluded. "It's a lot of hard work." **VS**

Getting IT into Your Office: We Can Help

Everywhere you turn, people are talking about getting information technology (IT) into physician practices. But adopting medical IT such as electronic health records (EHRs) and practice management systems takes time and resources. The Society's Physician Practice Resource Center (PPRC) recognizes the variability among physician practices and has a variety of resources and services available to help with the transition. Additionally, the MMS offers members research on EHR systems and discounts on certain products.

The easiest way to get IT information is to call the PPRC at (781) 434-7702 or visit the MMS website at www.massmed.org, select "Physician Practice Resources," and then click on "Information Technology."

The website provides information on EHR implementation, selecting software, and launching a practice website, along with guidelines for online communication with patients. A downloadable white paper, *The Path to EHRs: Successful Installation, Implementation, and*

Adoption, outlines in nontechnical terms the basic elements of EHR adoption. Additionally, MMS members have access to the 45-page "EHR Evaluation," which assesses the relative strengths of selected EHR vendors. You can also obtain these resources in

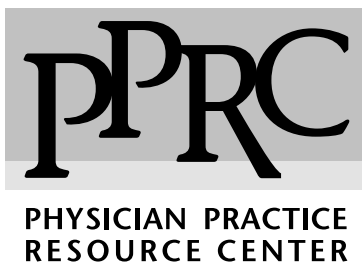
hard copy by contacting the PPRC at (781) 434-7222 or pprc@massmed.org.

The MMS offers discounts on a variety of IT products and services such as practice management systems and practice website setup. MMS members are also eli-

gible for discounted individual IT consulting through the PPRC.

Lastly, physicians can earn CME credit for IT-related online courses offered through the MMS Department of Continuing Education and Certification. Two programs currently offered are "EHRs in Your Office — Let's Get Started" and "The Electronic Health Record in the Office Practice." **VS**

— Dana Cooper



LAW AND ETHICS

Beyond Professional Liability, Insurance Provides Protection and Peace of Mind

With the focus centered on rising malpractice premiums, some physicians might overlook the importance of broad-based insurance coverage. While malpractice lawsuits constitute physicians' greatest risk, there are other potentially devastating legal and financial threats, the impact of which can be minimized with a sensible insurance strategy.

When a young physician opens or joins a practice, professional needs and priorities include not only clinical competency, but also protecting the business — the practice — from financial and legal exposure. Instituting a well-thought-out insurance plan to reduce risk exposure will protect your assets throughout your medical career.

Know Your Risks

Every insurer knows its risks, and you should, too. The industry term is *exposure tracking*, and insurance companies use it to retain a competitive edge. You can borrow the concept to manage your own risk. First, identify all risk areas — threats to your professional and personal assets — and quantify them. Then determine how much savings you could divert to repair or replace your assets. By subtracting that

amount from your asset total, you can determine your own risk exposure and your insurance needs.

If you are a business owner, you will need business property and liability insurance coverage. As an employer, you must provide state-mandated coverage for workers whose illnesses and injuries are job-related. You might also want to purchase coverage for computer equipment, business interruption, accounts receivable, or purchase an umbrella to cover claims that exceed your policy limits. If you are a board member, be sure directors' and officers' coverage is in place. In addition to your home and auto insurance, your personal needs will likely include life, long-term care, and disability coverage.

Once you have determined the coverage you need, find a trustworthy agent to handle your account. A good agent can help you save money by bundling policies, negotiating with insurers, and seeking out competitive products. Most importantly, a good agent will help you understand the "big picture" to avoid coverage duplications or gaps. A survey conducted by the National Association of Insurance Commissioners found that only 33 percent of respondents said they understood the details of their coverage, which emphasizes the need for a good insurance agent.

Filing Facts: Don't Overlook Sales and Use Taxes

Virtually every medical and dental practice in Massachusetts should be registered for state sales and use taxes. Newly formed practices should register for sales and use tax at the same time they register for state withholding and employment taxes. Here are some tax FAQs:

What is "use tax"?

A use tax is similar to a sales tax, except it is not collected or remitted by the seller at the time of purchase. Rather, it must be reported by and remitted by the *purchaser*. Use taxes are most often due on sales or rentals of certain tangible property items (such as equipment and computers) and services purchased through mail-order catalogs or over the Internet from out-of-state vendors. The use tax also applies when you physically purchase an item in another state and bring it back into your state, even if the other state charges you a sales tax at the time of purchase.

