

# VITAL SIGNS



- 3 **YOUR PRACTICE** IT Vendor Selection • Revenue Flow Analysis • Clinical Data Repository Pilot
- 4 **THE PUBLIC'S HEALTH** Flu Prep • International Health Studies
- 5 **GOVERNMENT AFFAIRS** State Budget Concerns Stall Health Care Legislation
- 6 **PROFESSIONAL MATTERS** 1884: First Woman MMS Member • Compromised Cognition • Medical Student Mentoring
- 7 **INSIDE MMS** Interim Meeting Info • Across the Commonwealth/In Memoriam
- 8 **MMS EDUCATION PROGRAMS**

VOLUME 14, ISSUE 7, SEPTEMBER 2009

## PRESIDENT'S MESSAGE



### Advocacy Is Not a Spectator Sport

This season of health care reform in Washington and Massachusetts is a defining moment for physicians and our Medical Society.

We always have two goals when we advocate: to help physicians provide the best care for their patients, and to help patients get the care they need.

We use the tools of legislation, regulation, health plan advocacy, the development of ethical standards, and more — often in a complex, volatile political environment.

Sometimes it's important to advocate visibly and vocally. At other times, it's more effective to be discreet and tactful. The art of advocacy lies in knowing which tactic to use and when. This year, we have done both.

The Society has a detailed protocol for policymaking, striking a balance between democratic decision making and the frequent need to act with just hours' notice. House of Delegates (HOD) policy guides our actions (such as the HOD's timeless principles for universal coverage found on page 5). Our Committee on Legislation can support, oppose, or initiate legislation.

We often seek the input and counsel of our members, our Board of Trustees, and others. This advice is supplemented by opinions spontaneously offered by our members. All of it is welcome, and all of it contributes to the final decisions.

*continued on page 2*

## All Eyes on Legislature in Aftermath of Payment Reform Recommendations

BY TOM WALSH

After seven months of research, outreach, and public hearings, the state payment reform commission recommended this summer that physicians and hospitals in Massachusetts be paid under a "global payment" model (see box on page 2) within five years. The commission's report also called upon government and insurers to provide ample support for physicians during the transition.

The commission's recommendations have shifted attention to the state Legislature, whose action will be needed to engineer any systemic payment change, and to the agencies and entities that will work to get physicians and hospitals ready for the major transformation.

The payment reform commission was created last year by the Legislature, which sought advice on how to develop a statewide payment model that would simultaneously moderate rising health care costs and improve the quality of care delivered in Massachusetts.

Alice A. Coombs, M.D., MMS president-elect, was the commission's only physician member. Others on the 10-member panel included representatives from hospitals, health plans, the Legislature, the state's largest purchaser of health insurance, and leading officials of the Patrick administration.

### Physicians Need Tenacious Support

The Society supports the commission's recommendation to shift the focus to a more patient-centered model of medicine, with physicians and others providing coordinated, evidence-based, high-quality patient care.

Mario E. Motta, M.D., MMS president, said he was pleased the panel recognized that the move to global payments should be gradual and careful. He said the commission's initial sentiment was to move more quickly, but it acceded to the Society's concern that many of the state's physicians would need more time to change. "Most doctors will need some preliminary steps to get there," Dr. Motta said. "Very few physicians could succeed under this new system

*continued on page 2*

## Society's Voice Heard amid Clamor of Health Care Reform in Washington

BY TOM WALSH

As the August congressional recess slowed the frenetic pace of health care reform in Washington, MMS leaders remained guardedly optimistic that the process would produce a final legislative approach to reform that is consistent with the Society's principles.

"To be successful, health care reform must support a diverse, pluralistic health care system," said Mario E. Motta, M.D., MMS president. "Reform must support and promote high quality care, and health care spending must be affordable and sustainable."

James F.X. Kenealy, M.D., chair of the MMS Committee on Legislation, said the Society was "continuing to provide frequent input" to reform developments in Washington. "Dr. Motta and I

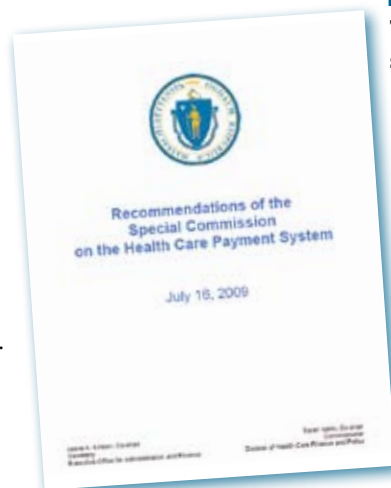
both felt it was extremely important for MMS leadership to have clear-cut marching orders so we could respond knowing we are on firm ground with our colleagues in the Society."

As lawmakers' summer vacations began, three House committees and one Senate panel had approved sweeping reform measures, but "there's no one final bill out there to respond to," Dr. Kenealy said.

