

VITAL SIGNS



MASSACHUSETTS
MEDICAL SOCIETY

Every physician matters,
each patient counts.

VOLUME 13, ISSUE 8, SEPTEMBER 2008



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Physicians and Patients Grappling with Access Challenges as Newly Insured Enter the System

BY TOM WALSH

More than 340,000 Massachusetts residents have gained health insurance since 2006 under the state's landmark health care reform law, also known as Chapter 58. Employers, insurers, providers, and patients have all done their part to make health care reform a success. However, interviews with primary care physicians across the Commonwealth suggest that many of those newly insured people are having trouble finding a doctor.

"It's great that thousands more people now have insurance," said Bruce S. Auerbach, M.D., MMS president. "Everyone involved in the development and passage of health care reform must be lauded. But reform is highlighting a shortage of physicians. There are now people with insurance who can't find a doctor."

While they do not constitute a scientific survey, the following six snapshots of life at the front lines of Massachusetts health care reform reveal a gap between coverage and access that needs to be addressed if the Commonwealth is to realize the long-term promise of health care reform:

- Anna A. Manatis, M.D., a 20-year solo primary care practitioner in East Sandwich, reported that she now sees about 4,000 patients — 800 of them relative newcomers via the Commonwealth Health Insurance Connector Authority, the state agency created to help bring the previously uninsured into the health care system. Dr. Manatis said her practice should "technically be closed" to new patients but remains open. Dr. Manatis named primary care doctors in her area who've either retired or left the practice of family medicine. She was

well into double figures when she stopped. "There are so many patients who've just paid money to have access to health care," Dr. Manatis said. "And then they can't get it?" For that reason, she explained, her practice will remain open to new patients.

- Stephen A. Hoffmann, M.D., with a 3,000-patient solo primary care practice in Framingham, said his office has been closed to new patients for the past six years. "We get up to 100 calls

"We want folks to have health insurance in part for good preventive care. But the current system discourages prevention because there are fewer of us in primary care."

— Stephen Hoffmann, M.D., Framingham

a week from people asking to be new patients," he said, adding that his staff experienced "a bit of a spike" in such calls after the Connector program began. He also said that were it not for the heavy administrative demands placed on his practice, he would be able to see more patients. Dr. Hoffmann is concerned that people might be receiving mixed messages. "We want folks to have health insurance in part for good preventive care," he said. "But the current system sometimes discourages prevention because there are fewer of us in primary care."



Katherine J. Atkinson, M.D.

- Katherine J. "Kate" Atkinson, M.D., runs a solo practice in Amherst. Dr. Atkinson's practice was

closed to new patients prior to Chapter 58, but she added a nurse practitioner just after the state program began and "we opened it up for two months and got a flood of [Connector] patients," she said. Despite the temporary onslaught of new patients, and despite the fact that her practice loses \$20 on each of them because of low reimbursement, Dr. Atkinson said she'd make the same decision again. "I didn't go into medicine to make money," she said. She added that 18 primary care doctors in Hampshire County have left over the past two years, creating a significant shortage. "Most are not leaving medicine, just primary care," she added.

- Carl A. Soderland, M.D., is part of a 4,000-patient practice in Ipswich that operates with four physicians (three full time) and two nurse practitioners. Dr. Soderland's practice is closed to new patients and he said that's the case with most Massachusetts primary care physicians who've been practicing for many years. However, his practice does have some Connector patients — most of whom were being seen for free before Chapter 58 was enacted. "With so few PCPs, how are all these new patients going to be seen?" asked Dr. Soderland.
- Matthew B. Mandel, M.D., co-director of the Volunteers in Medicine Berk-

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Connector Head Cites Physician Role in Containing Costs

Sees Workforce and Reimbursement Challenges

BY TOM WALSH

The cost of health care services is a central issue affecting the future success of the state's mandatory health insurance program, and physicians have a



Jon Kingsdale,
Commonwealth
Connector Executive Director

central role to play in the effort to control costs. So said Jon M. Kingsdale, executive director of the Commonwealth Health Insurance Connector Authority, in a recent interview with *Vital Signs*.

"The leaders of health reform in Massachusetts are concerned about enrolling people in health insurance, increasing access to primary care, and making health care more affordable," Kingsdale said. "Ultimately, these three concerns are all interrelated, and they come down to money."

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PRESIDENT'S MESSAGE



Health Care Reform Will Spur Primary Care Reform

I have no doubt that health care reform in Massachusetts is working. The physicians of our state can be proud

of our role in enacting this program and in our ongoing commitment to implement it.

At the same time, health care reform's success has brought to stark reality a shortage of primary care physicians, and almost everyone is feeling it (see lead article on page 1). To ensure that health care reform keeps working, all stakeholders must unite to address that shortage, just as they did to enact reform in the first place.

In the short term, we need to slow the premature departure of established primary care doctors from practice. Enhanced reimbursement for primary care services is a key step toward that, and many models for doing so have been broached. Now is the time to vet and implement the best plan.

Another short-term focus should be reducing administrative hassles. All doctors face these burdens. We must intensify our work with the state and health plans to minimize paperwork.

Allied health professionals can certainly help ease the primary care crunch, and they make valuable contributions in the context of a team-based approach overseen by physicians. In today's complex health care environment, the collabora-

tive model with a doctor-led team enables allied health professionals to boost both the efficiency and timeliness of health care, while helping to ensure high-quality care.

How do we fund the revitalization of primary care? Preliminary data from other countries shows by enhancing primary care, overall health care costs will decline. Some of those saved resources could be channeled back into boosting the primary care system. While we cannot and should not rebuild primary care on the back of the subspecialist community, long-term reimbursement reform must address the dysfunctional procedure-based models so that preventive medicine and coordination of care are duly reimbursed.