Which items are subject to the use tax?

If the item or service would be taxable if you purchased it in your locality, consider

it subject to the use tax. A listing of taxable and tax-exempt medical, dental, and optical equipment, supplies, drugs, and services can be found at www.dor.state.ma.us/publ/pdfs/sls_use.pdf.

How often do I have to file?

Most small- to medium-sized practices need only file annually. You should file a return even if no tax is due.

What if I don't file?

Massachusetts is vigorously pursuing nonfilers. Nonfilers expose themselves to serious financial penalties, including:

- One (1) percent of the balance due per month, up to a maximum of 25 percent
- A late payment penalty of 0.5 percent of the unpaid tax per month, up to a maximum of 25 percent
- Interest charged at the federal short-term rate, plus 4 percentage points, compounded daily
- Professional fees for representation before the taxing authorities

How far back can I be liable?

If you file regularly and on time, Massachusetts auditors usually limit an audit to three years. However, returns may be audited for up to six years if you understate the tax due by more than 25 percent. There is no limit to how far back the Division of Revenue may request records if you fail to file or file a false or fraudulent return.

Am I subject to sales tax as a vendor?

You might be. Many practices are venturing into ancillary services and products that are subject to sales tax, such as non-prescription optical products and weight-loss aids. Check with your CPA if you plan to offer taxable products or services.

Sales and use taxes are a pay-now or pay-much-more-later situation. If you have not yet registered and filed, contact your accountant.

— James B. Calnan, CPA

Partner, Health Care Services Division
Meyers Brothers Kalicka, P.C.

Get a Checkup

To manage your risk effectively, repeat the exposure tracking exercise every 12 months or whenever you experience a major life change such as a career move, marriage, or birth. Compare your original goals with your current needs. Make note of policies that are outdated and talk to your agent about other options including new products that may have become available, such as coverage for identity theft. Finally, take the time to check your insurer's rating. A.M. Best and Standard and Poor's publish excellent resources for this purpose.

In the end, insurance mirrors life. While you cannot predict the future, you can be prepared. If you implement a thorough insurance strategy, you will protect your practice, your assets, and your peace of mind. **VS**

— Bonney Erskine

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.

MMS Message to Parents: Keep Kids Involved to Prevent Youth Violence

According to a nationwide survey of high school students conducted by the Centers for Disease Control and Prevention, 33 percent of respondents were in a physical fight one or more times in the previous year, and 17 percent reported carrying a weapon on one or more of the 30 days preceding the survey.

violence. The website also has information for physicians, including a link to the guidebook, *Recognizing and Preventing Youth Violence: A Guide for Physicians and Health Care Professionals*, and an anti-violence PowerPoint presentation.

The three-pronged antiviolence effort featured more than 600 radio and 2,000 television spots aired during the two

Help Keep Your Kids Safe. Get Them Involved.

Kids who stay involved in their community have better things to do than fight.



To address the issue of youth violence — a leading cause of childhood injury and death — in July, the MMS launched a youth violence prevention ad campaign. The campaign encourages parents to engage their children in community activities. The main message is: “Kids who stay involved in their community have better things to do than fight.”

“One key to the prevention of youth violence is to view young people as a resource and not a problem,” said Robert D. Sege, M.D., a member of the MMS Committee on Violence, chief of the Division of General Pediatrics at the Floating Hospital for Children at New England Medical Center, and a principal advisor to the “Your Health First” youth violence initiative. “We hope this idea comes through loud and clear in the campaign.”

Physician Resources

The ads can be viewed on the MMS website, www.massmed.org/YourHealthFirst, which also includes information for parents on how to stem the tide of youth

months of the campaign. Thirty-second television announcements aired on commercial broadcast and cable stations in Boston, Brockton, Holyoke, Lowell, Malden, Springfield, and Worcester. Sixty-second radio ads aired on stations in the Boston, Worcester, and Springfield markets, and transit ads appeared on public buses in the same cities.

In addition, the ads were aired at “Free Friday Flicks” at the Hatch Shell in Boston, the “Saturday Night Dance Party” radio program on Oldies 103 WODS, and WMJX’s “Magic Health Journal” during the weeks of the campaign.