### MMS Remains Strong but Flexible

Through its broadly stated reform principles (see box on page 5), the MMS has remained "at the table" throughout the health care reform debate. Amid some controversy, the American Medical

*continued on page 5*



## President's Message

*continued from page 1*

Advocacy is not a spectator sport. At some risk, we participated in the work of the payment reform commission this year. Within days, our insights helped other commissioners appreciate the difficult challenges facing physicians and other health care providers. Alice Coombs, M.D., our representative on the commission, was tenacious in insisting that physicians be guaranteed ample time and support if our payment system changes. The final report provides such assurances.

We will be equally tenacious in the years ahead to ensure that physicians are able to succeed as our health care system evolves. We can't afford to lose any more physicians simply because other parties want to move too fast, too soon.

In Washington, the physical distances are greater, but our impact is just as powerful. During the heat of amendment-making and proposal-vetting this summer, congressional staff were on the phone with us at all hours, soliciting opinions and accepting suggestions. We argued for essential reforms in Medicare, defensive medicine, primary care, and more. Few state medical societies have this kind of impact in Washington.

Underlying this activity is the recognition that when we disagree with a proposal, we must offer an alternative and help create a solution. If we don't participate in this process, the debate will continue without us, and the end result will be intolerable and untenable. It's better to be inside the room than outside waiting for a decision on our fate.

You may not always agree with our decisions, and we may not always win all our battles. Uncertainty and ambiguity are the rule, and results are never assured. But we all share the same passion for our profession and commitment to our patients. That realization guides us daily.

Even if we disagree, your opinions, insights, and advice are always welcome.

*Mario Motta, MD*

— Mario E. Motta, M.D.

## Payment Reform

*continued from page 1*

today, and their readiness to make such a transition is highly variable across the state."

It's estimated that about 20 percent of physicians in Massachusetts currently practice under some version of a global payment arrangement. Some are employed, while others are allied with a larger organization but not employed.

"The details — that's where the rubber meets the road in this process," Dr.

Coombs said. "We need to move ahead cautiously, and early adopters will have to be looked at and studied."

Dr. Coombs went on to caution that "without infrastructure support for providers by payers and the government, you cannot expect to have a successful transition to global payments. Without that support, it just won't happen."

Dr. Coombs also emphasized that the panel's recommendations to this point align with MMS payment reform policies and that physicians must stay engaged in the process.

### Report Includes MMS Language

The MMS, Dr. Coombs said, was instrumental in laying out the commission's roadmap.

For example, she cited the following sentence from page 10 of the report: "The Special Commission recognizes that many providers will require infrastructure, legal and technical assistance and support, such as information technology adoption, training in use of registries, and managing risk before the transition to global payment can occur."

### What Global Payment Is — And Isn't

The Special Commission on the Health Care Payment System studied the strengths and weaknesses of several payment models and concluded that global payment provides the best opportunity for addressing both cost and quality.

As envisioned by the commission, per-patient global payments would be risk-adjusted to reflect patients' health status and to ensure doctors are paid fairly and are not penalized for taking care of sicker patients.

Commission members stressed that the global payment model is "not a synonym for capitation," a payment experiment from the 1990s that has been broadly discredited because of its potential to unfairly deny care to patients and put providers at untenable financial risk.

The global payment recommendations would make providers responsible only for "performance risk" — cost, access, and quality benchmarks that are under their control. Health plans would be responsible for "insurance risk" outside provider control, such as the risk for covering unexpected or unusually costly cases.

Physicians, hospitals, and other providers would have to coordinate their care through new delivery entities called accountable care organizations (ACOs), which could be either formally incorporated or more loosely structured. Global payments would be funneled first to the ACO, then shared among the providers in the organization. The commission emphasized that "the market [should] determine global payment amounts."

Dr. Coombs said the term "legal" refers to the Society's message that medical liability reform and changes in antitrust laws will be needed before a global payment system can be widely adopted. The commission said it recognizes physician views on medical malpractice reforms and "recommends concerted efforts to resolve remaining issues and develop policy recommendations."

Dr. Coombs cited another MMS-inspired caveat in the report: "The Special Commission also recognizes

that certain narrow classifications of services or practitioners should continue to be paid outside of the global payment model for their services, such as very high cost drugs or providers of very limited and specialized services."

### Next Steps

State legislative leaders were cautious about offering a specific timetable for action on the commission report, though initial hearings could begin this month. It seemed clear that final legislative consideration of payment reform remains months away at best, especially given the state's ongoing budget problems.

In the meantime, the MMS and other organizations are already planning for the financial, technical, and legal assistance physicians will need. **VS**

To download the commission's report, read the MMS payment reform principles and its statement in response to the commission's report, and

participate in the MMS blog on payment reform, go to [www.massmed.org/paymentreform](http://www.massmed.org/paymentreform).

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

**EDITOR:** Lloyd Resnick **STAFF WRITER:** Tom Walsh

**EDITORIAL STAFF:** Charles Alagero, Office of General Counsel; Robyn Alie, Public Health; Adam Shlager, Managed Care; Stephen Phelan, Membership; Cathy Salas, West Central Regional Office; Stephen Shestakofsky, Government Relations; Jessica Vautour, Physician Health Services

**PRODUCTION AND DESIGN:** Department of Premedia and Publishing Services; Department of Printing Services

**PRESIDENT:** Mario E. Motta, M.D.

**EXECUTIVE VICE PRESIDENT:** Corinne Broderick

**DIRECTOR OF COMMUNICATIONS:** Frank Fortin

*Vital Signs* is published monthly, with combined issues for June/July/August and December/January, by the Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451-1411. Circulation: controlled to MMS members. Address changes to MMS Dept. of Membership Services. Editorial correspondence to MMS Dept. of Communications. Telephone: (781) 434-7110; Toll-free outside Massachusetts: (800) 322-2303; Fax: (781) 642-0976. E-mail: [vitalsigns@mms.org](mailto:vitalsigns@mms.org).