From Boston to the Berkshires to Washington, D.C., large and small coalitions are developing creative strategies for solving the primary care shortage. The legislation recently passed at the State House (see article on page 5) will go a long way toward increasing the ranks of primary care physicians.

As an optimistic, glass-half-full kind of person, I see the motivation to fix primary care as a *fringe benefit* of health care reform. If we pay attention to primary care now, in the long run people will be healthier and costs will be controlled.

— Bruce S. Auerbach, M.D.

Access Challenges

continued from page 1

shires free clinic in Great Barrington, said primary care doctors in western Massachusetts are "swamped." So much so that his free clinic is now seeing 17 patients newly enrolled via the Connector who have been unable to get timely appointments with local primary care doctors. "We wondered a couple of years ago what the consequences of Commonwealth Care would be for us," Dr. Mandel said. "We decided the devil would be in the details — and now we're dealing with the details." An August 4 article in the *Berkshire Eagle* described how nurse practitioners and physician assistants — working under physician supervision — are helping address these "details."

- Bruce Karlin, M.D., a primary care physician in Worcester, reported that his practice has *not* been inundated with newly insured people seeking care, but he was quick to add that his practice serves a "working class" area. He observed that in a neighborhood where most people have jobs, most also have health insurance. "I've had a few Connector patients," he said, "but not an avalanche."

Massachusetts health care reform is still very much a work in progress, and unanticipated challenges may continue to arise. Amid those, all stakeholders who forged the program originally are committed to long-term success. A very promising sign of that commitment is the physician workforce aspects to state legislation passed in July (see article on page 5). The newly created Healthcare Workforce Center and its Advisory Council are charged with reviewing laws, regulations, policies, reimbursement practices, and other factors that affect physician recruitment and retention. This council's tasks are directly derived from a commission the MMS recommended in legislation drafted earlier in the session.

"You can't take anything away from what people did to create Chapter 58," Dr. Auerbach concluded. "But it has to be recognized that in many areas of the state, there are simply not enough people to take care of patients. The Medical Society is strongly and unequivocally in support of health care reform. Ultimate success will only be achieved by addressing the coverage and access issues in concert." **VS**

MMS Past President Joe Heyman, M.D., Chairs AMA Board of Trustees

Joseph Heyman, M.D., MMS president from 1996 to 1997, is only the second Massachusetts physician ever to assume the role of chair of the AMA Board of Trustees. Asked about the most important insights he's gained during his 35 years in organized medicine, Dr. Heyman was quick to respond.

"First, nearly every stereotype I had about people has been proven wrong," said Dr. Heyman. "Second, pulling different groups together to overcome health care challenges is more effective than circling the wagons." Also, Dr. Heyman's experience chairing the AMA's Council on Medical Service showed him that "creating a climate where nothing is personal can lead to solutions among people with very different opinions."

Dr. Heyman's dedication to organized medicine — which has included many MMS and AMA leadership positions — is driven by his realization that "there are some things, like universal coverage, that you can't do one patient at time in your

office. But you can accomplish those things with a large group of like-minded people," he said.

Dr. Heyman described the AMA's two-pronged approach to providing value:

continuing to advocate for large-scale, long-term change while simultaneously giving members tools to help them thrive in today's challenging practice environment.

Most importantly, Dr. Heyman says the AMA is addressing the perception of the association as being set in its ways. "This is a very forward-looking and effective organization," insists Dr. Heyman. "We have to continue facing change and *leading* change."

Dr. Heyman cites the two-week period in July when the AMA successfully spearheaded a campaign to pass crucial Medicare legislation and publicly apologized for the organization's past history of racial discrimination. "I think the AMA has gained a lot of credibility with these two issues," Dr. Heyman said, "and I expect that to continue." **VS**



Joseph Heyman, M.D.

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Two E-Prescribing Developments May Boost Usage

Two new developments in electronic prescribing may ease the way for physicians to adopt or more completely utilize e-prescribing in their practices.

Currently, physicians who e-prescribe are still required to hand-write prescriptions for controlled substances or scheduled drugs, due to the lack of an existing federal standard for electronic signatures. (There is an existing standard for e-signatures in Massachusetts, but controlled and scheduled drugs fall under the purview of federal authority.) In June, however, the Drug Enforcement Administration (DEA) proposed new regulations for public comment that could make e-prescribing of such drugs possible.

A number of security controls contained in the proposed rule could alter the liability associated with e-prescribing. Physicians would be required to register in person with law-enforcement agencies,

and routine audits would be performed by as-yet unnamed third parties. Pharmacists would be required to keep electronic records of prescriptions and notify the DEA within 24 hours of a security breach. Other provisions include penalties for physicians who do not promptly report to the DEA the theft of e-prescribing tools or systems.

In addition, Medicare incentives for e-prescribing were included in recent federal legislation. Contained in this measure are 2 percent incentives for Medicare-participating physicians who e-prescribe starting in 2009. The bonus drops to 1 percent in 2011, and to 0.5 percent in 2013. Conversely, physicians who do not e-prescribe will have their payments *reduced* by 1 percent in 2012, 1.5 percent in 2013, and 2 percent in subsequent years. **VS**

— Adam Shlager

Online Communication Between Physicians and Patients Is Growing Slowly

In a recent survey reported in iHealthBeat, as many as 36 percent of U.S. physicians said they communicated online with patients. That's a 5 percent increase from 2007, and an 11 percent increase from 2006.

In contrast, *Wall Street Journal* reporter and physician Benjamin Brewer noted that a majority of physicians seems to be holding out against the move to e-communication, in spite of some survey results suggesting that as many as 40 percent of patients would switch to doctors who use e-mail. Brewer states that physician reluctance to engage in online communication with patients may be due to the overwhelming volume of information that physicians already have to contend with, in addition to concerns about security and privacy.