The violence prevention initiative is part of the MMS multimedia “Your Health First” public health educational campaign to raise awareness of steps individuals can take to prevent injury and illness. The campaign kicked off with flu-prevention messages this past winter, and future ads will promote physical activity. **VS**

— Jennifer Lorrain

11th Annual Massachusetts Immunization Action Partnership Conference

Tuesday, October 3 • 9:00 a.m.–3:30 p.m.
Doubletree Hotel, Westborough

Featured Speakers:

- William Atkinson, M.D., M.P.H.,
Centers for Disease Control
and Prevention
- Susan Lett, M.D., M.P.H.,
Mass. DPH Immunization Program
- Katherine Kai-chi Hsu, M.D., M.P.H.,
Section of Pediatric Infectious Diseases,
Boston University Medical Center

Topics:

- National and Local Immunization Updates
- New Vaccines
- Avian Flu Update
- Special Populations
- Disease Surveillance
- HPV
- Vaccine Storage and Handling

For more information, call (617) 983-4365.

Volunteer Health Professionals Encouraged to Enroll in MSAR

Over the past several years, health care providers have responded to disasters such as terrorist attacks, tsunamis, hurricanes, earthquakes, and threats of pandemic disease. While those responding to these events had great intentions and made well-meaning efforts, many organizers and volunteers have been frustrated by the lack of a fully coordinated and communicated response.

“To respond to an event similar to our recent experience with Katrina evacuees on Cape Cod, we need a more integrated organization,” said Arthur Bickford, M.D., a retired physician and member of the medical team that treated Katrina refugees at Otis Air Force Base.

To improve the state’s ability to act during a disaster or public health emergency, and to prevent potential confusion among volunteers, the Massachusetts Department of Public Health (DPH) has begun registering physician and registered nurse volunteers in the Massachusetts System for Advance Registration of Volunteer Health Professionals (MSAR).

During a disaster, many of our state’s health care providers are ready and willing to volunteer their services. But, “in the midst of a disaster, there is neither the time nor the people necessary to process spontaneous volunteers and verify their credentials,” said Lisa Stone, M.D., the DPH hospital preparedness coordi-

nator. To ensure that skilled professionals are able to assist in the response, “it is vitally important to identify, register, and pre-credential volunteers prior to a disaster,” Dr. Stone emphasized.

The MMS has been an active participant on the advisory committee guiding the MSAR, and has also received a grant to develop a pilot project to identify and pre-credential physicians and RNs who don’t have hospital affiliations.

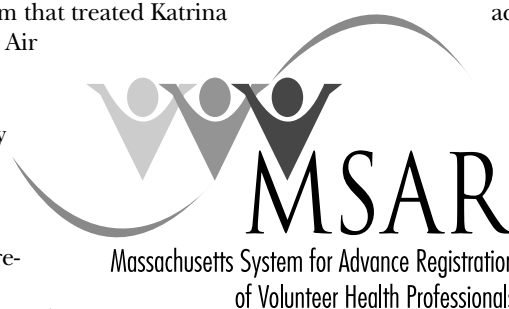
All MSAR volunteers are required to successfully complete an online orientation training course, for which CME

credits are awarded. Upon activation of MSAR by the DPH commissioner, an alert message will be sent to all or some MSAR registrants, depending on the size, type, location, and specific needs of the public health emergency.

By enrolling in the MSAR, Dr. Stone explained, Massachusetts health care providers will help ensure that our families, neighbors, and friends will have access to uninterrupted and vital health care services when they are needed most.

For more information about the MSAR, visit www.mass.gov/MSAR or e-mail msar@dph.state.ma.us. **VS**

— Kerin Milesky



WEBSITE OF THE MONTH

September Is National Cholesterol Education Month

According to the National Institutes of Health, people 20 years of age or older should have a cholesterol test every five years. Test results can help physicians work with patients to adjust cholesterol levels, if necessary, through diet, weight, and physical activity.

The National Heart, Lung, and Blood Institute designates September as National Cholesterol Education Month and offers a number of resources on its website at <http://hp2010.nhlbi.nih.net/cholmonth/>. The site includes links to heart-healthy recipes, a cholesterol progress chart, and a Q&A section about new food labels.