*Vital Signs* lists external websites for information only. The MMS is not responsible for their content and does not recommend, endorse, or sponsor any product, service, advice, or point of view that may be offered. The MMS expressly disclaims any representations as to the accuracy or suitability for any purpose of the websites' content.

©2009 Massachusetts Medical Society. All Rights Reserved.

## SPOTLIGHT ON SUCCESS

## Vendor Selection Key to IT Success in a Large Multispecialty Practice

"In the near future, a computer will be just as important to a physician as a stethoscope," proclaimed Larry Garber, M.D., from Fallon Clinic. Based in Worcester County, Fallon Clinic has nearly 250 physicians in 20 locations who see more than a million patients a year.

Part of Dr. Garber's role at Fallon Clinic is to help physicians embrace new technology and utilize it as effectively as possible. A practicing internist, Dr. Garber is also the clinic's medical director for informatics and has helped implement the Epic electronic health record (EHR) system in the practice. In addition, Fallon Clinic went live on June 24 with SAFE Health, a secure health information exchange (HIE) connecting the clinic electronically to the emergency department at Health Alliance Hospital in Leominster.

SAFE Health, co-founded by Fallon Clinic, allows secure, real-time sharing of patients' health records among physicians. This enables clinicians to quickly access a patient's medical records in both emergency and walk-in settings, improving patient safety, quality of care, and efficiency of health care delivery.

"It ensures that the treating physician can immediately access a patient's medication history, possible drug interactions, existing medical conditions, and other concerns," said Dr. Garber.

The goal at Fallon Clinic is to become a completely paperless practice. Paper charts can only be in one place at a time. "By using an EHR, we solve that problem and help make our care not only more efficient, but more effective, as well," Dr. Garber said.

### Advice for Other Practices

According to Dr. Garber, the most important part of the process is selecting a reliable electronic vendor. Visit other practice sites to view prospective vendors' live systems in action. If the practice you visit is still using paper *and* an EHR, "this is a red flag," Dr. Garber said.

Finally, Dr. Garber said that although "practices may want to be pennywise, it can ultimately result in wasted dollars if a reliable vendor is not chosen." **VS**

— Tracy Ledin

If your practice is interested in being featured in "Spotlight on Success," contact Tracy Ledin at (781) 434-7218 or [tleidin@mms.org](mailto:tleidin@mms.org).

## Assessing Revenue Flow to Help Prepare for Payment Reform

With new provider payment models being considered as part of state and federal health care reform, what effect might these changes have on the average independent medical practice? Revenue flow analysis is a relatively simple set of calculations that all practices should consider for its intrinsic value, but also because it provides a model for evaluation of new reimbursement systems.

The analysis begins with setting benchmarks for past and current performance. These benchmarks include CPT code utilization by charge volume, procedure count, and revenue generation, along with payer mix and a synthesis of those two factors. This allows a practice to evaluate approximate average revenue flow per payer, per year.

Using revenue flow analysis, you can create a valuable side-by-side comparison of past/current performance to expected future performance. Practices could create the necessary assumptions using this model to help them determine appropriate adjustments that might be needed to maintain viability under a new payment system.

The MMS Physician Practice Resource Center has expertise in creating these models and can help practices with the task. Contact Adam Shlager at (781) 434-7702 or [ashlager@mms.org](mailto:ashlager@mms.org). **VS**

## MMS Clinical Data Repository Pilot Ready for Evaluation

Last year, the MMS Task Force on Clinical Data (TFCD) was formed in response to a resolution approved at the 2008 Annual Meeting. The TFCD was charged with developing a business plan for a clinical data repository (CDR) to analyze patient populations, in addition to executing a pilot to test the assumptions of the business model.

After developing the business plan, the TFCD solicited participants for an initial pilot through an open invitation that went to a large number of Massachusetts practices. From more than 30 respondents, the task force chose several that represented a diverse range of practice sizes. Fallon Clinic (Epic), Grove Medical Associates (eClinicalWorks), and Katherine Atkinson, M.D. (eClinicalWorks) are now transmitting deidentified clinical data into the CDR, and some practices are already benefiting from the resulting quality reports.

These reports provide physicians and practices with clinical benchmarking comparison data. Future reports might provide physicians with a list of patients overdue for certain tests or procedures. The Massachusetts e-Health Collaborative helped the task force with numerous technical challenges.

***Your chosen EHR vendor should demonstrate the ability and willingness to interface and exchange data with third parties.***

Early data-access and interface challenges with some EHR vendors yielded this important lesson for prospective purchasers of EHRs: Your chosen vendor should demonstrate the ability and willingness to interface and

exchange data with third parties as requested. Otherwise, participation in future CDRs and health information exchanges could be problematic. The task force continues to evaluate several other EHR vendors including Allscripts, GE, and Partners' Longitudinal Medical Record.