Another recent article reports that only a small percentage of physicians are taking advantage of online communication

technology in Florida, despite decisions by some insurers to reimburse for the service. Online consultations increased 33 percent this year among Cigna physicians, but that brought the total nationwide participation rate to only 2 percent of Cigna's physicians.

A recent proposal by the Centers for Medicare and Medicaid Services (CMS) to allow reimbursement to physicians for electronic consultations may have some impact on this, although the CMS proposal goes beyond e-mail, seeming

to incorporate patient monitoring and recommending care-management changes in real-time interactive communication. New codes would be added for such telemedicine consultations.

Most commercial health plans in Massachusetts do not have reim-

bursement codes for e-visits, although some may reimburse physicians for phone consultations in limited circumstances. **VS**

— Adam Shlager



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LAW AND ETHICS

Physician Endorsements May Raise Conflict of Interest Questions

The controversy over whether it is ethical for physicians to advertise their services has been largely resolved, but questions remain about the appropriateness of using physicians to advertise or endorse a product or service other than the physician's own. The public has become accustomed to seeing physicians (or actors playing the part of physicians) in direct-to-consumer pharmaceutical advertising, but recently health plans have started using physicians to market insurance products. Although no specific ethical or legal prohibition prevents a physician from endorsing a specific health insurance plan, physicians should consider the implications of such an endorsement and its potential to create a conflict of interest.

A conflict of interest arises when considerations external to the physician-patient relationship affect the advice the physician gives to the patient. The American Medical Association Principles of Ethics require that physicians "regard responsibility to the patient as paramount." Federal law recognizes the potential for a conflict of interest to adversely affect patient care, and it prohibits physician self-referral via the Stark Law. It further prohibits any kickback to a physician from an entity (e.g., a pharmaceutical company, health plan, or medical device manufacturer) for business the physician generates for the entity.

Federal Trade Commission regulations on the use of endorsements and testimonials in advertising state that endorsements must always reflect the honest opinions, findings, beliefs, or experience of the endorser. Thus, a physician should

not state that one insurer is better than another unless the physician honestly believes it to be the case. Furthermore, where a connection exists between the physician and the entity or product being endorsed, that connection must be fully disclosed if it is not one the audience would normally assume to exist.

Clearly, when a celebrity endorses a product, the public assumes the celebrity is being paid. On the other hand, the public may not expect an insurer to pay a physician to publicly laud the insurance company's products. Furthermore, the public and the physician's patients may not be aware of the other ways the insurer could compensate the physician for the endorsement. Such arrangements could include increased reimbursement rates, or even requiring the endorsement as a condition of the contract between the health plan and physician or physician group. Depending on the structure of the relationship between the physician and the insurance company being endorsed, concern could arise that the interests of the patient are not paramount.

As a result, physician endorsement of health insurance products may raise ethical — or even legal — issues, despite the lack of a specific prohibition against such endorsements. If you are considering providing an endorsement, you should speak with an attorney skilled in health law matters before doing so. **VS**

— Liz Rover Bailey, Esq.

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.

PRACTICE MANAGEMENT TIP OF THE MONTH

Effective Communication Is Key to Patient Satisfaction

Rating patient satisfaction with physician visits is becoming an increasingly common practice. Research has shown that effective communication between patient and physician is an important factor in patient satisfaction.

Generally, patients look for some level of connection with their doctors. Avoiding scripted interviews will help ensure that personal connection. Maintaining awareness of the patient's presence in the room will also help. If you document visits while the patient is with you, don't get lost in the chart. If you have an electronic medical record, show your patient the chart and explain the process.

Also, remember that first impressions count for a lot. The initial moments of the encounter may have a lasting effect on a patient's ultimate judgment of the care that was delivered.

MMS Contributes to Surgeon General's Healthy Youth Forum

The MMS was represented at a recent Healthy Youth for a Healthy Future roundtable discussion at the University of Massachusetts Boston. The event was preceded by a tour of GoKids Boston, a state-of-the-art research, training, and community outreach center for youth fitness housed on the UMass Boston campus. Acting U.S. Surgeon General Rear Admiral Steven K. Galson, M.D., presented GoKids Boston with an award for its work in preventing childhood obesity.

Sponsored by the U.S. Department of Health and Human Services, the Healthy Youth for a Healthy Future initiative recognizes and showcases U.S. communities that are working to address childhood overweight and obesity. Dr. Galson has been touring the nation to share best practices for community-level prevention, and the roundtable discussions give communities the opportunity to high-

light their programmatic and policy strategies.

Nearly 50 organizations — including government agencies, universities, hospitals, nonprofit foundations, businesses, and youth fitness programs — participated in this event.

Representing the MMS, Linda Deeney Masiello provided an overview of MMS public health initiatives, including the Your Health First public information campaign and the Public Health Leadership Forum, which earlier this year brought together key public health, business, and consumer organizations to develop solutions to the current obesity epidemic. **VS**

For more information on Healthy Youth for a Healthy Future, go to www.surgeongeneral.gov/obesityprevention/index.html.

— Linda Deeney Masiello

ACIP Recommends Flu Vaccination for Kids up to 18 Years Old

Beginning with this year's imminent flu season, the Advisory Committee on Immunization Practices (ACIP) is recommending that children from 6 months to 18 years of age be vaccinated annually against influenza. Previously, the ACIP recommended flu vaccinations for children from 6 months to 5 years of age.

Joseph Leader, M.D., of Woburn Pediatrics echoed another suggestion issued with the updated ACIP recommendations: "Children with chronic diseases such as asthma and diabetes should receive vaccination priority because they are at higher risk of flu-related complications," he said.

While the expanded age-group recommendation could mean increased demand for the vaccine, Benjamin Kruskal, M.D., primary care pediatrician and director of infection control and travel medicine for Harvard Vanguard Medical Associates, expects "relatively low uptake" among older children, due largely to lingering but scientifically unfounded suspicions among parents about vaccine safety. "Pediatricians should be prepared to discuss vaccine-safety issues with more

concerned parents in light of the expanded recommendations," advised Dr. Kruskal.