REGULATORY UPDATE

MMS Dialogue with Regulatory Agencies Makes a Difference

During this past year, the MMS engaged in public hearings and policy discussions with several Massachusetts agencies that impact the practice of medicine, including the Board of Registration in Medicine (see article on page 1), the Division of Health Care Finance and Policy, the Division of Industrial Accidents, and the Departments of Mental Health and Public Health. While the activities of these agencies usually receive less media coverage than the goings-on in the Legislature, their initiatives have a direct influence on the day-to-day practice of physicians, including amounts paid for services.

The MMS has been especially proactive with the Division of Health Care Finance and Policy, appearing several times this year at regulatory hearings and engaging division leadership in discussions on Medicaid reimbursement, workers' compensation fees, and the public release of physician-specific information.

Sustained MMS advocacy made a positive difference in the division's emergency

regulation to increase payments to physicians treating MassHealth (Medicaid) patients outside of managed care programs by \$13.5 million. Payment for most individual procedure codes will increase by 4 to 7 percent. The division's emergency regulations went into effect July 1, with a follow-up hearing scheduled for September 6. Language in the health care access law enacted earlier this year sets the stage for MassHealth reimbursement increases during the next two years as well.

The division also sets physician reimbursement rates for workers' compensation. MMS discussions on this topic also involved the Division of Industrial Accidents, and indications point toward significant reimbursement increases in the near future. The MMS has long argued against the Massachusetts policy of basing workers' compensation rates on Medicaid, because it results in physicians providing below-cost medical care and, in effect, subsidizing private businesses and insurers. The MMS has also worked for many years to preserve the rights of physicians to negotiate fees and

to choose whether to participate in workers' compensation treatment.

As we go to press, no hearings have been announced on these topics, but agency officials met with practicing physicians and MMS representatives. We are hopeful that the division will release a proposal soon that will move us toward a system that values physician contributions and preserves their right to negotiate.

The Division of Health Care Finance and Policy also collects and compiles hospital case mix discharge data on services provided by physicians. Earlier this year, a proposed change in a state regulation would have authorized the public release of inappropriate physician-specific information, but an MMS-led coalition convinced the division to hold off on implementing the change (see *Vital Signs*, April, page 1). The division has not made a final decision on this matter, and the MMS continues to insist upon improved data accuracy and physician review of this information prior to publication. **VS**

— William Ryder, Esq.

LEGISLATOR
OF THE MONTHRepresentative
Thomas A. Golden Jr. (D)

District: Lowell (part),
Chelmsford (part)

Committees: Bills in the
Third Reading (Chair),
Committee on Rules



Quote: Since it was first introduced in 1995, OxyContin has become the most prescribed brand-name pain reliever in the country. Today, unfortunately, Massachusetts leads the nation in OxyContin addiction rates. Deaths due to narcotics rose 200 percent in Massachusetts between 1996 and 2002, with OxyContin and other narcotic prescription medications contributing heavily to that tragic statistic.

In response, we must carefully balance the rights of patients and doctors to legitimately prescribe and use OxyContin and other narcotics, while curtailing the abuse of these medications. To this effect, I have co-authored legislation that aims to stem this growing epidemic. The bill includes a provision for "tamper-proof" prescription pads, which will make it much more difficult for an addict or drug dealer to steal these pads from doctors and forge prescriptions for narcotic drugs. The bill would also enhance the system already in place for monitoring all narcotic prescriptions written by doctors, in order to better detect flagrant over-prescription of narcotic drugs.

Together with teachers, parents, community leaders, and health care providers such as the members of the MMS, we can put an end to the abuse of prescription medication. This is a public health problem we can no longer afford to ignore.

FEDERAL UPDATE

Debate Over Medicare Physician Payment Cuts Coming to a Head

In early August, the Centers for Medicare and Medicaid Services (CMS) proposed an across-the-board cut of 5.1 percent in Medicare reimbursements for physician services, beginning on January 1, 2007. According to the CMS, this cut is larger than expected because spending on physician services increased faster than previously estimated.

In response to previously proposed cuts to Medicare reimbursement in recent years, Congress has intervened and suspended the reductions in favor of increases. Similar action may be forthcoming this year.

Prior to the latest CMS announcement, Massachusetts Sens. Edward Kennedy and John Kerry joined 78 of their colleagues in signing a letter asking congressional leaders to increase Medicare physician payments before Congress adjourns in October. MMS President Kenneth R. Peelle, M.D., thanked both senators, calling their support "of great importance to Massachusetts physicians and their patients."