An evaluation of the pilot participants' experiences began last month. In the future, additional physician groups and EHR vendors may be added. The integration of clinical and claims data will also be evaluated to give the most comprehensive view of care patients have received and to validate reporting from other organizations.

Massachusetts Health Quality Partners has been assisting the task force in designing a model that properly protects patient data. These efforts will yield valuable information for future initiatives and may produce a working model that can be promulgated by the Society. **VS**

### Blue Cross Blue Shield Settlement Awards Should Start Flowing Soon

In April 2007, physicians announced that they settled a federal lawsuit with the national association of Blue Cross Blue Shield health plans and 23 of its affiliates. A year later, a U.S. district court judge gave final approval to the settlement.

However, at that time, there was one appeal actively being litigated. That final appeal was dismissed on June 19, 2009, and the disbursement of the settlement awards should occur in the coming weeks.

Questions regarding the settlement should be directed to the Blues Settlement Administrator at (877) 893-2643.



## Prepare Now for Potential "Double" Flu Season

With flu season approaching and novel H1N1 virus remaining a concern as schools reopen, state and federal officials are preparing for seasonal and H1N1 flu activity. They recommend that physicians and patients do, too.

H1N1 vaccine was in development as this issue of *Vital Signs* went to press, and once approved, will likely be a two-shot series. Seasonal flu vaccine was approved by the FDA in July and is available now. Physicians are advised to begin vaccinating their patients and staff against seasonal flu as soon as they receive the vaccine.

For tips on preparing your office to manage a novel H1N1 influenza outbreak, go to [www.cdc.gov/h1n1flu/10steps.htm](http://www.cdc.gov/h1n1flu/10steps.htm) for the CDC document *10 Steps You Can Take: Actions for Novel H1N1 Influenza Planning and Response for Medical Offices and Outpatient Facilities*.

The following websites offer reliable, up-to-date information about seasonal and novel H1N1 influenza:

- [www.massmed.org/flu](http://www.massmed.org/flu) — The MMS website has information for physician offices about seasonal and novel H1N1 flu and vaccines, including links to government sites and advisories. Refer patients to this site for tips on prevention and preparedness. Also, sign up here for MMS Flu Advisories to have news about seasonal and H1N1 flu e-mailed to you as it becomes available.
- [www.mass.gov/dph/flu](http://www.mass.gov/dph/flu) — Guidelines specific to Massachusetts from the state Department of Public Health
- [www.flu.gov](http://www.flu.gov) — Information about seasonal and H1N1 flu from the CDC

### Disaster and Primary Care: How to Protect Your Patients and Your Practice

This online CME program, sponsored by the MMS and the Massachusetts DPH, is now available at [www.massmed.org/cme/primarycarepreparedness](http://www.massmed.org/cme/primarycarepreparedness).

## IHS Grantee Delivers Eye Care in India

*In 2008, the MMS and Alliance Charitable Foundation awarded International Health Studies grants to four Massachusetts medical students to support international study in developing nations. Grant recipient Helen Moreira, a fourth-year student at the University of Massachusetts Medical School, traveled to India to provide ophthalmological care to an underserved population. She provided the report that follows.*

*The 2009 International Health Studies grant application deadline is September 15. Visit [www.mmsfoundation.org](http://www.mmsfoundation.org) to apply.*

My trip to Chennai, India, in April 2009 was arranged through the non-profit organization Unite for Sight. Chennai, formerly known as Madras, is in the southeast corner of India. It is India's fourth largest city, with approximately 8 million people.

Uma Eye Clinic provides Chennai's population with fully funded cataract surgeries and eye care. The daily "eye camp" crew consisted of an ophthalmologist, two camp managers, and two optometrists. Most days, we set up camp in the outskirts of the city, in the slums. On busy days, we saw more than 200 people in three hours. Visits included a brief eye exam, getting a prescription, scheduling surgery, scheduling future appointments, and/or receiving reading glasses.



Grant recipient Helen Moreira examines a young woman's eyes with a slit lamp.

Pterygia, a disease caused by UV solar damage, and cataracts requiring surgery were the two most common problems I saw. Prior to surgery, I would ask patients about their medical histories, such as history of hypertension or diabetes. The majority of people had no prior checkups and therefore didn't know this information.

After watching surgeries in the morning, I would practice my skills under the microscope. I also had the opportunity to perform phacoemulsification cataract surgery on a goat's eye.

We would often stay after camp and eat lunch served by local villagers. It was obvious they were struggling to feed their own families, yet they gave up their scarce resources to feed us.

There is so much to be done in countries like India. It was estimated in 2002 that nearly 700,000 Indians die each year of diarrhea. Half of India's children are underweight, and approximately 5.6 million children die each year in India, more than half of the entire world's annual total.

In addition to learning about Indian culture and ophthalmology while in Chennai, I also concluded that there must be a global response to provide people with basic needs such as shelter, food, clean water, and sanitation.