The expanded recommendations are as much to benefit public health as to protect individual patients. "Pediatricians should be honest about that with parents of their older patients," said Dr. Kruskal. "I hope older kids opt in, but it's ultimately up to doctors, parents, and patients to decide on a case-by-case basis."

Pediatricians should take the expanded recommendations into account when ordering flu vaccine, but Dr. Kruskal concedes such

predictions are hard to make in late summer because eventual demand is driven partly by media attention during flu season.

Most of the other flu-vaccine recommendations remain the same for this year.

The complete ACIP recommendations are available at www.cdc.gov/vaccines/pubs/ACIP-list.htm#flu.

For comprehensive information about influenza, go to www.massmed.org/flu. **VS**

— Lloyd Resnick



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Gov. Patrick Signs Violence Prevention and Intervention Bill

Twenty-four deaths in Massachusetts attributable to domestic violence occurred from January through the first week of June 2008. That prompted Gov. Deval Patrick to sign a bill requiring health care providers to connect victims of violence with social services. The bill, strongly supported by Boston Mayor Thomas Menino, calls upon the Massachusetts Department of Public Health (DPH) to draft voluntary guidelines to help health care providers direct survivors of violence to legal counseling, education sources, housing, and other services.

Within hours after the governor signed the bill, the DPH issued a public health advisory outlining existing resources and information for violence victims, perpetrators, and the public. "We can all play a part in preventing abuse from happening," said DPH Commissioner John Auerbach.

The bill, the first of its kind in the nation, was acclaimed by Jane Doe Inc., a coalition of organizations and people dedicated to ending domestic violence and sexual assault. Violence prevention

entails accessible shelter services, consistent consequences for perpetrators, and widespread knowledge of warning signs.

Elaine Alpert, M.D., M.P.H., an international expert on domestic and intimate-partner violence and a founding member of the MMS Committee on Violence Intervention and Prevention, notes that "health care providers are often the first and sometimes the only professionals victims of violence may encounter, so they can play a crucial role in breaking the cycle of violence."

The MMS and Alliance Campaign Against Violence includes the guidebook, *Partner Violence: How to Recognize and Treat Victims of Abuse*, as well as a map of domestic violence shelters in the state. These downloadable resources are available on the MMS website (www.massmed.org) under Public Health, by e-mailing dph@mms.org, or by calling (781) 434-7373. Another important resource is SafeLink, the statewide domestic violence hotline, at (877) 785-2020, whose counselors can assist in multiple languages. **VS**

— Candace Savage

New DPH Bureau Addressing Coordination of Preparedness Efforts

Mary E. Clark, J.D., M.P.H., is the new director of the Emergency Preparedness Bureau at the Massachusetts Department of Public Health (DPH). Under Ms. Clark's leadership, the bureau will develop cooperative plans with hospitals, health care organizations, and local health departments to ensure coordination and efficiency and enhance the Commonwealth's disaster-response capability.

"One of the challenges that will face the health care system in the event of a pandemic influenza outbreak or other public health emergency is staffing," said Ms. Clark. "Every sector of the economy will face high rates of workforce absenteeism. But the staff shortages in health care will be exacerbated by the need for hospitals and health care organizations to use clinical staff, many of whom serve as the volunteer base for organizations such as the Massachusetts System for Advance Registration of Volunteer Health Professionals (MSAR), to increase the surge capacity of their institutions."

One method to address the challenges of medical surge staffing is the utilization of the state's 43 federally recognized

Medical Reserve Corps (MRC) units, which consist of approximately 13,000 medical and nonmedical volunteers willing to assist during public health emergencies and disasters. Key MRC priorities include recruitment; training, credentialing, and retention of volunteers; and further alignment and integration with MSAR to ensure the broadest range of qualified health care professionals to provide surge staffing.

To encourage the participation of volunteers and medical professionals, the DPH continues to focus on the need to extend liability coverage to persons responding to public health emergencies, streamlining administrative procedures for recruiting MRC and MSAR volunteers, and clarifying and modernizing the state's public health statutes to enable the most effective response possible.

To find a Massachusetts MRC unit in your area, visit www.mamedicalreservcorps.org. For more information on liability protection for Massachusetts employees and volunteers, or to volunteer for MSAR, go to www.massmed.org/preparedness. **VS**

— Susan Webb

STATE UPDATE

State House Formal Session Ends with Passage of Modified Cost Bill

The 2007–2008 formal legislative session ended on July 31 with the final passage of a compromise version of the health care cost control bill, which was filed by Senate President Therese Murray last March. Strong advocacy by the MMS and allied specialty societies resulted in far more favorable legislation than the original version. The MMS also worked hard in the final days to prevent passage of legislation that would expand the scope of practice of several allied health professions. The session also recorded gains in expanding health access and protecting the public health.

MMS President Bruce S. Auerbach, M.D., said, “We appreciate that the Legislature listened to many of our concerns during this past session. We will now closely monitor the implementation of these bills to ensure that they support the ability of physicians to provide good health care to their patients.”

Cost Control Bill Modified

The Senate President’s cost control bill was the most comprehensive and contentious health bill under consideration. The Society strongly supported this legislation’s intent to improve access to primary care, expand the use of information technology, and enhance transparency. But the MMS had significant concerns with certain areas of the bill, and made numerous suggestions for improvement — most of which were accepted.

For example, the original bill called for a strict ban on “gifts” from pharmaceutical companies and criminal sanctions against physicians receiving them. The final, more balanced version exempted legitimate physician education and shifted the burden of reporting and compliance to the donor pharmaceuti-

cal and medical device manufacturers, not physicians.