The letter urging Congress to take action emphasized the importance of "a stable payment structure for physicians' services," and it went on to note that "if the 2007 cut is imposed, then the aggregate payment rates since 2001 will have fallen 20 percent below the govern-

Further cuts in Medicare payments will put at risk all patients' access to health care.

ment's conservative measure of inflation for medical practice costs." Further cuts, the lawmakers wrote, will "destabilize the program and put at risk all patients' access to health care."

Dr. Peelle's letter of thanks stated, "Our number-one priority must be finding a true long-term solution — a formula that accounts for the numbers of seniors, the promise and costs of tech-

nology, medical inflation, and appropriate quality measures.... We look forward to working with you on this and other efforts to correct inequities and discrepancies in the payment methodology."

Shortly after the Senate letter was sent, Sen. Chuck Grassley (R-Iowa), chair of the Senate Finance Committee, which has jurisdiction over this issue, said physician payment legislation is a priority. At the same time, Rep. Joe Barton (R-Texas), chair of the House Committee on Energy and Commerce, also with jurisdiction, said he believed it was possible to deal with physician Medicare reimbursement during this session of Congress.

Physicians have 60 days to comment on these proposed changes, and a final ruling is expected in early November, barring Congressional intervention. During the comment period, the MMS will continue advocating in Washington for revocation of the cut — and for a longer-term solution to the flawed formula now used to calculate physician reimbursement. **VS**

— Alex. Calcagno

RESIDENTS / PHYSICIANS / STUDENTS

15th Career Day Job Fair

for Massachusetts Physicians

Saturday, September 16

9:00 a.m.–1:00 p.m.

MMS Headquarters, Waltham

To register, contact Erin Tally at (800) 322-2303, ext. 7413, or etally@mms.org.

Learn about job opportunities and meet with representatives from numerous health care organizations. Additional features of this free-of-charge event include a workshop on how to find a job in the current job market, personal curriculum vitae critiques, an international medical graduate workshop, and a complimentary breakfast and buffet lunch.

MMS Interim Meeting: November 3 and 4

The 2006 Interim Meeting of the Society's House of Delegates (HOD) will be held on Friday and Saturday, November 3 and 4, 2006. Day one will be held at MMS Headquarters in Waltham, and day two will take place at the Westin Hotel in Waltham.

Delegates need to pre-register for all Interim Meeting events by filling out the fax-back registration form that will be included with the *Delegates Handbook*. The deadline for hotel reservations at the Westin Hotel is October 5. Please contact the Westin directly at (781) 290-5600 to make reservations. **VS**

2006 Interim Meeting Deadlines and Schedule

Tuesday, Sept. 19		Resolution/Report Deadline
Friday, Oct. 13		<i>Delegates Handbook</i> Mails
Friday, Oct. 20		Late Resolution/Report Deadline
Friday, Nov. 3 <i>MMS Headquarters, Waltham</i>	9:00 a.m.	Opening Session of the HOD
	10:30 a.m.	Reference Committee Hearings
	1:00 p.m.	HOD Luncheon
	1:00 p.m.	New Delegation Orientation Luncheon
	2:00 p.m.	Educational Program — Cost Performance Ratings: What You Need to Know About ETGs
	3:30 p.m.	Ethics Forum
Saturday, Nov. 4 <i>Westin Hotel, Waltham</i>	5:30 p.m.	MMS 225th Anniversary Celebration
	9:00 a.m.	Second Session of the HOD
	12:30 p.m.	Cotting Luncheon

Additional details on the above meetings and programs will appear in *Vital Signs This Week*. For questions about the 2006 Interim Meeting, contact Susan Boutin at sboutin@mms.org.

PHYSICIAN HEALTH MATTERS

Medical Students Urged to Seek Support Early

First of Two Parts

The stressors medical students face and the increasing rigors of the medical profession make it important for students to cultivate support systems early in their professional development. In addition to normal, everyday stressors, medical students face occupation-specific stressors such as information overload, financial debt, limited leisure time, and the major challenge of balancing the pressures of work, personal and professional relationships, and career decision-making.