— Helen Moreira

## MMS Recognizes Anti-tobacco Poster Contest Winners



Photo by Robyn Alie

On June 10, the MMS honored the winners of the 14th annual anti-tobacco poster contest at a ceremony at the State House. Senator Richard Moore (D-Uxbridge) hosted the ceremony. MMS President Mario Motta, M.D., Committee on Student Health and Sports Medicine Chair Alan Ashare, M.D., and MMS Alliance President Marie-Christine Reti presented the awards. The 12 winning posters were selected from more than 6,400 entries.

Front row: Shannon Jackson of Tyngsboro, Noelle Connelly of Norwood, Sofia Castine Cresta of Reading, Austyn Demers of Shrewsbury, Shirang Shirish Sane of Northborough, and Ms. Reti. Second row: Dr. Ashare, Jenna Boisselle of Granby, Alyssa Danielle Mick of Westfield, Jenny Lee of Lexington, and Nathaniel Lamptey of Worcester. Back row: Ellen Boockoff of Norton and Dr. Motta. Not pictured: Alexis Pirela of Chicopee and Lynn Wang of Andover.

To view the winning posters, visit [www.massmed.org/antitobacco2009](http://www.massmed.org/antitobacco2009).

## Budget Concerns Dominate Beacon Hill

The primary focus at the State House this session has been the ongoing impact of state revenue declines on the Commonwealth's budget. Additional time and effort have been spent on enacting major "reform" bills related to the transportation system, the public employee pension system, and ethics requirements. The end result has been that, despite numerous hearings, few other major bills have advanced — especially those related to health care.

Despite increases in taxes and the infusion of federal "recovery" funds, the recent fiscal year (FY)

2010 state budget (which began on July 1) was more than \$1 billion less than the budget approved last year. This represents a reduction of about \$2.4 billion from the amount that would have been required to maintain "level funding" for existing programs, taking into account inflation and the growing need for state services such as Medicaid.

Among the agencies hardest hit was the Department of Public Health, whose budget was slashed by \$81.3 million — 14 percent below the FY 2009 final figure. Youth violence prevention was cut by 63 percent

and tobacco control by 61 percent. The primary care workforce initiatives (including a loan forgiveness program) enacted with much fanfare in 2008 were reduced to \$250,000 by the Legislature and by gubernatorial veto — a total cut of about 70 percent. In addition, the Department of Mental Health's budget was cut by 6 percent, and there were further cuts in the Medicaid budget.

Although the MMS testified on more than 100 bills this spring and summer, most have yet to be acted upon, setting the stage for a busy fall. The only major health-related bill to ad-

vance — "An Act Relative to Pandemic Preparation and Response in the Commonwealth" — which passed the Senate on April 28 with support from the MMS, would, among other things, provide civil liability protections for physicians and other health professionals rendering volunteer or paid assistance during a health emergency. That legislation is now before the House Committee on Ways and Means. **VS**

— Steve Shestakofsky

### Federal Reform

*continued from page 1*

Association (AMA) has done the same.

In June, the AMA House of Delegates vigorously debated proposals to oppose any public health plan option in reform legislation. Foes of the public plan argued that it would give a government-run program an unfair advantage over private insurance options that might already be serving patients well. Others expressed concerns that a public plan would feature inadequate physician reimbursement rates.

Twice, delegates were close to adopting a stance against public plans.

"I fought against that, along with many others in the House," said Dr. Motta, a member of the Massachusetts delegation to the AMA. "At that point in the health care reform debate, it was not acceptable to draw such a line in the sand."

Barbara A. Rockett, M.D., an MMS past president and chair of the Massachusetts AMA delegation, recalled that AMA Past President Nancy H. Nielson, M.D., finally succeeded in convincing the delegates not to take a hard stance on the issue because doing so would have handicapped doctors' future ability to influence the reform debate.

"She made a good point," Dr. Rockett said. "We ended up

passing a resolution that supported reform consistent with AMA principles, including pluralism and freedom of choice."

As the AMA avoided taking a health care reform stance that might have limited its ability to negotiate later, the MMS has also retained its ability to remain an important player in the reform debate.



© 2009 Jupiterimages

"Our principles on health care reform are strong, but they also give us flexibility if we need it," Dr. Kenealy said. "They provide guidance, but also some leeway. In any negotiating process, you don't want to get painted into a corner."

### Medicare Reform a Top Priority

The AMA and the MMS were closely watching developments around a reform measure

approved on July 31 by the House Energy and Commerce Committee. Of all the proposals formally introduced before the August recess, only this measure would repeal the sustainable growth rate (SGR) formula used by the federal Centers for Medicare and Medicaid Services to set physicians' Medicare reimbursement rates. It would also forgive the approximately \$230 billion in cuts that have been repeatedly deferred by Congress over the last seven years.

Like the AMA, the MMS has identified a permanent fix to the Medicare formula as a top priority.

The House bill would also allow physicians to negotiate payment rates in any public plan option and guarantee voluntary physician participation. The House committee also approved measures that would address the high cost of defensive medicine and would enact a broad set of insurance reforms, such as eliminating denials based on pre-existing conditions.