The original bill called for an unfunded mandate that all physician offices utilize electronic health records (EHRs) by 2015, and it also required physician competency testing in health information technology (HIT) as a prerequisite for licensure after that time. The final version eliminated the mandate and instead set a goal for a statewide interoperable EHR system by 2015, with funding available to facilitate the process. However, the bill retained the link between licensure and HIT physician competency by 2015. The MMS continues to oppose that link.

Workforce Council Established

Many of the bill’s original provisions in the areas of physician workforce and administrative simplification were retained or enhanced, including a loan forgiveness program and the creation of the Healthcare Workforce Council. The council would be charged with examining disincentives to recruitment and retention across specialties, ranging from existing laws, regulations, and policies to contracting and reimbursement practices. The final version also clarified language that would require all payers — including Medicaid — to use standard claims forms and billing codes by 2012.

Public Health and Safety Gains

The state’s 2009 fiscal year budget included full funding for the successful health reform law, which has already facilitated health insurance coverage for more than 340,000 previously uninsured residents. This required additional revenue, including increased tobacco taxes and assessments on hospitals and health insurers. The approved budget also in-

cludes the third year of Medicaid rate increases to physicians, cumulatively raising the payment base by about \$80 million. However, it also deferred \$4.2 million of this year’s increase, making it payable next year, contingent on pay-for-performance standards.

Other MMS-supported victories this session included the following:

- Extension of mental health coverage mandates to substance abuse, autism, and posttraumatic stress disorder
- Creation of the Office of Health Equity to coordinate efforts to eliminate health disparities
- Adoption of stricter standards for child booster seats in automobiles
- Authorization of DPH guidelines for programs to help victims of violence

Scope-of-Practice Victories

Sometimes success is measured in terms of legislation that didn’t pass. The formal session ended with the MMS and specialty societies again successfully defending medical practice against efforts by allied and alternative health professionals seeking to practice medicine. In the last week of the session, the MMS and its allies withstood strong advances by optometrists, podiatrists, midwives, naturopaths, and nurse anesthetists.

The Legislature will continue to meet in informal sessions for the remainder of the year. During these sessions, the objection of a single legislator will prevent any bill from advancing. Thus, it is anticipated that only non-controversial bills will be enacted between now and the end of the calendar year. **VS**

— Steve Shestakofsky

LEGISLATOR
OF THE MONTHRepresentative
Thomas P. Kennedy (D)

District: Brockton (part)

Committee: State Administration and Regulatory Oversight (Vice Chair)



QUOTE: I am acutely aware of the vital role those in the medical field play in our society, and I am proud to be numbered among the proponents of the Legislature’s health care agenda.

The health care industry has become a vast institution, making the established relationship between legislators and health care professionals evermore important. I have worked with doctors, nurses, and hospital administration on both a personal and professional level, and I commend the Massachusetts Medical Society for its great work and many accomplishments. By being a strong advocate for better health care policy and a continual presence before the state and federal legislatures, the MMS has furthered countless worthy causes, such as regulating child passenger safety, providing resources for young mental health patients, educating the public on new health insurance requirements, and promoting volunteerism and community service.

Recently, I have strongly supported mental health parity, increased restrictions for operators of all-terrain vehicles, and safe staffing in hospitals. I also promoted training and workforce development for health care professionals, and I currently serve on the board of directors at New England Sinai Hospital.

It has been a pleasure working with the Society on these initiatives, and I look forward to our continued successes together.

FEDERAL UPDATE

Medicare Law Reaches Beyond Reimbursement

With the passage of the law that stopped the Medicare physician payment cut (Public Law 110-275), attention is now focused on other key provisions of that measure. The legislation provides bonuses for e-prescribing by eligible physicians (see related article on page 3), penalties if doctors don’t e-prescribe beginning in 2012, and hardship exceptions for certain practices. The Center for Medicare and Medicaid Services (CMS) estimates that e-prescribing

could yield savings of up to \$156 million over five years.

Shortly following the law’s passage, acting CMS Administrator Kerry Weems announced that physicians who both e-prescribe next year and participate in the Physician Quality Reporting Initiative (PQRI) would receive a 4 percent bonus — 2 percent for e-prescribing and 2 percent for participating in the PQRI.

PL 110-275 also includes language requiring the Secretary of Health and Hu-

man Services to contract with an organization — likely to be the National Quality Forum (NQF) — to set health care reform priorities that include identifying reforms that will yield the biggest results; endorsing measures that promote health, safety, and efficiency; and promoting the development of electronic health records. The AMA and most national medical specialty societies are members of the NQF. **VS**

— Alex. Calcagno

Save the Date — February 7, 2009 17th Annual Career Day/Job Fair

On February 7, 2009, all residents and early-career physicians in Massachusetts are invited to attend our 17th Annual Career Day/Job Fair. It will be a great opportunity to:

- Discuss career opportunities with hiring representatives
- Receive a critique of your CV
- Network with your peers

This event is co-sponsored by the MMS Resident and Fellow Section and the Committees on Young Physicians and Diversity in Medicine.

Registration information will be distributed in October. For more information about the MMS Career Day/Job Fair or to register early, e-mail etally@mms.org, or call Erin Tally at (800) 322-2303, ext. 7413. **VS**

MMS Leads Effort to Produce Television Program on Hunger

The MMS is leading a collaborative effort with U.S. Congressman Jim McGovern and Hopkinton Community Access Television (HCAM-TV) to produce a one-hour special for public access television stations throughout the state called *Hunger in the Commonwealth*.

The program aims to increase awareness of the problem, explain the health implications that result from hunger, and encourage viewers to help in the fight against hunger.

Hosted by MMS member James Kenealy, M.D., *Hunger in the Commonwealth* will feature representatives from front-line agencies and the state's food banks, along with physicians who will discuss the health consequences of hunger. The

program will also include an introduction and closing by Rep. McGovern; an overview by Ellen Parker, the executive director of Project Bread; a message from Bruce Auerbach, M.D., MMS president; information on food banks in Massachusetts; and a public service message for people who may need help obtaining food.