Many people have difficulty making the initial transition from the undergraduate environment to medical school, where expectations and accepted behaviors are very different from those in college. Making choices between studying and much-needed extracurricular activities can add to the anxiety.

Medical students also tend to put undue stress upon themselves by seeking perfection in every task, test, or project, which can lead to feelings of depression or diminished self-worth. When confronted with anxiety, stress, depression, or behavioral or physical illness, some students make life- and career-threatening choices.

Barriers to Seeking Help

Unfortunately, medical students in need often don't seek support services that are available to them. Many are apprehensive regarding confidentiality and the impact of such issues appearing on their academic records. This fear weighs even more heavily when students think about faculty recommendations for residency training programs and the medical licensure process.

Additional barriers to seeking help include lack of time, cost, and fear of unwanted intervention. Shame may also come into play: "A person on the path to becoming a physician should be strong — how can I be a doctor if I can't take care of myself?"

Sources of Support

Support from friends, family, and peers; exercise and recreation; and spiritual practices are all effective mechanisms to assist students through tough times. But formal support services and trained professionals can add an extra dimension that helps students assess the complete situation. Medical school support resources can offer advice and recommend additional help such as support groups, workshops, and seminars. Once the acute situation is under control, medical school support services may

monitor the student to help prevent additional issues in the future.

Every medical student needs to know that help is available when these feelings, stressors, issues, and problems arise. All four medical schools

in Massachusetts offer support services and programs for medical students at any time. Physician Health Services, Inc. (PHS) is available to medical students as well.

Student Advisory Committee Formed

PHS and the four medical schools have been working together for more than two years to identify resources for medical students and to make students more aware of them. The group was formally recognized by the PHS Board of Directors as the Physician Health Services Medical Student Advisory Committee in September 2004. The committee continues to identify effective strategies to educate and assist medical students who experience or who are at risk of experiencing substance abuse, behavioral health problems, and mental or physical illnesses.

It is never too early to seek help. Next month's "Physician Health Matters" column will describe specific programs and processes for medical students seeking support.

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

— Jessica Vautour

ACROSS THE COMMONWEALTH

District News and Events

Barnstable – Executive Committee Meeting. Tues., Sept. 26, 6:30 p.m. Location: Coonamessett Inn, Falmouth.

Berkshire – District Meeting. Tues., Sept. 19, 6 p.m. Speaker: Marc Abrahams. Topic: “Improbable Research and the Ignoble Prize.” For more information, contact the West Central Regional Office.

Essex South – Delegates Meeting. Wed., Sept. 13, 6:30 p.m. Location: Hawthorne Hotel, Salem. **Clambake.** Sat., Sept. 16, 1 p.m. (rain date, Sun., Sept. 17). Location: Coffin Beach, Gloucester. Please watch your mail for registration information. For more information, contact the Northeast Regional Office.

Bristol South – Executive Committee Meeting. Tues., Sept. 12, 6 p.m. Location: Venus de Milo, Swansea. For more information, contact the Southeast Regional office.

Hampden – 4th Annual Family Night. Fri., Oct. 20, 7:30 p.m. pre-game skating party, and 8 p.m. game. Location: MassMutual Center, Springfield. Cost: \$15 per person. **22nd Annual Medical Ethics Seminar.** Thurs., Oct. 26, 6 p.m. Location: Baystate Health Learning Center, Holyoke. Topic: Ethical Dilemmas in Pandemic Preparedness and Responses. Speaker: Lisa Stone, M.D., hospital preparedness coordinator for the Massachusetts Department of Public Health. **13th Annual Medical-Legal Forum.** Tues., Nov. 14, 6 p.m. Location: The Log Cabin, Holyoke. Rescheduled event for physicians and attorneys. Speaker: Chief Justice Margaret H. Marshall, Massachusetts Supreme Judicial Court. For more information, contact Suzanne Skibinski at (413) 736-0661.

Middlesex – Brunch and Exhibits. Sun., Sept. 10, 11 a.m. to 1 p.m. brunch, 1 to 5 p.m. exhibits. Please watch your mail for registration information. For more information, contact the Northeast Regional Office.

Middlesex North – Annual Golf, Tennis, and Clambake Outing. Wed., Sept. 20, 1 p.m. golf, 3 p.m. Tennis, 6 p.m. clambake. Location: Vesper Country Club. Please watch your mail for registration information. For more information, contact the Northeast Regional Office.