While rank-and-file lawmakers left Washington for most of August, House and Senate leaders and key staffers remained to continue the work of health care reform. At the same time, MMS leaders continued to work on health care reform with the Massachusetts congressional delegation. Much had been done as this issue of *Vital Signs* went to press, but much more work remains. **VS**

### MMS Principles for Coverage and Reform

The MMS principles for federal health care reform mirror those adopted by the MMS House of Delegates in 2006, in response to state reform initiatives:

- Health care coverage should be universal, continuous, affordable, and sustainable for individuals, families, and society. It should be sufficiently comprehensive to provide meaningful health care.
- Reform should promote access to care that is effective, efficient, safe, timely, patient-centered, and equitable.
- Reform should be implemented in a non-disruptive and evolutionary approach that is politically and economically viable and sustainable.
- Coverage should be obtainable through appropriate purchasing pools for individuals or smaller employers.
- Patients should have a choice between private and public financing.
- Coverage should include individual and employer mandates, provided that affordable private health insurance and/or appropriate subsidies are made available.



## Mentoring Night for Medical Students

October 22, 7 to 8:30 p.m.



On October 22, the MMS Committee on Women in Medicine, in collaboration with the Committee on Young Physicians, will host

the third annual Mentoring Night for Medical Students at Society headquarters in Waltham.

This event will allow medical students to hear experiences from physicians who encompass a broad range of backgrounds and work specialties. The goal of this event is to give students insight on fulfilling career paths in the current practice environment. Cecilia Mikalac, M.D., vice chair of the Committee on Women in Medicine, will moderate the program.

Students who attend the mentoring program 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*. Mentoring Night is free to all medical students who are Society members. A short meeting of the Medical Student Section will begin at 6:30 p.m.

To join the Society or register for the program, contact Erin Tally at (800) 322-2303, ext. 7413, or [etally@mms.org](mailto:etally@mms.org).

### Career Day/Job Fair Set for February 6

All residents and early career physicians in Massachusetts are invited to attend the 18th Annual Career Day/Job Fair on Saturday, February 6, 2010.

Attendees will have the chance to:

- Discuss career opportunities with hiring representatives
- Receive critiques of their CVs
- Network with their peers

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

For more information about the MMS Career Day/Job Fair — or to register early — e-mail [lpollard@mms.org](mailto:lpollard@mms.org), or call Lindsay Pollard at (800) 322-2303, ext. 7315.

## PHYSICIAN HEALTH MATTERS

# Early Assessment of Possibly Compromised Cognition Is Essential

A surgeon in the middle of a procedure cannot recall what to do next. The surgeon admits to her family that she has been experiencing routine lapses in memory, and she decides to retire. She is diagnosed with Alzheimer's Disease (AD) after retirement and lives thereafter fearing possible lawsuits.

A physician appears before the Board of Registration in Medicine as a result of a complaint from a medical team member. The physician's license is revoked because he cannot adequately describe procedures, and he is told to find alternate care for his patients — at his own expense. He seeks to clarify the reason for his difficulty and is eventually diagnosed with AD, but well after having his license revoked.

A physician in charge of an ED has concerns regarding his memory. He decides to leave the position for work with less managerial responsibility at another

hospital, but the memory difficulties persist. Several years after his initial concerns arose, he is diagnosed with AD and takes early retirement.

Unfortunately, each of these cases evolved without early professional assessment or intervention. Early recognition of the symptoms of cognitive decline allows them to be defined as a disability. Early intervention permits the physician and his or her family and colleagues to make active choices rather than lapsing into resignation or passivity.

### Thoughtful Intervention

Denial remains the largest impediment to the recognition and treatment of progressive cognitive decline. Conversely, early consultation with Physician Health Services (PHS) can enable the following:

- Confidential assessment of clinical presentations

- Avoidance of harm and liability
- Creation of guidelines for continued practice and oversight
- Identification of supportive resources for the individual and his or her family and work colleagues
- Planning for the individual's retirement and continuity in the workplace

Making a call to PHS is an essential first step in the process of helping the medical community avoid unexpected impacts on patients due to provider cognitive issues.

— Peter W. Ham, M.A., L.M.H.C.  
Chief Operating Officer,  
The Professional Counseling Center

For more information about PHS, call (781) 434-7404 or visit [www.physicianhealth.org](http://www.physicianhealth.org).

## MMS to Celebrate 125th Anniversary of First Woman Member

On September 25, 1884, Dr. Emma L. Call (1847–1937) of Cambridge was admitted as the first woman physician member of the Massachusetts Medical Society. In celebration of this historic milestone, 125 years to the day after the admission of Dr. Call to the Society, the Committee on Women in Medicine will host the play *A Lady Alone: Elizabeth Blackwell, The First American Woman Doctor*. Dr. Blackwell earned her medical degree in 1849.

Linda Gray Kelley portrays Dr. Blackwell in the play, written by Harvard playwright N. Lynn Eckhert, M.D. Dr. Eckhert will be available after the performance for a question-and-answer period. A plaque dedication honoring Dr. Call will take place prior to the play.