The Society and HCAM-TV have been collaborating for the past four years to produce *Physician Focus*, a monthly health care program that currently reaches 225 communities in Massachusetts. *Hunger in the Commonwealth* is scheduled to be distributed this month to those stations, and it will also be available through streaming video on the HCAM-TV website. **VS**

—Becca McDade



Photo by Alex. Calcagno

MMS member James Kenealy, M.D., (left) host of *Hunger in the Commonwealth*, confers with U.S. Congressman Jim McGovern during a break in taping the TV show.

PHYSICIAN HEALTH MATTERS

The Role of the BRM's Physician Health and Compliance Unit

The Massachusetts Board of Registration in Medicine (BRM) is charged with protecting the public by making sure that all physicians licensed in Massachusetts are able to practice medicine with reasonable skill and safety. The board's Physician Health and Compliance (PHC) Unit is particularly important to physicians who are being treated for medical conditions that might impact their ability to practice medicine. The PHC Unit is tasked with the monitoring of such physicians.

The PHC Unit's origins date back to the board's 1988 Chemically Dependent Physician Policy, which recognizes that rehabilitation of physicians with substance abuse problems is possible. The board's policies and practices seek to ensure that physicians who are receiving the appropriate treatment can return to practice through a structured monitoring process. The PHC Unit's role is to ensure patient safety while assisting the physician in remediating any impairment, and to allow him or her to continue to practice medicine.

While it began monitoring physicians with chemical dependency issues, today the PHC Unit monitors physicians with a variety of health concerns, including mental and behavioral health issues as well as physical impairment issues. The

functions of the PHC Unit are not disciplinary, but rather functions of oversight of physician remediation. The PHC Unit is a subunit of the board's Law & Policy Division and is entirely separate from the board's Enforcement Division.

The PHC Unit drafts all physician monitoring agreements for the board and actively monitors physician compliance with these agreements. As part of the monitoring process, PHC staff speak regularly with the physician or his or her attorney to ensure that the physician is following through with all treatment plans and other requirements of the board's monitoring agreements.

There is a long-standing relationship between the PHC Unit and the MMS's Physician Health Services (PHS). Attorneys in the PHC Unit speak regularly with the staff at PHS about policy matters and to address physician progress reports, with physician consent. The collaborative relationship between the PHC Unit and PHS is essential to meet the dual goals of enabling physicians to remediate health concerns and ensuring patient safety. **VS**

For more information about the PHC Unit, contact Robert Harvey, Esq., at (781) 876-8200. For more general information on this topic, contact PHS at (781) 434-7404 or www.physicianhealth.org.

Mentoring Night to Examine Career-Path Options

On October 14, the Massachusetts Medical Society's Committee on Women in Medicine, in collaboration with the MMS Committee on Young Physicians, will host the second annual mentoring night for medical students.

This event allows medical students to hear experiences from physicians with a broad range of backgrounds and work specialties. The goal of this event is to share with students insights on forging fulfilling career paths within the context of the current practice environment.

Speakers will highlight various career options in medicine, including part-time careers, different work settings, and how to balance professional versus personal goals. Leadership development and the "business" side of medicine will also be discussed. Najmosama Nikrui, M.D., vice

chair of the Committee on Women in Medicine, will moderate the program.

Students who attend Mentoring Night will receive a free copy of the Committee on Women in Medicine's book, *When You Don't Fit the Mold, Make a New One*. Medical Student Mentoring Night is free to medical students who are Society members. A short meeting of the Medical Student Section will follow the program. To join the Society or to register for the program, contact Erin Tally at (800) 322-2303, ext. 7413, or etally@mms.org. **VS**

Mentoring Night for Medical Students — The Future of Medicine

Tuesday, October 14, 6:30 to 8:00 p.m.
MMS Headquarters, Waltham

ACROSS THE COMMONWEALTH

District News and Events

Berkshire — Executive Committee Meeting. Wed., Sept. 24, 6 p.m. Location: Dakota Restaurant, Pittsfield. For more information, contact the West Central Regional Office.

Bristol North — Family Event. Sun., Sept. 21, 12 p.m. Location: Seaport Elite, Boston Harbor, Boston. District members and their children are invited to attend a two-hour tour of Boston Harbor aboard the Seaport Elite. Lunch will be served. For more information, contact the Southeast Regional Office.

Charles River — Executive Committee Meeting. Thurs., Sept. 11, 6 p.m. Location: MMS headquarters, Waltham. **Delegates Meeting.** Tues., Sept. 23, 6 p.m. Location: MMS headquarters, Waltham. For more information, contact the Northeast Regional Office.

Essex South — Clambake. Sun., Sept. 14, 1 p.m. Location: Coffin/Wingaersheek Beach, Gloucester. For more information, contact the Northeast Regional Office.

Hampden — 24th Annual Medical Ethics Seminar. Thurs., Oct. 23, 6 p.m. registration. Location: Baystate Conference Center, Whitney Avenue, Holyoke. Topic: Ethical Issues in Aging. Keynote speaker: Leon M. Cooney Jr., M.D., Yale New Haven faculty. Panel members: Mary Beth Dowd, client service director, Greater Springfield Senior Services; Honorable Judge David M. Fuller, Probate and Family Court, Springfield; Dr. Lindsay Rockwell, coauthor of *In Defiance of Death*; and Deacon Ute Schmidt, Baystate Spiritual Services. For more information, contact Suzanne Skibinski at (413) 736-0661 or hdms@massmed.org.

Middlesex — Membership Meeting. Sun., Sept. 28, 12:30 p.m. Location: MMS headquarters, Waltham. Topic: "China — 21st Century." Guest Speaker: Bernard S. Huang, M.D. For more information, contact the Northeast Regional Office.