Norfolk South – Executive Committee Meeting. Tues., Sept. 19, 6 p.m. Location: Alba Grill, Quincy. For more information, contact the Southeast Regional Office.

Plymouth – Family Event. Sat., Sept. 9, 12 p.m. Duck tours followed by luncheon and tours at the Boston Museum of Science. For more information, contact the Southeast Regional Office.

Suffolk – District Meeting. Thurs., Sept. 7, 6 p.m. Location: East Garden Room, Mass General Hospital. For more information, contact Thelma Malafey at (617) 236-5864.

Worcester – Health Care in Central Massachusetts CEO Forum. Wed., Oct. 18, 5:30 p.m. Location: Beechwood Hotel, Worcester. Moderator: George Abraham, M.D. Speakers: Richard Mangion, president and CEO, Harrington Memorial Hospital; John O’Brien, president and CEO, UMass Memorial Health Care; John Smithhisler, president and CEO, St. Vincent Hospital; and (invited) Frank Saba, president and CEO, Milford Regional Medical Center. For more information, contact Joyce Cariglia at (508) 753-1579.

Statewide News and Events

AHH&C MIN Event – Tower Hill Program. Sat., Oct. 14, 6 p.m. Location: Tower Hill Botanic Garden. Music, art, and a garden tour. A tour of the grounds and an MMS member artwork display and music program. Details to follow. For more information, contact the West Central Regional Office.

In Memoriam – With respect and sympathy, we note member deaths on the MMS website at www.massmed.org/memoriam.

If you have news for “Across the Commonwealth,” contact Florence Keefe, Northeast Regional Office, at (800) 944-5562 or fkeefe@mms.org; Linda Howard, Southeast Regional Office, at (800) 322-3301 or lhoward@mms.org; Nancy Caron, West Central Regional Office, at (800) 522-3112 or ncaron@mms.org; or Cathy Salas, West Central Regional Office, at (800) 522-3112 or csalas@mms.org.

Dr. Alice Coombs to Receive AMA Health Education Award

The title of Alice A. Coombs, M.D.’s self-started antismoking campaign sounds like a snippet of high-school hallway conversation: “Smoking — Don’t Go There.” Dr. Coombs, assistant secretary-treasurer of the MMS, developed the program in 1999, and since then it has achieved enormous success deterring children from trying tobacco — and from the dependence that often follows. In recognition of this program’s success and Dr. Coombs’ dedication to it, she will receive the 2006 AMA Foundation Award for Health Education.

The AMA Foundation Health Education Award encourages and recognizes the professional or public health education activities of practicing physicians. The award consists of a \$3,500 stipend and a certificate, both of which Dr. Coombs will receive at the AMA House of Delegates Interim Meeting in November.

“Smoking — Don’t Go There” places South Shore Hospital and regional physicians in student classrooms to address the dangers of tobacco. Dr. Coombs has personally educated hundreds of youth

in seven school districts on the risks of smoking.

“Dr. Coombs’ steadfast advocacy for health education issues is evident in her work with educating young people on the hazards of tobacco,” wrote MMS Past President Alan M. Harvey, M.D., M.B.A., in his nomination letter supporting Dr. Coombs. “Her crusade to deter children from tobacco dependence has left an indelible mark on thousands of students and teachers.”

In addition to her anti-smoking efforts, Dr. Coombs is a member of the Massachusetts Board of Registration in Medicine’s Patient Care Assessment Committee, the AMA’s Commission to Eliminate Healthcare Disparities, and the Massachusetts Commission to Eliminate Racial and Ethnic Health Disparities. Dr. Coombs also organizes the annual “Reality Medicine for Minority Physicians” program at the MMS, during which medical students and residents learn from practicing internists about issues minority doctors often face upon entering medical practice. **VS**

— Jennifer Lorrain



Alice A. Coombs, M.D.

Is Your Practice Ready for Group Enrollment?

During 2005, more than 90 physician groups took advantage of the discounts offered through the new MMS group enrollment program. With membership renewal season approaching, members and/or practice administrators who want to consider this enrollment option should contact the MMS as soon as possible.