Dr. Emma L. Call (1847–1937)

Photo courtesy of the Bentley Historical Library, University of Michigan, UM Student Portrait Collection

For a timeline outlining the history of women's admission to the MMS, visit [www.massmed.org/timeline](http://www.massmed.org/timeline). **VS**

### Dinner and a One-Woman Theater Performance

***A Lady Alone: Elizabeth  
Blackwell, First American  
Woman Doctor***

**September 25,  
7:00 p.m.**

**MMS Headquarters, Waltham**

For more information, contact Erin Tally at (781) 434-7413 or [etally@mms.org](mailto:etally@mms.org).



# Interim Meeting Resolution Deadline: October 20

The 2009 Interim Meeting of the House of Delegates will be held on Friday and Saturday, December 4 and 5, 2009. 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 October 20. Members can submit resolutions online at [www.massmed.org/resolutions](http://www.massmed.org/resolutions) or via e-mail to [resolutions@mms.org](mailto:resolutions@mms.org).

We strongly encourage sponsors to share draft resolutions with their districts and/or an MMS committee for feedback. This input can often improve the focus of a resolution, build consensus, and improve the chance of passage.

The deadline for hotel reservations at the Westin Hotel in Waltham is October 28. Please call (781) 290-5600 to make reservations. **VS**

Please visit [www.mms.org/interim2009](http://www.mms.org/interim2009) for more details.

## ACROSS THE COMMONWEALTH

### District News and Events

**Barnstable — Family Event.** Sat., Sept. 12, self-guided tours from 10 a.m. until closing. Boxed lunches available at noon. Location: Heritage Museum and Gardens, Sandwich. Members and their young family members are invited. For more information, contact the Southeast Regional Office.

**Essex North — Fall Meeting.** Wed., Sept. 30, 6 p.m. For more information, contact the Northeast Regional Office.

**Franklin — Legislative Breakfast.** Fri., Oct. 2, 7:30 to 9 a.m. Location: Baystate Franklin Medical Center, Greenfield. For more information, contact the West Central Regional Office.

**Hampden — 15th Annual Medico-Legal Forum for Physicians and Attorneys.** Tues., Sept. 15, 5:30 p.m. registration, 6:30 p.m. dinner, 7 to 9 p.m. forum. Location: The Carriage House at Barney Estate/Forest Park, Springfield. "Medical Liability in the 21st Century: A Roundtable Discussion of Evolving Medical-Legal Issues." Topics include the "lost chance" doctrine, apology, and liability to non-patients. **25th Annual Medical Ethics Seminar.** Thurs., Oct. 22, 4:30 p.m. film ("Appetite for Success: Fighting the Food Industry and Fat in America"), 6 p.m. registration/dinner, 6:30 to 9:30 p.m. seminar. Location: Baystate Learning Center, Holyoke. For more information, contact Suzanne Skibinski at (413) 736-0661 or [hdms@massmed.org](mailto:hdms@massmed.org).

**Middlesex Central — 5th Tuesday Meeting.** Tues., Sept. 29, 11:45 a.m. to 1:00 p.m. Location: Emerson Hospital, Concord. Guest speaker: Ann McKee, M.D., associate professor of neurology and pathology at Boston University School of Medicine. Topic: "Chronic Traumatic Encephalopathy in Athletes." For more information, contact Carol Marshall at (978) 287-3017.

**Middlesex North — Fall Outing.** Wed., Sept. 9, 5 to 10 p.m. Location: Kimball Farms, Westford. For more information, contact the Northeast Regional Office.

**Middlesex West — Legislative Breakfast.** Fri., Sept. 25, 7:30 to 9 a.m. Location: Framingham Union Hospital, Framingham. **Fall Meeting.** Tues.,

Oct. 20, 6 p.m. Location: Dolphin Restaurant, Natick. Guest speaker: Alex Calcagno, MMS director of federal and community relations. Topic: payment reform. For more information, contact the Northeast Regional Office.

**Norfolk South — Family Event.** Sat., Sept. 26, 2 p.m. Location: Plimoth Plantation, Plymouth. Tours followed by dinner. Members and their young family members are invited. For more information, contact the Southeast Regional Office.

**Plymouth — Family Event.** Sat., Sept. 12, 12 p.m. registration, followed by a buffet luncheon; guided tours at 2 p.m. Location: Battleship Cove, Fall River. Members and their young family members are invited. For more information, contact the Southeast Regional Office.

**Suffolk — Fall Reception.** Thurs., Sept. 10, 7 p.m. Location: Clery's, Boston. Reception is open to and free for all district members, including residents and medical students. A casual social event that will allow younger, newer members and senior members to network with each other. Preregistration is required. For more information, contact the Northeast Regional Office.

**Worcester — 18th Annual Women in Medicine Breakfast.** Fri., Sept. 11, 7:30 a.m. Location: Beechwood Hotel, Worcester. Speaker: Emily Ferraro, M.A. Topic: "The Writing Prescription." Supported by Physicians Insurance Agency of Massachusetts. For more information, contact Joyce Cariglia at (508) 753-1579.

### Statewide News and Events

**Arts, History, Humanism, and Culture Member Interest Network — Music and Art Event.** Sat., Oct. 24, 6 p.m. registration. Location: Tower Hill Botanic Gardens, Boylston. This event includes music performances beginning at 7 p.m. and an ongoing art exhibit by members. There will also be garden tours throughout the evening. For more information, contact the West Central Regional Office.