Middlesex Central — Fall Picnic. Sat., Sept. 27, 3 p.m. Location: Dr. and Mrs. Bob Cantu's home. For more information, contact Carol Marshall at (978) 287-3017.

Middlesex North — Clambake and Fall Outing. Wed., Sept. 24, 6 p.m. Location: Vesper Country Club, Tyngsboro. Pre-registration required. For more information, contact the Northeast Regional Office.

Norfolk South — Family Event — Clambake. Sat., Sept. 6, 1 to 5 p.m. Location: J. Eric Jonsson Woods Hole Center. **Executive Committee Meeting.** Tues., Sept. 16, 6:30 p.m. Location: Hearth and Kettle, Weymouth. For more information, contact the Southeast Regional Office.

Worcester — 17th Annual Women in Medicine Breakfast. Wed., Sept. 24, 7:30 a.m. Location: Beechwood Hotel. Title: Breaking the Glass Ceiling: Reflections on a Journey from Solo Practitioner to the Corner Office. Speaker: Robin S. Richman, M.D., executive vice president of medical affairs and chief medical officer, Fallon Clinic. Program supported by Physicians Insurance Agency of Massachusetts. For more information, contact Joyce Cariglia at (508) 753-1579.

Statewide News and Events

Arts, History, Humanism & Culture Member Interest Network — Executive Committee Meeting. Wed., Sept. 3, 6 p.m. Location: MMS headquarters, Waltham. For more information, contact the West Central Regional Office.

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

In Memoriam

The following deaths of MMS members were reported to the Society in June and July 2008. We also note member deaths on the MMS website at www.massmed.org/memoriam.

Simon Coren, M.D., 95; South Yarmouth, MA; Middlesex University School of Medicine, 1940; died July 16, 2008. **Charles J. McCabe, M.D.**, 60; Boston, MA; New Jersey Medical School, 1974; died July 7, 2008. **Myron Morris, M.D.**, 83; Boston, MA; Vanderbilt University School of Medicine, 1958; died June 23, 2008. **Robert Schwartz, M.D.**, 92; Hyde Park, MA; Middlesex University School of Medicine, 1939; died June 7, 2008. **Robert D. Utiger, M.D.**, 77; Weston, MA; Washington University School of Medicine, 1957; died June 29, 2008.

Dues Discounts Now Range from 5% to 30%

The House of Delegates voted at the 2008 MMS Annual Meeting to expand the savings offered through the Society's special enrollment programs.

Group Discounts

Groups of five or more physicians are eligible to receive discounts as follows: 100 percent group participation — 30 percent discount; 90 percent participation — 20 percent discount; 80 percent participation — 10 percent discount; and 75 percent participation — 5 percent discount. This option also comes with practice-management advantages and features a single dues invoice that facilitates centralized communications with the MMS, including the group's dues status.

Multiyear Savings

Solo practitioners or physicians in groups of fewer than five can now realize these same percentage discounts by choosing from four multiyear options: 10-year

membership — 30 percent discount; 5-year membership — 20 percent discount; 3-year membership — 10 percent discount; and 2-year membership — 5 percent discount.

Free Residency Program Group Enrollment

With last year's introduction of our free residency program group enrollment, we saw phenomenal growth in resident members. This program allows all residents and fellows within an accredited residency training program to become MMS members *free of charge*, when all the members of the program enroll.

Other dues-exempt enrollment options include physicians who are active in the military, as well as those who qualify for "Senior" or "Emeritus" status.

To enroll your group or to find out more about any of these membership options, contact our Member Information Center at (800) 322-2303, ext. 7311, or info@massmed.org. **VS**

MMS E-Communications Help You Get the Most from Your Membership

To ensure that you receive up-to-the-minute Society information, please be sure to maintain a current e-mail address on your membership record.

You can update your e-mail address at any time on the MMS website. Visit www.massmed.org and log in using your username and password. Click on "My MMS" and then "My Profile," and update your e-mail address — and take a minute to be sure the additional contact information in your record is correct. While in the "My Profile" area you can access the extra benefits contained in the MMS website members-only area and pay any outstanding membership dues.

MMS members also have access to the *New England Journal of Medicine* online at www.nejm.org. Once you have set up your NEJM online account, you can access full text, subscriber services, and online-only content. If you have not yet set up your NEJM online account or need assistance with NEJM passwords and login, contact NEJM Customer Service and Fulfillment at (800) 843-6356 or nejmcust@nejm.org.

For questions about MMS e-communications, contact the Member Information Center at (800) 322-2303, ext. 7311, or info@massmed.org. To confirm your website username and password, contact the Communications Department at (781) 434-7102 or webmaster@massmed.org. **VS**

MMS Interim Meeting Resolution Deadline: September 30

The 2008 Interim Meeting of the House of Delegates will be held on Friday and Saturday, November 14 and 15, 2008. Day one will be held at MMS headquarters in Waltham, and day two will take place at the Westin Hotel in Waltham.

The deadline for submitting resolutions for the Interim Meeting is September 30. Members can submit resolutions online at www.massmed.org/resolutions or via e-mail to resolutions@mms.org.

The deadline for hotel reservations at the Westin Hotel is October 10. Please call (781) 290-5600 to make reservations directly with the hotel.



MASSACHUSETTS MEDICAL SOCIETY

EVERY PHYSICIAN MATTERS, EACH PATIENT COUNTS.

WHAT'S ON THE WEB?

► Medicare Updates

The fight over fee cuts is over for now, but the rules keep changing. Keep up to date by visiting www.massmed.org/medicare.

► Legislative Scorecard

Get bill-by-bill details on what the Legislature did during the past session at www.massmed.org/advocacy.

► Electronic Health Records: Chart the Course

Implementing an EHR? Let the MMS help you. Visit www.massmed.org/ehr.