With this dues option, a group can realize either of the following discounts:

- Twenty percent (20%) off the total state dues, if 100% of the group participates
- Five percent (5%) off the total state dues, if 80% of the group participates

The nearly 1,000 members who enrolled as part of a group last year were very pleased with the program, but we receive the most positive feedback from group administrators, who praise the program’s practice-management advantages:

- A single dues invoice, with discount savings displayed for each member
- A roster of the group’s complete enrollment. Available via e-mail, the roster permits “one-stop” updating of important personal/professional information for the group’s physicians.
- User-friendly application packets for physicians joining the MMS for the first time
- Centralized communications with the MMS, including the group’s dues status

Groups with five or more physicians who are members or will become members through this enrollment are eligible for the discounts. To enroll a group, contact MMS Membership Services at (800) 322-2303, ext. 7321, or e-mail groups@massmed.org. **VS**

— Steve Phelan



THE MASSACHUSETTS MEDICAL SOCIETY CELEBRATES 225 YEARS!

Much has happened within medicine since 1781, the year the Massachusetts Medical Society was founded. Please join MMS officers for a celebration commemorating our 225 years of service to the Commonwealth's physicians and their patients.

Friday, November 3
MMS Headquarters, Waltham
Reception begins at 5:30 p.m.
Program begins at 7:00 p.m.

Look for more information in coming weeks!

MMS Education Programs

For more information on these activities, contact the MMS Department of Continuing Education and Certification at (800) 322-2303, ext. 7306, or go to www.massmed.org.

NOTE: (RM) indicates that the activity or a portion of the activity meets the Massachusetts Board of Registration in Medicine criteria for risk management study.

On-Site CME Programs

2006 Technology Day — Beyond the EMR: The Value of the Clinical Information Team

Sept. 9, 8:30 a.m.–1:00 p.m. program; 1:00–2:30 p.m. lunch and exhibits. MMS Headquarters, Waltham. Jointly sponsored by the MMS and the Mass. Health Sciences Library Network (MAHSLIN). CME Credit: 4.25 AMA PRA Category 1 Credits™ (RM)

Finding Balance: Exploring Part-Time Practice

Sept. 13, 6:30–8:00 p.m. MMS Headquarters. Sponsored by the MMS and its Committees on Women in Medicine and Young Physicians. CME Credit: 1.5 AMA PRA Category 1 Credits™

Online CME Programs

To access the following programs, go to www.massmed.org/cme.

The following online CME programs are jointly sponsored by the MMS and ProMutual Group. Each program is awarded 1 AMA PRA Category 1 Credit™ (RM).

- **Terminating the Physician-Patient* Relationship**
- **Hospitalists***
- **The Electronic Health Record in the Office Practice***
- **Medical Malpractice Litigation: The Attorney's Perspective***
- **Nonsurgical Cosmetic Procedures: Risk Issues in the Quest for Youth**
- **Difficult Patients**
- **Closing a Practice**
- **Terminating the Professional Relationship With a Patient**
- **Patient Satisfaction**
- **The Telephone as an Instrument of Risk**

- **Nurse Practitioners and Physician Assistants: Some Risk Management Concerns***

- **Cultural Diversity**

*Asterisked programs are also available in print. For a copy, please call the Department of Continuing Education and Certification at (800) 322-2303, ext. 7306.

The following online programs are sponsored by the MMS. Each program is awarded 2 AMA PRA Category 1 Credits™ (RM).

- **Medical Errors and Perspectives on Patient Safety**
- **Patient Safety: Conducting a Root Cause Analysis of Adverse Events**
- **Medication Safety, Systems and Communication**
- **Building a Better Delivery System: A New Engineering/Health Care Partnership**
- **CME Accreditation: A Review for CME Providers and Surveyors**

The following online programs are sponsored by the MMS. Each program is awarded 1 AMA PRA Category 1 Credit™ (RM).

Communication: Meeting the Challenge

James P. Bagian, M.D., P.E.

AHRQ Initiatives to Improve the Quality and Safety of Health Care

Carolyn M. Clancy, M.D.

Patient Safety and Communication: An IOM Perspective

Harvey Fineberg, M.D., Ph.D.

The New England Journal of Medicine Weekly Online CME Program

CME Credit: 1 AMA PRA Category 1 Credit™ per exam. New exams every week.

Journal Watch Online CME Program

CME Credit: 1 AMA PRA Category 1 Credit™ per exam. New exams every week.