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

## IN MEMORIAM

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

**Roger E. Allen, M.D.**, 94; Westborough, MA; Tufts University School of Medicine, 1940; died May 3, 2009. **Nimai C. Datta, M.D.**, 76; Warrenton, VA; Calcutta University Medical College, 1958; died June 16, 2009. **Peter P. Gudas Jr., M.D.**, 69; Brookline, MA; Tufts University School of Medicine, 1965; died July 17, 2009. **Jay W. Hendelman, M.D.**, 63; Sudbury, MA; McGill University Faculty of Medicine, 1970; died May 16, 2009. **John G. Koomey, M.D.**, 84; Grafton, MA; Boston University School of Medicine, 1948; died April 20, 2009. **Morton A. Madoff, M.D.**, 81; Boston, MA; Tulane University School of Medicine, 1955; died June 6, 2009. **David S. Moses, M.D.**, 91; Roslindale, MA; Middlesex University School of Medicine, 1942; died June 22, 2009. **Louis H. Mutschler, M.D.**, 69; Lincoln, MA; Jefferson Medical College, 1965; died July 6, 2009. **Paul P. Norman, M.D.**, 91; Auburndale, MA; Middlesex University School of Medicine, 1943; died June 23, 2009. **Saverio Picceri, M.D.**, 93; Belmont, MA; Middlesex University School of Medicine, 1940; died July 28, 2009. **Pierre E. Provost, M.D.**, 72; Westwood, MA; Boston University School of Medicine, 1964; died June 2, 2009. **Fernando A. Rubio Jr., M.D.**, 81; Gulfport, FL; Georgetown University School of Medicine, 1950; died November 2, 2008. **Wilfred T. Small, M.D.**, 88; Little Compton, RI; Tufts University School of Medicine, 1946; died May 25, 2009. **Vincent L. Swarc, M.D.**, 82; Naples, FL; Tufts University School of Medicine, 1951; died July 20, 2009. **William D. Temby, M.D.**, 84; Concord, MA; Harvard Medical School, 1953; died March 1, 2009. **John C. Trakas, M.D.**, 91; Milton, MA; Harvard Medical School, 1943; died June 6, 2009.

### Pick Apples, Make New Friends

**Apple Picking and Fall Fun Sunday, September 13, 12 to 4 p.m.**

**Honey-Pot Hill Orchards, Stow MMS Members: \$15**

Preregistration is required. To register with a credit card, call Lindsay Pollard at (800) 322-2303, ext. 7315.





Photo courtesy of Grudzinski/AMA

President Obama's speech to the AMA was one of many newsworthy events that attracted physician attention during the summer-long debate on health care reform. **For more, see page 1 article.**

**INSIDE ▶**

- ▶ **MMS Responds to State, Federal Reform Proposals Page 1**
- ▶ **Tips for IT Vendor Selection Page 3**
- ▶ **Double-Barrel Flu Season: Are You Ready? Page 4**



MASSACHUSETTS  
MEDICAL SOCIETY

# VITALSIGNS

VOLUME 14, ISSUE 7, SEPTEMBER 2009

860 Winter Street,  
Waltham, MA 02451-1411

NONPROFIT  
U.S. POSTAGE  
PAID  
BOSTON, MA  
PERMIT 59673

## MMS Sponsored & Jointly Sponsored CME Activities

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

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

### Live CME Activities

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

#### Caring for the Caregivers VII: Regaining Health and Happiness in Your Practice

October 2, 8:00 a.m.–4:00 p.m.  
MMS headquarters, Waltham.  
Jointly sponsored by the MMS  
and Physician Health Services.  
7.25 Credits (RM)

#### Federal Funding Opportunities

October 7, 3:00–7:00 p.m.  
Harvard Medical School,  
Boston. Jointly sponsored by  
the MMS and the Biomedical  
Science Careers Program.  
3.0 Credits

#### CME Accreditation Orientation

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

### Shared Medical Appointments

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

### Personal Perspectives on Prostate Cancer

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

### Online CME Activities

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

### Improving the Patient Experience and Clinical Outcomes in the Office Practice Setting

Four modules with slide-audio  
presentations, tools,

templates, and resources.  
1.5 Credits (RM) per module  
*Massachusetts Medical Law Report*  
*Quarterly Risk Management CME*  
*Series*

### Office Compliance 101

1.0 Credit (RM)

### MinuteClinics Raise 'Round-the-Clock Risks

1.0 Credit (RM)

### How to E-mail Patients without Worrying about Liability

1.0 Credit (RM)

### Reducing Errors and Liability in Patient Handoffs

1.0 Credit (RM)

### Communication Courses

### Dealing with Difficult Patients

1.0 Credit (RM)

### Legal Advisor: Patients with Limited English Proficiency

1.0 Credit (RM)

### A New Kind of Bedside Manner: The Rise of Apology Policies

1.0 Credit (RM)

### Public Health Courses

### Disaster and Primary Care: How to Protect Your Patients and Your Practice

2.5 Credits (RM)

### Pandemic Flu: Practical Information and Strategies for Preparedness

2.0 Credits (RM)

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