WWW.MASSMED.ORG

Kingsdale Interview

continued from page 1

Noting another interrelationship between access and cost, Kingsdale said he sympathized with the difficult reimbursement circumstances under which doctors work, and he acknowledged that the state has a primary care supply problem (see related article on page 1).

"We are paying for procedures, high-tech tests and intensive, interventional care — not for a relationship between patients and their primary physicians," he said. "Ultimately, this problem won't be cured until we adjust the dollars in our reimbursement system from procedures to relationships."

He said that while physicians need to be "prudent" in using resources, he understands that "they don't get rewarded for that.... Physicians get far more financial rewards for *doing* things than they do for spending the same amount of time talking to patients. We have to change the financial incentives to expect physicians to be as engaged as they must be to constrain medical costs."

Kingsdale said he does not favor simply scrapping the current fee-for-service reimbursement system and replacing it with something else. "Generally, I'm not in favor of just scrapping things," he said, adding that fee-for-service may actually work for

some physicians. He said one possibility might be to institute "a payment to primary care physicians per patient per year," in addition to current reimbursements.

Admitting that the supply of primary care services is strained, Kingsdale noted, "We've enrolled more than 170,000 people in Commonwealth Care, and most of them *do* have primary care physicians." He commended the state for licensing and encouraging responsible regulation of retail

"We have to adjust the dollars in our reimbursement system from procedures to relationships."

— Jon M. Kingsdale, Executive Director
Commonwealth Connector

clinics as one way to provide near-term relief. He also lauded the expansion of training slots for primary care physicians at UMass Medical School. And he noted that "29 new primary care physicians have made a commitment to practice in community health centers as a result of a new loan repayment program supported by the state and Bank of America."

Returning to the cost issue, Kingsdale said, "The more uninsured we have, the

more strain there is on the budget." For the state government's fiscal year that began July 1, the Connector budget is \$869 million. The original estimate for this year was \$725 million, with the difference driven by the higher-than-expected number of enrollees.

While the number of enrollees has driven budget figures higher, Kingsdale said it is important to understand that "the costs per person covered were 2 percent *below* what was budgeted" in the fiscal year completed June 30. He added, "If the problem is bigger and we get to insure 80 percent [of the population], then that's money well spent."

Still, Kingsdale said, facilitating health coverage for such a large population makes restraining the cost of health services all the more important.

"The more people we cover, the more imperative it is to actually reduce or constrain the increase in the cost of medical care," he said. While emphasizing that doctors are a key to that, he again remarked that "high health care costs are not the doctors' fault. It's a much broader issue."

Despite the ongoing challenges, "I'd like to continue urging our doctors to participate in the program to be able to serve this growing patient population," Kingsdale concluded. "Unmet need for care is down significantly as a result of reform." **VS**

MMS Sponsored & Jointly Sponsored CME Activities

To register for any of these activities, call (800) 843-6356.

For additional information, contact the Department of Continuing Education and Certification at (800) 322-2303, ext. 7306, or go to www.massmed.org/cmecenter.

Live CME Activities

Go to www.massmed.org/cme/events.

Better Meetings Workshop

September 10, 2:00–5:00 p.m.
MMS headquarters, Waltham.
3.0 Credits (RM)

Compassionate and Effective Communication at End of Life: Overcoming the Barriers

September 25, 5:30–7:00 p.m.
The Inn at Longwood Medical, Boston. In Collaboration with CRICO/RMF, the Kenneth B. Schwartz Center, and Beacon Hospice.
1.5 Credits (RM)

CME Accreditation Orientation

October 2, 9:00–11:30 a.m.
MMS headquarters, Waltham.
1.75 Credits

Federal Funding Opportunities

October 16, 3:00–7:00 p.m.
Harvard Medical School, Boston. Jointly sponsored with the Biomedical Science Careers Program.
2.75 Credits

Breast Health Forum

October 31, 8:00 a.m.–12:15 p.m.
MMS headquarters, Waltham. Sponsored by the MMS and its Committee on Women in Medicine.
4.0 Credits (RM)

Strategies for Safely Managing Patients on Warfarin

November 4, 8:00 a.m.–12:30 p.m.
MMS headquarters, Waltham. Jointly sponsored with the Mass. Coalition for the Prevention of Medical Errors. 4.25 Credits (RM)

Managing Workplace Conflicts

November 6, 8:00 a.m.–4:00 p.m.
November 7, 8:00 a.m.–3:00 p.m.
MMS headquarters, Waltham. Jointly sponsored with Physician Health Services. 12.5 Credits (RM)

Ethics Forum: Poverty, Access, and Health Status

November 14, 3:30–5:30 p.m.
MMS headquarters, Waltham. Sponsored by the MMS and its Committee on Ethics and Grievances.
2.0 Credits (RM)

Online CME Activities

Go to www.massmed.org/cme.

Massachusetts Medical Law Report Quarterly Risk Management CME Series

Dealing with Difficult Patients
1.0 Credit (RM)

A New Kind of Bedside Manner: The Rise of Apology Policies
1.0 Credit (RM)

The following audio and PowerPoint activities are available online:

Electronic Prescribing Education: How to Improve Medication Safety and Reduce Drug Costs through e-Prescribing
2.5 Credits (RM)

Physician-Hospital Relationships: Where Do You Stand?
3.0 Credits (RM)

Balancing Your Practice: Protecting the Public Health and Preserving Your Patients' Privacy
2.5 Credits (RM)

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

Save the Date

February 6, 2009
Women's Cardiac Health Conference
MMS headquarters, Waltham

CME CREDIT: Unless otherwise noted, each activity is designated for *AMA PRA Category 1 Credits™*. RM indicates that the activity or a portion thereof meets the Massachusetts Board of Registration in Medicine criteria for risk management study. CME ACCREDITATION: The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.